Welcome to the Davenport Gorilla Family!

We are looking forward to the 2023-2024 school year and the two early childhood learning opportunities Davenport School District offers our families. Registration for these programs will open beginning:

- PreKindergarten (PK): 3 or 4 years old (3rd or 4th birthday by August 31, 2023)
- Transitional Kindergarten (TK): Potty trained and 4 years old (4th birthday by August 31, 2023)

Both programs are free to families and are Monday-Friday from 8:00 AM to 2:45 PM. Both programs support families of our district’s youngest students by providing quality early childhood education for each child and resources for parents about the growth and development of this age group. Additionally, both programs will help your child grow social, emotional, physical, and academic skills in preparation for kindergarten.

Please complete and submit the attached application to help Davenport School District and the Early Childhood Education and Assistance Program begin the enrollment process for your child. Once the initial application screening process is complete, families will be contacted to gather any further information that may be needed to determine a child’s best placement in coordination with each family.

We appreciate your help in providing all relevant information. If you have any questions about the application process, please contact Davenport Elementary School Principal, Sarita Hopkins at 509-725-1261 shopkin@davenportsd.org.

We look forward to working with you and your child!

Stephanie Angell
sacord-angell@esd101.net

Nicole Rasmussen
nrasmussen@davenportsd.org
PK and TK Materials for Registration Checklist

**Return Completed Packet to Elementary Office for Completion Receipt from office Staff. Due to limited classroom size, your child is not guaranteed enrollment in the TK or PK program.

A packet will not be considered complete until all of the following is complete and/or included. If you have any questions, elementary office: 509-725-1261

<table>
<thead>
<tr>
<th>Student Name _______________________________________ Birthdate __________________________</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

- **Interest Survey Filled Out** (check spreadsheet for confirmation)
- **Age Requirement Met:**
  - PK: Age 3 or 4 by 8/31/2023
  - TK: Age 4 by 8/31/2023
- **Copy of Birth Certificate**
- **Copy of Immunization OR Exemption Form**
- **Proof of Residence in Davenport School District**
  - Choice paperwork (admission pending approval from both districts)
  - Choice paperwork returned
  - Choice request granted
- **Will your student ride the bus?**  Yes ______  No ______
  - **If yes, family will fill out further transportation paperwork at a later date.**
- **Completed Enrollment Packet**
  - Enrollment Form
  - Medical Information Form
  - Race-Ethnicity Data
  - Additional Admission Information (IEP, 504)
  - Student Housing Questionnaire
  - Internet, Google Apps for Education, and Email Policy
  - Helpful Information for your child’s teacher
  - Technology User Agreement
- **Staff Member’s Name Filling Out**
- **Any Notes:** (please add date/time if not same day)
TK/PK Registration Survey

**Please use the QR code below to fill out the required survey

Once completed, let the office staff know you have completed the survey. Office staff will check the survey spreadsheet and then check it off on your registration checklist form. Thank you!

![QR Code]
Davenport Elementary School
Student Enrollment Packet

Welcome to the Davenport Schools!

Please complete the attached packet and return to the Elementary Office as soon as you can.

Mail or hand deliver all information to:
Davenport Elementary
601 Washington St.
Davenport, WA 99122

If you have any questions, please reach out to the Elementary Secretary Gillian Ball.

Thank You!!

Elementary Secretary: Mrs. Gillian Ball
Elementary Principal: Mrs. Sarita Hopkins
Elementary Phone #: (509) 725-1261
Elementary Fax #: (833) 434-1435
**DAVENPORT SCHOOL DISTRICT ENROLLMENT FORM**

<table>
<thead>
<tr>
<th><strong>Student’s legal name:</strong></th>
<th><strong>M / F</strong></th>
<th><strong>Name Student goes by:</strong></th>
</tr>
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</table>

Last | First | Middle

<table>
<thead>
<tr>
<th><strong>Birth date:</strong></th>
<th><strong>Birthplace:</strong></th>
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<table>
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<tr>
<th><strong>Date enrolled:</strong></th>
<th>*<em>Withdrawal date from <em>previous school:</em></em></th>
</tr>
</thead>
</table>

