OCEAN BEACH SCHOOL DISTRICT #101
ENROLLMENT FORM

For Office Use Only

<table>
<thead>
<tr>
<th>School Entry Date:</th>
<th>Date Records Requested:</th>
<th>Legal Name/Age Verified?</th>
<th>Bus Transportation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Medical Alerts: Other Alerts:

Legal Last Name: First Name: Middle Name:

Birthdate (MM/DD/YY) Gender: Male Female Grade: Birthplace: City State: Country:

After School Plan? 
- Bus
- Home
- Daycare
- Other

Name of after school daycare or other:

Has anyone in the family moved across school district lines to obtain seasonal or temporary work in any agricultural, fishing, or shellfish activity within the past 36 months?
- Yes
- No

Is a boundary exception needed for student to attend this school?
- Yes
- No

If yes, school and district currently residing in:

Ethnicity and Race

1. Is your child of Hispanic of Latino Origin?
   - No, my child is not Hispanic or Latino (continue to next question)
   - Yes, child is Hispanic or Latino (check all that apply and continue to next question)

   - Cuban
   - Dominican
   - Spanish
   - Puerto Rico
   - Central American
   - South American
   - Latin American
   - Other Hispanic/Latino
   - Mexican/Mexican-American/Chicano

2. What race do you consider your child? (You must check at least ONE, please check Caucasian if nothing else applied) (please check all that apply)

   - African-American or Black
   - Asian Indian
   - Cambodian
   - Caucasian or White
   - Chinese
   - Filipino
   - Hmong
   - Indonesian
   - Japanese
   - Korean
   - Laotian
   - Malaysian
   - Pakistani
   - Singaporean
   - Taiwanese
   - Thai
   - Vietnamese
   - Native Hawaiian
   - Fijian
   - Other Native Hawaiians
   - Guamanian or Chamorro
   - Melanesian
   - Micronesian
   - Samoan
   - Tongan
   - Other Pacific Islander

Native American Tribal Affiliations

   - Alaskan Native
   - Chehalis
   - Colville
   - Cowlitz
   - Hoh
   - Jamestown
   - Kalispel
   - Lower Elwa Klallam
   - Lummi

   - Makah
   - Muckleshoot
   - Nisqually
   - Nooksack
   - Port Gamble
   - Puyallup
   - Quileute
   - Quinault
   - Samish

   - Sauk-Suiattle
   - Shoalwater Bay
   - Skokomish
   - Snoqualmie
   - Spokane
   - Squaxin Island
   - Stillaguamish
   - Suquamish
   - Swinomish

   - Tulalip
   - Upper Skagit
   - Yakima
   - Other Washington Indian Tribe
   - Other American-Indian or Alaskan Native
<table>
<thead>
<tr>
<th>Previous School</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guardian Information (Primary household where student resides)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2nd Household (Guardian with whom the student does not live)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should this household receive report cards? □ Yes □ No</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Use as an emergency contact: □ Yes □ No</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Use as an emergency contact: □ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Custody Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports or removing your student from school? □ Yes □ No Name of non-custodial parent:</td>
</tr>
<tr>
<td>Are there any current Washington State restraining orders in effect? □ Yes □ No Name:</td>
</tr>
<tr>
<td>Relationship to student:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Military Parent or Guardian Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please check if an parents/guardians of the student meet the following criteria:</td>
</tr>
<tr>
<td>□ US Armed Forces Active Duty (A) □ National Guard Member (G) □ US Armed Forces Reserves (R)</td>
</tr>
<tr>
<td>□ No Affiliation (N) □ No response/refused to state (Z) □ More than one family member currently serving in the US Armed Forces or National Guard (M)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Release of Student Photo</th>
</tr>
</thead>
<tbody>
<tr>
<td>I authorize the release of my student’s photo(s) and video(s) for Ocean Beach School District Use: □ Yes □ No</td>
</tr>
<tr>
<td>For use beyond Ocean Beach School District (example: television, newspaper, etc.) □ Yes □ No</td>
</tr>
</tbody>
</table>
Date: _____________________

I, the undersigned parent/legal guardian of ________________________________ (student's full name), give permission for Ocean Beach School District staff to authorize necessary treatment and/or hospitalization in the case of a medical emergency.

