

**BREMERTON SCHOOLS REGISTRATION FORM****2024 - 2025**

- Has this student ever attended Bremerton Schools? ☐ Yes ☐ No
- Restraining Order? ☐ Yes ☐ No
- Out of District Student? ☐ Yes ☐ No If yes, please complete the Choice Transfer Request with your home district

SCHOOL NAME							
STUDENT Last Name	First Name	Middle	BIRTHDATE	BIRTH CITY/STATE/COUNTY/COUNTRY	SEX	GRADE	<b>FOR OFFICE USE:</b> Preschool Form Birth Certificate Immunization Record Home Language Ethnicity/Race Data Health Information Housing Form Address Verification Request of Records  Entry Date: _____ Withdrawal Date: _____
STUDENT LIVES WITH (Check One) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother	SCHOOL AGE SIBLING(S) Name(s)/School _____ _____ _____	FEDERAL EMPLOYEE <input type="checkbox"/> Bangor <input type="checkbox"/> PSNS <input type="checkbox"/> Jackson Park <input type="checkbox"/> Keyport <input type="checkbox"/> Naval Hospital <input type="checkbox"/> Other: _____	ACTIVE MILITARY <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> More than 1 member	<b>FOR OFFICE USE:</b> Date/Time Rcvd: _____  <input type="checkbox"/> Open Enrollment: _____  <input type="checkbox"/> Choice: _____  Teacher: _____			
<b>FOR OFFICE USE:</b> <input type="checkbox"/> MEETS FEDERAL CRITERIA FOR HOMELESS							
Previous School (or Preschool): Last Date Attended by Student (Month/Year): _____			School Address - City/State/Zip of Last School Attended by Student _____				
Is the student enrolled or served in <b>Special Education</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide a copy of the current IEP.		Does this child have any past, current, or pending discipline? <input type="checkbox"/> YES <input type="checkbox"/> NO Does this child have any court actions pending? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does this child have any history of violent behavior? <input type="checkbox"/> YES <input type="checkbox"/> NO Does this child have any unpaid fines/fees from other schools? <input type="checkbox"/> YES <input type="checkbox"/> NO			
• Did your child first speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO • Has your child ever been enrolled in a program for English Language Learners (ELL)? <input type="checkbox"/> YES <input type="checkbox"/> NO							
<b>RESIDENT ADDRESS</b> <input type="checkbox"/> Do not distribute home address	Street	Apt#	City/State/Zip	Mailing Address (if different from Street)		City/State/Zip	
<b>PRIMARY HOUSEHOLD INFO</b> (parent/guardian where student resides)	PRIMARY PARENT/GUARDIAN Last Name, First Name			PARENT/GUARDIAN Last Name, First Name			
	PRIMARY PARENT/GUARDIAN Employer/Work Place			Wk Phone		PARENT/GUARDIAN Employer/Work Place	
	E-Mail Address			Cell Phone		PARENT/GUARDIAN Employer/Work Place	
<b>PRIMARY PHONE:</b> (include area code)	Is primary phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>SECOND HOUSEHOLD INFO</b> (non-custodial parent/guardian – student is not residing in this household)	Street	Apt#	City/State/Zip	Mailing Address (if different from Street)		City/State/Zip	
	PARENT/GUARDIAN Last Name, First Name			PARENT/GUARDIAN Last Name, First Name			
	PARENT/GUARDIAN Employer/Work Place			Wk Phone		PARENT/GUARDIAN Employer/Work Place	
	E-Mail Address			Cell Phone		PARENT/GUARDIAN Employer/Work Place	
<b>PHONE:</b>	E-Mail Address			Cell Phone		E-Mail Address	
<b>DAY CARE PROVIDER</b>		Day Care Address					
		Day Care Phone (include area code)					
<b>EMERGENCY CONTACT NAME</b> (In local area)		<b>Daytime Phone</b> (include area code)		<b>Cell Number</b> (include area code)		<b>Work Number</b> (include area code)	
						<b>Relationship to Student</b>	
1.							
2.							
3.							
I verify that the above information is true and accurate. Parent/Guardian Signature _____ Date _____							



Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student race and ethnicity information is collected for the purpose of improving teaching and learning. Accurately identifying groups of students currently underserved by the education system is the first step in creating positive changes at the local, state, and national level. Student data will never be reported in a way that identifies individual students, nor will it be used to harm individuals and/or groups of students. For more information on family privacy rights in education, please go to: <https://studentprivacy.ed.gov/faq/what-ferpa>.

