

MERIDIAN SCHOOL DISTRICT
RESIDENCY VERIFICATION CHECKLIST

Name of Student/ Nombre de Alumno: _____

I affirm that the student(s) resides at the following address:
Affirmo que el alumno(s) reside en la siguiente direccion"

I understand that this street address is within the Meridian School District boundaries.
Entiendo que esta direccion esta dentro de los limites del Distrito Escolar de Meridan.

Please attach a copy of one of the documents listed below to this form and return it to the school.
Por favor adjunte una copia de uno de los documentos enlistados abajo para que se regrese a la escuela.

Signature/Firma

Date/Fecha

*****SCHOOL USE ONLY*****

The parent/legal guardian must present at least one (1) of the following documents:

- Homeowner's insurance policy or invoice showing the address of the insured property or residence
- Home utility bill (such as gas, electricity, water, garbage, landline telephone, or cable) or hook-up work order dated within the past 60 days. You must be the only person named on the bill or work order.
- Mortgage documents
- Property tax bill or statement dated within the past 12 months
- Your name and address in a current phone book made by a telephone book publisher
- Moorage bill or contract showing you live on a boat in a marina
- Federal or state government agency-issued check
- Tribal ID that contains your current residential address
- A filed property deed or title for your current residence
- Auto insurance policy (not the proof of insurance card)

- Washington State business license
- Business mail dated within the past 60 days. Mail must include your first and last name, and must be from state or federal revenue departments, the Social Security Administration, the U.S. Treasury, or the IRS. It cannot be addressed "in care of," "for," or "parent of."
- Current Washington State voter card
- Home-utility bill-(such as-gas,-electricity,-water,-garbage,-landline-telephone,-or cable)-or-hook-up-work-order-dated within the past 60 days. Two or more unrelated people may be named on the bill or work order.
- Medical record paid by insurance or a medical bill
- Medicaid card or DSHS medical coupon
- Pay stub that contains your name, your current residence address, your employer's name, and your employer' phone number or address
- Professional license (nurse, physician, engineer, etc.)
- Selective service card showing a Washington State address
- Professionally-filed tax return or filed copy sent to you by the IRS for the most recent tax filing year
- Transcript or report card for the current school year from an educational institution in Washington State
- W-2 form for the previous year

The document(s) described in the box as checked above (copy attached) was presented by the parent/guardian verifying the student's legal residency.

Verifying School Employee

Date

To Parents/Guardians and Students of the Meridian School District:

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of a student education records. Photos/Images of a student are considered part of a student's education records.

Parents/Guardians have a right to **opt out** of having their student's photo/image published in any manner by the school district. This includes in yearbooks, newsletters, web pages and other District approved publications. If you wish to **opt out** you must complete the form below and return it to your student's school office. This election must be done annually and is good only for the remainder of the current school year.

I request to "**opt-out**" my student _____
(Print Student's name) (School)

from having his/her photo/image published in any manner by the Meridian School District for the remainder of the current school year.

(Print Parent/Guardian name)

(Parent/Guardian signature)

(Date)

If we do not receive this signed **opt-out** request, the District will assume the parent/guardian allows the Meridian School District to publish photos/images of their student in District-approved publications.

If you have questions regarding this form, please contact Meridian School District Superintendent at 398-7111.



