

PARENT/GUARDIAN CONTACTS – Household Two

Physical address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Employed by the Armed Forces? Yes No No Response

If yes, what branch? _____ Active Duty Retired Reserves National Guard

Name: _____

Relationship to student: _____

Home Phone #: _____

Receive Automatic Messages? Yes No

Work Phone #: _____

Receive Automatic Messages? Yes No

Cell Phone #: _____

Receive Automatic Messages? Yes No

E-mail: _____

Receive Automatic Messages? Yes No

Name: _____

Relationship to student: _____

Home Phone #: _____

Receive Automatic Messages? Yes No

Work Phone #: _____

Receive Automatic Messages? Yes No

Cell Phone #: _____

Receive Automatic Messages? Yes No

E-mail: _____

Receive Automatic Messages? Yes No

MEDICAL RELEASE:

In the event that a parent/guardian cannot be reached by telephone, I give my permission for school authorities to seek medical attention for my child at the nearest available medical facility. Yes No

EMERGENCY CONTACTS

These contacts **WILL NOT** receive **ANY** automatic messages from the school, and will only be contacted in the event all parents/guardians could not be contacted. **Please list in calling order.**

Name	Relationship to student	Phone # (only one)	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BROTHERS AND SISTERS (living at home):

Name:	Birthdate:	Grade in School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCY VERIFICATION: ALL information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Legal Guardian/Parent Signature: _____

Print Name: _____

Date: _____

**PLEASE USE BLACK INK AND FILL FORM OUT COMPLETELY
DAVENPORT SCHOOL DISTRICT – HEALTH REGISTRATION FORM**

STUDENT NAME: _____ BIRTHDATE _____
 Last First M.I.
 ADDRESS: _____ HOME PHONE: _____
 Street City Zip Code

Student Lives with: (CIRCLE ONE)	Both Parents	Mother Only	Father Only	Mother & Stepfather	Father & Stepmother
	Agency	Self	Legal Guardian	Other: _____	

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Emergency Contact Name: _____ Relationship to Child: _____ Phone: _____

Emergency Contact Name: _____ Relationship to Child: _____ Phone: _____

Medical Insurance Co: _____ Policy #: _____ Preferred Hospital: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

HEALTH HISTORY *: Please answer by checking box

	No	Yes	Glasses	Contacts		No	Yes	Hearing Aid
Does student have vision problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does student have hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check YES or NO on all categories:	No	Yes	Mild	Moderate	Severe	Life Threatening		
Anaphylactic Allergy:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures, type:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had chicken pox?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, approximate age _____					
Explain if other issues exist (including learning disabilities, ADHD or ADD): _____								

IF student has diabetes*, a life threatening allergy, or medical condition, state law requires that a care plan be in place, please contact Cindy Hansen, RN, School Nurse, at 509-725-1261.

We will need a medication and/or treatment order signed by the Licensed Health Care Professional and the Parent/Guardian.

We need this at school PRIOR to admission.

Does the student take medication of any kind? NO YES If yes, list: _____

Will student need to take medications at school? NO YES IF yes, list: _____

Has student had any serious injuries? NO YES If yes, explain: _____

*The nurse's office will share health information with your student's teacher and other school staff. IF you do not want information shared, please call Cindy Hansen, RN Davenport School Nurse at 509-725-1261.

Students** requiring medication (prescription or non-prescription) at school **MUST** have a **Medication Request Form** signed by a parent/guardian and a Licensed Health Care Provider. These forms are available in every building office and from the school nurse.