School personnel will attempt to contact me, but if unable to do so, or if immediate observation or treatment is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the pupil (properly accompanied) to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

I understand that this consent is given in advanced of any specific diagnosis or hospital care being required in order to provide authority for a licensed physician to render any and all diagnosis, treatment, or hospital care deemed advisable by the physician attending to my child in case of medical emergency. This consent will remain in effect for the current school year.

__________________________________________________    ______________________________________________
Parent/Guardian Signature                                                              Relationship to Student

Student’s Birth Date: _____________________
Medications: ____________________________________________________
Allergies: _______________________________________________________

Local area only please:

Parent/Guardian Name: _____________________________________
Contact #: (Home) _______________ (Cell) _______________ (Work) _______________
Parent/Guardian Name: _____________________________________
Contact #: (Home) _______________ (Cell) _______________ (Work) _______________
(emergency contacts are authorized to pick up my child in the event that I cannot be reached)
Emergency Contact #1: ________________________________ Relationship: __________________
Contact #: (Home) _______________ (Cell) _______________ (Work) _______________
Address (city,state, zip): _______________________________________________________________________________
Emergency Contact #2: ________________________________ Relationship: __________________
Contact #: (Home) _______________ (Cell) _______________ (Work) _______________
Address (city,state, zip): _______________________________________________________________________________
Emergency Contact #3: ________________________________ Relationship: __________________
Contact #: (Home) _______________ (Cell) _______________ (Work) _______________
Address (city,state, zip): _______________________________________________________________________________
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Ocean Beach School District #101

Student Health History for 20__ School Year
(To be completed each year by Parent/Guardian)

Name of Student: ______________________________ ___ Date of Birth: _______/_____/______ □ Male □ Female

Parent Contact: Name ____________________________ Phone Number ____________________

Teacher________________ Grade________

If you checked NO above, does your child have a health concern that would affect his/her classroom performance or P.E. activities? □ Yes □ No

DOES YOUR CHILD HAVE A MEDICALLY DIAGNOSED LIFE-THREATENING HEALTH CONDITION? □ Yes □ No

If YES, please check the category that best represents your child’s diagnosed medical condition:

☐ Asthma ☐ Seizure ☐ Allergy ☐ Diabetes ☐ Other________________________

In accordance with State Law, OBSD Policy 3413 requires a medication/treatment order from a Licensed Health Care Provider if a LIFE-THREATENING CONDITION exists before your child may attend school.

Please be aware, YOUR CHILD WILL NOT BE ALLOWED TO ATTEND SCHOOL UNTIL ALL REQUIRED PAPERWORK IS PROVIDED. IT IS THE PARENT/GUARDIAN RESPONSIBILITY TO SECURE ALL NECESSARY SIGNATURES AND INFORMATION.

If yes, please explain: __________________________________________________________________________

☐ Yes ☐ No Behavioral/Emotional Concerns

☐ Yes ☐ No Attention Deficit Disorder (Specify): ☐ ADD ☐ ADHD Medication:________________________

☐ Yes ☐ No Orthopedic Condition: ____________________________________________________________

☐ Yes ☐ No Glasses/Contacts; date of last eye evaluation: ____________________________

☐ Yes ☐ No Hearing aids; date of last hearing exam: _____________________________________________

Daily Medications

State law requires written permission from a Licensed Health Care Provider and parent before any prescription medication can be given at school. **No medication will be administered until all required paperwork is provided.**

☐ Yes ☐ No Medication needed at school (Specify): ____________________________

☐ Yes ☐ No Medication needed at home (Specify): _____________________________________________

This information is considered confidential. It will be shared with school staff only as needed during the time your child is enrolled in the Ocean Beach School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

Parent/Guardian Signature: ____________________________________________ Date: _____________________

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☐ Yes ☐ N/A All paperwork for life threatening medical condition is complete. _______ Init.

☐ Yes ☐ N/A All paperwork for the administration of medication at school is complete. _______ Init.

☐ Yes ☐ N/A A level ________ health plan is in place. _______ Init.
To print with Immunization Information File in Act if your health care provider does not use the Immunization Information Statement (CIS).
Supplemental Programs

Student’s Name: ___________________________ Grade: ____________

Please indicate if your student has been receiving the additional services below. The information you provide here will help us to place your child in the most appropriate classroom.

Has your child ever been retained:  □ No  □ Yes  If yes, in what grade? ________

How was retention helpful to your child?
_________________________________________________________________________
_________________________________________________________________________

Services:  Please check all that apply to your child.