**Grade Level**

Is this student **CHOICED** into our district?  No  Yes  (Please contact the District Office for additional paperwork)

**Previous School Attended:***

<table>
<thead>
<tr>
<th><strong>Name of District</strong></th>
<th><strong>Name of School Attended</strong></th>
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<table>
<thead>
<tr>
<th><strong>Address of School:</strong></th>
<th><strong>Phone #:</strong></th>
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<tr>
<th><strong>FAX #:</strong></th>
<th><strong>Has this student been expelled or placed on long-term suspension within the past 12 months?:</strong></th>
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<tbody>
<tr>
<td></td>
<td>Yes  No</td>
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</table>

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<tr>
<th><strong>Has this student received Special Services (Special Education, have a 504 plan)?</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
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**Health problems school should be aware of:**

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<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
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**HOMELESS**  Yes  No

If yes, where are you living:  [ ] shelter,  [ ] hotel/motel,  [ ] doubled up with family/friends,  [ ] unsheltered – living in car, tent, camper, on the streets.  *Homeless have the right to access all educational services including but not limited to preschool, after school activities transportation, school meals, assistance in accessing other state and local agencies.***

**LEGAL INFORMATION (if applicable)**

<table>
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<tr>
<th><strong>Is there a joint-custody or parenting plan in effect?</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
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<table>
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<tr>
<th><strong>Is there a restraining order in effect?</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
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</table>

**Restraining order is against:**

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th><strong>Relationship to student:</strong></th>
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<tr>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
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I give permission for my child to be photographed for use on the school’s web page & other publications.  Yes  No

**PRIMAR Y CONTACT –**

This individual **WILL** receive **ALL** automatic messages from the School, and will be the initial contact if a parent or guardian needs to be contacted by a school official.

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th><strong>Relationship to student</strong></th>
<th><strong>Phone # (only one)</strong></th>
<th><strong>E-mail</strong></th>
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**PARENT/GUARDIAN CONTACTS – Household One**

<table>
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<tr>
<th><strong>Physical address:</strong></th>
<th><strong>City:</strong></th>
<th><strong>Zip:</strong></th>
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<tr>
<th><strong>Mailing address:</strong></th>
<th><strong>City:</strong></th>
<th><strong>Zip:</strong></th>
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<tr>
<th><strong>Employed by the Armed Forces?</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
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<th><strong>If yes, what branch?</strong></th>
<th><strong>Active Duty</strong></th>
<th><strong>Retired</strong></th>
<th><strong>Reserves</strong></th>
<th><strong>National Guard</strong></th>
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<th><strong>Name:</strong></th>
<th><strong>Relationship to student:</strong></th>
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<tr>
<th><strong>Home Phone #:</strong></th>
<th><strong>Receive Automatic Messages?</strong></th>
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<tr>
<th><strong>Work Phone #:</strong></th>
<th><strong>Receive Automatic Messages?</strong></th>
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<tr>
<th><strong>Cell Phone #:</strong></th>
<th><strong>Receive Automatic Messages?</strong></th>
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<tr>
<th><strong>E-mail:</strong></th>
<th><strong>Receive Automatic Messages?</strong></th>
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<table>
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<tr>
<th><strong>Name:</strong></th>
<th><strong>Relationship to student:</strong></th>
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<table>
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<tr>
<th><strong>Home Phone #:</strong></th>
<th><strong>Receive Automatic Messages?</strong></th>
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<table>
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<tr>
<th><strong>Work Phone #:</strong></th>
<th><strong>Receive Automatic Messages?</strong></th>
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<table>
<thead>
<tr>
<th><strong>Cell Phone #:</strong></th>
<th><strong>Receive Automatic Messages?</strong></th>
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<table>
<thead>
<tr>
<th><strong>E-mail:</strong></th>
<th><strong>Receive Automatic Messages?</strong></th>
</tr>
</thead>
</table>
If the address is different, please provide:

Name: ___________________________ Relationship to student: ___________________________
Home Phone #: ______________________ Receive Automatic Messages? _____ Yes _____ No____
Work Phone #: _______________________ Receive Automatic Messages? _____ Yes _____ No____
Cell Phone #: _______________________ Receive Automatic Messages? _____ Yes _____ No____
E-mail: ___________________________ Receive Automatic Messages? _____ Yes _____ No____

Name: ___________________________ Relationship to student: ___________________________
Home Phone #: ______________________ Receive Automatic Messages? _____ Yes _____ No____
Work Phone #: _______________________ Receive Automatic Messages? _____ Yes _____ No____
Cell Phone #: _______________________ Receive Automatic Messages? _____ Yes _____ No____
E-mail: ___________________________ Receive Automatic Messages? _____ Yes _____ No____

MEDICAL RELEASE:
In the event that a parent/guardian cannot be reached by telephone, I give my permission for school authorities to seek medical attention for my child at the nearest available medical facility. Yes _____ No _____

EMERGENCY CONTACTS
These contacts WILL NOT receive ANY automatic messages from the school, and will only be contacted in the event all parents/guardians could not be contacted. Please list in calling order.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Phone # (only one)</th>
<th>E-mail</th>
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BROTHERS AND SISTERS (living at home):

Name: ___________________________ Birthdate: _______ Grade in School: _______
<table>
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<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Grade in School</th>
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RESIDENCY VERIFICATION: ALL information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student’s enrollment and assignment to the school serving the home attendance area.

Legal Guardian/Parent Signature: ___________________________

Print Name: ___________________________ Date: ______________

Updated: March 2022
DAVENPORT SCHOOL DISTRICT 2023-24
Required Student Health Registration Form and Annual Update

Name: ___________________________  Birthdate: ___________________________  GRADE: ___________________________

Address: ___________________________  Last  First  M.I.  (Legal Name if Different)  Home Phone: ___________________________
   Street  City  State  Zip Code

Student Lives with:  □ Both Parents  □ Mother  □ Father  □ Mother & Stepfather  □ Father & Stepmother
   □ Agency  □ Self  □ Legal Guardian  □ Other: __________________________________________

Is this a new address and/or phone number?  □ Yes  □ No  Gender: ___________________________  Grade: ___________________________

Father’s Name: ___________________________  Mother’s Name: ___________________________

Father’s Cell Phone: ___________________________  Mother’s Cell Phone: ___________________________

Father’s Work Phone: ___________________________  Mother’s Work Phone: ___________________________

Emergency Contact:
   Name: ___________________________  Relationship to child: ___________________________  Phone: ___________________________

Doctor: ___________________________  Phone: ___________________________  Dentist: ___________________________  Phone: ___________________________

Emergency Contact:
   Name: ___________________________  Relationship to child: ___________________________  Phone: ___________________________

Current Health History:  (Please answer by checking)

□ No health problems to my knowledge

Severe allergy: ____________________________________________

Yes  □  □  □  □

Mild  □  □  □  □

Moderate  □  □  □  □

Severe  □  □  □  □

Food intolerance: ____________________________________________

Yes  □  □  □  □

Mild  □  □  □  □

Moderate  □  □  □  □

Severe  □  □  □  □

Asthma: ____________________________________________

Yes  □  □  □  □

Mild  □  □  □  □

Moderate  □  □  □  □

Severe  □  □  □  □

Diabetes: ____________________________________________

Yes  □  □  □  □

Mild  □  □  □  □

Moderate  □  □  □  □

Severe  □  □  □  □

Cardiac condition: ____________________________________________

Yes  □  □  □  □

Mild  □  □  □  □

Moderate  □  □  □  □

Severe  □  □  □  □

Seizure disorder: ____________________________________________

Yes  □  □  □  □

Mild  □  □  □  □

Moderate  □  □  □  □

Severe  □  □  □  □

Bleeding disorder: ____________________________________________

Yes  □  □  □  □

Mild  □  □  □  □

Moderate  □  □  □  □

Severe  □  □  □  □

Other: ____________________________________________

Yes  □  □  □  □

Mild  □  □  □  □

Moderate  □  □  □  □

Severe  □  □  □  □

Does student have vision problem?  □ Yes  Contacts: □  □  □  □

Glasses: □  □  □  □

Does student have hearing problem?  □ Yes  Hearing aid: □  □  □  □

For students with life threatening health conditions, RCW 28A.210.320, requires that a licensed health care provider (LHP) order, medication and a nursing care plan be in place before the student attends school.

