



## ***Welcome to Green Mountain School!***

The following information and Enrollment Checklist will assist you in enrolling your child for attendance in Green Mountain School. By providing all of the listed forms and documents, you can assure that your child's registration will be processed smoothly. **Incomplete applications cannot be processed and will delay your student's enrollment.**

New students are assigned to their resident school based on Residency Verification. To determine your resident school, refer to the Clark County GIS webpage <http://gis.clark.wa.gov/gishome/Property/> or call 360-225-7366. A non-resident student who would like to request a transfer into Green Mountain School must have an approved Choice Transfer Form. You must begin the Choice Transfer process at your resident school district.

Students identified as homeless under the McKinney-Vento Act will be enrolled immediately even if applications are incomplete.

---

### ENROLLMENT CHECKLIST

---

#### **Step 1:**

- ☐ **RESIDENCY VERIFICATION** – With Proof of Residency documents attached
- ☐ **IF A NON-RESIDENT - CHOICE PAPERWORK FILLED OUT AND SUBMITTED TO HOME DISTRICT.** Copy of paperwork attached with this packet.
- ☐ **CERTIFICATE OF IMMUNIZATION STATUS (CIS)** – Washington State requires that you use the official CIS form, which must be signed by the parent/guardian. Additional information including required immunization and exclusion options can be found on the District webpage.
- ☐ **PROOF OF BIRTH DATE AND LEGAL NAME** – State issued birth certificate or passport (Required for Kindergarten, 1<sup>st</sup> grade, and students who have never attended school).

#### **Step 2:**

- ☐ **REGISTRATION FORM** – Students receiving Special Education Services should include current IEP
- ☐ **ETHNICITY AND RACE FORM**
- ☐ **HOME LANGUAGE SURVEY**
- ☐ **RECORDS REQUEST FORM**
- ☐ **HOUSING-MCKINNEY VENTO FORM**
- ☐ **HEALTH HISTORY FORM**
- ☐ **FERPA FORM** (Optional)
- ☐ **SCHOOL MESSENGER FORM**
- ☐ **ACCEPTABLE USE POLICY** – Internet and Network Access Agreement form (Grades K-8)
- ☐ **VANCOUVER PUBLIC LIBRARY FORM**



**Is any parent or guardian a member of the military?** ☐ Yes ☐ No

☐ parent or guardian is an active duty member of the U.S. Armed Forces

☐ parent or guardian is a member of the National Guard

☐ parent or guardian is a member of the reserves of the U.S. Armed Forces

☐ more than one parent or guardian is a current member of the U.S. Armed Forces or the National Guard

☐ no parent or guardian is currently serving the U.S. Armed Forces or National Guard

☐ prefer not to answer

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**If injury, illness or other nonemergency situations occur involving your child, the District needs to be able to quickly reach families or other responsible adults. In the event you cannot be reached, please list persons you trust who are available during the day to provide care for your child in the local area only please.**

**Student Release Authorization:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed below.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>EMERGENCY CONTACT</b> (Other than parent/guardian) Last Name _____ First Name _____	<b>RELATIONSHIP TO STUDENT</b>	Home Phone (    )  Cell Phone (    )  Work Phone (    )
<b>EMERGENCY CONTACT</b> (Other than parent/guardian) Last Name _____ First Name _____	<b>RELATIONSHIP TO STUDENT</b>	Home Phone (    )  Cell Phone (    )  Work Phone (    )

<b>DOES STUDENT ATTEND CHILD CARE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Before school <input type="checkbox"/> After School	<b>CHILD CARE PROVIDER</b> (Name/address/phone number)
--	--

