DIXIE SCHOOL DISTRICT NO. 101
ENROLLMENT FORM

Date______/______/_____

Student's Full Legal Name_________________________ (Last) (First) (Middle)

Nickname_________________ Sex: M or F Birthday_____ - _____ Birthplace____________ Age_____

Address_____________________ PO Box_____ City_________ Home Phone____ - ______

(last address required for bussing)

Last school attended________________ City________________ State____ Grades_____ thru_____

OPTIONAL (Check one):

___ Black or African-American  ___ Asian  ___ American Indian  ___ Hispanic or Latino  ___ Pacific Islander  ___ Caucasian or White

Father / Guardian Name_________________________ Place of work________________

(Last) (First)

Work Phone____ - _______ Cell Phone____ - _______ Working days: S M T W T F S Hrs____ to_____ (Please circle)

Mother / Guardian Name_________________________ Place of work________________

(Last) (First)

Work Phone____ - _______ Cell Phone____ - _______ Working days: S M T W T F S Hrs____ to_____ (Please circle)

Student lives with: (Please check all that apply)

___ Mother  ___ Stepmother  ___ Foster Parent  ___ Legal Guardian  ___________ other

___ Father  ___ Steppfather  ___ Foster Parent  ___ Legal Guardian  ___________ other

Brothers and sisters living at home:

Name________________, Age____ Name________________, Age____ Name________________, Age____

If you need to have your child picked up by someone other than yourselves, you will need to send a note or call the school office ahead of time. We will not let your child leave the building with anyone else.

Legal papers required:

___ DO NOT RELEASE my child to, and/or ___ NO CONTACT with my child by: ______ (person's name)

In case of an emergency and parent(s) are not available please contact:

Name_________________________ Relationship________________ Phone____ - _______

In the event an unusual injury or illness develops with your student needing immediate attention and the parent cannot be readily reached, the school requires the following information:

Family Doctor__________________ Phone____ - _______ Clinic__________________ Phone____ - _______

Preferred Hospital________________________ Phone____ - _______

Health Plan/Insurance Co_______________ Group/Policy No.________________

4/14/2015
"In case of an accident or serious illness, I request the school authorities contact me. If I cannot be reached, I herewith authorize the school administration to call Doctor: _______________________. If it is impossible to contact the physician, I authorize the teacher/sponsor to arrange for all necessary emergency medical services for said student on my behalf."

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Dixie School District, its employees and its Board assume no liability of any nature in relationship to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

______________________________ Date_____/_____/_____
Parent or Legal Guardian Signature

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- PLEASE specify any medical condition, allergies, disability, or medications your child may require assistance from the school:

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- SPECIAL SERVICES your student has been receiving:

  ___ Special Education  ___LAP  ___Title 1  ___504 Plan  ___Counseling  ___Other __________

  Dixie School District does not provide accident medical insurance for students for school related injuries; however, there is Student Accident Insurance you may purchase. Please pick up an application form in the school office.

  My student will be: ___ riding the bus to school  ___ walking to school

  Please specify any limited English proficient parent/guardian.- (Language) ______________________

- Dixie School is committed to equal opportunity in all programs, activities and employment, and to full compliance with federal and state laws that prohibit discrimination on the basis of race, ethnicity, national origin, sex, sexual orientation, religion, military status, age or disability.

FOR OFFICE USE ONLY

Date Enrolled_____/_____/_____ Request for Records_____/_____/_____ DateExited from our District_____/_____/_____  
Give to Parent/Guardian: 
Student accident Insurance Application___ Free/Reduced Meals Application___ Asthma Information packet___ 
Received: Immunization Record___ Birth Certificate___ Social Security #___ 
Notified: Bus Route & Driver___ Teacher___

4/14/2015
Dixie School District #101
10520 E Hwy 12
Dixie, WA 99329
Student Housing

Please use one form per student. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

Name of Student: ___________________________________________ First Middle Last

Name of School ______________________ Grade: ________ Birthdate: __________ Month/Day/Year

Age: ____________________________ Sex: ___ Male ___ Female

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student’s home address a temporary living arrangement?
   ____ Yes ____ No

2. Is this a temporary living arrangement due to a loss of housing or economic hardship?
   ____ Yes ____ No

3. Is this student awaiting foster care placement?
   ____ Yes ____ No

4. As a student, are you living with someone other than your parent or legal guardian?
   ____ Yes ____ No

If you answered YES to any of the above questions, please complete the remainder of this form on second page.

If you answered NO to all of the above questions, you may stop here.

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Pg. 1
Where is this student currently living? (Check correct answer)

_____ Temporarily with another family because we cannot afford or find affordable housing.

_____ With an adult that is not a parent or legal guardian, or alone without an adult.

_____ In a hotel/motel.

_____ In a vehicle of any kind, RV park or campground, abandoned building or substandard housing.

_____ In an emergency/transitional shelter.

_____ Other

ADDRESS OF CURRENT RESIDENCE:__________________________________________________________

(OR)

NAME OF HOTEL/SHelter OF CURRENT RESIDENCE:________________________________________

(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE:________________________________________

PHONE NUMBER OR CONTACT NUMBER:________________________ NAME OF CONTACT:____________

Print name of parent(s)/legal guardian(s):_________________________________________________

(Or unaccompanied youth)

Signature of parent/legal guardian:____________________________________ Date:___________

(Or unaccompanied youth)
RELEASE STUDENT RECORD REQUEST FORM

Please release Student Records for:

First Name                 Middle                 Last

First Name                 Middle                 Last

First Name                 Middle                 Last

I, hereby request ____________________________ to send all cumulative, psychological, special education, Chapter 1, remedial and other confidential records regarding the above student(s) to:

Dixie School District
Attn: Debbie Miller or Jeannie Kibler
PO Box 40
Dixie, WA 99329-0040

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date
Dear Parent/Guardian:

Schools receive certain federal and state funding (learning assistance programs, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child’s school a way to collect household income information. This information makes sure your child’s school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to Dixie School District #101 within September 7, 2018.

**Part 1. Eligibility:** Figure out your total household income. Then look at the income chart below. Find your household size. If your total household income is equal to or less than the amount listed for your household size, check the box.

### Income Chart
Effective from July 1, 2018 through June 30, 2019

<table>
<thead>
<tr>
<th>Check box that applies</th>
<th>Household Size</th>
<th>How Often Payment is Received</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Annual</td>
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<tr>
<td></td>
<td>1</td>
<td>$22,459</td>
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<td>2</td>
<td>$30,451</td>
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<td>3</td>
<td>$38,443</td>
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<td>$46,435</td>
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<td>$86,395</td>
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<td>$102,379</td>
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<td></td>
<td>12</td>
<td>$110,371</td>
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<td></td>
<td>For each add’l household member</td>
<td>+$ 7,992</td>
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</table>

**Household** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you’re applying for a household with a foster child, you may include the foster child in the total household size.

**Household Income** is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child’s personal income. Do not count foster payments as income.
Part 2. STUDENTS: Please fill in the following information for all children living with you that are attending school.

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>School</th>
<th>Grade</th>
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Part 3. SIGNATURE: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) this information. I understand if I purposely give false information that I may be prosecuted. I understand my child’s poverty status may be shared with other programs/agencies as allowed by law.

Signature: ____________________________ Print Name: ____________________________
Date: ________________ Phone: ________________ Email: ____________________________
Address: ____________________________ City: ________________ State: ______ Zip: ______

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Equity and Civil Rights Director at (360) 725-6162/TTY: (360) 664-3631 or P.O. Box 47200, Olympia, WA 98504-7200.