Davenport Elementary Kindergarten Registration

The Davenport School District would like parents to register their Kindergarten child for the 2022-2023 School year.

Who: All students entering Kindergarten will need to submit registration paperwork, even if they have been enrolled in the Davenport ECEAP Preschool or Transitional Kindergarten.

When: We will have registration on Wednesday, March 22, from 5:00 through 6:30 p.m.

Where: Elementary Library, (Elementary Doors will be open)

Age Requirement: Children must turn 5 on or before August 31, 2023.

What to Bring: Please bring all health and shot records as well as a copy of your child’s birth certificate to this meeting.

**If you are unable to register your child, please call or stop by the grade school office and pick up forms. You may also go to the Davenport School District website for the paperwork. Look for the Kindergarten Registration link.

If you have any questions, please call 725-1261.
Materials for Registration Checklist

**Please make sure you have filled out all forms in the Registration Packet. A packet will not be considered complete until all of the following is complete and/or included. If you have any question, do not hesitate to reach out to the elementary office: 509-725-12612

- [ ] Copy of Birth Certificate
- [ ] Copy of Immunization Records
- [ ] Enrollment Form (2 pages)
- [ ] Health Registration Form
- [ ] Ethnicity Form 23-24
- [ ] Additional Information: (Legal, Behavior, Academic, Special Services- 504-IEP, Health
- [ ] Emergency Contact Form (Each child must have a form in case of evacuation)
- [ ] All About Your Child
- [ ] Student Housing Questionnaire
- [ ] Acceptable Technology Use
- [ ] Tech User Agreement and Damages Form
- [ ] School Bus Contact Information
- [ ] Separate School Bus Packet (if needing a bus route)
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

**Student’s legal name:** ___________________________  
**M / F**  
**Name Student goes by:** ___________________________

**Birth date:** _______________  
**Birthplace:** ___________________________

**Date enrolled:** _______________  
**Withdrawal date from *previous school:** _______________  
**Grade Level:** _______________

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

*Previous School Attended:*

**Name of District:** ___________________________  
**Name of School Attended:** ___________________________

**Address of School:** ___________________________  
**Phone #:** ___________________________  
**FAX #:** ___________________________

Has this student been expelled or placed on long-term suspension within the past 12 months?  
Yes _____  
No _____

Has this student received Special Services (Special Education, have a 504 plan)?  
Yes _____  
No _____

Health problems school should be aware of?  
Yes _____  
No _____

**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)**

Is there a joint-custody or parenting plan in effect?  
Yes _____  
No _____  
If yes, plan must be on file with the school for enforcement.

Is there a restraining order in effect?  
Yes _____  
No _____  
If yes, legal papers must be on file with the school for enforcement.

**Restraining order is against:**  
**Name:** ___________________________  
**Relationship:** ___________________________

I give permission for my child to be photographed for use on the school’s web page & other publications.  
Yes _____  
No _____

### PRIMARY 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.

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

**Physical address:** ___________________________  
**City:** ___________________________  
**Zip:** ___________________________

**Mailing address:** ___________________________  
**City:** ___________________________  
**Zip:** ___________________________

Employed by the Armed Forces?  
Yes _____  
No _____  
No Response

If yes, what branch?  
_____ Active Duty  
_____ Retired  
_____ Reserves  
_____ National Guard

**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 _____
PARENT/GUARDIAN CONTACTS – Household Two

Physical address: ________________________________ City: __________________ Zip: ____________
Mailing address: ________________________________ City: __________________ Zip: ____________

Employed by the Armed Forces?  ____Yes  ____No  ____No Response
If yes, what branch?  ____________________ Active Duty  ____Retired  ____Reserves  ____National Guard

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.

Name: __________________________________________ Relationship to student: ____________________ Phone # (only one): ___________________________ E-mail: ________________________________

Name: __________________________________________ Relationship to student: ____________________ Phone # (only one): ___________________________ E-mail: ________________________________

Name: __________________________________________ Relationship to student: ____________________ Phone # (only one): ___________________________ E-mail: ________________________________

Name: __________________________________________ Relationship to student: ____________________ Phone # (only one): ___________________________ E-mail: ________________________________

Name: __________________________________________ Relationship to student: ____________________ Phone # (only one): ___________________________ E-mail: ________________________________

BROTHERS AND SISTERS (living at home):
Name: __________________________________________ Birthdate: ___________________________ Grade in School: ____________

Name: __________________________________________ Birthdate: ___________________________ Grade in School: ____________

Name: __________________________________________ Birthdate: ___________________________ Grade in School: ____________

Name: __________________________________________ Birthdate: ___________________________ Grade in School: ____________

