



TOLEDO HIGH SCHOOL STUDENT REGISTRATION FORM

LEGAL LAST NAME _____ LEGAL FIRST NAME _____ M.I. _____ ALSO KNOWN AS _____

BIRTHDATE _____ BIRTHPLACE (CITY/ST) _____ GRADE _____ GENDER _____

DISTRICT RESIDENT? _____ YES _____ NO _____ CHOICE _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

HAS STUDENT EVER ATTENDED TOLEDO SCHOOL DISTRICT? _____ YES _____ NO

IF YES, PREVIOUS SCHOOL ATTENDED _____

LAST SCHOOL ATTENDED _____ CITY, ST _____

HAS YOUR CHILD EVER BEEN RETAINED? _____ YES _____ NO IF YES, WHAT GRADE LEVEL? _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED. PROGRAM (IEP)? _____ YES _____ NO

HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? _____ YES _____ NO

HAS YOUR CHILD EVER PARTICIPATED IN:

TITLE _____ LAP _____ GIFTED _____ ESL _____ OTHER _____

IF OTHER, PLEASE EXPLAIN: _____

PRIMARY (WHERE STUDENT RESIDES) HOUSEHOLD INFORMATION:

PRIMARY GUARDIAN NAME (LAST, FIRST) _____

RELATIONSHIP TO STUDENT _____

HOUSEHOLD PH # _____ CELL# _____

WK # _____ EMPLOYER _____

SECONDARY GUARDIAN NAME (LAST, FIRST) _____

RELATIONSHIP TO STUDENT _____

HOUSEHOLD PH # _____ CELL# _____

WK # _____ EMPLOYER _____

STREET/PO BOX _____ APT # _____ CITY, ST, ZIP _____

MAILING ADDRESS IF DIFFERENT _____

EMAIL ADDRESS _____

PLEASE LIST OTHER HOUSEHOLD MEMBERS ENROLLED IN TOLEDO SCHOOL DISTRICT

NAME (last/first)	GRADE	SCHOOL

* IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT? _____ YES _____ NO

* IS THERE A RESTRAINING ORDER IN EFFECT? YES _____ NO _____ AGAINST WHOM? _____

* IF YES, LEGAL PAPERS MUST BE ON FILE WITH THE SCHOOL FOR ENFORCEMENT.

SECONDARY (NON-CUSTODIAL PARENT NOT RESIDING WITH STUDENT) HOUSEHOLD

* THIS HOUSEHOLD WILL RECEIVE COPIES OF SEMESTER REPORT CARDS, SCHOOL MAILINGS, ETC.

PRIMARY GUARDIAN NAME (LAST, FIRST)

RELATIONSHIP TO STUDENT

HOUSEHOLD PH #

CELL#

WK #

EMPLOYER

SECONDARY GUARDIAN NAME (LAST, FIRST)

RELATIONSHIP TO STUDENT

HOUSEHOLD PH #

CELL#

WK #

EMPLOYER

STREET/PO BOX

APT #

CITY, ST, ZIP

MAILING ADDRESS IF DIFFERENT

EMAIL ADDRESS

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

When injury or illness occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons available during the day to provide care for your child (local only please).

1

NAME

RELATIONSHIP TO STUDENT

ADDRESS (ST., APT., CITY, STATE, ZIP)

PHONE#

2nd PHONE #

2

NAME

RELATIONSHIP TO STUDENT

ADDRESS (ST., APT., CITY, STATE, ZIP)

PHONE#

2nd PHONE #

3

NAME

RELATIONSHIP TO STUDENT

ADDRESS (ST., APT., CITY, STATE, ZIP)

PHONE#

2nd PHONE #

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact the parent/guardian immediately. If the parent cannot be reached, I authorize the school authorities to obtain emergency care for my child.

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

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 students enrollment or assignment to a school in the Toledo School District.