<b>STUDENT PROGRAMS/ADDITIONAL INFORMATION</b>  Indicate if student has ever been enrolled in the following programs:  <table> <tr> <td>Special Education</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program</td> </tr> <tr> <td>Speech/Language</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program</td> </tr> <tr> <td>OT/PT</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program</td> </tr> <tr> <td>504 Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> Current 504 <input type="checkbox"/> Exited Program</td> </tr> <tr> <td>Title/LAP Reading</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> In Program <input type="checkbox"/> Exited Program</td> </tr> <tr> <td>Title/LAP Math</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> In Program <input type="checkbox"/> Exited Program</td> </tr> <tr> <td>Transitional Bilingual</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> In Program <input type="checkbox"/> Exited Program</td> </tr> <tr> <td>Highly Capable</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> In Program <input type="checkbox"/> Exited Program</td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If yes:</td> <td><input type="checkbox"/> Specify: _____</td> </tr> </table>		Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program	Speech/Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program	OT/PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program	504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Current 504 <input type="checkbox"/> Exited Program	Title/LAP Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> In Program <input type="checkbox"/> Exited Program	Title/LAP Math	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> In Program <input type="checkbox"/> Exited Program	Transitional Bilingual	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> In Program <input type="checkbox"/> Exited Program	Highly Capable	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> In Program <input type="checkbox"/> Exited Program	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Specify: _____	Are there any school activities in which your student should not participate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, parent/guardian must provide documentation regarding reasons for non-participation.  Does student have a School Choice Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No  Has student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade? _____
Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program																																			
Speech/Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program																																			
OT/PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program																																			
504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Current 504 <input type="checkbox"/> Exited Program																																			
Title/LAP Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> In Program <input type="checkbox"/> Exited Program																																			
Title/LAP Math	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> In Program <input type="checkbox"/> Exited Program																																			
Transitional Bilingual	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> In Program <input type="checkbox"/> Exited Program																																			
Highly Capable	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> In Program <input type="checkbox"/> Exited Program																																			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Specify: _____																																			
Does the student have a probation officer or case worker? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Has student ever been suspended for a weapons violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____																																						

**Verification of information:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment in Green Mountain School District.

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

This form contains public information. To request withholding of all or part of this information (opt-out) pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR 99), complete a "Nondisclosure Form" annually. Forms are available at the school office.

PUBLIC NOTICE: The Green Mountain School District, 13105 NE Grinnell Rd, Woodland, WA 98674, is an Equal Opportunity district in education programs, activities, services, and employment. The Green Mountain School District does not discriminate on the basis of race; creed; color; religion; sex; national origin; marital status; sexual orientation, including gender expression or identity; age; families with children; honorably discharged veteran or military status; the presence of any sensory, mental or physical disability; or the use of a trained dog guide or service animal. We provide equal access to the Boy Scouts of America and other designated youth groups. We also comply with Section 504 of the Rehabilitation Act of 1973; Section 402 of the Vietnam Era Veterans Readjustment Act of 1974; the Americans with Disabilities Act of 1990; the Civil Rights Act of 1964; the Age Discrimination in Employment Act; Older Worker Protection Act; and all other state, federal and local equal opportunity laws. Inquiries regarding compliance and/or grievance procedures may be directed to the district's Title IX/RWC 28A.640 officer Superintendent, Dave Holmes, [dave.holmes@greenmountainschool.us](mailto:dave.holmes@greenmountainschool.us), 360-225-7366, and Section 504/ADA coordinator, Principal Jacqui Vansoest, [jacqui.vansoest@greenmountainschool.us](mailto:jacqui.vansoest@greenmountainschool.us), 360-225-7366.

**ETHNICITY AND RACE SURVEY**

All public schools and districts in Washington State are required to collect student race and ethnicity data at least once per school year and report their findings to OSPI annually. Please check the boxes that apply to your race and ethnicity.

STUDENT NAME: \_\_\_\_\_

HISPANIC	BLACK/ AFRICAN-AMERICAN
----------	-------------------------

[illegible]

BLACK/ AFRICAN-AMERICAN Continued			
R A C E		Malian	Senegalese
		Mauritanian	Sierra Leonean
		Nigerien (Niger)	Togolese
		Nigerian (Nigeria)	West African Write In:
		Saint Helenian	Black Write In:
Native Hawaiian/ Other Pacific Islander			
R A C E		Native Hawaiian/Other Pacific Islander	
		Pacific Islander	
		Carolinian	Palauan
		Chamorro	Papuan
		Chuukese	Pohpeian
		Fijian	Samoaan
		i-Kiribati/Gilbertese	Solomon Islander
		Kosraean	Tahitian
		Maori	Tokelauan
		Marshallese	Tongan
		Native Hawaiian	Tuvaluan
		Ni-Vanuatu	Yapese
			Write In:

White		
R A C E		White
	Eastern European	
	Bosnian	Russian
	Herzegovinian	Ukrainian
	Polish	Write In:
	Romanian	
Middle Eastern and North African		
R A C E	Algerian	Jordanian
	Amazigh or Berber	Kurdish Kuwaiti
	Arab or Arabic	Lebanese
	Assyrian	Libyan
	Bahraini	Moroccan
	Bedouin	Omani
	Chaldean	Palestinian
	Copt	Qatari
	Druze	Saudi Arabian
	Egyptian	Syrian
	Emirati	Tunisian
	Iranian	Yemeni
	Iraqi	
	Israeli	
Middle Eastern Write in:	North African Write in:	



**Office of Superintendent of Public Instruction (OSPI)**  
**Home Language Survey**

**The Home Language Survey is given to *all* students enrolling in Washington schools.**

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand.  1. In what language(s) would your family prefer to communicate with the school? _____		
<b>Eligibility for Language Development Support</b> Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____  3. What language does your child use the most at home? _____  4. What is the primary language used in the home, regardless of the language spoken by your child? _____  5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___		
<b>Prior Education</b> Your responses about your child's birth country and previous education: <ul style="list-style-type: none"><li>• Give us information about the knowledge and skills your child is bringing to school.</li><li>• May enable the school district to receive additional federal funding to provide support to your child.</li></ul> <i>This form is not used to identify students' immigration status.</i>	6. In what country was your child born? _____  7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 <sup>th</sup> grade) Yes___ No___  If yes: Number of months: _____ Language of instruction: _____  8. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade) _____ Month                  Day                  Year		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

**Note to district:** This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.

GREEN MOUNTAIN SCHOOL DISTRICT #103

**Request for Authorization of Release of Student Records**

Student Legal Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  
Last First Middle  
Other Name(s) Used By Student \_\_\_\_\_  
Student Address \_\_\_\_\_  
Street/PO Box City/State Zip  
Student Home Phone: \_\_\_\_\_ Alternate Phone : \_\_\_\_\_

I hereby authorize release of student records for the above-named student as follows:

**Transferring from School:** \_\_\_\_\_

School Address \_\_\_\_\_  
Street/PO Box City/State Zip  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

The cumulative records and confidential information include but are not necessarily limited to the following:

_____ Scholastic Achievement Data (including grades at time of withdrawal)	
_____ Standard Test Data	
_____ Medical Data	_____ Free & Reduced Form
_____ Psychological Data	_____ Birth Certificate
_____ Sociological Data	_____ Immunization Records
_____ Discipline Records	
_____ Specialized Education Records	
a. Current IEP	
b. Initial Placement	
c. 3 Year Evaluation	
_____ 504	
_____ Other	

I understand that this information will be kept confidential and will be used for educational placement purposes. In compliance with the Family Educational Rights and Privacy Act, all information received by the school district concerning the student will be available for inspection by the parent. Such information will be forwarded to other persons and organizations in accordance with procedures specified in the Family Educational Rights and Privacy Act.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**School transferring to:**

**Green Mountain School District #103  
13105 NE Grinnell Road  
Woodland, WA 98674  
Phone 360-225-7366; Fax 360-225-2217**

**Green Mountain School District**  
**Student Housing Questionnaire/Eligibility for McKinney-Vento Services Interview**

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the Every Student Succeeds Act (ESSA). Under the provisions of the McKinney-Vento Act, the Green Mountain School District provides services and other supports for students and families who are determined to be homeless. Please list all students in the household:

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male ☐ Female ☐

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male ☐ Female ☐

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male ☐ Female ☐

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male ☐ Female ☐

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male ☐ Female ☐

Do you own or rent your own home? ☐ Yes (**Stop.** You do not need to complete this form) ☐ No

If you **do not** own/rent your own home, please check all that apply below.

(Submit to School Office – District Liaison Jacqui Vansoest, 360-225-7366)

Where does the student(s) stay at night? (Please check one box)

- |  |   |
|--|---|
| <input type="checkbox"/> In a motel/hotel  | <input type="checkbox"/> In a car, park, campsite, or similar location            |
| <input type="checkbox"/> In a shelter  | <input type="checkbox"/> Moving from place to place/couch surfing                 |
| <input type="checkbox"/> In transitional housing   | <input type="checkbox"/> In someone else's house or apartment with another family |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |   |
| <input type="checkbox"/> Other – Please describe _____   |   |

Who does the student live with? ☐ Student lives with parent or legal guardian  
☐ Student is not living with parent or legal guardian (unaccompanied)

Parent/Legal Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City Zip

By my signature below, I declare that the information provided above is true and correct.

