



Individualized Graduation and Degree Program
Kent School District / Green River College

Student Enrollment Checklist

(Student Legal Last Name)

(Student Legal First Name)

(M.I.)

(Birth Date / Age)

(Gender)

Please list every high school or institution in which you earned high school credit:

Grade	Year(s)	School / Institution Name	City, State
9	2013-14	West Auburn High School	Auburn, WA

Did you participate in any of the following programs? (Check all that apply)

- ☐ Special Education
- ☐ 504
- ☐ English Language Learner

Are you currently suspended or expelled from a previous school? YES NO

Please provide copies of the following documents:

- ☐ Photo I.D. Student ID, if 18 years or older
- ☐ Parent ID, if 16 or 17 years old

☐ Copy of previous high school transcript(s) if you have them. If you don't have them, we'll send for them. All fines and fees must be paid to previous schools before official transcripts can be sent to iGrad.

Please make sure that all applicable forms below are **signed** and **dated** by the **adult** the student lives with, **if** the student is under 18 years of age.

- | | |
|--|--|
| <input type="checkbox"/> Student Information & Enrollment Form | <input type="checkbox"/> Certificate of Immunization Status |
| <input type="checkbox"/> Ethnicity & Race Data Collection Form | <input type="checkbox"/> Title VII Student Eligibility Certification |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> McKinney Vento Homeless Assistance Act (*) |
| <input type="checkbox"/> Parent Questionnaire | <input type="checkbox"/> Family Income Survey |
| <input type="checkbox"/> Health History | <input type="checkbox"/> Request for Records |

(*) These forms should be completed, if applicable.



Student Information and Enrollment Form

Kent School District No. 415

Kent, Washington 98030

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY	
Date Registration Received:	Date Entered into Student Information System:
Student ID:	School Resident Area:

Enroll Date	Program	Withdraw Date

STUDENT NAME Legal Last Name		Legal First Name	Legal Middle Name	Previous Name (if applicable)
BIRTHDATE (Month/Day/Year)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE LEVEL
BIRTHPLACE City State Country		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Agency <input type="checkbox"/> Other _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other		PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other	
RESIDENT ADDRESS	Street		Apt #	City		State	ZIP
MAILING ADDRESS (If different)	Street		Apt #	PO Box	City		State ZIP
RESIDENT (HOME) Phone: (Include area code)				Please check if unlisted <input type="checkbox"/> Please check if cell number <input type="checkbox"/>			
Guardian #1 Work Phone (include area code)		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No		Guardian #2 Work Phone (include area code)		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian #1 Cell Phone (include area code)				Guardian #2 Cell Phone (include area code)			
GUARDIAN #1 EMAIL ADDRESS:				GUARDIAN #2 EMAIL ADDRESS:			

FILL OUT THIS SECTION ONLY IF STUDENT HAS A PARENT/LEGAL GUARDIAN NOT LIVING AT THE ADDRESS ABOVE

SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell		Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	
SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell		Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)			Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No		SECOND HOUSEHOLD EMAIL		

IS THERE A PARENTING PLAN IN EFFECT? ☐ Yes ☐ No If yes, please provide a copy to the office.

IS THERE A COURT ORDER IN EFFECT THAT LIMITS EDUCATIONAL DECISION MAKING OR CONTACT WITH THE STUDENT OR SCHOOL (RESTRAINING ORDER, PROTECTION ORDER, NO CONTACT ORDER, ANTI-HARRASSMENT ORDER, ETC.)? ☐ Yes ☐ No
If yes, please provide a copy to the office.

Court order limits ☐ Mother ☐ Father ☐ Other _____

Please fill out back of form

PLEASE LIST SIBLINGS ATTENDING THE KENT SCHOOL DISTRICT			
Last Name	First Name	School	Grade

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
Please provide additional childcare arrangements to the school in writing.	