<table>
<thead>
<tr>
<th>Title I/LAP</th>
<th>Special Education</th>
<th>Other Services</th>
<th>Preschool Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Math</td>
<td>□ Math</td>
<td>□ Section 504 Plan</td>
<td>□ Headstart</td>
</tr>
<tr>
<td>□ Reading</td>
<td>□ Reading</td>
<td>□ Gifted/Highly Capable</td>
<td>□ Early Headstart</td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Written Language</td>
<td>□ Limited English Proficiency</td>
<td>□ Early Steps to School Success</td>
</tr>
<tr>
<td></td>
<td>□ Speech</td>
<td>□ High School Credit Recovery</td>
<td>□ ECEAP</td>
</tr>
<tr>
<td></td>
<td>□ Behavior</td>
<td>□ Speech Proficiency</td>
<td>□ ISFP (Individual Family Service Plan)</td>
</tr>
<tr>
<td></td>
<td>□ Adaptive</td>
<td>□ Special Transporation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Special Transporation</td>
<td></td>
<td></td>
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</tbody>
</table>

When did your child begin receiving additional assistance in school? ___________________________

Does your child have a medical diagnosis that impacts his/her education? □ Yes  □ No

What is the diagnosis? ________________________________________________________________

Did your child have a Health Plan at school? □ Yes  □ No

What else do you want us to know about your child’s educational program? ___________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Disciplinary Information:

Does your child have a history of disciplinary actions? □ Yes  □ No

Are there any current or pending disciplinary actions for your student? □ Yes  □ No

Does your student have a history of violent behavior? □ Yes  □ No

Has your child been suspended or expelled in the last year? ________________________________

What was the behavior that prompted the suspension or expulsion? __________________________

Does your student have a criminal offense related to any of the following (check all that apply) □ Yes  □ No

□ Controlled Substance  □ Sexual Misconduct  □ Arson  □ Assault  □ Firearm Violation

Date of incident: ____________________

Does your child have a Behavior intervention Plan? □ Yes  □ No
The Home Language Survey is given to all students enrolling in Washington schools.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Date:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Parent/Guardian Signature</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Right to Translation and Interpretation Services
Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.

1. In what language(s) would your family prefer to communicate with the school?

   __________________________________

### Eligibility for Language Development Support
Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

2. What language did your child learn first?

   __________________________________

3. What language does your child use the most at home?

   __________________________________

4. What is the primary language used in the home, regardless of the language spoken by your child?

   __________________________________

5. Has your child received English language development support in a previous school?  
   Yes___ No___ Don’t Know___

### Prior Education
Your responses about your child’s birth country and previous education:

- Give us information about the knowledge and skills your child is bringing to school.
- May enable the school district to receive additional federal funding to provide support to your child.

This form is not used to identify students’ immigration status.

6. In what country was your child born?

   _____________________________

7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade)  
   Yes___ No___

   If yes: Number of months:  
   Language of instruction:  

8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)

   _________________________
   Month           Day       Year

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.

**Note to district:** This form is available in multiple languages on [http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx](http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx). A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. “Formal education” in #7 does not include refugee camps or other unaccredited educational programs for children.

**Forms and Translated Material** from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a [Creative Commons Attribution 4.0 International License](http://creativecommons.org/licenses/by/4.0/).
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. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

Please check all that apply below.

☐ In a motel or a travel trailer
☐ In a shelter
☐ Moving from place to place/couch surfing
☐ In someone else’s house or apartment with another family
☐ In a residence with inadequate facilities (no water, heat, sewer, electricity, moldy & leaky, etc.)
☐ A car, park, campsite, or similar location
☐ Transitional Housing
☐ Other ________________________________

If you did not check any boxes above, you do not need to complete this form.