Signature (student or parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Not Homeless <input type="checkbox"/>	Shelter <input type="checkbox"/>	Doubled <input type="checkbox"/>	Unsheltered <input type="checkbox"/>	Hotel/Motel <input type="checkbox"/>	Other <input type="checkbox"/>
---------------------------------------	----------------------------------	----------------------------------	--------------------------------------	--------------------------------------	--------------------------------

Notes:



# Green Mountain School

## Student Health History

This form needs to be completed at the beginning of each school year. The district Registered Nurse will use this information to plan for potential health concerns during school. Staff will refer to this information when your child becomes ill at school or in case of an emergency.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_ Sex: ☐ Male ☐ Female

Address: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student lives with: (please circle all that apply)      Both Parents    Mother    Father    Step-parent    Guardian

Information below relates to the parent the student lives with:

Parent/Guardian: \_\_\_\_\_ Tel# \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Tel# \_\_\_\_\_ Work # \_\_\_\_\_

Alternate contacts authorized to pick up your child: 1) \_\_\_\_\_ Tel# \_\_\_\_\_

2) \_\_\_\_\_ Tel# \_\_\_\_\_

### Possible Life Threatening Medical Conditions: (check all that apply)

State law requires a medication/treatment order from a Licensed Health Professional if your child's health condition *will put your child in danger of death during the school day*. Orders must be in place before your child can attend school. A form is available from the school office .

**Do not send ANY medications to school with your student!**

☐ No ☐ Yes **Severe allergic reaction (food, medication, etc) specify:** \_\_\_\_\_

☐ Yes **Asthma – Medication needed at school?:** \_\_\_\_\_

☐ Yes **Seizure Disorder - Date of last seizure:** \_\_\_\_\_

☐ Yes **Heart Condition:** \_\_\_\_\_

☐ Yes **Blood Disorder:** Specify: Hemophilia ☐ Anemia ☐ Other ☐ \_\_\_\_\_

☐ Yes **Diabetes, diagnosed at age:** \_\_\_\_\_

☐ Yes **Other:** \_\_\_\_\_

**Does your child have any other condition that would affect his/her classroom performance or P.E. activities?**

☐ Yes If yes, explain: \_\_\_\_\_

### Medication Rules/Regulations

State law requires written permission from a Licensed Health Professional and parent before any medication (prescription or over-the-counter) can be given at school. A form is available from the school office.

☐ Yes **Medication needed at school - specify:** \_\_\_\_\_

☐ Yes **Medication needed at home – specify :** \_\_\_\_\_

Name of student's health care professional: \_\_\_\_\_ Phone# \_\_\_\_\_

*I understand the information above will be shared with appropriate school staff in order to provide for the health and safety of my child. I will keep the school health services informed throughout the year regarding any changes in health status and/or contact information. If parents or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize the school to request emergency medical services (911). I understand that I may be responsible for the payment of any services needed.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Family Educational Rights and Privacy Act (FERPA)

Get the Latest on FERPA at [familypolicy.ed.gov](http://familypolicy.ed.gov)

- [Frequently Asked Questions](#)
- [FERPA for \*\*parents and students\*\* and \*\*school officials\*\*](#)
- [Protection of Pupil Rights Amendment \(PPRA\)](#)
- [Guidance and Notices](#)

## [Family Policy Compliance Office \(FPCO\) Home](#)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#).

Or you may contact us at the following address:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-8520



**Fill out only if you DO NOT want to share your student's information – READ BELOW**  
**REQUEST TO OPT OUT OF FERPA DIRECTORY INFORMATION**

As described in the District's annual notification provided to families (entitled "Parental Rights under the Family Educational Rights and Privacy Act (FERPA)") and District Procedure 3231P, parents/guardians have the right to request that the District not disclose information from their student's education records designated as "directory information" without prior consent.