HAS YOUR CHILD EVER ATTENDED A PRESCHOOL(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preschool Name	Preschool Address

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN: Special Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No Title <input type="checkbox"/> Yes <input type="checkbox"/> No LAP <input type="checkbox"/> Yes <input type="checkbox"/> No Highly Capable <input type="checkbox"/> Yes <input type="checkbox"/> No English as a Second Language (ELL/ESL) <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____		HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
LAST SCHOOL ATTENDED	SCHOOL DISTRICT	SCHOOL INFORMATION (Phone, FAX, City and State)
HAS YOUR CHILD EVER ATTENDED A SCHOOL IN <u>WASHINGTON STATE</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED		DATE LAST ATTENDED (Month/Year)
HAS YOUR CHILD EVER ATTENDED THE <u>KENT SCHOOL DISTRICT</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED		DATE LAST ATTENDED (Month/Year)
HAS YOUR CHILD EVER BEEN SUSPENDED/EXPELLED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) _____		

When an emergency situation occurs involving your child, we want to be able to quickly reach responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

EMERGENCY CONTACT INFORMATION

FIRST CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact the parents or legal guardian, I authorize my child to be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION: If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

Legal Parent/Guardian Signature _____ Date _____

Ethnicity and Race Data Collection Form

Each year, school districts in Washington are required to report student data by ethnicity and race categories to the State's Office of Superintendent of Public Instruction (OSPI). OSPI is required to report the total number of students in various categories in each school to the federal government, but it does not report individual student data. Recently, the federal government and OSPI changed the reporting categories for student ethnic and race data. As a result of the new reporting categories, we are required to ask you to identify your child as either Hispanic/Latino or not Hispanic/Latino (Question 1) **and** by one or more racial groups (Question 2).

Student's Legal Name _____

Question 1 Is your child of Hispanic or Latino origin? (Check all that apply.)	
<input type="checkbox"/> Not Hispanic/Latino(10) <input type="checkbox"/> Cuban(55) <input type="checkbox"/> Dominican(60) <input type="checkbox"/> Spaniard(65) <input type="checkbox"/> Puerto Rican(70)	<input type="checkbox"/> Mexican/Mexican American/Chicano(30) <input type="checkbox"/> Central American(75) <input type="checkbox"/> South American(80) <input type="checkbox"/> Latin American(85) <input type="checkbox"/> Other Hispanic/Latino(90)
QUESTION 2 What race(s) do you consider your child? (Check all that apply.)	
<input type="checkbox"/> African/African American/Black/Haitian/Ethiopia (200) <input type="checkbox"/> White/Caucasian/European/Russian/Middle Eastern/ North African(300)	American Indian or Alaskan Native <input type="checkbox"/> Alaska Native(405) <input type="checkbox"/> Chehalis(410) <input type="checkbox"/> Colville(413) <input type="checkbox"/> Cowlitz(416) <input type="checkbox"/> Hoh(418) <input type="checkbox"/> Hames(421) <input type="checkbox"/> Kalispel(424) <input type="checkbox"/> Lower Elwha(427) <input type="checkbox"/> Lummi(430) <input type="checkbox"/> Makah(433) <input type="checkbox"/> Muckleshoot(436) <input type="checkbox"/> Nisqually(439) <input type="checkbox"/> Nooksack(442) <input type="checkbox"/> Port Gamble Clallam(445) <input type="checkbox"/> Puyallup(448) <input type="checkbox"/> Quileute(451) <input type="checkbox"/> Quinault(454) <input type="checkbox"/> Samish(457) <input type="checkbox"/> Sauk-Suiattle(460) <input type="checkbox"/> Shoalwater(463) <input type="checkbox"/> Skokomish(466) <input type="checkbox"/> Snoqualmie(469) <input type="checkbox"/> Spokane(472) <input type="checkbox"/> Squaxin Island(475) <input type="checkbox"/> Stillaguamish(478) <input type="checkbox"/> Suquamish(481) <input type="checkbox"/> Swinomish(484) <input type="checkbox"/> Tulalip(487) <input type="checkbox"/> Upper Skagit(488) <input type="checkbox"/> Yakama(490) <input type="checkbox"/> Other Washington Indian(495) <input type="checkbox"/> Other North, Central, or South American Indian(499)
Asian <input type="checkbox"/> Asian Indian(505) <input type="checkbox"/> Cambodian(507) <input type="checkbox"/> Chinese(510) <input type="checkbox"/> Filipino(520) <input type="checkbox"/> Hmong(525) <input type="checkbox"/> Indonesian(530) <input type="checkbox"/> Japanese(535) <input type="checkbox"/> Korean(540) <input type="checkbox"/> Laotian(545) <input type="checkbox"/> Malaysian(550) <input type="checkbox"/> Pakistani(555) <input type="checkbox"/> Singaporean(560) <input type="checkbox"/> Taiwanese(565) <input type="checkbox"/> Thai(570) <input type="checkbox"/> Vietnamese(575) <input type="checkbox"/> Other Asian(599)	
Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian(605) <input type="checkbox"/> Fijian(615) <input type="checkbox"/> Guamanian or Chamorro(620) <input type="checkbox"/> Mariana Islander(625) <input type="checkbox"/> Melanesian(630) <input type="checkbox"/> Samoan(635) <input type="checkbox"/> Tongan(640) <input type="checkbox"/> Other Pacific Islander(699)	