**MERIDIAN SCHOOL DISTRICT #505
MERIDIAN MIDDLE SCHOOL
NEW STUDENT REGISTRATION FORM**

DATE _____

DO NOT WRITE IN SHADED AREA—FOR OFFICE USE ONLY					
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE AM _____ PM _____
STUDENT NAME <u>Legal</u> Last Name		<u>Legal</u> First Name		Legal Middle Name	
Also known as:					
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE	City	State	Country
		Grade Level		Home e-mail address:	
ETHNIC CODE (Check One)			Primary language spoken at home		US CITIZEN
<input type="checkbox"/> A-Asian <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> H-Hispanic			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
PRIMARY HOUSEHOLD (parent/guardian where student resides)		STUDENT LIVES WITH		Primary Phone: (Include area code)	
<u>Legal</u> Last Name		<u>Legal</u> First Name		<input type="checkbox"/> Please check if unlisted Work Phone: (Include area code) Cell Phone:	
(parent/guardian where student resides)		<input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Guardian <input type="checkbox"/> Other		Primary Phone: (Include area code) <input type="checkbox"/> Please check if unlisted Work Phone: (Include area code) Cell Phone:	
<u>Legal</u> Last Name		<u>Legal</u> First Name			
RESIDENT ADDRESS	STREET		APT#		City State Zip
MAILING ADDRESS (If different from above)	STREET		APT#		City State Zip
SECOND HOUSEHOLD (non-custodial parent not residing with student)		RELATIONSHIP		Primary Phone: (Include area code)	
Last Name		First Name		<input type="checkbox"/> Please check if unlisted Work Phone: (Include area code) Cell Phone:	
(Non-custodial parent not residing with student)		<input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Other		Primary Phone: (Include area code) <input type="checkbox"/> Please check if unlisted Work Phone: (Include area code) Cell Phone:	
Last Name		First Name			
SECOND HOUSEHOLD ADDRESS (Street PO Box, City, State, Zip)				ADDITIONAL MAILING REQUESTED	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
SCHOOL PREVIOUSLY ATTENDED		SCHOOL DISTRICT PREVIOUSLY ATTENDED		PREVIOUS SCHOOL LOCATION (City and State)	
HAS STUDENT EVER ATTENDED MERIDIAN PUBLIC SCHOOLS? IF YES, NAME OF SCHOOL ATTENDED				DATE ATTENDED (Month/Year)	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO					
IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, plan must be on file with the school for enforcement)					
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, plan must be on file with the school for enforcement)					
Restraining order is against: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER _____					
HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No					HAS YOUR CHILD EVER BEEN RETAINED?
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504? <input type="checkbox"/> Yes <input type="checkbox"/> No HAS YOUR CHILD EVER PARTICIPATED IN <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level _____

OVER

PLEASE LIST OTHER SIBLINGS ATTENDING MERIDIAN PUBLIC SCHOOLS

Last Name	First Name	School

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

ETHNICITY AND RACE

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.

Please complete the following:

1. Is your child of Hispanic or Latino origin?

- No, My child is not Hispanic or Latino
- Yes, my child is Hispanic or Latino (check all that apply)
 - Cuban
 - Puerto Rican
 - South American
 - Dominican
 - Mexican/Mexican/Mexican American/Chicano
 - Latin American
 - Spaniard
 - Central American
 - Other Hispanic /Latino

2. What race do you consider your child? (check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Thai | <input type="checkbox"/> Colville | <input type="checkbox"/> Samish |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Sauk-Sulattle |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Hoh | <input type="checkbox"/> Shoal water Bay |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Jamestown S'Klallam | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Fijian | <input type="checkbox"/> Kalispel | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or or Chamorro | <input type="checkbox"/> Lower Elwa Klallam | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Lummi | <input type="checkbox"/> Squaix Island |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Makah | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Port Gamble S'Klallam | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Other Washington Indian Tribe |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Quileute | <input type="checkbox"/> Other American Indian Tribe/
Alaska Native |
| <input type="checkbox"/> Taiwanese | | <input type="checkbox"/> Quinault | |

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

Legal Parent/Guardian Signature _____ Date _____

Does student have health insurance? _____ Yes _____ No

When injury, illness or other situations occur involving your child, we want to be able to quickly reach families or other 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, or to whom you child may be

PRIMARY CONTACT (other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO CHILD	PHONE 1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT (other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO CHILD	PHONE 1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person (s) listed above.

Legal Parent/Guardian Signature _____ Date _____

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the NWRDC Public Schools.

Legal Parent/Guardian Signature _____ Date _____



MERIDIAN MIDDLE SCHOOL

Home of the Trojans
861 Ten Mile Rd. Lynden, WA. 98264
Ph.360-398-2291
Fax 360-398-8131
www.meridian.wednet.edu

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS

Last school attended _____

Student's Name(s)

_____ Birth Date _____ Grade _____

_____ Birth Date _____ Grade _____

PLEASE FAX or E-MAIL IMMEDIATELY: Withdrawal Grades, Immunizations, Test Scores and Discipline File.

Please fax, mail or e-mail all other records at your earliest convenience. Please include Court Orders, Parenting Plan, Sports Physical, IEP and 504 if applicable.

If you have any questions or concerns, please call or e-mail 360-398-2291

pbergqui@meridian.wednet.edu

Thank you,

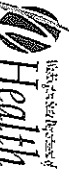
Phyllis Bergquist, Registrar

In accordance with the provisions of the Family Educational Rights and Privacy Act Title 34, Section 99.31, this states that a parent signature is not required for transfer of records between schools.