**If you consent to the District sharing directory information about your student, there is no need to take any further action.** However, if you wish to opt out pursuant to FERPA, please complete this form and return it to school no later than August 21 or at the time of enrollment if after August 21. *Note: if you choose to opt your student out of directory information the District will not post your student's work, photographs, and/or likeness on school web pages, brochures, programs, fliers, yearbook, etc.* If this form is not completed and filed with the District, the District may disclose directory information about your student for the remainder of the current academic year without your prior consent as described in the annual notice. You may revoke this opt-out form in writing by filing consent to disclosure of directory information with the school office.

---

Student Last Name	First Name	Middle Name	Grade
-------------------	------------	-------------	-------

☐ **Do not** disclose any directory information about the above-named student during the school year, except as authorized by law.

---

Parent/Guardian Name	Signature	Date
----------------------	-----------	------

**Return this form to the school office no later than August 21, only if you are opting out of directory information.**



## **AUTOMATED COMMUNICATIONS (SCHOOLMESSENGER) NOTIFICATION**

### **Consent to Receive Automated Communications**

The Green Mountain School District uses SchoolMessenger, an automated system, to make important school-related announcements in the form of e-mails, phone calls, and text messages to cell phone and residential telephone numbers of parents/guardians and students. Those communications may include messages about snow days, other school cancellations, student absences, meal funds due, and school events.

*By providing telephone numbers on and signing student registration paperwork, you consent to receive automated text messages and calls from the District at those numbers. You may opt **not** to receive such automated messages (other than emergency messages) by submitting the form below to the school office, or by contacting Carla Whitmire at 360-225-7366 or [carla.whitmire@greenmountainschool.us](mailto:carla.whitmire@greenmountainschool.us).*

**To opt in to text messages, text “Yes” to the number 68453.**

-----  
(Separate and return this form to opt out of automated messages.)

**Fill out this section only if you DO NOT want Automated Messaging**

### **Request to OPT OUT of Automated Messages**

Although the District requests that parents/guardians and students consent to receive automated messages as described above by providing telephone contact information on registration paperwork, you may **opt out** of receiving automated text messages and phone calls (other than emergency messages) by completing the information below:

I opt out of receiving automated (check all that apply) ☐ text messages ☐ telephone/cell calls ☐ e-mails from the District at the following numbers (list all numbers/e-mails that apply):

- |              |                                     |   |              |
|--------------|-------------------------------------|---|--------------|
| 1. ( ) _____ | <input type="checkbox"/> Cell phone | <input type="checkbox"/> Residential Line | _____ e-mail |
| 2. ( ) _____ | <input type="checkbox"/> Cell phone | <input type="checkbox"/> Residential Line | _____ e-mail |
| 3. ( ) _____ | <input type="checkbox"/> Cell phone | <input type="checkbox"/> Residential Line | _____ e-mail |
| 4. ( ) _____ | <input type="checkbox"/> Cell phone | <input type="checkbox"/> Residential Line | _____ e-mail |

Your decision to **opt out** will be effective unless you notify us otherwise in writing. Note that the law allows the District to make automated calls (such as school lockdowns, etc.) to telephone numbers you have provided regardless of whether you opt out of other messages.

**Please return this form to the school office.**

**You may also opt out by contacting Carla Whitmire at 360-225-7366 or [carla.whitmire@greenmountainschool.us](mailto:carla.whitmire@greenmountainschool.us)**



**FVRLibraries**  
FORT VANCOUVER REGIONAL LIBRARIES

# LIBRARY CARD APPLICATION

## WELCOME!

We will be asking you for photo ID with your legal name on it, such as a driver's license, and proof of residential address.

Legal name \_\_\_\_\_  
(first) (middle) (last)

Please use my preferred name \_\_\_\_\_

In which county do you live? ☐ Clark ☐ Cowlitz ☐ Klickitat ☐ Skamania ☐ Other \_\_\_\_\_

Optional: ☐ Male ☐ Female ☐ Non-binary

Birth date (for identification purposes) \_\_\_\_\_  
(month) (day) (year)

Mailing address \_\_\_\_\_  
(number and street or PO box) (apartment #)  
\_\_\_\_\_  
(city) (state) (zip)

Residence (if different) \_\_\_\_\_  
(number and street) (apartment #)  
\_\_\_\_\_  
(city) (state) (zip)

Contact phone (please include area code) ( ) \_\_\_\_\_

Contact email \_\_\_\_\_  
(Email is the best way to manage your account. We never sell or share your contact information.)