Guardian Signature _____ **Date** _____



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

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

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
Right to Translation and Interpretation Services 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? _____		
Eligibility for Language Development Support 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___		
Prior Education Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th 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 th 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.



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KENT SCHOOL DISTRICT PARENT QUESTIONNAIRE

Student Name: _____
First Middle Last Likes to be Called Birth Date

Name of Parent(s) or Guardian(s): _____

Address where student is living: _____

FAMILY BACKGROUND

Please list the names of the adults the student resides with and the relationship to him/her:

<u>Other children in the family:</u>	<u>Age</u>	<u>School/Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What language is spoken most often in your home? _____

Has there been an event (divorce, death, illness, etc.) in the family that might affect your child?

Do you celebrate birthdays and/or holidays in your home? ____ Yes ____ No If no, please explain:

SCHOOL BACKGROUND

How many schools has your child attended in the last year? _____

Name, district, and state of the last school attended: _____

Does your child have any unpaid fines or fees at prior schools? ____ Yes ____ No

If yes, please explain: _____

Has your child been in any special programs? (Special Education, ELL, etc.) ____ Yes ____ No

If yes, please list: _____

How does your child like school? Previous teachers? Other students?

How is your child doing in school? (Grades, teacher feedback, etc.)

Are there any past, current, or pending disciplinary actions involving your child? ____ Yes ____ No

If yes, please explain: _____

Does your child have any history of violent behavior, sex or criminal offense, or controlled substance or alcohol violation? ____ Yes ____ No

If yes, please explain: _____

Briefly describe your child's strengths and weaknesses: _____

Additional information: _____

Parent or Guardian Signature

Date

Rev. 03/07

KENT SCHOOL DISTRICT
Kent, Washington

To be completed by parent/guardian

HEALTH HISTORY

School _____
Grade _____
Teacher _____

Today's Date _____

Name of Student _____ Birthdate _____ Sex: M F

This information is needed to plan an appropriate program for your student and to prepare for any emergency situation if one should arise. Your school nurse will contact you if there are any additional questions.

DOES THE STUDENT HAVE:

MEDICAL HISTORY (check all that apply)

Please explain any yes answers.

Allergies (specify)	No ___ Yes ___	_____
Life threatening allergy (anaphylaxis)*	No ___ Yes ___	(<i>*If yes, complete reverse side</i>)
Bee/insect allergy	No ___ Yes ___	_____
Asthma *	No ___ Yes ___	(<i>*If yes, complete reverse side</i>)
Concerns/defect present at birth	No ___ Yes ___	_____
Frequent ear infections	No ___ Yes ___	_____
Hearing loss	No ___ Yes ___	_____
Speech difficulties	No ___ Yes ___	_____
Severe headaches	No ___ Yes ___	_____
Seizures	No ___ Yes ___	_____
Neurological condition	No ___ Yes ___	_____
ADD/ADHD (circle one, diagnosed by whom)	No ___ Yes ___	_____
Heart condition	No ___ Yes ___	_____
Diabetes *	No ___ Yes ___	(<i>*If yes, see reverse side</i>)
Blood disorder	No ___ Yes ___	_____
Orthopedic condition	No ___ Yes ___	_____
Chronic condition/disability	No ___ Yes ___	_____
Vision concerns	No ___ Yes ___	Wears: Glasses _____ Contacts _____ Other _____
Serious injury/surgery	No ___ Yes ___	Date: _____
Emotional health concerns	No ___ Yes ___	_____
Other health concerns	No ___ Yes ___	_____