MEDICATION (prescription or non-prescription):

Does your child take any medication?  □ Yes  □ No  Name of medication: ____________________________________________

Purpose: ____________________________________________

Will medication be needed at school?  □ Yes*  □ No

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

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Davenport School District staff to contact health care professionals, including 911, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that Davenport School District, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I give permission to my child’s school to add immunization information into the Immunization Information System to help the school maintain my child’s record.

*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: ___________________________  RN Initials: ___________________________

9/22/2020
Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

### Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

<table>
<thead>
<tr>
<th>Race</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian</td>
<td>Native Hawaiian/Other Pacific Islander</td>
</tr>
<tr>
<td>Caribbean</td>
<td>Anguillian</td>
</tr>
<tr>
<td>Latin American</td>
<td>Argentine</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>Carolinian</td>
</tr>
<tr>
<td>East African</td>
<td>Beninese</td>
</tr>
<tr>
<td>West African</td>
<td>Angolan</td>
</tr>
<tr>
<td>Central African</td>
<td>Angolan (Dem. RC of the Congo)</td>
</tr>
<tr>
<td>Eastern European</td>
<td>Bosnian</td>
</tr>
<tr>
<td>White/Black/African American</td>
<td>White/Black/African-American</td>
</tr>
</tbody>
</table>
ADDITIONAL ADMISSION INFORMATION

Students Name: ______________________________________

LEGAL:

1. Do you have legal guardianship of this child? (circle the appropriate answer)
   • no
   • yes

2. Are there any court orders or legal issues we should be aware of concerning this child?
   • no
   • yes _____________________________________________________________

3. Is your child a convicted sex offender:
   • no
   • yes  Risk Level: ___________________________________________________________________

BEHAVIOR:

4. Has your child been involved in any weapons violations?
   • No
   • Yes _________________________________________________________________________

5. Has your child been expelled or suspended from school?
   • No
   • Yes _________________________________________________________________________

6. Has your child been sent to the office for minor behavior disruptions?
   • No
   • Yes _________________________________________________________________________

7. Has your child been accused of Harassment/Intimidation/Bullying? Has your child been the victim of Harassment/Intimidation/Bullying?
   • No
   • Yes _________________________________________________________________________

8. Does your child have a record of good and consistent attendance?
   • No
   • Yes _________________________________________________________________________

9. Has your child had an athletic training rule violation?
   • No
   • Yes _________________________________________________________________________
ACADEMIC:

10. Do you have a copy of an unofficial transcript?
   • No
   • Yes If so, please provide a copy when registering your student.

11. Do you have a copy of the most recent WASL (Washington Assessment of Student Learning Results?)
   • No
   • Yes If so, please provide a copy when registering your student.

12. Does your child have their State Assessment Scores?
   • No
   • Yes If so, do you have a copy of it? ________________________________

SPECIAL SERVICES/504 PLAN:

13. Has your child been referred to special education or assessed for special education?
   • No
   • Yes

14. Has your child been enrolled in Special Education Services or have a 504 Plan?
   • No
   • Yes

15. Do you have a copy of your child’s IEP/504 Plan?
   • No
   • Yes ________________________________

HEALTH:

16. Is your child on any medications that will need to be administered at school?
   • No
   • Yes ________________________________

17. Does your child have any health conditions that may affect their educational program?
   • No
   • Yes ________________________________

___________________________  _____________
Parent Signature             Date
In the event of an emergency causing an early release school closure during the regular school day, we want to make sure we have all contact/emergency contact information and plans for where your child(ren) would go on file. In such an event, our automated phone system would be activated with specific information on the emergency and what procedures/time frame the school district will be following.