LEGAL PARENT/GUARDIAN SIGNATURE:**DATE**

Toledo School District does not discriminate in any program 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. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Section 504/ADA Coordinator, Civil Rights Compliance Coordinator, Chris Rust PO Box 459 Toledo, WA 98591, 360.864.6325, crust@toledoschools.us

revised 08/11/2022

TOLEDO SCHOOL DISTRICT NO. 237

116 RAMSEY WAY

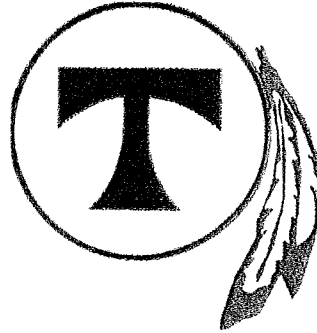
PO BOX 469

TOLEDO, WA 98591

(360) 864-6325 • (360) 864-6326 FAX

SUPERINTENDENT

CHRIS RUST



BOARD OF DIRECTORS

HEIDI BUSWELL

JERAD BUSWELL

BRAD DYKSTRA

LANCE MAIER

MONIQUE NORBERG

March 17, 2021

Re: Ethnicity and Race reporting

Dear Parent or Guardian:

Each year, school districts in Washington are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories used in our district are the same as are used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and OSPI. OSPI is required to report the *total* number of students in various categories in each school to the federal government, but it does not report individual student data. These reports help our district and the state keep track of changes in student enrollment and various outcomes (such as graduation rates) to ensure that all students receive the educational programs and services to which they are entitled.

Recently, the federal government and OSPI changed the reporting categories for student ethnic and race data. As a result of the new reporting categories, we need to ask you to identify your child as either Hispanic/Latino or not Hispanic/Latino **and** by *one or more* racial groups. Washington has 57 racial categories to choose from.

If your family is Asian, you will now be able to list your child as either Chinese, Japanese, or belonging to one or more of the other Asian groups. If your family is Native American, you will be able to list your child's tribal affiliation. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

Starting in September 2010, all public schools in Washington will need to start using these new categories. Please complete the enclosed form and send it to your child's school by **June 1, 2021**. If you have questions regarding this form, please contact your child's school or the district office. School district staff are required by the Federal Department of Education directives to complete this form on behalf of any student or parent who chooses not to do so. We encourage you to self-identify so that you are in charge of the information provided.

For more information about the student data reporting and DOE directives, please see:
<https://www.govinfo.gov/content/pkg/FR-2007-10-19/pdf/E7-20613.pdf>

Sincerely,

Chris Rust
Superintendent

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION 2021-2022

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply.
Be sure to notice the bold categories prior to selecting the race(s).

Hispanic		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mestizo
<input type="checkbox"/>	Chicano	<input type="checkbox"/>	Native
<input type="checkbox"/>	(Mexican American)	<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Salvadoran
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	So. Georgia
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	Sandwich Islands
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	Spaniard
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Venezuelan
Hispanic (Write In)			

American Indian/Alaskan Native		Washington State Tribes
<input type="checkbox"/>	Chinook Tribe	
<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation	
<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation	
<input type="checkbox"/>	Confederated Tribes of the Colville Reservation	
<input type="checkbox"/>	Cowlitz Indian Tribe	
<input type="checkbox"/>	Duwamish Tribe	
<input type="checkbox"/>	Hoh Indian Tribe	
<input type="checkbox"/>	Jamestown S'Klallam Tribe	
<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation	
<input type="checkbox"/>	Kikiallus Indian Nation	
<input type="checkbox"/>	Lower Elwha Tribal Community	
<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation	
<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation	
<input type="checkbox"/>	Marietta Band of Nooksack Tribe	
<input type="checkbox"/>	Muckleshoot Indian Tribe	
<input type="checkbox"/>	Nisqually Indian Tribe	
<input type="checkbox"/>	Nooksack Indian Tribe of Washington	
<input type="checkbox"/>	Port Gamble S'Klallam Tribe	
<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation	
<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation	
<input type="checkbox"/>	Quinault Indian Nation	
<input type="checkbox"/>	Samish Indian Nation	
<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington	
<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation	
<input type="checkbox"/>	Skokomish Indian Tribe	
<input type="checkbox"/>	Snohomish Tribe	
<input type="checkbox"/>	Snoqualmie Indian Tribe	
<input type="checkbox"/>	Snoqualmoo Tribe	
<input type="checkbox"/>	Spokane Tribe of the Spokane Reservation	
<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin Island Reservation	
<input type="checkbox"/>	Steilacoom Tribe	
<input type="checkbox"/>	Stillaguamish Tribe of Indians of Washington	
<input type="checkbox"/>	Suquamish Indian Tribe of the Port Madison Reservation	
<input type="checkbox"/>	Swinomish Indian Tribal Community	
<input type="checkbox"/>	Tulalip Tribes of Washington	
Alaskan Native (Write In)		American Indian (Write In)