MEDICATION

Is medication needed at home? No ___ Yes ___ _____

Name of medication

Is medication needed at school? ** No ___ Yes ___ _____

Name of medication

****State law requires written permission from a licensed health care provider and parent before any medication, prescription or over-the-counter, may be taken at school. A form is available from the school office.**

Is there anything you want to tell us about your student which you feel will help school staff to better understand and work with him/her?

I understand that the information given above will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

Signature _____ Relationship _____ Phone _____

- Please turn over for more information -

HS-33-07

Anaphylaxis

If your student has an anaphylactic allergy as indicated on the reverse side of this form, please answer the following questions:

1. What is your student allergic to? _____
2. What are your student's symptoms? _____
3. Has your student been prescribed an Epi-pen? _____

Please contact the school nurse to help implement your student's individualized healthcare plan.

Diabetes

There is a state law, which requires all students with diabetes to have an individualized health care plan implemented in the school setting. If your student is diabetic, please contact the school nurse to help write your student's plan.

Asthma

If your student has asthma as indicated on the reverse side of this form, please answer the following questions:

1. How long has your child had asthma? _____ years _____ months
2. How many days would you estimate he/she missed school last year due to asthma? _____
3. How many times in the past year has your child been:
 - a) Hospitalized overnight or longer for asthma? (check one) _____ none _____ one _____ two-four _____ more than four
 - b) Treated in an emergency room? (check one) _____ none _____ one _____ two-four _____ more than four
 - c) Treated in a Doctor's office for non-routine asthma? (check one) _____ none _____ one _____ two-four _____ more than four
4. What are your child's early warning signs of an asthma episode? (check all that apply)
_____ cough _____ cold symptoms _____ drop in peak flow
_____ wheezing _____ decreased exercise _____ other _____
5. If your child's asthma is monitored with a peak flow meter, write in his/her best peak flow rate. _____
6. Does your child have and use a nebulizer machine at home? _____ yes _____ no
7. If your child takes medication for their asthma at home please provide the name of any medications:

Life Threatening Conditions

RCW 28A.210.320-Children with Life-Threatening Conditions, requires a medication or treatment order as a prerequisite for children with life-threatening conditions to attend public schools. The new law defines "life-threatening condition" as a health condition that will put the child in danger of death during the school day, if a medication or treatment order and a nursing care plan are not in place. Potential life-threatening conditions include, but are not limited to, students with seizure disorders, diabetes, life-threatening allergies, and some students with asthma and heart conditions. If this law applies to your student, please contact the nurse at your child's school.

Signed: _____

Date: _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:

Reviewed by:

Date:

Signed Cert. of Exemption on file? ☐ Yes ☐ No

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

Child's Last Name: First Name: Middle Initial: Birthdate (mm/dd/yyyy): Sex:

Symbols below: ♦ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only
■ Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required Date

Vaccine	Dose	Date		
		Month	Day	Year
♦ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
♦ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
♦ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
♦ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
♦ Measles, Mumps, Rubella (MMR)				
	1			
	2			
♦ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.

Mark option 1, 2, OR 3 below (see #5 on back)

1) ☐ Chickenpox disease verified by printout from the Immunization Information System (IIS)
Must be marked by printout (not by hand) to be valid.

2) ☐ Chickenpox disease verified by healthcare provider (HCP)

If you choose this box, mark 2A OR 2B below.

2A) ☐ Signed note from HCP attached OR

2B) ☐ HCP sign here and print name below:

Licensed healthcare provider signature Date
(MD, DO, ND, PA, ARNP)

Printed Name:

3) ☐ Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.

Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed healthcare provider signature Date
(MD, DO, ND, PA, ARNP)

Printed Name:

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically. Be sure to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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.

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#5 If your child had chickenpox (varicella) disease and not the vaccine, use only one of these three options to record this on the CIS:

- ☐ If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- ☐ If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- ☐ If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to sign and date the CIS, and return to the school or child care.

Vaccine Trade Names in alphabetical order				(For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)					
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	FluLaval	Flu	Ipov	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Hep A
Afluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order				(For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)			
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 January 2015

204040500 05-1-10

2017-18 Family Income Survey

Dear Parent/Guardian/Head of Household:

Completing this survey can be beneficial to some students. Students attending iGrad may be eligible for additional assistance with tuition, test fees, the cost of books and transportation if their household is eligible for free or reduced meals. To determine if a household is eligible, the head of household completes this alternate income survey form designed to collect community household economic information. This Family Income Survey provides iGrad a way to verify if a household qualifies for free and reduced meals. Households that do qualify, this provides access to students to receive additional services, if needed. Please complete and return this form to the iGrad office within 5 days of enrolling. **PLEASE NOTE: DO NOT COMPLETE THIS SURVEY if you have received a letter stating your student is directly certified and qualifies for free or reduced meals or if the household has already submitted a free or reduced meal application form for 2017-18.**

Part 1. HOUSEHOLD SIZE: Check the box below the number that equals the number of people who live in your household. (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 are applying for a household with a foster child, you may include the foster child in the total household size.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Larger than 15, indicate number below

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

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

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.

2017-18 Family Income Survey

Part 3. HOUSEHOLD INCOME: Figure out what total income earned monthly, twice per month, every two weeks, weekly, or annually in your household. Look at the chart below and check the box of the row where your total household income is included in one of the ranges. (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.)

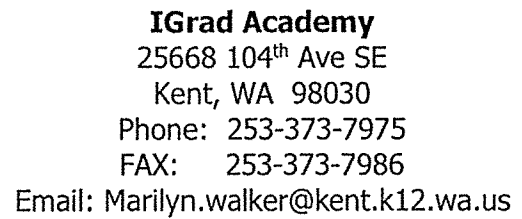
Income Chart Effective from July 1, 2017 through June 30, 2018

Check box that indicates total income your household earns	How Often Payment is Received				
	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual
<input type="checkbox"/>	\$ 0 to 1,860	\$ 0 to 930	\$ 0 to 859	\$ 0 to 430	\$ 0 to 22,311
<input type="checkbox"/>	\$ 1,861 to 2,504	\$ 931 to 1,252	\$ 860 to 1,156	\$ 431 to 578	\$ 22,312 to 30,044
<input type="checkbox"/>	\$ 2,505 to 3,149	\$ 1,253 to 1,575	\$ 1,157 to 1,453	\$ 579 to 727	\$ 30,045 to 37,777
<input type="checkbox"/>	\$ 3,150 to 3,793	\$ 1,576 to 1,897	\$ 1,454 to 1,751	\$ 728 to 876	\$ 37,778 to 45,510
<input type="checkbox"/>	\$ 3,794 to 4,437	\$ 1,898 to 2,219	\$ 1,752 to 2,048	\$ 877 to 1,024	\$ 45,511 to 53,243
<input type="checkbox"/>	\$ 4,438 to 5,082	\$ 2,220 to 2,541	\$ 2,049 to 2,346	\$ 1,025 to 1,173	\$ 53,244 to 60,976
<input type="checkbox"/>	\$ 5,083 to 5,726	\$ 2,542 to 2,863	\$ 2,347 to 2,643	\$ 1,174 to 1,322	\$ 60,977 to 68,709
<input type="checkbox"/>	\$ 5,727 to 6,371	\$ 2,864 to 3,186	\$ 2,644 to 2,941	\$ 1,323 to 1,471	\$ 68,710 to 76,442
<input type="checkbox"/>	\$ 6,372 to 7,016	\$ 3,187 to 3,509	\$ 2,942 to 3,239	\$ 1,472 to 1,620	\$ 76,443 to 84,175
<input type="checkbox"/>	\$ 7,017 to 7,661	\$ 3,510 to 3,832	\$ 3,240 to 3,537	\$ 1,621 to 1,769	\$ 84,176 to 91,908
<input type="checkbox"/>	\$ 7,662 to 8,306	\$ 3,833 to 4,155	\$ 3,538 to 3,835	\$ 1,770 to 1,918	\$ 91,909 to 99,641
<input type="checkbox"/>	\$ 8,307 to 8,951	\$ 4,156 to 4,478	\$ 3,836 to 4,133	\$ 1,919 to 2,067	\$ 99,642 to 107,374
<input type="checkbox"/>	\$ 8,952 to 9,596	\$ 4,479 to 4,801	\$ 4,134 to 4,431	\$ 2,068 to 2,216	\$ 107,375 to 115,107
<input type="checkbox"/>	\$ 9,597 to 10,241	\$ 4,802 to 5,124	\$ 4,432 to 4,729	\$ 2,217 to 2,365	\$ 115,108 to 122,840
<input type="checkbox"/>	\$ 10,242 to 10,886	\$ 5,125 to 5,447	\$ 4,730 to 5,027	\$ 2,366 to 2,514	\$ 122,841 to 130,573
IF GREATER THAN ANY OF THE OPTIONS ABOVE, WRITE IN INCOME IN CORRECT COLUMN					
<input type="checkbox"/>	\$	\$	\$	\$	\$