Thank you.

Parent/Guardian Name__________________________

Contact & Number(s) to be called?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Does your child ride a bus? yes____ no_____  Bus number/driver _______________________

Student(s) Name:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please indicate where your child(ren) would go if it was determined that the school needed to send busses or close early that day.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Information Helpful to your Child's Teacher

Child___________________________ Birthdate___________________________

Address___________________________ Phone___________________________

Name that will be used at school and that child will learn to write___________________________

Child’s parents (guardians)___________________________Mother _____________Father

Is child living with both parents? _______

Has child had group experiences? (Preschool, Sunday school etc.?)

<table>
<thead>
<tr>
<th>Other children in family</th>
<th>Name</th>
<th>Age</th>
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Is another language other than English used in the home? _______________________

Which hand does your child prefer? _______________________

What is your child’s attitude towards entering school? _______________________

What, if any, fears does your child have? _______________________

Is there anything else the teacher should know that would be helpful?

_________________________________________________________________

Is there anything unusual about the child’s birth? _______________________

Does your child have any allergies? _____ Please explain allergy and any necessary medication

_________________________________________________________________

Thanks for filling this form out. We look forward to having a great year. We are always happy to answer questions when they arise. Feel free to call us at 725-1261

Thank You!!!
Student Housing Questionnaire
For distribution to all families/students annually

School Name____________________________________________________

Student Name____________________________________________________
□ Male
□ Female

First         Middle         Last

Birth Date   ____ / ____ / ____   Age____
Mo     Day     Year

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is your current residence a temporary living arrangement?
   □ Yes   □ No
2. Is your living arrangement due to loss of housing or economic hardship?
   □ Yes   □ No
3. Is your current residence inadequate for meeting physical and psychological needs?
   □ Yes   □ No

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

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

□ In a motel/hotel
□ In a shelter
□ With more than one family in a house, mobile home, or apartment (doubled-up)
□ In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address___________________________________________________   Phone______________
Street                                      City                                      Zip

Parent/Legal Guardian Name______________________________________________________

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Parent/Guardian Signature________________________________________ Date__________
OR

Unaccompanied Youth Signature________________________________________ Date__________

For School Personnel Use Only

If student is missing enrollment records, please contact the student’s previous school for records.

Following records are still missing:
   □ Birth certificate   □ Immunizations   □ Medical records   □ Prior academic records

School Personnel Signature________________________________________ Date__________

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature________________________________________ Date__________
DAVENPORT SCHOOL DISTRICT
Internet, Google Apps for Education, and E-Mail Acceptable Use Policy

Student Expectations for Acceptable Use:

The following are the Educational Objectives of Google Apps for Education:

- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

District educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Internet, Google Apps, and E-Mail participants will respect the teachers’ time and professionalism by supporting the same positive approach.

All Internet, Google Apps, and E-Mail participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will not be tolerated.

No student, or other participant, may include any information on the site that could compromise the safety of him/herself or other class members. Participants should avoid specific comments about school location or schedules.

All Internet, Google Apps, and E-Mail users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Internet, Google Apps, and E-Mail participant may share his/her log-in information or protect information about the site with anyone who is not an authorized participant.

Student use must follow all other expectations as listed in the Davenport Schools Student Handbook. Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service.

Parent/Guardian Expectations & Consent:

Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student’s teachers will be using Internet, Google Apps, and E-Mail for lessons, assignments, and communication. Google Apps for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of Internet, Google Apps, and E-Mail when students are at school. Parents are responsible for monitoring their child’s use of Internet, Google Apps, and E-Mail when accessing programs from home. Students are responsible for their own behavior at all times.

I agree with the parent expectations and give my child permission to use Internet, Google Apps for Education, and E-Mail.

Parent/Guardian Name (Print): Parent /Guardian Signature: Date:

_________________________________ __________________________ ____________

Student Consent:

I agree to abide by Student Expectations of Acceptable use of Internet, Google Apps for Education, and E-Mail.