Name of Student: _____________________________________________
First ____________ Middle ____________ Last ____________
Name of Student: _____________________________________________
First ____________ Middle ____________ Last ____________
Name of Student: _____________________________________________
First ____________ Middle ____________ Last ____________
Name of Student: _____________________________________________
First ____________ Middle ____________ Last ____________

☐ Student is not living with a parent or legal guardian
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: ________________________________

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 or district verifier)

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

Please return completed form to: Amy Huntley, District Liaison

Start Date: ________________

For Homeless Liaison Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels/Travel Trailer
SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Supports for Students Experiencing Homelessness

Students who meet the definitions above are eligible for a number of educational supports including free breakfast and lunch, educational supplies, tutoring, school fees, and many other services.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php
http://naehcy.org/educational-resources/naehcy-publications
http://www.schoolhouseconnection.org/
Ocean Beach School District

Electronic Resources User Agreement

Ocean Beach School District uses electronic resources as a powerful and compelling means for students to learn core subjects and applied skills in relevant and rigorous ways. It is the district's goal to provide students with a variety of opportunities to use technology for important purposes in schools as do individuals in workplaces and other real-life settings. The district's technology will enable educators and students to responsibly communicate, learn, share, collaborate, create, think, solve problems, and manage their work. These electronic resources are all considered part of the OBSD “network”, whether hardware, software, or internet connection.

No person will have access to the network without first having a signed Electronic Resources User Agreement on file. Students must sign a new form when they enter 5th grade and when they change facilities. Students in grades K-4 are required to have a parent/guardian signature. Forms for students in grade 5-12 but under the age of 18 and not emancipated must be signed by the student and their parent/guardian. Forms for emancipated students and those over the age of 18 must be self-signed. Violation of any of the terms or conditions may result in disciplinary action and/or involvement of law enforcement.

Please read all of this document -2022 - Electronic Information System (Networks) - and the supporting policies and procedures associated with it before signing.

These policies are available on the Ocean Beach Web Site under the Administration heading, drop down to Policies and Procedures, then click on Internet Safety Policies. You may also request a printed copy from any school office.

Parents may choose for their child to not have access to technology, including the internet, email, and/or computers; however, students who do not have access to these resources will not be able to use web based research tools, computers for completing writing assignments, running experiments, collecting data, or the internet for research, which teachers may be using as part of the class.

The following points offer general guidance and insight into the expectations of OBSD Network use:

- “Acceptable use” of these systems is that which is consistent with the instructional goals of the district. If you break “acceptable use” rules, you may lose the privilege to use both classroom computers and/or the Internet. Further disciplinary and/or legal action may be taken at the discretion of school administration.

- Acceptable use is always ethical, reflects honesty, and shows restraint in the consumption of shared resources. It demonstrates respect for intellectual property, ownership of information, system security, and the individual’s rights to privacy and freedom from intimidation, harassment, and bullying.

- The purpose of the District’s educational network is to support research and education by providing access to unique resources and the opportunity for collaborative work. All use of the network, Internet, and e-mail services must be in support of education and research and consistent with the educational objectives of the district. Use of other networks or computing resources must comply with the guidelines governing those networks. Transmission of any material in violation of any federal or state laws or regulations is prohibited; this includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret. Access to computer systems, personally assigned district computing devices, and networks owned or operated by the District imposes certain responsibilities and obligations on users and is subject to district policies and local, state, and federal laws.
• OBSD has installed software and hardware to monitor and record all information system resources, usage, including e-mail and Web site visits. The district retains the right to record or inspect any and all files stored on district systems.

• Network users shall have no expectation of privacy with respect to district information system resource usage. Users are advised that serious disciplinary action may result from evidence of prohibited activity obtained through monitoring or inspection of electronic messages, files, or electronic storage devices. Illegal activity involving district information system resource usage may be referred to appropriate authorities for prosecution.

• In compliance with the Children's Internet Protection Act ("CIPA"), 47 U.S.C. § 254 (h), the District uses technological devices designed to filter and block the use of the district's network to retrieve or transmit any visual depictions that are obscene, child pornography, or “harmful to minors” as defined in the CIPA. Though the district makes reasonable efforts to filter such Internet content, the district cannot warrant the effectiveness of its Internet filtering due to the dynamic nature of the Internet. Adult users may request that the web filter be temporarily disabled by the Technology Director for bona fide research purposes or other lawful purposes not otherwise inconsistent with this agreement.

• Students are supervised while on classroom computers according to the schedule listed on page 4 of Procedure 2022P. While every attempt is made to monitor student activity while they are on the internet, no supervisor is able to watch your student with 100% effectiveness, 100% of the time.

• Email provided by the district is monitored for flagrant use of vulgar language only.

• Do not bypass or attempt to bypass any of the district's security or content filtering safeguards

• Keep your password secret – You will be held responsible for all computer activities associated with your password. For example, if you share your password with your friend and he/she signs on as you and breaks one of the rules outlined above, you will be held responsible.