In the event of a serious accident or injury we will attempt to contact the parent/guardian first. If parent/guardian cannot be reached I authorize the Davenport School District staff to contact a doctor/dentist or 911*, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital. *911 WILL BE CALLED IF DEEMED NECESSARY

****IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**REQUEST FOR TRANSFER OF RECORDS
AND
AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION**

Please send all student records including immunization records and special program records (special education, etc.) for the following student(s):

Student Name	Date of Birth	Special Program	Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			

From:

School District	
Address	
Phone FAX	

Return to:	Davenport Elementary School Gillian Ball 601 Washington Street Davenport, WA 99122 Phone: (509) 725-1261 FAX: (833) 434-1435 gball@davenportsd.org	Davenport Middle School Sadra Danekas 601 Washington Street Davenport, WA 99122 Phone: (509) 725-0766 FAX: (833) 434-1435 sdanekas@davenportsd.org	Davenport High School Autumn Abbott 801 7 th Street Davenport, WA 99122 Phone: (509) 725-4021 FAX: (833) 434-1435 aabbott@davenportsd.org
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I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will not be transmitted to a third party without my consent.

Parent Signature:		Date:	
School Official Signature:	Title	Date	

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION 2023-2024

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

E T H N I C I T Y	<input type="checkbox"/>	Not Hispanic/Latino	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	Salvadoran
	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	Spaniard
	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Native	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	Venezuelan
	<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Paraguayan	Hispanic/Latino (Write In)	
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Honduran	<input type="checkbox"/>	Peruvian		
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	

Question 2: What race(s) do you consider your child? (Please check ALL that apply)

White/Black/African American

R A C E	<input type="checkbox"/>	White	<input type="checkbox"/>	African-Canadian
	<input type="checkbox"/>	Black/African-American		
	<input type="checkbox"/>	African-American		

Asian

R A C E	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Lao
	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Malaysian
	<input type="checkbox"/>	Bhutanese	<input type="checkbox"/>	Mien
	<input type="checkbox"/>	Burmese/Myanmar	<input type="checkbox"/>	Mongolian
	<input type="checkbox"/>	Cambodian/Khmer	<input type="checkbox"/>	Nepali
	<input type="checkbox"/>	Cham	<input type="checkbox"/>	Okinawan
	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Punjabi
	<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Singaporean
	<input type="checkbox"/>	Indonesian	<input type="checkbox"/>	Sri Lankan
	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Taiwanese
	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Thai
	<input type="checkbox"/>	Asian (Write In)	<input type="checkbox"/>	Tibetan
	<input type="checkbox"/>		<input type="checkbox"/>	Vietnamese

Middle Eastern/North African

R A C E	<input type="checkbox"/>	Algerian	<input type="checkbox"/>	Israeli
	<input type="checkbox"/>	Amazigh or Berber	<input type="checkbox"/>	Jordanian
	<input type="checkbox"/>	Arab or Arabic	<input type="checkbox"/>	Kurdish Kuwaiti
	<input type="checkbox"/>	Assyrian	<input type="checkbox"/>	Lebanese
	<input type="checkbox"/>	Bahraini	<input type="checkbox"/>	Libyan
	<input type="checkbox"/>	Bedouin	<input type="checkbox"/>	Moroccan
	<input type="checkbox"/>	Chaldean	<input type="checkbox"/>	Omani
	<input type="checkbox"/>	Copt	<input type="checkbox"/>	Palestinian
	<input type="checkbox"/>	Druze	<input type="checkbox"/>	Qatari
	<input type="checkbox"/>	Egyptian	<input type="checkbox"/>	Saudi Arabian
	<input type="checkbox"/>	Emirati	<input type="checkbox"/>	Syrian
	<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Tunisian
	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Yemeni
	<input type="checkbox"/>	Middle Eastern (Write In)	<input type="checkbox"/>	North African (Write In)

