

DIXIE SCHOOL DISTRICT NO. 101 ENROLLMENT FORM

Date ____/____/____

Student's Full Legal Name _____,
(Last) (First) (Middle)

Nickname _____ Sex: M or F Birthdate ____-____-____ Birthplace _____ Age _____

Address _____ PO Box _____ City _____ Home Phone _____ - _____
(Street 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 _____, (Last) (First)	Place of work _____
Work Phone _____ - _____ Cell Phone _____ - _____	Working days: S M T W T F S Hrs _____ to _____ (Please circle)
Mother / Guardian Name _____, (Last) (First)	Place of work _____
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 Stepfather 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 <u>immediate</u> 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. _____	

"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



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

- **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 ____/____/____	Date Exited 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 ____

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 MOTEL/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)

DIXIE SCHOOL DISTRICT NO. 101

P. O. BOX 40 Dixie, Washington 99329
Phone (509)525-5339 Fax (509)525-1062

Administration
Superintendent/Principal
Kevin Graffis

Business Manager/Secretary
Debbie Miller

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

2018-19 Family Income Survey

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

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$ 22,459	\$ 1,872	\$936	\$864	\$ 432
<input type="checkbox"/>	2	\$ 30,451	\$ 2,538	\$1,269	\$1,172	\$ 586
<input type="checkbox"/>	3	\$ 38,443	\$ 3,204	\$1,602	\$1,479	\$ 740
<input type="checkbox"/>	4	\$ 46,435	\$ 3,870	\$1,935	\$1,786	\$ 893
<input type="checkbox"/>	5	\$ 54,427	\$ 4,536	\$2,268	\$2,094	\$ 1,047
<input type="checkbox"/>	6	\$ 62,419	\$ 5,202	\$2,601	\$2,401	\$ 1,201
<input type="checkbox"/>	7	\$ 70,411	\$ 5,868	\$2,934	\$2,709	\$ 1,355
<input type="checkbox"/>	8	\$ 78,403	\$ 6,534	\$3,267	\$3,016	\$ 1,508
<input type="checkbox"/>	9	\$ 86,395	\$ 7,200	\$ 3,600	\$ 3,324	\$ 1,662
<input type="checkbox"/>	10	\$ 94,387	\$7,866	\$ 3,933	\$ 3,632	\$ 1,816
<input type="checkbox"/>	11	\$ 102,379	\$ 8,532	\$ 4,266	\$ 3,940	\$ 1,970
<input type="checkbox"/>	12	\$ 110,371	\$ 9,198	\$ 4,599	\$ 4,248	\$ 2,124
<input type="checkbox"/>	For each add'l household member	+\$ 7,992	+\$666	+\$ 333	+\$ 308	+\$ 154
<input type="checkbox"/>	Household does not qualify					

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.

2018-19 Family Income Survey

Part 2. STUDENTS: Please fill in the following information for all children living with you that are attending school.

Student's Last Name	Student's First Name	MI	Date of Birth	School	Grade

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.