Hispanic	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Argentine	<input type="checkbox"/> Honduran
<input type="checkbox"/> Belizean	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Mexican
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Mestizo
<input type="checkbox"/> Chicano (Mexican American)	<input type="checkbox"/> Native
<input type="checkbox"/> Chilean	<input type="checkbox"/> Nicaraguan
<input type="checkbox"/> Colombian	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Cuban	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Dominican	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> So. Georgia Sandwich Islands
<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Spaniard
<input type="checkbox"/> French Guianese	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Guyanese	<input type="checkbox"/> Venezuelan
<b>Hispanic</b> (Write In) <input type="checkbox"/>	

American Indian/Alaskan Native <input type="checkbox"/>	
<input type="checkbox"/> <b>Alaskan Native</b> (Write In)	<input type="checkbox"/> <b>American Indian</b> (Write In)

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

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

Black/African-American <input type="checkbox"/>	
<input type="checkbox"/> <b>African American</b>	<input type="checkbox"/> <b>African Canadian</b>
<input type="checkbox"/> <b>Black</b> (Write In)	

Caribbean	
<input type="checkbox"/> Anguillian	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)
<input type="checkbox"/> Antiguan	<input type="checkbox"/> Grenadian
<input type="checkbox"/> Bahamian	<input type="checkbox"/> Guadeloupian
<input type="checkbox"/> Barbadian	<input type="checkbox"/> Haitian
<input type="checkbox"/> Barthélemois/ Barthélemoises	<input type="checkbox"/> Jamaican
<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Martiniquais/ Martiniquaise
<input type="checkbox"/> Caymanian	<input type="checkbox"/> Montserratian
<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Dominican (Dominican Republic)	
<b>Caribbean</b> (Write In) <input type="checkbox"/>	

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

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

West African	
<input type="checkbox"/> Beninese	<input type="checkbox"/> Ghanaian
<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Liberian
<input type="checkbox"/> Burkinabé (Burkina Faso)	<input type="checkbox"/> Malian
<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Mauritanian
<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Nigerien (Niger)
<input type="checkbox"/> Gambian	<input type="checkbox"/> Nigerian (Nigeria)

West African (Continued)	
<input type="checkbox"/> Saint Helenian	<input type="checkbox"/> Senegalese
<input type="checkbox"/> <b>West African</b> (Write In)	<input type="checkbox"/> Sierra Leonean
	<input type="checkbox"/> Togolese

South African	
<input type="checkbox"/> Botswanan	<input type="checkbox"/> South African
<input type="checkbox"/> Mosotho (Lesotho)	<input type="checkbox"/> Swazi
<input type="checkbox"/> Namibian	
<b>South African</b> (Write In) <input type="checkbox"/>	

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

Native Hawaiian/Other Pacific Islander <input type="checkbox"/>	
---	--

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

White/Caucasian <input type="checkbox"/>	
--	--

Eastern European	
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Romanian
<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Russian
<input type="checkbox"/> Polish	<input type="checkbox"/> Ukrainian

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

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

Date: \_\_\_\_\_

**For students with Native American heritage: This form is part of the Title VI federal program that ensures the government is providing quality education for Native students as required by Tribal treaties.**

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one): \_\_\_\_child \_\_\_\_child's parent \_\_\_\_child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

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, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. 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. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number 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.

**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 3W238, Washington, D.C. 20202-6335



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>  All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p>		
<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.	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p>		
<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> <b><i>This form is not used to identify students' immigration status.</i></b>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12<sup>th</sup> Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12<sup>th</sup> Grade)</p> <p>_____</p> <p>Month      Day      Year</p>		

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.





# Certificate of Immunization Status (CIS)

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

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

<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 guidance on conditional status.	
X _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib ( <i>Haemophilus influenzae type b</i> )							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ OPV (Polio)							
●▲ MMR (Measles, Mumps, Rubella)							
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
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)		
▶		
Licensed Health Care Provider Signature    Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---	---

## Instructions for completing the Certificate of Immunization Status (CIS): Print the 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://wa.myir.net>. 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.

### Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

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 June 2021

# REQUEST FOR STUDENT RECORDS

Student Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Please send all records for this student to:

<b>Armin Jahr Elementary</b> 800 Dibb Street Bremerton, WA 98310 (360) 473-4100 Fax (360)473-4120	<b>Crownhill Elementary</b> 1500 Rocky Point Rd. Bremerton, WA 98312 (360) 473-4200 Fax (360) 473-4220	<b>Kitsap Lake Elementary</b> 1111 Carr Blvd. Bremerton, WA 98312 (360) 473-4300 Fax (360) 473-4320
<b>Naval Avenue Elementary</b> 900 Olympic Ave. Bremerton, WA 98312 (360) 473-4400 Fax (360) 473-4420	<b>View Ridge Elementary Arts Academy</b> 3250 Spruce Street Bremerton, WA 98310 (360) 473-4500 Fax (360) 473-4520	<b>West Hills STEM Academy</b> 520 National Ave. S Bremerton, WA 98312 (360) 473-4600 Fax (360) 473-4620
<b>Bremerton High School</b> 1500 13 <sup>th</sup> Street Bremerton, WA 98337 (360) 473-0812 Fax (360) 473-0821	<b>Bremerton Home Link</b> 520 National Ave. S Bremerton, WA 98312 (360) 473-4600 Fax (360) 473-4620	<b>Mountain View Middle School</b> 2400 Perry Ave. Bremerton, WA 98310 (360) 473-0630 Fax (360) 473-0621
<b>Renaissance High School</b> 3400 1 <sup>st</sup> Street Bremerton, WA 98312 (360) 473-4700 Fax (360) 792-1350		

Include: Immunization, Discipline, Legal Documents, Official *Transcripts for secondary*, Behavior, Academic records and *State Assessments*.

☐ Fax immunization ASAP to expedite student enrollment, thank-you.

☐ *Send All Special Education records to:*

**Special Education Services**

Attn: Wendy Merrill

134 Marion Ave. N, Bremerton, WA 98312

Phone (360) 473-1008 ~ Fax (360) 473-1043

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
School Signature





Health Services Department – Bremerton School District 100-C  
134 Marion Avenue North  
Bremerton, WA 98312-3542  
Office: 360.473.1073 Fax: 360.473.1043  
Web: <http://www.bremertonschools.org>



## Student Health Information for School

All Kindergarten and New Students (Grades 1 to 12) must complete a [Health Registration Form](#) . All forms should be returned to the main office of your home school or School Nurse or Health Services by calling (360) 473.1073. Questions about these forms during the school year can be directed to the School Nurse. During the summer months, questions may be directed to the Student Services Office at the District Main Office (360) 473.1076 or 473.1069.

## Washington State Immunization Requirements

[WA State Immunization Requirements CIS forms and schedules](#) Once accessing this site, scroll down where all the information is waiting for you. On this website, translations of all documents is available in 17 different languages. Bremerton School District **requires proof of immunization before your child can be officially enrolled**. If your child has not received their immunizations, or if you would like more information on the HPV vaccine or any other immunizations, please contact your doctor or **Kitsap Public Health District at 360-728-2007 or visit their [Kitsap Public Health District - Immunizations](#)** to answer questions about immunizations in Washington State, immunization opportunities and **clinic hours**.

The State of Washington **requires** all children entering kindergarten or seventh grade to have:

- a series of three Hepatitis B vaccinations as well as immunization against Polio, Diphtheria/Tetanus, Rubella, Mumps, and Measles, and Varicella (Chickenpox) before they enter school.
- all students 9th - 12th grade are required to have **two doses** of the Varicella vaccine
- a second measles immunization (MMR) is also required before your child can enter kindergarten or the seventh grade
- seventh grade students are required to have an additional Tetanus (Tdap) vaccine

If parents/guardians choose to exempt their child from one or more of the required vaccines, they must complete the Certificate of Exemption Form (DOH 348-106) **All exemptions must have a licensed health care provider sign and date the form where indicated**. A health care provider does not need to sign the form for parents/guardians who show membership in a church or religious body that does not allow medical care from a health care provider. Additional information: [WA Department of Health - School Immunizations-Vaccinations](#)

## Medication Administration

All medication (prescription and over-the-counter) require a [Medication at School Form](#) and an [Authorization for Release of Student Information Form](#) **All health form(s) must be renewed each school year and require a Licensed Medical Provider's order, date, and signature.**