Washington State Tribes/Alaskan Native

R A C E	<input type="checkbox"/>	American Indian/Alaskan Native
	<input type="checkbox"/>	Chinook Tribe
	<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation
	<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation
	<input type="checkbox"/>	Confederated Tribes of the Colville Reservation
	<input type="checkbox"/>	Cowlitz Indian Tribe
	<input type="checkbox"/>	Duwamish Tribe
	<input type="checkbox"/>	Hoh Indian Tribe
	<input type="checkbox"/>	Jamestown S'Klallam Tribe
	<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation
	<input type="checkbox"/>	Kikiallus Indian Nation
	<input type="checkbox"/>	Lower Elwha Tribal Community
	<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation
	<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation
	<input type="checkbox"/>	Marietta Band of Nooksack Tribe
	<input type="checkbox"/>	Muckleshoot Indian Tribe
	<input type="checkbox"/>	Nisqually Indian Tribe
	<input type="checkbox"/>	Nooksack Indian Tribe of Washington
	<input type="checkbox"/>	Port Gamble S'Klallam Tribe
	<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation
	<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation
	<input type="checkbox"/>	Quinault Indian Nation
	<input type="checkbox"/>	Samish Indian Nation
	<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington
	<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
	<input type="checkbox"/>	Skokomish Indian Tribe
	<input type="checkbox"/>	Snohomish Tribe
	<input type="checkbox"/>	Snoqualmie Indian Tribe
	<input type="checkbox"/>	Snoqualmoo Tribe
	<input type="checkbox"/>	Spokane Tribe of the Spokane Reservation
	<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin Island Reservation
	<input type="checkbox"/>	Steilacoom Tribe
	<input type="checkbox"/>	Stillaguamish Tribe of Indians of Washington
	<input type="checkbox"/>	Suquamish Indian Tribe of the Port Madison Reservation
	<input type="checkbox"/>	Swinomish Indian Tribal Community
	<input type="checkbox"/>	Tulalip Tribes of Washington
	<input type="checkbox"/>	Alaskan Native (Write In)
	<input type="checkbox"/>	American Indian (Write In)

Caribbean

R A C E	<input type="checkbox"/>	Anguillan	<input type="checkbox"/>	Dominican (Dominican Republic)
	<input type="checkbox"/>	Antiguan	<input type="checkbox"/>	Dutch Antillean (Netherlands Antilles)
	<input type="checkbox"/>	Bahamian	<input type="checkbox"/>	Grenadian
	<input type="checkbox"/>	Barbadian	<input type="checkbox"/>	Guadeloupian
	<input type="checkbox"/>	Barthélemois/Barthélemoisians	<input type="checkbox"/>	Haitian
	<input type="checkbox"/>	British Virgin Islander (Cayman Island)	<input type="checkbox"/>	Jamaican
	<input type="checkbox"/>	Caymanian	<input type="checkbox"/>	Martiniquais/Martiniquaise
	<input type="checkbox"/>	Cuba Dominican	<input type="checkbox"/>	Montserratian
	<input type="checkbox"/>	Caribbean (Write In)	<input type="checkbox"/>	Puerto Rican

East African

R A C E	<input type="checkbox"/>	Burundian	<input type="checkbox"/>	Reunioneuse
	<input type="checkbox"/>	Comoran	<input type="checkbox"/>	Rwandan
	<input type="checkbox"/>	Djiboutian	<input type="checkbox"/>	Seychellois Seychelloise
	<input type="checkbox"/>	Eritrean	<input type="checkbox"/>	Somali
	<input type="checkbox"/>	Ethiopian	<input type="checkbox"/>	South Sudanese
	<input type="checkbox"/>	Kenyan	<input type="checkbox"/>	Sudanese
	<input type="checkbox"/>	Malagasy (Madagascar)	<input type="checkbox"/>	Ugandan
	<input type="checkbox"/>	Malawian	<input type="checkbox"/>	Tanzanian
	<input type="checkbox"/>	Mauritian (Mauritius)	<input type="checkbox"/>	Mauritian (United RC of Tanzania)
	<input type="checkbox"/>	Mahoran (Mayotte)	<input type="checkbox"/>	Zambian
	<input type="checkbox"/>	Mozambican	<input type="checkbox"/>	Zimbabwean
	<input type="checkbox"/>	East African (Write In)		

