

DIXIE SCHOOL DISTRICT NO. 101

P. O. BOX 40 Dixie, Washington 99329

Telephone: (509) 525-5339

Fax: (509) 525-1062

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 _____ Grade _____ thru _____

Language the student uses most _____

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 immediate attention and the parent cannot be readily reached, the school requires the following information:

Family Doctor _____ Phone _____ - _____ Clinic _____ Phone _____ - _____

Preferred Hospital _____ Phone _____ - _____

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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 District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national, origin, honorably discharged veteran or military status, sexual orientation, gender expression or gender identify, the presence of any sensory, mental ,or physical disability, or the use of a trained guide dog or service animal and provides equal access to the Boy Scouts and other designated youth groups The following employee has been designed to handle questions and complaints of alleged discrimination: Civil Rights, Title IX, and Section 504 Coordinator: Jennifer Worden, (509)525-5339, jworden@dixiesd.org, Address: P.O. Box 40 Dixie WA 99329.

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FOR OFFICE USE ONLY

Date Enrolled ___/___/___ Request for Records ___/___/___ Date Exited from our District ___/___/___

Received: Immunization Record _____ Verification of age _____ (e.g., birth certificate, hospital or physician's certificate showing date of birth, adoption record.) Bus Route & Driver _____

Dixie School District Transportation Form

* Please note that transportation is provided to students living within the Dixie School District boundaries. For questions regarding transportation contact Office Manager at 509-525-5339.

Student Information		
Last Name:	First Name:	Grade:
School:		
Last Name:	First Name:	Grade:
School:		
Last Name:	First Name:	Grade:
School:		
Last Name:	First Name:	Grade:
School:		
Physical Bus Pick-Up Address:		
Physical Bus Drop-Off Address:		
Notes:		

Parent/ Guardian Information		
Parent/ Guardian 1 Name:		
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Parent/ Guardian 2 Name:		
Cell Phone:	Home Phone:	Work Phone:
Email Address:		

Emergency Contact Information (if unable to reach a parent/ guardian at above numbers)		
Emergency Contact 1 Name:	Relationship to student:	
Cell Phone:	Home Phone:	Work Phone:
Emergency Contact 2 Name:	Relationship to student:	
Cell Phone:	Home Phone:	Work Phone:

Student Health
Does your child have a life-threatening condition (i.e. diabetes, heart condition, asthma, allergic reaction that results in anaphylactic shock)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any other health concerns that the bus driver should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____

Parent/ Guardian Signature: _____

Date: _____

You will be contacted by Transportation prior to the first day of school with your pick-up and drop-off information.

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Please return completed form to:

Jacob Bang
District Liaison

509-525-5339
Phone Number

Business Office
Location

For School Personnel Only: For data collection purposes and student information system coding

(N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

National Center for Homeless Education

National Association for the Education of Homeless Children and Youth (NAEHCY)

SchoolHouse Connection

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Multi-Media Permission

I have reviewed the 2023-2024 Parent/Student Handbook and have discussed relevant sections with my child(ren). I understand my child(ren) will have internet privileges at school and their picture and names may appear in various media throughout the school year.

_____ I give consent.

_____ I do not give consent.

Parent/Guardian print name: _____

Parent/Guardian signature: _____ Date: _____

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

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Technology – Student Expectations

Using technology at our school has the potential to revolutionize how we conduct our classes and how you learn. As it pertains to the use of technology, students must abide by all rules as outlined in District policy. The student expectations listed below will assist you in this process:

RESPECT

- Use of technology is a privilege.
- Do not access the “settings” unless directed by your instructor.
- Do not rearrange “icons” unless directed by your instructor.
- Do not edit/delete any project that you, or your group, did not create.
- Sound must be muted at all times unless permission is obtained from your instructor.

RESPONSIBILITY

- Each student is responsible for their assigned mobile device and all materials on it.
- Be aware of surroundings at all times when using technology:
 - 1) Do not place food or drink near your device.
 - 2) Do not place books or items on your device.
 - 3) Do not place your device near sinks, on the floor, or at the edge of your desk.
- Handle your device with care, especially with plugging in the charger.
- Remember to “log out” at the conclusion of any digital lesson.

CITIZENSHIP

- As it pertains to the use of technology, students must abide by all rules as outlined in District policy.
- Pictures/videos taken, copied, downloaded, or scanned, must be for classroom use only.
- Do not take or use anyone’s picture without permission.
- Absolutely no applications (games or otherwise) will be downloaded or added by students.
- Students have no rights of confidentiality when using a device on school district property.

ENGAGED

- Students will use only “apps” as directed by your instructor.
- All devices are closed when the teacher is giving instructions.

COLLABORATION

- If possible, please share documents on Google Docs when working in a group.

Violations of any rules as outlined in District Policy will result in a loss of privilege for a time to be determined by the classroom teacher and school administration.

Student Name (Print)

Student Signature

Date

Parent Name (Print)

Parent Signature

Date