## Bremerton School District Health Policies

[Medication at School Form & District Medication at School Policy #3416](#)  
[Medication/Treatment 3431](#) [Medical/Treatment Policy 3431P](#)  
[Student Immunization - Life Threatening Conditions Exclusion Policy #3413](#)  
[Infectious Disease Policy #3414P](#)  
[Head Injury-Concussion Policy #3422 & 3422P](#)

## Health Information

[Health Services at Bremerton School District Welcome Page](#)  
[When to stay home from school](#)  
[Food Allergy & Anaphylaxis](#)  
[Diabetes & School - American Diabetes Association](#)



# HEALTH REGISTRATION FORM

Please use black ink and fill this form out completely!

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Last First M I (Legal Name if Different)

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Street City State Zip Code

Is this a new address and/or phone number? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student Lives with:	Both Parents	Mother Only	Father Only	Mother & Stepfather	Father & Stepmother
(Circle One)	Agency	Self	Legal Guardian	Other:	

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_ Default is St. Michael's

## Health History:\*

Please answer by checking:	No	Yes	Glasses	Contacts	No	Yes	
Does student have vision problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does student have hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>
Check if student has any of the following:	No	Yes	Mild	Moderate	Severe	Life Threatening	
Anaphylactic Allergy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Problem:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures, type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explain if other issues exist (including learning disabilities ADHD or ADD):

**\*If a student has diabetes, a life threatening allergy, or medical condition; state law requires that a care plan be in place. Prior to admission, we will need a medication and/or treatment order signed by a Licensed Health Care Professional and the parent/guardian.**

Does student take medications of any kind?\*\* Yes ☐ No ☐ If yes, list: \_\_\_\_\_

Will student need to take medications at school?\*\* Yes ☐ No ☐ If yes, list: \_\_\_\_\_

Has student had any serious injuries? Yes ☐ No ☐ Explain: \_\_\_\_\_

\*The nurse's office will share serious health information with your student's teacher and other school staff. If you do **NOT** want information shared, please call the school nurse.

\*\*Students requiring medication (prescription or non-prescription) at school **MUST** have a written order by a **Licensed** Health Care Professional and written **parent** consent. These forms are available at every building from the secretaries and the school nurse.

In the event of a serious accident or injury we will attempt to contact the parent/guardian first. If parents can not be reached I authorize Bremerton School District staff to contact a doctor/dentist or 911, if necessary. I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital.

**\*911 will be called if deemed necessary**

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

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

Date: \_\_\_\_\_



## Student Housing Questionnaire

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Middle Last Month/Day/Year

Address of Current Residence: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

The district (Board Policy 3120) requires students or their parents to provide proof of residency within the district. Examples of proof of residency include: Phone Bill, Water/Utility Bill, Lease/Rental Agreement, etc.

*If you are unable to provide proof of residency, please contact your school or district to discuss circumstance and next steps.*

---

The district is required to survey families using the following questions to **determine services** under the McKinney-Vento Act 42 U.S.C. 11435 (Please see the reverse side for more information). The McKinney-Vento Act provides services and supports for children and youth experiencing housing instability.

What is your current living situation? **Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Rent or own   | <input type="checkbox"/> In a motel   |
| <input type="checkbox"/> Transitional housing  | <input type="checkbox"/> In a shelter   |
| <input type="checkbox"/> In someone else's house/apartment or with another family                      | <input type="checkbox"/> Moving from place to place/couch surfing                 |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | <input type="checkbox"/> A car, park, campsite or similar location                |
|  | <input type="checkbox"/> Unaccompanied (not living with parent or legal guardian) |

Print Name of parent/legal guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(or unaccompanied youth)

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(or unaccompanied youth)

*Student housing information can be updated at any point during the academic year*

**Please return completed form to your school.**

**Bremerton School District**  
134 Marion Ave N, Bremerton, WA 98312

District McKinney-Vento Liaison: Julie Fairall, Asst Director State & Federal Programs, 360-473-1077

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

## SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

## Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education \(NCHE\)](#)

[National Association for the Education of Homeless Children and Youth \(NAEH CY\)](#)

[SchoolHouse Connection](#)

# STUDENT INFORMATION OPT-OUT FORM 2024-25

To be completed and returned **ONLY** if parents choose an opt-out option.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

[The Family Educational Rights and Privacy Act \(FERPA\)](#) is a federal privacy law that gives parents certain protections with regard to their children's education records, such as report cards, transcripts, disciplinary records, contact and family information, and class schedules. Some student records are always prohibited from disclosure to the public unless the District obtains specific consent from parents or eligible students. Other student information is generally subject to disclosure unless parents or eligible students exercise their right to "opt-out" of the release of that information. This form provides parents and eligible students with an opportunity to "opt-out" of release of specific types of information.