Student Name (Print): Student Signature: Date:

_________________________________ __________________________ ____________
The educational program at DSD includes a Chromebook that will be issued to your student for their use at school and home.

Like textbooks, team uniforms, and other school property issued to your student, there is a responsibility to take appropriate care of these valuable resources. The Chromebooks are no different, but they do represent an increased cost to the district and liability to students and parents. We know that loss and accidents will happen. District policies, regulations and practices require that a fee be levied to cover the repair or replacement cost of district property.

<table>
<thead>
<tr>
<th>Repair/Replacement Fees</th>
<th>First Claim</th>
<th>Second Claim</th>
<th>All Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAMAGE</td>
<td>None</td>
<td>Full Cost to Replace</td>
<td>Full Cost to Replace</td>
</tr>
<tr>
<td>Theft (with police Report)</td>
<td>None</td>
<td>Full Cost to Replace</td>
<td>Full Cost to Replace</td>
</tr>
<tr>
<td>Lost</td>
<td>$50 deductible</td>
<td>Full Cost to Replace</td>
<td>Full Cost to Replace</td>
</tr>
</tbody>
</table>

**Full Replacement Cost Schedule**
- Chromebook: $150
- Broken Screen: $50
- Missing Keys/Broken Keyboard: $75
- Lost/Stolen/Broken Power Adapter: $40

Because we cannot repair the power adapter, students must always cover the cost of damage to, or loss of the power supply/cord.

**THEFT**: If Chromebook is stolen, DSD will require that a police report be submitted. Fraudulent reporting of theft will be turned over to the police for investigation. A student making a false report will also be subject to disciplinary action.

**LOSS**: If the Chromebook is lost, the district will cover the cost for the loss minus a $50 deductible. If subsequent loss occurs, the student will be issued a replacement only after a full payment is received. In the event that the technology is recovered in working condition, the replacement cost previously paid by the student/parent will be refunded. Any Chromebook lost or stolen will be remotely disabled and all functionality removed until the Chromebook is returned.

STUDENT NAME: _________________________________

DATE: _______________________

PARENT NAME: _________________________________

DATE: _______________________

Because we cannot repair the power adapter, students must always cover the cost of damage to, or loss of the power supply/cord.
Dear Parents/Guardians,

In compliance with the requirements of the Every Student Succeeds Act (ESSA) the Davenport School District would like to inform you that you may request information about the professional qualifications of your student’s teacher(s) or instructional paraprofessional(s).

A. **The following information may be requested for teacher(s):**
   1. Whether the teacher has met Washington teacher certification requirements for the grade level and subject areas in which the teacher provides instruction.
   2. Whether the teacher is teaching under an emergency or other provisional status through which Washington qualifications or certification criteria have been waived.
   3. The college major and any graduate certification or degree held by the teacher.
   4. Whether the student is provided services by paraprofessionals, and if so, their qualifications.

B. **The following information may be requested for instructional paraprofessional(s):**
Paraprofessionals must work under the supervision of a certified teacher. In schools that operate a schoolwide program, all paraprofessionals must meet professional qualifications. In a Targeted Assistance program, any paraprofessional who is the direct supervision of a certificated teacher must meet the professional qualifications.

Paraeducators can provide a copy of their high school diploma — transcripts are not necessary. Schools that operate a Title I, Part A program must have a high school diploma or GED and completed the following:

   1. Completed at least two years of study at an institution of higher education; or
   2. Obtained an associate’s or higher degree; or
   3. Pass the ETS Para Pro Assessment. The assessment measures skills, and content knowledge related to reading, writing and math;
   4. Completed previously the apprenticeship requirements and must present a journey card or certificate. The portfolio and apprenticeships are no longer offered for enrollment; however, the Office of Superintendent of Public Instruction (OSPI) will continue to honor this pathway.

If you wish to request information concerning your child’s teacher’s and instructional paraprofessional’s qualification, please contact the school principal at (509) 725-1481.

Sincerely,

The Davenport School District
Chad Prewitt, Title I Director