Part 3. HEAD OF HOUSEHOLD SIGNATURE: I certify (promise) that all information on this application is true and that all income is reported. I understand that iGrad 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 economic status may be shared with other programs/agencies as allowed by law.

Signature: _____ Print Name: _____
 Date: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____

Office Use Only	
Yes No	
REVIEWED BY	DATE



ELL/ESL (English Language Learners)	_____
WELPA/ELPA21	_____
IEP	_____
Reevaluation	_____
Functional Behavioral Assessment	_____
Aversive Intervention Plan	_____
WA State Tests/Preapproved Alt.	_____
State Testing Scores	_____
Standardized Tests	_____



Kent School District 415

Native American/Alaskan Native Education Program

Dear Parent,

The Kent School District's Native American Program would like to offer your child the opportunity to participate in the Native American/Alaskan Native Education Program. For each child who is registered with a **506 Eligibility Certification Form** the district receives Federal Title VI money to pay for academic support and cultural activities.

In order to be counted as part of this program, the attached **506 form** must be filled out *completely or to the best of your ability*, by a parent/guardian of the Native American/Alaskan Native child. Only one form is required for the duration of your child's enrollment in the Kent School District. All information will remain confidential and kept in a file in the Student and Family Support Services Office.

It is not required that a student be an enrolled tribal member if the parents or the grandparents have been registered. There is no blood quantum requirement to enroll and participate in the program.

If you have any questions about the program, or would like to be part of our Native American Parent Advisory Committee, you can contact me at 253-373-7141.

Sincerely,

Theresa Lockrem

Theresa Lockrem
Native American Academic and
Cultural Liaison
Student and Family Support Services
253-373-7141
Theresa.lockrem@kent.k12.wa.us

Student and Family
Support Services
12033 SE 256th Street
Suite A-300
Kent, Washington
98030-6643
Ph: 253-373-7235
Fax: 253-373-7422



KENT SCHOOL DISTRICT
Native American Program

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized
- ☐ State Recognized
- ☐ Terminated Tribe (Documentation required. Must attach to form)
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

KENT SCHOOL DISTRICT
McKINNEY-VENTO HOMELESS ASSISTANCE ACT FORM

CONFIDENTIAL

Dear Parent or Guardian:

In an effort to strengthen educational support for students who find themselves and their families in temporary homeless circumstances, the U.S. Federal Government has passed the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431). If you currently find yourself in any of the situations described below, your child(ren) is/are entitled to assistance so that their schooling can continue during this challenging time. Please complete the request for information form below and return it to the school that your child(ren) is/are currently attending. The District Liaison will contact you.

