

Washington

School for the Deaf



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 LEGAL NAME				FIRST NAME	MIDDLE NAME	LAST NAME	
	ADDRESS			CITY	STATE	ZIP		
	BIRTHDATE		BIRTH CITY		GENDER		EHNICITY	
	GRADES FOR 2010-11 SCHOOL YEAR			COUNTY OF RESIDENCE		SCHOOL DISTRICT		
PARENT/GUARDIAN INFORMATION	NAME OF PARENT OF GUARDIAN			FIRST	MIDDLE	LAST		
	MAILING ADDRESS			CITY	STATE	ZIP		
	PHONE: VOICE		TTY	VP	CELL PHONE: VOICE		TEXT	EMAIL ADDRESS:
	WORK PHONE NUMBER				WORK EMAIL			
	NAME OF PARENT OF GUARDIAN			FIRST NAME	MIDDLE NAME	LAST NAME		
	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 CONTACT 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 VIETNAMESE OTHER							
	WHO HAS LEGAL CUSTODY OF THE CHILD (Please attach court documents)							

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 get through the filtering system.

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 have discussed the e-mail system with my child.

Yes, I **do** want my child to have e-mail service at this time.

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

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/academic students provides them with an opportunity to complete school work requiring internet research outside of school hours.

Consequences of misuse of internet services may include temporary suspension of access to internet use.

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.

Please refer to the Parent/Student Handbook for school policies on student use of internet services.

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

Persons authorized to pickup students may be added or deleted.

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 WSD's 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 your help.

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 Field Trip Authorization

WSD academic and residential 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, Hazel Dell, Wintler, Battle Ground, Vancouver Lake, Kline Pond, LaCamas Lake, Water Resource Center

Community 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: Arby's, Cold Stone's Creamery, Subway, Taco Time, McDonald's, Taco Bell, Dairy Queen, Jack-in-the-Box, Burger King, Wendy's, Baskin Robbins, Shari's, Chicago Steamer, Muchas Gracias, Izzy's, Kentucky Fried Chicken, Taste of Asia, Don Taco, Blind Onion, Igloo

Banks: IQ Credit Union, Chase, Bank of America, Wells Fargo, First Independent, Today's Bank, Columbia Credit Union

Fun in the Community: Bullwinkle's Amusement Park, Clackamas Water Park, Downtown Vancouver, Firstenburg Center, Fred Meyers, Golden Skate, Jim Parsley Recreation Center, JJ 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, Washington State School for the Blind, Ft Vancouver Library

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/Residential upcoming events through out the entire 2010- 2011 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 or your child's Student Life Counselor.

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

Signature of parent/guardian/student

Date

**Washington School for the Deaf
2010-2011 School Year
Letter to Households
National School Lunch Program/School Breakfast Program**

Dear Parent/Guardian:

This letter tells how your children can get free 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		
	Breakfast	Lunch	Snack
Pre K	FREE	FREE	FREE
K-5	FREE	\$1.85	FREE
6-12	FREE	\$2.00	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.

INCOME CHART Effective from July 1, 2009 to June 30, 2010 (Until further notice table may be used during the 2010-2011 school year)						WHO SHOULD FILL OUT AN APPLICATION?					
Household Size			2 x per		Every 2	If your total household income is the SAME or LESS than the amount on the chart or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a foster child, fill out the application. Return the application to the school. We will notify you if the application is approved or denied.					
	Annual	Monthly	Month	Weeks	Weekly						
1	\$20,036	\$1,670	\$ 835	\$ 771	\$ 386	WHAT MUST BE ON THE APPLICATION? For households not getting Basic Food/TANF/FDPIR: <ul style="list-style-type: none"> • Child's name • Names of all household members • Income by source for all household members • Social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number) • Adult household member's signature For a family getting Basic Food /TANF/FDPIR: <ul style="list-style-type: none"> • Child's name • Basic Food, TANF, or FDPIR case number • Adult household member's signature For a foster child: <ul style="list-style-type: none"> • Child's name (one per application) • Child's personal use income • Adult's signature 					
2	26,955	2,247	1,124	1,037	519						
3	33,874	2,823	1,412	1,303	652						
4	40,793	3,400	1,700	1,569	785						
5	47,712	3,976	1,988	1,836	918						
6	54,631	4,553	2,277	2,102	1,051						
7	61,550	5,130	2,565	2,368	1,184						
8	68,469	5,706	2,853	2,634	1,317						
For each Additional member add:	+6919	+577	+289	+267	+134						

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, please contact the Superintendent's office. You have the right to a fair hearing which may be arranged by calling the school at this number (360)696-6525 ext 0401.

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.

**WASHINGTON SCHOOL FOR THE DEAF SCHOOL YEAR 2010-2011
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 (earnings BEFORE DEDUCTIONS) each person now gets and how often on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. Income **must** be reported as weekly, every two weeks, twice a month, or monthly. Do not include foster children.

NAMES of Household Members (First, MI, Last)	Earnings from Work (List Amount/How Often. Earnings before deductions)		Welfare Payment, Child Support, Alimony (List Amount/How Often)	Pensions, Retirement, Social Security Pay- ments	Other Income (List Amount/How Often)	Check if NO Income
	Job 1	Job 2				
(example) Jane I. Smith	List how much & how often: \$100/weekly \$100/every two weeks \$100 twice a month \$100/monthly					
1.						
2.						
3.						
4.						
5.						
6.						

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

Child's Name	Child's Personal Use Income: (List amount/How often)	School	Room	Grade

PART 4: 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.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

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

PART 5: 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

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDIR) case number or other FDIR identifier for your child or when you indicate the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for programs reviews, and law enforcement officials to help them look into violations of program rules.

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

LEA APPROVAL/DENIAL

Basic Food/TANF/FDPIR Household

Total Household Size _____

Income Household

Total Household Income \$ _____

Foster Child

Income Approved by: weekly every two weeks twice a month monthly annual
(circle one)

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

TEMPORARY APPROVAL FOR:

- Free Meals
- Reduced-Price

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

Date Temporary Approval Expires: _____

Date Notice Sent

Signature of Approving Official

Date

VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Second Notice Sent			
Response Due From Household (also date of termination, if no response)			

INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Did Not Respond
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change _____

Date Adverse Notice Sent _____

Signature of Verifying Official _____

Date _____