___ 1st Request

___ 2nd Request





Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

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

Office Use Only: Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

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

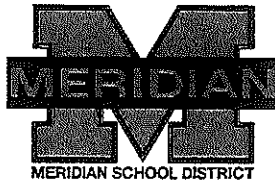
I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

<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: _____





Student Housing Questionnaire

Please use one form per student. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Sex: Male Female

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
3. Is this student awaiting foster care? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to **any** of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- In a motel Transitional Housing
 In a shelter Group Home
 With more than one family in a house or apartment
 Moving from place to place
 In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)



Ethnicity and Race Data Collection Form

Student Name: _____

PLEASE ANSWER QUESTIONS 1A OR 1B AND QUESTION 2

QUESTION 1. A. Is your child of Hispanic or Latino origin? (if so, check all that apply)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>CUBAN</td></tr> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>DOMINICAN</td></tr> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>SPANIARD</td></tr> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>PUERTO RICAN</td></tr> </table>		CUBAN		DOMINICAN		SPANIARD		PUERTO RICAN	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>MEXICAN/ MEXICAN AMERICAN/ CHICANO</td></tr> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>CENTRAL AMERICAN</td></tr> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>SOUTH AMERICAN</td></tr> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>LATIN AMERICAN</td></tr> <tr><td style="width: 20px; height: 15px; border: 1px solid black;"></td><td>OTHER HISPANIC/LATINO</td></tr> </table>		MEXICAN/ MEXICAN AMERICAN/ CHICANO		CENTRAL AMERICAN		SOUTH AMERICAN		LATIN AMERICAN		OTHER HISPANIC/LATINO
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	CENTRAL AMERICAN																		
	SOUTH AMERICAN																		
	LATIN AMERICAN																		
	OTHER HISPANIC/LATINO																		

QUESTION 1. B. Child is not Hispanic/Latino

NOT HISPANIC/LATINO

QUESTION 2. What race(s) do you consider your child? (Check all that apply)

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

Student Name:		Date:
Birth Date:	Gender:	Grade:
Form Completed by:		
Parent/Guardian Name _____ Relationship to Student _____		
Parent/Guardian Signature _____		
If available, in what language would you prefer to receive communication from the school? _____		
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes__ No__ Don't Know__		

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever received formal education* outside of the United States? (Kindergarten – 12 th grade) ____ Yes ____ No "Formal education" does not include refugee camps or other unaccredited programs for children.	If yes, in what language(s) was instruction given? _____ For how many months? _____
6. When did your child first attend a school in the United States? (Kindergarten – 12 th grade)	_____ Month Day Year
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation? ____ Yes ____ No	

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

Note to district: A response of a language other than English to question #2 OR question #3 triggers ELL placement testing





Meridian School District

Each Student will succeed through quality, inspirational and innovative education.

Student Health Registration Form

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

Student Name _____ Grade _____ Sex _____ Date of Birth _____

MEDICAL

Does your child have a doctor or nurse practitioner? Yes ___ No ___

Name of child's doctor or nurse practitioner _____ phone number _____

In the past 12 months, did you have problems obtaining medical care for your child? Yes ___ No ___

DENTAL

Does your child have a dentist? Yes ___ No ___ Name of child's dentist _____ phone number _____

Did your child receive a dental exam in the last 12 months? Yes ___ No ___ Don't know ___

Describe the condition of your child's teeth? Good ___ Fair ___ Poor ___ Don't know ___

In the past 12 months, did you have problems obtaining dental care for your child? Yes ___ No ___

INSURANCE

Does your child have medical insurance coverage? Yes ___ No ___ Don't know ___ Name of provider _____

Does your child have dental insurance coverage? Yes ___ No ___ Don't know ___ Name of provider _____

Does Medicaid insure him/her? (Apple Health for kids) Yes ___ No ___ Don't know ___

MEDICAL HISTORY

Have you ever been told by a physician or health care professional that your child has:

___ Asthma	___ Seizure disorder	___ Bleeding disorder	___ ADD/ADHD
___ Diabetes	___ Bone/muscle disease	___ Skin condition	___ Learning disability
___ Heart condition	___ Mental health condition (i.e., depression, anxiety, eating disorder)	___ Other _____	

Does your child experience any of the following?

___ Nose bleeds	___ Frequent ear aches	___ Overweight for age	___ Physical disability
___ Poor appetite	___ Frequent stomach aches	___ Frequent headaches	___ Fainting spells
___ Tires easily	___ Emotional concerns	___ Underweight for age	___ Other _____

Do any of the above condition(s) limit/effect your child at school? _____

LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes * ___ No ___ Describe: _____

***If yes, a meeting with the school nurse is required. Washington State Law requires medication or treatment orders and a health care plan be in place prior to starting school.**

ALLERGIES

Plants ___ Animals ___ Food ___ Molds ___ Drugs ___ Bees ___ Other _____

Please describe the allergic reaction and the treatment for each checked allergy _____