Latin American

R A C E	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Guatemalan
	<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Guyanese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Honduran
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mexican
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Nicaraguan
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Panamanian
	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Paraguayan
	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Peruvian
	<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	So. Georgia/So. Sandwich Islands
	<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Latin American (Write In)	<input type="checkbox"/>	Venezuelan

West African

R A C E	<input type="checkbox"/>	Beninese	<input type="checkbox"/>	Liberian
	<input type="checkbox"/>	Bissau-Guinean	<input type="checkbox"/>	Malian
	<input type="checkbox"/>	Burkinabé (Burkina Faso)	<input type="checkbox"/>	Mauritanian
	<input type="checkbox"/>	Cabo Verdean	<input type="checkbox"/>	Nigerien (Niger)
	<input type="checkbox"/>	Ivorian (Cote d'Ivoire)	<input type="checkbox"/>	Nigerian (Nigeria)
	<input type="checkbox"/>	Gambian	<input type="checkbox"/>	Saint Helenian
	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Senegalese
	<input type="checkbox"/>	West African (Write In)	<input type="checkbox"/>	Sierra Leonean
	<input type="checkbox"/>		<input type="checkbox"/>	Togolese

Pacific Islander/Native Hawaiian

R A C E	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Palauan
	<input type="checkbox"/>	Carolinian	<input type="checkbox"/>	Papuan
	<input type="checkbox"/>	Chamorro	<input type="checkbox"/>	Pohpeian
	<input type="checkbox"/>	Chuukese	<input type="checkbox"/>	Samoan
	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Solomon Islander
	<input type="checkbox"/>	i-Kiribati/Gilbertese	<input type="checkbox"/>	Tahitian
	<input type="checkbox"/>	Kosraean	<input type="checkbox"/>	Tokelauan
	<input type="checkbox"/>	Maori	<input type="checkbox"/>	Tongan
	<input type="checkbox"/>	Marshallese	<input type="checkbox"/>	Tuvaluan
	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Yapese
	<input type="checkbox"/>	Ni-Vanuatu	<input type="checkbox"/>	
	<input type="checkbox"/>	Native Hawaiian (Write In)	<input type="checkbox"/>	Other Pac. Islander (Write In)

Central African

R A C E	<input type="checkbox"/>	Angolan	<input type="checkbox"/>	Congolese (Dem. RC of the Congo)
	<input type="checkbox"/>	Cameroonian	<input type="checkbox"/>	Equatorial Guinean
	<input type="checkbox"/>	Central African (Cen. African RC)	<input type="checkbox"/>	Gabonese
	<input type="checkbox"/>	Chadian	<input type="checkbox"/>	São Toméan
	<input type="checkbox"/>	Congolese (RC of the Congo)	<input type="checkbox"/>	Principe
	<input type="checkbox"/>	Central African (Write In)		

Eastern European

R A C E	<input type="checkbox"/>	Bosnian	<input type="checkbox"/>	Romanian
	<input type="checkbox"/>	Herzegovinian	<input type="checkbox"/>	Russian
	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Ukrainian
	<input type="checkbox"/>	Eastern European (Write In)		

South African

R A C E	<input type="checkbox"/>	Botswanan	<input type="checkbox"/>	South African
	<input type="checkbox"/>	Mosotho (Lesotho)	<input type="checkbox"/>	Swazi
	<input type="checkbox"/>	Namibian		
<input type="checkbox"/>	South African (Write In)			

ADDITIONAL ADMISSION INFORMATION

Students Name: _____

LEGAL:

1. Do you have legal guardian ship of this child? (circle the appropriate answer)
 - no
 - yes
2. Are there any court orders or legal issues we should be aware of concerning this child?
 - no
 - yes _____
3. Is your child a convicted sex offender:
 - no
 - yes Risk Level: _____

BEHAVIOR:

4. Has your child been involved in any weapons violations?
 - No
 - Yes _____
5. Has your child been expelled or suspended from school?
 - No
 - Yes _____
6. Has your child been sent to the office for minor behavior disruptions?
 - No
 - Yes _____
7. Has your child been accused of Harassment/Intimidation/Bullying? Has your child been the victim of Harassment/Intimidation/Bullying?
 - No
 - Yes _____
8. Does your child have a record of good and consistent attendance?
 - No
 - Yes _____
9. Has your child had an athletic training rule violation?
 - No
 - Yes _____

ACADEMIC:

10. Do you have a copy of an unofficial transcript?
- No
 - Yes If so, please provide a copy when registering your student.
11. Do you have a copy of the most recent WASL (Washington Assessment of Student Learning Results?)
- No
 - Yes If so, please provide a copy when registering your student.
12. Does your child have their State Assessment Scores?
- No
 - Yes If so, do you have a copy of it? _____

SPECIAL SERVICES/504 PLAN:

13. Has your child been referred to special education or assessed for special education?
- No
 - Yes
14. Has your child been enrolled in Special Education Services or have a 504 Plan?
- No
 - Yes
15. Do you have a copy of your child's IEP/504 Plan?
- No
 - Yes _____

HEALTH:

16. Is your child on any medications that will need to be administered at school?
- No
 - Yes _____
17. Does your child have any health conditions that may affect their educational program?
- No
 - Yes _____

Parent Signature

Date

Davenport School District



In the event of an emergency causing an early release school closure during the regular school day, we want to make sure we have all contact/emergency contact information and plans for where your child(ren) would go on file. In such an event, our automated phone system would be activated with specific information on the emergency and what procedures/time frame the school district will be following.

Thank you.

Parent/Guardian Name _____

Contact & Number(s) to be called?

Does your child ride a bus? yes ___ no ___

Bus number/driver _____

Student(s) Name:

Please indicate where your child(ren) would go if it was determined that the school needed to send busses or close early that day.

DAVENPORT SCHOOL DISTRICT
Internet, Google Apps for Education, and E-Mail Acceptable Use Policy

Student Expectations for Acceptable Use:

The following are the Educational Objectives of Google Apps for Education:

- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

District educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Internet, Google Apps, and E-Mail participants will respect the teachers' time and professionalism by supporting the same positive approach.

All Internet, Google Apps, and E-Mail participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will not be tolerated.

No student, or other participant, may include any information on the site that could compromise the safety of him/herself or other class members. Participants should avoid specific comments about school location or schedules.

All Internet, Google Apps, and E-Mail users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Internet, Google Apps, and E-Mail participant may share his/her log-in information or protect information about the site with anyone who is not an authorized participant.

Student use must follow all other expectations as listed in the ***Davenport Schools Student Handbook***. *Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service.*

Parent/Guardian Expectations & Consent:

Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student's teachers will be using Internet, Google Apps, and E-Mail for lessons, assignments, and communication. Google Apps for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of Internet, Google Apps, and E-Mail when students are at school. Parents are responsible for monitoring their child's use of Internet, Google Apps, and E-Mail when accessing programs from home. Students are responsible for their own behavior at all times.

I agree with the parent expectations and give my child permission to use Internet, Google Apps for Education, and E-Mail.

Parent/Guardian Name (Print):

Parent /Guardian Signature:

Date:

Student Consent:

I agree to abide by Student Expectations of Acceptable use of Internet, Google Apps for Education, and E-Mail.

Student Name (Print):

Student Signature:

Date:

Technology User Agreement and Fee Schedule 2023-2024

The educational program at DSD includes a Chromebook that will be issued to your student for their use at school and home.

Like textbooks, team uniforms, and other school property issued to your student, there is a responsibility to take appropriate care of these valuable resources. The Chromebooks are no different, but they do represent an increased cost to the district and liability to students and parents. We know that loss and accidents will happen. District policies, regulations and practices require that a fee be levied to cover the repair or replacement cost of district property.