- This election is good for the remainder of the current school year and must be completed annually.
- If no documentation is on file, we will assume that the parent or eligible student does not opt-out of the release of student information as outlined below.

Please complete the section below **only if you choose to opt-out of the release of the student information.**

• **A – Please do not release my student's directory information with the Armed Forces (high school only).**

The No Child Left Behind Act of 2001 (NCLB) and the National Defense Authorization Act for Fiscal Year 2002 both required high schools to provide military recruiters with access to directory-type information on secondary school students. Upon request, and after notifying parents, schools must release to military recruiters the name, address, and telephone numbers of high school juniors and seniors, unless the parent or eligible students have opted out of the release of this information to military recruiters.

• **B – Please do not disclose/release my student's directory information.**

In accordance with federal and state laws, Bremerton School District may release student directory information for various purposes unless parents or eligible students opt-out using this form. FERPA defines "directory information" as information contained in a student's education record that generally would not be considered harmful or an invasion of privacy if disclosed.

Student directory information is further defined by the District's Board of Directors and could include:

- Student name, address, and telephone number
- Date and place of birth
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Honors, awards & degrees received
- School & grade level
- Previous educational agencies or institutions attended by the student

Student directory information may be shared with institutions of higher education and/or included in:

- School yearbooks (including photos)
- Team rosters and class lists
- Graduation, theater, athletic, and music programs
- Articles about school activities and athletic events
- School honor roll, scholarships and other awards

-continued-

- **C – Please do not release my student’s information to community partners (such as Kitsap Regional Library for the Student Library Account Program).**

**Kitsap Regional Library Student Accounts:** In order to provide student access to educational resources from the Kitsap Regional Library, Bremerton School District will share the following information to create student accounts unless parents or eligible students opt-out using this form: student name, address, date of birth, phone number and student ID number. No other information will be shared, and information shared with the Kitsap Regional Library will not be shared or used outside of the partnership. *There are no other community partners with whom we share information at this time.*

- **D – Please do not share/post/publish my student’s image (photo or video).**

The Bremerton School District utilizes photos and videos of students engaged in educational activities and programs in a variety of communication tools including, but not limited to, the District website, social media, calendars or other publications, Google Classroom, etc.

- As a general rule, we **do not** identify students in photos, unless the student is receiving recognition.
- A parent/guardian may opt out of the release of photos, videos and student work that are *defined as educational records*. If a parent/guardian has chosen to opt-out of the release of student photos/videos *that are defined as education records*, student photos will not be used by the District or media without consent of the parent or eligible student, to the extent required by law.
- Some photos/videos of your student are *not defined as educational records* and may still be lawfully shared, posted, or published even if you opt out. Please see the table below for more information about what is and is not considered an education record.

	<b>Educational records</b>	<b>Not defined as an educational record</b>
	A photo or video is <b>defined as an education record</b> when the photo or video is “directly related” to a student and maintained by an education agency or institution.	A photo or video is <b>not considered an education record</b> when the photo/video shows a student participating in a school activity that is “open to the public and/or without a specific focus on any individual.”
	<i>Parents can choose to opt-out of these photos being used/released.</i>	<i>No parent permission needed for the District to use these photos, and parents may not opt-out of the release of these images.</i>
<b>Photos taken at school events (such as school assemblies, graduations, concerts, and athletic events that are open to families and/or to the public)</b>	Photo or video is considered an educational record if the student photographed is <i>the focus</i> of the photo/video and/or the student photographed is identified by name.	A photo or video is <b>not</b> considered an education record if the student’s appearance in the photo/video is incidental or the student appears only in the background.
<b>Photos/videos taken of classroom or educational activities (in the classroom, class presentations, field trips)</b>	Photo or video is considered an educational record if shared publicly (such as on social media, teacher websites, the District website, District publications, or the media) or with individuals outside of the classroom who are not entitled to access the record under FERPA.	A photo or video is <b>not</b> considered an education record if photos/videos are shared in a secure, online tool such as Remind, Seesaw, or Google Classroom site that is closed to the public and only accessible by students in the class and/or their families.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date



