

Washington

School for the Deaf

NEW STUDENT APPLICATION PACKET 2008 - 2009

Admissions Office
Washington School for the Deaf
611 Grand Blvd / Vancouver, WA 98661
(360) 696-6525 (v/tty) / (800) 613-4228 / www.wsd.wa.gov

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Student Information

STUDENT INFORMATION	STUDENT'S FULL LEAGAL NAME				FIRST NAME	MIDDLE NAME	LAST NAME
	ADDRESS		CITY	STATE	ZIP		
	BIRTHDATE	BIRTH CITY		GENDER		EHNICITY	
	GRADGE FOR 2008-2009 SCHOOL YEAR		COUNTY OF RESIDENCE		SCHOOL DISTRICT		
PARENT/GUARDIAN INFORMATION	NAME OF PARENT OF GUARDIAN		FIRST	MIDDLE	LAST		
	MAILING ADDRESS		CITY	STATE	ZIP		
	PHONE/PAGER voice TTY			EMAIL/PAGE ADDRESS			
	WORK PHONE NUMBER			WORK EMAIL			
	NAME OF PARENT OF GUARDIAN		FIRST	MIDDLE	LAST		
	MAILING ADDRESS		CITY	STATE	ZIP		
	PHONE/PAGER voice/TTY			EMAIL/PAGE ADDRESS			
	WORK PHONE NUMBER			WORK EMAIL			
EMERGENCY CONTACT	RELATIVES, FRIENDS OR OTHERS WHO CAN CONATCY YOU IN CASE OF EMERGENCY						
	NAME		RELATIONSHIP			PHONE	
	NAME		RELATIONSHIP			PHONE	
OTHER INFORMATION	WHAT IS YOUR PRIMARY LANGUAGE (please circle one) ASL ENGLISH RUSSIAN SPANISH V IETNAMESE OTHER						
	WHO HAS LEGAL CUSTODY OF THE CHILD						

Consent for Release of Information

****FOR OFFICE USE ONLY****

To Whom: _____

School District/Agency: _____

Phone: _____

Fax: _____

Date: _____

Student: _____

Birthdate: _____

School(s): _____

I authorize the above listed school(s) agencies to release any academic, sociological, psychological and medical information regarding the above-named student. All information shared will be treated in a confidential manner.

PLEASE INCLUDE THE FOLLOWING:

1. Current Evaluation Report and back up reports
2. Current IEP (IEP/Transition/Functional Behavior Assessment/Behavior Intervention Plan)
3. Annual review of IEP (benchmarks)
4. Progress reports (academic/behavior)
5. Transcripts (high school students only)
6. Immunization/medical records
7. Audiologic report
8. All attendance reports
9. All behavior reports including detentions, referrals, suspensions and other documents related to behaviors
10. Other _____

Signature: _____

Relationship to child: _____

Address: _____

PLEASE SEND REQUESTED INFORMATION TO:

Judy Smith, Office of the Superintendent

Washington School for the Deaf

611 Grand Blvd.

Vancouver, WA 98661

(800) 613-4228 (V/TTY) or Fax: (360) 696-6291

Internet/Email Access Authorization

STUDENT/PARENT E-MAIL ACCESS AUTHORIZATION

I understand the Washington School for the Deaf is providing monitored e-mail services through gaggle.net. Gaggle.net provides features, which allow monitoring of student e-mail in order to ensure appropriate content.

I further understand that even with best efforts, no system is 100% effective and that some inappropriate content may bypass the filtering.

Consequences of misuse of student e-mail through gaggle.net and the Washington School for the Deaf may include temporary and/or permanent suspension of the e-mail.

I accept the consequences that the WSD may have to administer and support the school in its efforts to provide safe, appropriate and equitable e-mail to all its students.

I have discussed the e-mail system with my child.

Yes, I understand the above and wish my child to have e-mail access.
(WSD will cover the cost for gaggle.net)

No, I do not want my child to have e-mail service at this time.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Student Name (please print)

Student Signature

Date

INTERNET ACCESS AUTHORIZATION

RESIDENTIAL STUDENTS ONLY

By signing this section, you are authorizing WSD to assign your child an internet account and password for personal use outside of the normal school hours. Internet authorization for residential students provides them with an opportunity to complete school work requiring internet research outside of school hours.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Note: All students will have access to the internet under teacher supervision during classes that require internet research.