Your library account requires a PIN. Your default PIN is the last four digits of your phone number.

Optional: Choose a different four-digit PIN

### Statement of Responsibility:

- I accept responsibility for all items checked out on this card.
- I agree to promptly pay all fees for materials returned late, lost or damaged.
- I agree to follow all library rules and policies.
- I will notify the library of any changes to my contact information.
- I will notify the library if my card is lost or stolen.
- I understand that I will need to have the minor or their library card to access their library account.

Signature: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Printed parent/guardian name: \_\_\_\_\_

#### STAFF USE ONLY

☐ Checked ID ☐ Checked for duplicates ☐ Proof of address ☐ Verified jurisdiction

Barcode \_\_\_\_\_ Staff initials \_\_\_\_\_ Date entered \_\_\_\_\_

## **Green Mountain School**

### **Student Acceptable Internet, Technology, Computer Use Agreement**

Student use of the internet, computers, and other technology at Green Mountain School is allowed and encouraged only when it is part of the educational program and objectives of the school. Student access to computers and the internet varies with the age of the student. In Kindergarten through grade 2, students have limited access and are highly supervised. In grades 3-5, students are closely supervised, but begin to have independent access for research and other school purposes. In grades 6 through 8, students are given more independence to use computer resources in support of their learning. This increased computer access requires students to be responsible users of technology. Students will be issued a school-owned email account and online access to Microsoft programs to be used for school-related purposes only.

The use of internet, technology, and computer resources is a privilege rather than a right. Like all district resources, district internet and computer/network resources are public property, and must be used only for approved activities. The unauthorized use of these resources is a violation of school rules, district policies, and may in some cases also be a violation of the law.

In using internet and technology of the Green Mountain School District, each student must ensure that they:

- use district technology only for school-related work and approved activities
- comply with current legislation, state and federal laws, and school district policies
- use internet resources, technology, and email in an acceptable way under this agreement
- do not create any unnecessary risk to the school district by misusing the internet, email, and/or other technology or electronic services

#### **Unacceptable Uses:**

Any of the following uses of district resources by a student is unacceptable and a violation of district rules:

- Use of the internet or computer without a staff member present. Students must be supervised by a staff member when using computers, technology, or when accessing the internet.
- Connecting a personal computer, tablet, phone, or other device to the school wireless (Wi-Fi) system or network without the written permission of the principal.
- Accessing a personal email account on school equipment or through the school internet unless specific permission is given by a principal; use of personal email accounts violates this agreement.
- Accessing internet sites that contain obscene, hateful, pornographic, illegal gaming or otherwise illegal material (unintentional receiving of such material is not a violation if reported immediately).
- Distributing, sharing or storing images, text or materials that might be considered indecent, pornographic, obscene, or illegal; distributing, disseminating or storing images, text or other materials that might be considered discriminatory, offensive or abusive, or anything that is a personal attack, threat, sexist or racist, or might be considered to be bullying or harassment of any person.
- Using network resources to attempt or carry out any form of fraud, or any form of software, film, video, or music piracy; storing personal media files including photographs, music, videos, etc.
- Communicating through any blog, wiki, social networking site, instant messaging, or other software or technology unless given specific permission by the principal; communications not directly related to classwork or the school program are a violation of this agreement.
- Accessing copyrighted information in a way that intentionally violates the copyright, or using district computer or network resources to mass store or share copyrighted music or video files.
- Use of school technology resources to set up or conduct for-profit business or activities for personal gain, or to carry out any business not related to the school program.
- Any form of electronic trespass, including but not limited to accessing, breaching, or deleting computer systems, accounts, or files without authorization, or using District resources to hack or breach systems, accounts, or files.
- Any deliberate activities that waste class time or networked resources, including the use of any social media or similar software or websites during school hours.
- Purposely introducing any form of computer virus or malware into the school network.