## Educational Technology Use Agreement For Students and Parents

### **Guidelines on the Acceptable Use of Electronic Information Resources**

Bremerton School District's ("District") Acceptable Use of Electronic Information Resources Agreement for Students and Parents applies to student use of Electronic Information Resources, including, but not limited to, computers, network, network gear, servers, Internet, cloud-based solutions, accounts, e-mail accounts passwords, ID numbers, applications, and Electronic Communication Devices, provided by the District, used on District property, and/or used off-campus in connection with District activity or attendance (hereinafter collectively referred to as "Electronic Information Resources"). All such use must be responsible, proper, and supportive of the instructional program for the advancement of student learning. Electronic Communication Device/s means any electronic apparatus capable of sending, receiving, reproducing, recording, storing, processing, displaying, and/or transmitting data, voice, text, and/or video/photo images. This generally includes, but is not limited to, cell phones, computers, laptops, netbooks, Chromebooks, Smartphones, Tablets, Media Players, memory sticks, and other current and future similar devices.

For purposes of this Agreement, Electronic Information Resources also includes any District sponsored online synchronous and asynchronous e-learning platforms, i.e. Google Classroom, Google Hangouts, Google Meet, GoGuardian, Lightspeed Classroom, or any software that provides the technical infrastructure on which e-learning or virtual learning activities (learning conducted via electronic media, typically on the Internet) can take place (collectively "E-Learning Platform").

The Internet offers access to computers and people across the world through, for example, e-mail, chat rooms, E-Learning Platforms, and social networking sites. The protection of students is of paramount concern to the District. The District uses a Child Internet Protection Act ("CIPA") compliant filter, and school staff monitor and supervise student use of the Electronic Information Resources provided by the District and used on District property. However, it is impossible to control access to all material. As a result, users (and parents of users who are students) must understand that neither the District nor its staff members control or condone the content of the information available through the Electronic Information Resources. Some of the information available through the Electronic Information Resources is controversial and may be offensive.

Electronic Information Resources must be used in a **responsible, efficient, ethical, legal, and safe manner**. The District provides each student with free Internet access while on campus and a District e-mail account for educational/instructional purposes. Each student is responsible at all times for their proper use. Use of Electronic Information Resources must comply with all District Board Policies and Regulations and any applicable state or federal laws.

## **Privacy and Monitoring**

There is no right to privacy in the use of Electronic Information Resources. Also, students are hereby put on notice as to the lack of privacy afforded by electronic data storage and electronic communications in general and must apply appropriate security to protect confidential information from unintended disclosure. Electronic data including, but not limited to, data associated with Internet use, email, text messages, and voicemail, which is transmitted through District Electronic Information Resources may be monitored and logged. Under such conditions, the transfer of information that is intended to be confidential or personal should not be sent through or stored on Electronic Information Resources.

The district reserves the right to monitor and access information contained in its Electronic Information Resources under various circumstances including but not limited to the following:

1. Under the Washington State Public Records Act, electronic files are treated in the same way as paper files.
2. The district will cooperate with any local, state, or federal officials investigating an alleged crime committed by any person who accesses District Electronic Information Resources and may release information to such officials without the knowledge or consent of the user.
3. The contents of electronic communications and data accessible through District Electronic Information Resources are subject to monitoring. This data can be accessed as needed for District administrative purposes including, but not limited to, investigation of possible violations of the law, this Agreement, or other District policies or regulations, or as required by the law.
4. Electronic mail systems store messages in files. These files are backed up. The contents of these files and the backed-up copies are subject to disclosure as stated in the preceding paragraphs.

## **Safety**

For the safety of the students, we recommend that users:

1. Change passwords frequently and do not share or reuse passwords.
2. Do not share account numbers, home addresses, first names, last names, social security numbers, dates of birth, telephone numbers, or any other personally identifiable information, unless instructed otherwise by school personnel.
3. Do not share your district login information.