Consent to Leave Campus

Name of Student _____

The above named student has permission to leave campus for outings and/or overnight or weekend visits with the following friends and/or relatives:

Friend/Relative #1

Name _____ Relationship _____

Address _____ Telephone Number _____

Friend/Relative #2

Name _____ Relationship _____

Address _____ Telephone Number _____

Friend/Relative #3

Name _____ Relationship _____

Address _____ Telephone Number _____

RESTRICTED VISITATION: (explain) The following person(s) does not have my permission to visit or take my child off campus.

Name _____ Relationship _____

Address _____ Telephone Number _____

NOTES: Use additional paper if necessary to explain. The WSD must have a court order on file for any restraining orders.

I understand that WSD has no responsibilities or liabilities for my child when my child leaves campus with any of the above named.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

This form can be added to or deleted from by written notice from the parent/guardian to the Principal.

**Washington School for the Deaf
2008-09 School Year
Letter to Households**

National School Lunch Program/School Breakfast Program

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals and other benefits from the school such as reduced traffic safety education fees (if available) or free health insurance. The cost of meals at school are:

Grade Level	REGULAR			REDUCED-PRICE		
	Breakfast	Lunch	Snack	Breakfast	Lunch	Snack
Pre K	FREE	FREE	FREE	FREE	FREE	FREE
K-5	FREE	\$1.85	FREE	FREE	FREE	FREE
6-12	FREE	\$2.00	FREE	FREE	FREE	FREE

All meals meet federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge. If your child needs this assistance, please contact us.

Look at the chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Do not include foster children. Find your total household income. TOTAL HOUSEHOLD INCOME IS: The income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced-price meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us. The information you give will be used to determine or prove your child's eligibility for free or reduced-price meals. This information may also be used for other state or federally funded school related benefits.

OTHER BENEFITS

Are you interested in receiving information about other benefits that your family may be entitled to? Please take a look at the "Other Benefits" section on the back of the application for free and reduced-price meals.

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record Database. Information will include the child's first name, last name, middle initial, and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the U. S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Chuck McCarthy, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number (360)696-6525 ext 0412.

REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

NONDISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call toll free 1-866-632-9992, (202) 720-5964 (voice and TTY). "USDA is an equal opportunity provider and employer."

USDA CHILD NUTRITION PROGRAM

INCOME GUIDELINES

July 1, 2008 – June 30, 2009

Household Size	<u>FREE</u>			<u>REDUCED PRICE</u>		
	*Annual	**Monthly	**Weekly	*Annual	**Monthly	**Weekly
1	\$13,520	\$ 1,127	\$ 260	\$19,240	\$ 1,604	\$ 370
2	18,200	1,517	350	25,900	2,159	499
3	22,880	1,907	440	32,560	2,714	627
4	27,560	2,297	530	39,220	3,269	755
5	32,240	2,687	620	45,880	3,824	883
6	36,920	3,077	710	52,540	4,379	1,011
7	41,600	3,467	800	59,200	4,934	1,139
8	46,280	3,857	890	65,860	5,489	1,267
Each additional household member add	+ 4,680	+ 390	+ 90	+ 6,660	+ 555	+ 129

Annualize only for those not having a regular monthly income.

** Monthly and weekly income arrived at by dividing annual rate by 12 and/or 52 and rounding up.

MONTHLY INCOME CONVERSION

Weekly Income X 4.33

Biweekly Income (every 2 weeks) X 2.15

Semimonthly Income (twice a month

WASHINGTON SCHOOL FOR THE DEAF – SCHOOL YEAR 2008-09
APPLICATION FOR FREE AND REDUCED-PRICE MEALS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5. If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, and 5. If you are applying for free and reduced-price meals for a foster child, complete parts 3, 4, and 5. For assistance please call your child's school and ask for help with the free and reduced-price meals application. Foster children need their own application.

PART 1 LIST CHILDREN ONLY OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS

Child's Name FIRST	MI	LAST	Basic Food or TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE

Child's Name FIRST	MI	LAST	School	Room	Grade	Date of Birth

PART 2b LIST HOUSEHOLD MEMBERS AND INCOME

Do not complete this section if you completed Part 1. List the names of EVERYONE living in your household, including yourself and any children listed in Part 2a. Write the amount of income (MONEY BEFORE DEDUCTIONS) each person now gets PER MONTH on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. If income is received other than monthly, use the income conversion chart provided below. Do not include foster children.