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
PLEASE USE BLACK INK AND FILL FORM OUT COMPLETELY
DAVENPORT SCHOOL DISTRICT – HEALTH REGISTRATION FORM

STUDENT NAME: ___________________________ BIRTHDATE ______________________

ADDRESS: ____________________________________________________________

Last First M.I. HOME PHONE: __________________________

Street City Zip Code

Student Lives with: Both Parents Mother Only Father Only Mother & Stepfather Father & Stepmother
(CIRCLE ONE)

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<td>Father’s Cell Phone:</td>
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<td>Emergency Contact Name:</td>
<td>Relationship to Child:</td>
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<td>Doctor:</td>
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<td>Dentist:</td>
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HEALTH HISTORY *: Please answer by checking box

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<th>Does student have vision problem?</th>
<th>No</th>
<th>Yes</th>
<th>Glasses</th>
<th>Contacts</th>
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<td>Does student have hearing problem?</td>
<td>No</td>
<td>Yes</td>
<td>Hearing Aid</td>
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<td>Check YES or NO on all categories:</td>
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<td>Anaphylactic Allergy:</td>
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<td>Allergies to:</td>
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<td>Asthma</td>
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<td>Diabetes</td>
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<td>Heart Problem</td>
<td>Yes</td>
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<td>Seizures, type:</td>
<td>Yes</td>
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<td>Has your child ever had chicken pox?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, approximate age</td>
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<td>Explain if other issues exist (including learning disabilities, ADHD or ADD):</td>
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*The nurse’s office will share health information with your student’s teacher and other school staff. IF you do not want information shared, please call Cindy Hansen, RN Davenport School Nurse at 509-725-1261.

We will need a medication and/or treatment order signed by the Licensed Health Care Professional and the Parent/Guardian. We need this at school PRIOR to admission.

Does the student take medication of any kind? NO YES If yes, list:

Will student need to take medications at school?* NO YES If yes, list:

Has student had any serious injuries? NO YES If yes, explain:

*The nurse’s office will share health information with your student’s teacher and other school staff. IF you do not want information shared, please call Cindy Hansen, RN Davenport School Nurse at 509-725-1261.

Students** requiring medication (prescription or non-prescription) at school MUST have a Medication Request Form signed by a parent/guardian and a Licensed Health Care Provider. These forms are available in every building office and from the school nurse.

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

**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: ___________________________
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)

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<th>Hispanic/Latino</th>
<th>White</th>
<th>Asian</th>
<th>Caribbean</th>
<th>Latin American</th>
<th>Pacific Islander/Native Hawaiian</th>
<th>Middle Eastern/North African</th>
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### Washington State Tribes/Alaskan Native

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<th>American Indian/Alaskan Native</th>
<th>Black, African-American</th>
<th>African-American</th>
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<td>Chinook Tribe</td>
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<td>Confederated Tribes of the Coeur d'Alene Reservation</td>
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<td>Klickitat Tribe</td>
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<td>Sauk-Sialia Indian Tribe of Washington</td>
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<td>Shoalwater Bay Indian Reservation</td>
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<td>Tulalip Tribes of Washington</td>
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### Question 2: What race(s) do you consider your child? (Please check ALL that apply)

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ADDITIONAL ADMISSION INFORMATION

Students Name: ________________________________

LEGAL:

1. Do you have legal guardian ship 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
Davenport School District

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.?)

Other children in family

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<tr>
<th>Name</th>
<th>Age</th>
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</table>

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____________________________________________________
First Middle Last

□ Male □ Female

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 Cty 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______

Office of Superintendent of Public Instruction
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: ____________________________
Technology User Agreement and Fee Schedule 2023-2024

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: ________________
Notification to Parents – Title I, Part A
Right to Ask for Teacher’s and Paraeducator’s Qualifications

Davenport School District

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
Washington State Governor’s Office of the Education Ombuds (OEO)

The Washington State Governor’s Office of the Education Ombuds (OEO) is an independent state agency that helps to reduce educational opportunity gaps by supporting families, students, educators, and other stakeholders in communities across WA in understanding the K-12 school system and resolving concerns collaboratively. OEO services are free and confidential. Anyone can contact OEO with a question or concern about school.

OEO listens, shares information and referrals, and works informally with families, communities, and schools to address concerns so that every student can fully participate and thrive in our state’s public schools. OEO provides support in multiple languages and has telephone interpretation available. To get help or learn more about what OEO does, please visit our website: https://www.oeo.wa.gov/en; email oeoinfo@gov.wa.gov, or call: 1-866-297-2597 (interpretation available).

(English)