Do you plan for your child to receive school prepared meals? Yes * ___ No ___

*an additional form must be completed for food allergies

MEDICATION

Does your child take any medication? Yes ___ No ___ If yes, name of medication: _____

Purpose _____ Will medication be needed at school? Yes* ___ No ___

***If your child needs to take medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.**

HEARING/VISION

Do you have concerns about your child's hearing? Yes ___ No ___ Does your child wear hearing aids? Yes ___ No ___

Do you have concerns about your child's vision? Yes ___ No ___ Does your child wear glasses or contacts? Yes ___ No ___

SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes ___ No ___ Do others have difficulty understanding your child? Yes ___ No ___ If yes, please explain _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature _____ Date _____

2015-2016 School Year



Meridian Middle School – Individual Student Contract

In order to provide a safe, orderly environment for all students and staff, we must agree to have high expectations as a requirement for all students. In this day and age where violence and disrespect tend to be prevalent in our society, school needs to be a safe haven where all students are free to learn. Please read and sign this contract as your commitment of support.

- ◆ I will be in regular attendance to all classes every day throughout the school term, unless I have an excused absence.
- ◆ I have read the student handbook and will abide by all school rules and regulations that are expected of students attending Meridian Middle School.
- ◆ I will refrain from the use of obscene or vulgar language, writing, pictures, signs or acts in the presence of other students, teachers or administrators while attending school or any activity sponsored by the school.
- ◆ I will refrain from the use or possession of any tobacco, alcohol, or drug products and will not display any paraphernalia associated with these products on school property or at any school related activity.
- ◆ I will stay on school grounds from the time of arrival until the close of school each day unless officially excused.
- ◆ I will wear appropriate clothing, abide by the school dress code, not act, talk, or in any way display any characteristic or sign of being affiliated with a gang or gang activities.
- ◆ I will not carry on myself, have in my possession or bring to school or any school activity, a firearm, explosives, knife or weapon of any kind. **I further understand that if I violate this part of the contract, I could be suspended from attending any school in the State of Washington for a period of one full calendar year.**
- ◆ I will conduct myself in a respectful manner and refrain from being argumentative, using violence, force, noise, coercion, threats, intimidation, fear or any other conduct that may cause the disruption of the school or serve as a threat to the safety and/or welfare of others.
- ◆ I will comply with the instructions of teachers, student teachers, substitute teachers, teacher aides, administrators or any other authorized school personnel while under the authority of such school personnel.
- ◆ I have reviewed the Honor Level Discipline System and understand what is expected of me in terms of behavior, conduct and effort.
- ◆ I will abide by Meridian School District Policy and the Meridian Middle School expectations regarding all electronic devices and cell phones at school, understanding that personal cell phones and all other electronic devices must be turned off upon entering the school building and that they must be secured in my locker for the duration of the school day.

I understand that a violation of any of the above provisions will result in appropriate discipline, which may include **suspension** or **expulsion** from school. I am also aware of the consequences associated with the Honor Level Discipline System.

I have read this contract and agree to abide by its provisions while in attendance at Meridian Middle School.

Student (Printed Name)

Student Signature

Parent or Guardian Signature

Date

Date



MERIDIAN SCHOOL DISTRICT INTERNET AND WEB SITE PERMISSION FORM

As a user of the Meridian Public Schools computer network, I hereby agree to comply with the rules and guidelines associated with the Meridian School District Internet and Web policies – communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Name of Student _____

Student Signature _____

Date _____

At this time I also give the Meridian School District permission to publish the following items on the school district internet site:

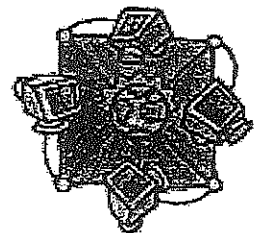
- student name (first name and last initial)
- student photograph (usually a group shot unless related to a specific project)
- student creation (essay, project, etc.)
- student e-mail address (only if required for specific project or activity)

*Please cross out any of the above items that you **DO NOT** want included on the district web site.*

As a parent or legal guardian of the minor student signing above, I grant permission for my daughter or son to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations. I also realize that some materials on the Internet may be objectionable, but I accept the responsibility for guidance of Internet use – setting and conveying standards for my daughter or son to follow when selecting or exploring information and media. I also give permission for the school and district to publish student information (as mentioned above) on the district and school web sites.

Parent Signature _____

Name of Student _____





2015-2016 APPLICATION AND PLEDGE

DEADLINE – JUNE 30, 2016

- Apply if you are in 7th or 8th grade and meet one or more of the income requirements.
- Applications must be completed by the end of your 8th grade year.
- You will receive a certificate when your complete application is processed by the Washington Student Achievement Council.

STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ / _____ / _____
MM DD YYYY

Grade in 2015–2016 School Year: 7th 8th

School Attending in 2015–2016 School Year: _____ City: _____

State Student Identification Number: _____

Social Security Number: _____ - _____ - _____
XXX XX XXXX

A student is not required to have a Social Security Number (SSN) when applying for the scholarship. However, to receive the scholarship a student must be a U. S. citizen or eligible non-citizen. Providing the SSN now simplifies the process later. The Washington Student Achievement Council is required by law to keep this number secure.

Student's Email Address: _____

Student's Cell Phone: () _____

College Bound will use your email address and cell phone number to send scholarship updates and tips on academic success.

PARENT/LEGAL GUARDIAN INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____
Street Address or P.O. Box Apartment number

_____ City State Zip

Primary Phone: () _____

Parent/Legal Guardian's Email Address: _____

Highest educational level completed by parent or legal guardian:

- Less than a high school diploma High school diploma/GED Some college
 Certificate/Associate degree Bachelor's degree Master's/doctorate

Mail to: College Bound Scholarship
P.O. Box 43430
Olympia, WA 98504-3430
or FAX 360-704-6218

Questions? www.collegebound.wa.gov
Email: collegebound@wsac.wa.gov
Phone: 1-888-535-0747, option 1

APPLICATION INCOME REQUIREMENTS

To apply for the College Bound Scholarship, you must meet one of these requirements.

Check the appropriate box:

- During 7th or 8th grade, household income from all sources (taxable and nontaxable) is less than or equal to the amounts in the chart.
- Student is currently in foster care or a dependent of the state.
- Student's family receives basic food/TANF benefits.
- None of the above applies/not eligible.

To receive the scholarship your family's income must fall within 65% of the state's median family income (\$54,500 for a family of four in 2015-16). Eligibility will be determined when you apply for college and complete the FAFSA. For more information, visit www.collegebound.wa.gov.

Household Size	Annual Income Guidelines*	Monthly Income*	Weekly Income*
2	\$29,471	\$2,456	\$567
3	\$37,167	\$3,098	\$715
4	\$44,863	\$3,739	\$863
5	\$52,559	\$4,380	\$1,011
6	\$60,255	\$5,022	\$1,159
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each additional household member	Add \$7,696	Add \$642	Add \$148

*Household income must be less than or equal to this amount.

RELEASE OF INFORMATION – Parent/legal guardian must read this section.**Required Sharing of Information with Educational Entities**

By signing this application, I authorize the Washington Student Achievement Council (the Council) to receive and share my student's application information and scholarship eligibility information with educational entities only for the purpose of providing College Bound Scholarship assistance, providing academic support services, and determining the College Bound Scholarship eligibility. Educational entities include the Office of Superintendent of Public Instruction (OSPI), the middle/high school my student attends, and colleges and universities that participate in the College Bound Scholarship program.

The application information shared may include my student's name, address, birth date, school, and ID numbers. The scholarship eligibility information may include grade point average and high school graduation date. I understand my student cannot receive the College Bound Scholarship without sharing this important information.

Sharing Information with Select Public and Non-Profit Agencies

By signing this application, I also authorize the application information to be shared with select public and non-profit agencies that have been approved by the Council and have agreed to uphold the privacy of my student's information. These agencies will only use the information for the purpose of providing College Bound Scholarship assistance and academic support services. For a complete list of approved agencies go to: www.collegebound.wa.gov. I may decline the services of these public and non-profit agencies by checking the box below.

- No, I do not authorize the Council to share my student's application information with select public and non-profit agencies for the purpose of providing College Bound Scholarship assistance and academic support services. My student's information will only be shared with schools and other educational entities.

STUDENT PLEDGE – Yes, I am College Bound! I pledge that I will:

- Graduate with a cumulative high school grade point average of 2.0 or higher.
- Be a good citizen in school and in my community, and not be convicted of a felony while in high school.
- Apply for financial aid by completing the FAFSA in a timely manner when I apply for college.

ACKNOWLEDGEMENT – The student and parent/legal guardian must sign this before submitting to the Council.

- I, the parent/legal guardian, declare that our family meets one of the three income requirements.
- I, the student, agree to meet the student pledge requirements as stated above.
- We understand that the student will be eligible for scholarship assistance if the student meets all pledge and program requirements and the family meets income qualifications.
- We certify that the information contained in this application is true and correct to the best of our knowledge.

OR

- I, the parent/legal guardian, have indicated we are not eligible.

Student Signature

Date

Parent/Legal Guardian Signature

Date