NAMES of Household Members			Gross MONTHLY Earn-ings (before deductions)		MONTHLY Welfare Payment, Child Sup- port, Alimony	MONTHLY Payments from Pensions, Retire- ment, Social Security	Any Other MONTHLY Income
FIRST	MI	LAST	Job 1	Job 2			
1.							
2.							
3.							
4.							
5.							
6.							
7.							

MONTHLY INCOME CONVERSION: Weekly x 4.33; Every Two Weeks x 2.15; Twice a Month x 2

PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income

Child's Name	Child's Monthly Personal Use Income	School	Room	Grade

PART 4: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)

Mark one or more racial identities:

- Asian
- White
- Black, or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

PART 5: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS

An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.

Please sign here: X _____		
Signature of Adult Household Member		Date
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER
I do not have a social security number		

PART 6: FREE OR LOW-COST HEALTH INSURANCE

If you would like to be contacted regarding FREE or low-cost health insurance for your child(ren), please sign the box below. Health coverage includes doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Even if your child(ren) has private coverage, they may still be eligible for assistance with the monthly premium, co-pays or deductibles.

By signing below, I authorize the use of information contained on this application for my child(ren) listed on the front of this document for the purpose of obtaining information on the free or low-cost health insurance program.

Parent/Guardian Signature

Date

***Privacy Act Statement: National School Lunch Act (Section 9)** - requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

LEA APPROVAL/DENIAL

Basic Food/TANF/FDPIR Household
Income Household
Foster Child

Total Household Monthly Income \$ _____

Total Household Size _____

APPLICATION APPROVED FOR:

Free Meals
Reduced-Price Meals (no charge)

TEMPORARY APPROVAL FOR:

Free Meals
Date Temporary
Approval Expires: _____

APPLICATION DENIED BECAUSE:

Income Over Allowed Amount
Incomplete/Missing Information
Other: _____

Date Notice Sent

Signature of Approving Official

Date

VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification		Not Confirmed	Confirmed Basic Food/TANF Office Notice of Eligibility
Response Due From Household			
Second Notice Sent			

2008-2009 School Year
WASHINGTON SCHOOL FOR THE DEAF

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call Kay Pedisich at (360)696-6525 ext 0417 voice/tty/nxi.

Return this form to:
Washington School for the Deaf
Attn: Kay Pedisich
611 Grand Blvd
Vancouver, WA 98661

Transportation Authorization

RESIDENTIAL STUDENTS ONLY

Student Name (Please Print)

Student's Flight City/Bus Stop

All students under the age of 18 must be supervised by an adult until the student boards WSD provided transportation. Minor children may not wait at the airport/bus stop unattended. Parents/Guardians are responsible for meeting the plane/bus at the designated gate/stop at the scheduled time of arrival. Parents/Guardians may designate another adult to drop off/pick up their child.

1. I authorize the following adult individuals to pick up my child.

Name	Relationship to student	Phone Number
------	-------------------------	--------------

Name	Relationship to student	Phone Number
------	-------------------------	--------------

Name	Relationship to student	Phone Number
------	-------------------------	--------------

Name	Relationship to student	Phone Number
------	-------------------------	--------------

2. I will not allow the following person(s) to pick up my child:

Name(s) _____

No child under the age of 18 will be left alone at a gate/stop.

FOR THE SAFETY OF STUDENTS, PARENTS WILL BE ASKED TO SIGN A RELEASE AT THE TIME OF PICK UP.
PLEASE APPROACH THE TRANSPORTATION MONITOR/AIRLINE REPRESENTATIVE TO SIGN OUT YOUR CHILD.
BE PREPARED TO SHOW IDENTIFICATION.

I understand that I may choose one flight/bus stop. I understand the Washington School for the Deaf will transport my child from/to Vancouver, Washington only to the stated above designated city/stop on weekend travel dates. (Please refer to school calendar for specific travel dates).

I understand that WSD will not alter this destination without prior approval from the Transportation Secretary or Superintendent's office. WSD only transports students on their regularly scheduled plane/bus. If my child is not traveling on the WSD provided plane/bus, I must fill out a

Release Form and submit it to the Transportation Secretary by TUESDAY AT 5:00 PM. I understand I will have to provide my child's transportation and pay for the cost.

By signing this AUTHORIZATION, I acknowledge that I have read, understand and agree with its contents and that I am responsible for meeting my child on time.