It is important for you to know:

- The information you provide will be treated confidentially.
- The information you provide will be used to ensure that your child(ren) benefit from the McKinney-Vento Homeless Assistance Act.

According to the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11431:

The term "homeless children and youth" means:

- (i) individuals who lack a fixed, regular, and adequate nighttime residence and includes children and youth 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 accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) Children and youth 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;
- (iii) Children and youth 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 they are living in circumstances described in clauses (i) through (iii).

Request for Information about the McKinney-Vento Homeless Assistance Act

My family currently fits one or more of the above definitions. Please contact me by:

- ☐ Phone: _____
- ☐ Email: _____
- ☐ Note sent through school

Name(s) of Child(ren): _____

Grade: _____

School they are currently attending: _____

Parent/Guardian Signature: _____ Date: _____

Return this form to the school your child currently attends.

School Use Only: Return the completed form to the Kent School District Office, Student Services, Homeless Liaison.

Rev03/07



Name _____

Date _____

Date of Birth _____

Completing this form is optional, however, this information is helpful in allowing the iGrad staff to better meet your needs. This information will be confidential and your name will never be shared with anyone outside of iGrad counseling and administrative staff.

Extra support and opportunities may be available to you if any of the following are true:

Are you currently homeless or have an unstable living arrangement? YES NO

Have you ever been in Foster Care? YES NO

Are you pregnant or parenting? YES NO

Age(s) of children _____

Due Date: _____

Have you been involved with the court system? YES NO

Would you like an iGrad counselor or social worker to contact you? YES NO

Best phone number or email to reach you: _____

How did you hear about iGrad?



Dear Parent or Guardian,

We are writing to let you know about an exciting partnership between the Kent School District (KSD) and the King County Library System (KCLS).

In an effort to increase student access to KCLS' online resources, KCLS has created special library accounts in its system for all students in our district so they may seamlessly log in from school, home, or from any computer or device. These special student accounts:

- **Are easy for students to remember.** The account number utilizes each student's school ID number preceded by the School District number (415 + snxxxxxx).
- **Give each student seamless access.** Students are able to use the array of databases, downloadable materials (through Overdrive), and online homework help services offered by KCLS without needing a physical card.
- **Do not accrue fines or fees.** Since students are only able to access electronic materials, it is not necessary for students to track due dates.

If your student already has a traditional KCLS library card, they will continue to be able to use it to checkout materials from the public library and use in-library computers. This arrangement between the KSD and KCLS supplements the traditional library card and improves each student's ability to access KCLS online research tools as part of their school work.

Additionally, teachers throughout the district are able to utilize the many resources available through KCLS to complement their curriculum and build students' experience and expertise utilizing library resources.

If you do not wish for your child to be included in the program, please visit your student's school office and provide this letter as documentation that you would like to opt out of this partnership.

We value this ongoing collaboration between the King County Library System and the Kent School District, as both organizations are committed to providing resources and services that help our students succeed.

Regards,

Patrick Regnart
Director of Technology Integration
Kent School District

Gary Wasdin
Library Director
King County Library System

☐ I do not want my child to be included in the KCLS/KSD Student Account program.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

**Technology
Integration
Department**

Information Technology
Division

12033 SE 256th St
Suite D-2100
Kent, Washington
98030
Ph: 253-343-7525
Fax: 253-852-7824

Welcome to KCLS!



*Your student ID gives you free access
to all of the King County Library
System's online information and tools
to help you do even better at school!*

- Homework Help from Live Tutors.
- eBooks, audiobooks, videos and even magazines and newspapers to download to your computer or device.
- Premium databases with information you can't just find through Google.

And best of all, there are no fines or fees for using these great resources!

Begin using your student account now.
www.kcls.org/students

- Your student account number is the Kent School District's three-digit number **415** followed by the letters **sn** and then your **student ID number** (with no dashes or spaces).
- Your **PIN number** is the last four digits of your student ID number.

King County Library System STUDENT ACCOUNT

Go to **www.kcls.org/students** to start.

415 sn _____



Write your 6 digit
student ID number here.