Repair/Replacement Fees	First Claim	Second Claim	All Other
DAMAGE	None	Full Cost to Replace	Full Cost to Replace
Theft (with police Report)	None	Full Cost to Replace	Full Cost to Replace
Lost	\$50 deductible	Full Cost to Replace	Full Cost to Replace

Full Replacement Cost Schedule

Chromebook: \$150

Broken Screen: \$50

Missing Keys/Broken Keyboard: \$75

Lost/Stolen/Broken Power Adapter: \$40

Because we cannot repair the power adapter, students must always cover the cost of damage to, or loss of the power supply/cord.

THEFT: If Chromebook is stolen, DSD will require that a police report be submitted. Fraudulent reporting of theft will be turned over to the police for investigation. A student making a false report will also be subject to disciplinary action.

LOSS: If the Chromebook is lost, the district will cover the cost for the loss minus a \$50 deductible. If subsequent loss occurs, the student will be issued a replacement only after a full payment is received. In the event that the technology is recovered in working condition, the replacement cost previously paid by the student/parent will be refunded. Any Chromebook lost or stolen will be remotely disabled and all functionality removed until the Chromebook is returned.

STUDENT NAME: _____

DATE: _____

PARENT NAME: _____

DATE: _____

Notification to Parents – Title I, Part A Right to Ask for Teacher’s and Paraeducator’s Qualifications

Davenport School District

Dear Parents/Guardians,

In compliance with the requirements of the Every Student Succeeds Act (ESSA) the Davenport School District would like to inform you that you may request information about the professional qualifications of your student’s teacher(s) or instructional paraprofessional(s).

A. The following information may be requested for teacher(s):

1. Whether the teacher has met Washington teacher certification requirements for the grade level and subject areas in which the teacher provides instruction.
2. Whether the teacher is teaching under an emergency or other provisional status through which Washington qualifications or certification criteria have been waived.
3. The college major and any graduate certification or degree held by the teacher.
4. Whether the student is provided services by paraprofessionals, and if so, their qualifications.

B. The following information may be requested for instructional paraprofessional(s):

Paraprofessionals must work under the supervision of a certified teacher. In schools that operate a schoolwide program, all paraprofessionals must meet professional qualifications. In a Targeted Assistance program, any paraprofessional who is the direct supervision of a certificated teacher must meet the professional qualifications.

Paraeducators can provide a copy of their high school diploma — transcripts are not necessary. Schools that operate a Title I, Part A program must have a high school diploma or GED and completed the following:

1. Completed at least two years of study at an institution of higher education; or
2. Obtained an associate’s or higher degree; or
3. Pass the ETS Para Pro Assessment. The assessment measures skills, and content knowledge related to reading, writing and math;
4. Completed previously the apprenticeship requirements and must present a journey card or certificate. The portfolio and apprenticeships are no longer offered for enrollment; however, the Office of Superintendent of Public Instruction (OSPI) will continue to honor this pathway.

If you wish to request information concerning your child’s teacher’s and instructional paraprofessional’s qualification, please contact the school principal at (509) 725-1481.

Sincerely,

The Davenport School District
Chad Prewitt, Title I Director



Washington State Governor's Office of the Education Ombuds (OEO)

The Washington State Governor's Office of the Education Ombuds (OEO) is an independent state agency that helps to reduce educational opportunity gaps by supporting families, students, educators, and other stakeholders in communities across WA in understanding the K-12 school system and resolving concerns collaboratively. OEO services are free and confidential. Anyone can contact OEO with a question or concern about school.

OEO listens, shares information and referrals, and works informally with families, communities, and schools to address concerns so that every student can fully participate and thrive in our state's public schools. OEO provides support in multiple languages and has telephone interpretation available. To get help or learn more about what OEO does, please visit our website: <https://www.oeo.wa.gov/en>; email oeoinfo@gov.wa.gov, or call: [1-866-297-2597](tel:1-866-297-2597) (interpretation available).
(English)