Signature of Parent/Guardian _____ Date _____

Home number _____ Work number _____

Cell number _____ Pager number/email address _____

Medicaid Eligibility Verification

PURPOSE

This form asks for your consent to obtain information from the Department of Social and Health Services, Medical Assistance Administration for the purpose of Medicaid eligibility verification. If you have questions regarding this request, you may call the WSD Special Education Secretary at 360-696-6525 x4331 V/TTY for an explanation as to why the request is being made.

MEDICAID ELIGIBILITY VERIFICATION

State law requires the school district to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

_____ **I do** give consent to verify Medicaid eligibility with DSHS.

_____ **I do not** give consent to verify Medicaid eligibility with DSHS.

Student Name

Date of Birth

Parent/Guardian Name

Parent/Guardian Signature

Date

Consent to be Interviewed by DLR

Dear Parent/Guardians:

The Washington School for the Deaf is collaborating with the Department of Licensed Resources (DLR) to ensure all students are safe while at WSD. In order to gather information DLR interviews students and parents using a certified interpreter when needed.

This is a great opportunity for you and your student to be involved in supporting WSD. Your involvement is valuable. Below are sample DLR Questions for both parents and students.

Please sign the bottom of this consent if you give permission for DLR to interview you and/or your child and thank you for

SAMPLE DLR STUDENT QUESTIONS

- How long have you been going to school at WSD?
- Do you have a teacher or staff person you feel comfortable sharing your feelings with?
- Has this person ever helped you solve or work with your problems or concerns?
- Is it easy for you to contact your parents while you are at school? Are there rules that tell you when you cannot call your parents?
- What happens if someone breaks a safety rule?
- Are there fire drills at school and in the cottages?
- Have any staff or students ever made you feel uncomfortable or made physical or verbal threats toward you? If so, did you tell one of the staff about it?
- Do you feel safe here? Do you think other students are safe here?

SAMPLE DLR PARENT QUESTIONS

- How long has your child lived at the School for the Deaf? (residential program)
- What is your general impression on the level of care your child is receiving in the residential program?
- Do you have any health and safety concerns about the residential program at the School for the Deaf?
- Do you think your child or other children in the facility receive adequate supervision while living in the residential program and the School for the Deaf? If no, what are your concerns?
- Do you feel that the residential program at the School for the Deaf keeps you informed on what's happening with your child?
- Do you have any health and safety concerns about the residential program at the school?

I give permission for my child, _____, to be interviewed by the Department of Licensed Resources.

I am willing to be interviewed by the Department of Licensed Resources.

Parent/Guardian Signature

Date

WSD Academic Permission Slip

WSD academic staff plans off-campus outings for students throughout the year. WSD staff accompanies the students on these off-campus outings and the students are supervised according to their individual supervision needs. Students and staff will walk, use public transportation or use state vehicles. Activities or educational outings will be planned at a variety of local locations. These locations may include the following:

Parks: Ape Caves, Ft. Vancouver, Esther Short, Marshall Center, Marshall Park, Water Resource Center

Educational Resources: Chestnut Lane Assisted Living (Gresham, Oregon), City Cemetery, Columbian Newspaper, Downtown

Vancouver, ESD 112 (they have art shows every year), Fort Vancouver, Clark County Museum, Ft. Vancouver Library, Fort

Vancouver Historical Area, Harney Elementary School, Oregon Children's Theater Productions (Keller Auditorium, Winningstad Theater, and/or Newmark Theater), Oregon Historical Society, Oregon Museum of Science and Industry (OMSI), Oregon School for the Deaf, Oregon Zoo, Portland Art Museum, Powell's Book Store (Portland), Recycling Center, World Forestry Center (Portland)

Restaurants: Burgerville, Cold Stone's Creamery, Igloo

Fun in the Community: Bullwinkle's Amusement Park, Clackamas Water Park, Downtown Vancouver, Firstenburg Center, Fred Meyers, Golden Skate, Jim Parsley Recreation Center, J Jump, Kid's Club in Salmon Creek and Lloyd Center Skate/ Mall, Marshall Community center (pool), Mountain View Ice Arena, Oaks Park, Regal Cinemas, SWCDHH and Vancouver Mall.

A reminder note of an upcoming fieldtrip will be sent home prior to the actual fieldtrip, giving you the specific details.

By signing below you give your permission for your child to participate in Academic upcoming events through out the entire 2008- 2009 school year.

Should you NOT want your child to attend a certain event, please notify the School Secretary at (360) 418 – 4341 or (360) 696 6525 ext 4341.

Please sign and return this form so your child may participate in off campus activities.

Student Name: _____

Money for activities/outings may be:

sent from home

taken from student's account