- Any attempt to hide or conceal internet activity, including the use of a proxy site or software to bypass or avoid internet filtering. Deleting or clearing internet browsing history and emails violates this rule.
- Purposely changing any computer setting without permission in a way that it interferes with the use of equipment by others or which requires staff to take corrective action.
- Intentionally damaging school computer equipment or misusing school computer equipment in a way that is likely to cause damage; this includes removing keys, having food or drink near computers, any form of vandalism, inserting items into ports, etc.

#### **Internet Access/Passwords**

- Student IDs and passwords help maintain individual accountability for internet usage. Students are responsible for the use of their individual account and should take all reasonable precautions to prevent others from being able to use their account.
- Under no circumstances should a student share his or her user ID or password to another student.

#### **Filtering and Monitoring**

The district maintains the right to examine any systems and inspect any data recorded in those systems in order to assure compliance with this agreement and district policy. Computer files and school email accounts are not private. District staff may access student files to verify compliance with this policy or when there is a reasonable expectation that a search of computer files will reveal a violation of school rules.

All student access to the internet will be filtered as required by the Children’s Internet Protection Act (CIPA). Individuals should be aware that filtering software and network systems generate logs of the activities.

#### **Consequences**

Inappropriate/illegal use of the Green Mountain School District’s internet or network resources may result in restriction of the student’s privileges to use some or all forms of technology. In some cases, violations may result in further discipline up to and including suspension from school. Violations such as threats, vandalism, bullying, and harassment will be dealt with as regular discipline. Students and parents are advised that the district is required to report certain suspected violations of the law to police.

Progressive discipline guidelines:

- First Violation: Warning, possible notice to parents
- Second Violation: Loss of privileges – minimum 5 to maximum 30 days
- Third Violation: Loss of privileges – minimum 10 to maximum 60 days

Serious violations (such as pornography, trespass, or vandalism) may result in greater consequences on a first violation. The determination of consequences is at the discretion of the principal and or superintendent.

#### **Agreement**

All students are required to sign this agreement confirming their understanding and acceptance of this policy prior to being granted internet and network access and a student email account.

By signing below, the student and parent acknowledge they have read and understand this Acceptable Use Agreement, and the student agrees to not engage in any unacceptable use of the Green Mountain School District’s internet, technology, or computer resources.

---

Student Name (printed)

---

Student Signature

---

Parent Signature

---

Date



# Certificate of Immunization Status (CIS)

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

<b>Child's Last Name:</b> _____		<b>First Name:</b> _____		<b>Middle Initial:</b> _____		<b>Birthdate (MM/DD/YYYY):</b> _____	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.				Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for information.			
X _____ <b>Parent/Guardian Signature</b>				X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>			
<b>Required Vaccines for School or Child Care Entry</b>				<b>Documentation of Disease Immunity (Health care provider use only)</b>			
▲ Required School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.  I certify that the child named on this CIS has:  <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease/s marked below.  <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella  <input type="checkbox"/> Polio (all 3 serotypes must show immunity)
•▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) grade 7+							
•▲ DT or Td (Tetanus, Diphtheria)							
•▲ Hepatitis B							
• Hib (Haemophilus influenzae type b)							
•▲ IPV (Polio)							
•▲ OPV (Polio)							
•▲ MMR (Measles, Mumps, Rubella)							
• PCV (Pneumococcal)							
•▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							Licensed Health Care Provider Signature    Date  _____ Printed Name
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
Meningococcal Disease types A, C, W, Y							
Meningococcal Disease type B							
Rotavirus							
I certify that the information provided on this form is correct and verifiable.		<b>Health Care Provider or School Official Name:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____ Handwritten forms must have medical immunization records attached for school or child care staff verification.					



**Instructions for completing the Certificate of Immunization Status (CIS): Print the form from the Immunization Information System (IIS) or fill it in by hand.**

**To print with the immunization information filled in:**

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically.

You can also print a CIS at home by signing up and logging into MyIR at <https://myirmobile.com/>

If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waiisrecords@doh.wa.gov](mailto:waiisrecords@doh.wa.gov) or 1-866-397-0337.

**To fill out the form by hand:**

1. Print your child's name and birthdate, and sign your name where indicated on page one.

2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.

3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.

5. Provide proof of medically verified records, following the guidelines below.

**Acceptable Medical Records**

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

**Conditional Status**

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.