• By agreeing to this acceptable use policy you will insure that OBSD computer equipment is handled with care and respect.

• Only OBSD Technology personnel are allowed to repair or modify OBSD computer equipment hardware and software.
Ocean Beach School District

Electronic Resources User Agreement

Last Name: ____________________________________  First Name: _________________________________  MI: ___

Upon signing this document you affirm that it is not reasonable that the Ocean Beach School District can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to Ocean Beach School District.

As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school’s rules and goals of Internet use.

I have reviewed these responsibilities with my child, and he or she clearly understands this acceptable use policy and has agreed to obey all school procedures, civil, and criminal law by signing below.

I hereby grant permission to the Ocean Beach School District to provide; network and Internet access at school.

Please be advised that if you do not sign, your student will not be permitted to use the district Internet access for research and exploration, but your child may still be instructed through the use of Internet-based educational software adopted as part of the curriculum and deemed vital to your child’s educational success.

Parent/Guardian Signature ________________________________________________   Date ________________
(All Grades)

Student Signature __________________________________________________________ Date ________________
(Grade 5-12)

Employee Signature _________________________________________________________ Date ________________
(for new employees)
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# 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 Ocean Beach School District.

Legal Parent/Guardian Signature: ________________________________ Date: ________________

# Non Discrimination

The Ocean Beach School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Civil Rights Compliance Coordinator and Title IX Coordinator: Dawna Sundberg, 360-642-3739, dawna.sundberg@oceanbeachschools.org - Section 504/ADA Coordinator: Amy Huntley, 360-642-3739, amy.huntley@oceanbeachschools.org.

# Notice of Release of Directory Information

Directory information for elementary and middle school students is defined as student's name, height and weight for members of athletic teams, date of birth, participation in activities and sports, dates of attendance, awards received, current and the most recent school attended. For high school students, directory information includes the above, plus the student’s major field of study and the addresses and names of parents. When members of the public (example: media reporters, military recruiters, and institutions of higher learning) request directory information it will be released unless the parent or student (if the student is 18 years or older) has requested annually in writing that the information not be released.
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Request for Student Records
(This form not needed for Pre-Kindergarten)

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Current Grade:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

Other Names Used:

**I request the following records be sent:**
- [ ] Permanent Records
- [ ] Health Records
- [ ] Withdrawal Grades
- [ ] Special Education/504 Records
- [ ] Discipline Records
- [ ] Other: ____________________________

**Former School Attended**

Name of School:

Address:

City/State/Zip:

Phone:

Fax:

As provided under the Family Rights and Privacy Act of 1974, I understand that I may obtain a copy of my child’s records. I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially. Finally, no one will send these records to a non-public school agency without my written consent.

**Parent/Guardian/Adult Student Signature:**

**Relationship to Student:**

**Date of Release:**

**Contact Phone #:**

**Please send records to:**

- [ ] **Summer Only**
  Ocean Beach School District
  Attn: Amy Huntley
  500 Washington Ave. S.
  PO Box 778
  Long Beach, WA 98631
  360-642-3739
  (fax) 360-642-1298
  amy.huntley@oceanbeachschoools.org

- [ ] **Ilwaco High School**
  Attn: Registrar
  404 School Road
  PO Box F
  Ilwaco, WA 98624
  360-642-3731
  (fax) 360-642-1224
  Lois.sampson@oceanbeachschoools.org

- [ ] **Ocean Beach Alternative School**
  152 1st Ave. N.
  Ilwaco, WA 98624
  PO Box 778
  Long Beach, WA 98631
  360-642-1100
  (fax) 360-938-8783
  Marisa.taylor@oceanbeachschoools.org

- [ ] **Hilltop Middle School**
  314 Brumbach St. NE
  PO Box F
  Ilwaco, WA 98624
  360-642-1234
  (fax) 360-642-1350
  Sara.ryan@oceanbeachschoools.org

- [ ] **Long Beach Elementary**
  400 Washington Ave. S.
  PO Box 758
  Long Beach, WA 98631
  360-642-3242
  (fax) 360-642-1226
  Denise.mckinney@oceanbeachschoools.org

- [ ] **Ocean Park Elementary**
  25701 Vernon Ave.
  PO Box 1220
  Ocean Park, WA 98640
  360-665-4815
  (fax) 360-665-1275
  Laurie.purviance@oceanbeachschoools.org

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