## **Irresponsible Use of District Electronic Information Resources**

To use the Electronic Information Resources provided by the District, used on District property, and/or used off-campus in connection with District activity or attendance, **users must not engage in any irresponsible uses including, but not limited to, the following:**

1. Any practices or activity prohibited by law, Board Agreement, or administrative regulations
2. Accessing, posting, forwarding, texting, submitting, publishing, or displaying inappropriate matter that is threatening, obscene, libelous, slanderous, disruptive, unlawful, or sexually explicit; incites students to commit unlawful acts on school premises; or that could be construed as harassment, discrimination, or disparagement of others based on their actual or perceived sex, gender, ethnic group identification, race, national origin, religion, physical or mental disability, age, or sexual orientation
3. Engaging in cyberbullying, sexting, or harassment, as explained in Board Agreement
4. Engaging in use to seek financial or personal gain, engaging in political activity, or conducting commercial activity
5. Engaging in any illegal activity in violation of state or federal laws or regulations
6. Encouraging the use of drugs, alcohol, or tobacco
7. Promoting unethical activities, such as cheating on assignments or tests
8. Copying copyrighted material, commercial software, or files in violation of copyright laws
9. Intentionally uploading, downloading, or creating computer viruses and/or maliciously attempting to harm or destroy District equipment or materials, or manipulating the data of any other user, including so-called "hacking"
10. Attempting to read, delete, copy, modify, or use another individual's identity or private information
11. Unauthorized data access
12. Impersonating another person or falsifying location, identity, or computer information
13. Accessing social networking sites, chat rooms, music, or video, unless approved by the District
14. Instant Messaging, unless approved by the District
15. Posting personal information (yours or others) for purposes that are not academic or educational
16. Use of proxies, a virtual private network ("VPN"), or other means of accessing filtered websites
17. Use of unauthorized software
18. Any activity that affects the Confidentiality, Integrity, and Availability of the District's Electronic Information Resources.

The District reserves the right to monitor all Electronic Information Resources for improper use. Electronic communications and downloaded material, including files deleted from a user's account, may be reviewed by District officials to ensure proper use of Electronic Information Resources.

**Note: The District Information Technology Infrastructure Administrator will have access to all user accounts, including e-mails while using Electronic Information Resources. If a legal violation occurs, law enforcement will be notified and potential criminal charges will be filed.**

## **Electronic Communication Devices**

1. All electronic communication devices and related equipment and accessories are the property of the District. They may be issued to students at the sole discretion of and for a duration determined by the District.
2. Students must keep electronic communication devices in good working condition and promptly notify a teacher or District official of any defect, damage, or malfunction.
3. Students must exercise care when handling, transporting, and using electronic communication devices.
4. The care of electronic communication devices distributed by the District is the responsibility of the student and parent/guardian to which it is assigned.

## **Violations of this Agreement**

The principal or designee shall make all decisions regarding whether or not a student has violated this Agreement. The decision of the Principal or the designee shall be final. Irresponsible use may result in cancellation of the student's user privileges, disciplinary action, and/or legal action under law and Board Agreement.

By signing below, I acknowledge and understand that if I violate the District's Responsible Use of Internet and Technology Resources Contract for Students and Parents or use the Internet and Technology Resources irresponsibly, my use privileges may be taken away, my parent/guardian may be notified, and I may be subject to student discipline.

---

## **PARENT/GUARDIAN ACKNOWLEDGMENT AND CONSENT**

I have read the District's Education Responsible Use Agreement for Students and Parents and hereby agree to its provisions. I understand that the use of Electronic Information Resources can connect students to computers throughout the world and that it is impossible for the District to control access to all material available through Electronic Information Resources. When using Electronic Information Resources, I realize that students may read or access material that I might consider controversial or offensive.

The District has my permission to give an Internet account to my child. I understand that my child may keep this account as long as the Agreement is not violated and that the principal or designee shall make all decisions regarding whether or not a student has violated this Agreement.

I have discussed the District's Education Responsible Use Agreement with my child. They acknowledge and understand that if they violate the District's Education Responsible Use Agreement for Students and Parents or use the Internet and Technology Resources irresponsibly, their use privileges may be taken away, I may be notified, and they may be subject to student discipline.

In consideration of the above, I agree to not hold the District or any District staff responsible for the failure of any technology protection measures, violations of copyright restrictions, or users' mistakes or negligence. I also agree to indemnify and hold harmless the District and District personnel for any damages or costs incurred.

**Student's name:** \_\_\_\_\_ **Parent's name:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_