Asian	
<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Bhutanese
<input type="checkbox"/>	Burmese/Myanmar
<input type="checkbox"/>	Cambodian/Khmer
<input type="checkbox"/>	Cham
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Indonesian
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
Asian (Write In)	
<input type="checkbox"/>	Lao
<input type="checkbox"/>	Malaysian
<input type="checkbox"/>	Mien
<input type="checkbox"/>	Mongolian
<input type="checkbox"/>	Nepali
<input type="checkbox"/>	Okinawan
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	Singaporean
<input type="checkbox"/>	Sri Lankan
<input type="checkbox"/>	Taiwanese
<input type="checkbox"/>	Thai
<input type="checkbox"/>	Tibetan
<input type="checkbox"/>	Vietnamese

Black/ African-American	
<input type="checkbox"/>	African American
<input type="checkbox"/>	African Canadian
Caribbean	
<input type="checkbox"/>	Anguillian
<input type="checkbox"/>	Antiguan
<input type="checkbox"/>	Bahamian
<input type="checkbox"/>	Barbadian
<input type="checkbox"/>	Barthélemy/Saint
<input type="checkbox"/>	British Virgin Islander
<input type="checkbox"/>	Caymanian
<input type="checkbox"/>	(Cayman Island)
<input type="checkbox"/>	Cuba Dominican
Caribbean (Write In)	
<input type="checkbox"/>	
Central African	
<input type="checkbox"/>	Angolan
<input type="checkbox"/>	Cameroonian
<input type="checkbox"/>	Central African
<input type="checkbox"/>	(Cen. African RC)
<input type="checkbox"/>	Chadian
<input type="checkbox"/>	Congolese
<input type="checkbox"/>	(RC of the Congo)
Central African (Write In)	
<input type="checkbox"/>	
East African	
<input type="checkbox"/>	Burundian
<input type="checkbox"/>	Comoran
<input type="checkbox"/>	Djiboutian
<input type="checkbox"/>	Eritrean
<input type="checkbox"/>	Ethiopian
<input type="checkbox"/>	Kenyan
<input type="checkbox"/>	Malagasy
<input type="checkbox"/>	(Madagascar)
<input type="checkbox"/>	Malawian
<input type="checkbox"/>	Mauritian (Mauritius)
<input type="checkbox"/>	Mahoran (Mayotte)
<input type="checkbox"/>	Mozambican
East African (Write In)	
<input type="checkbox"/>	
West African	
<input type="checkbox"/>	Beninese
<input type="checkbox"/>	Bissau-Guinean
<input type="checkbox"/>	Burkinabé
<input type="checkbox"/>	(Burkina Faso)
<input type="checkbox"/>	Cabo Verdean
<input type="checkbox"/>	Ivorian (Cote d'Ivoire)
<input type="checkbox"/>	Gambian
<input type="checkbox"/>	Ghanaian
West African (Write In)	
<input type="checkbox"/>	
<input type="checkbox"/>	Reunionese
<input type="checkbox"/>	Rwandan
<input type="checkbox"/>	Seychellois
<input type="checkbox"/>	Seychelloise
<input type="checkbox"/>	Somali
<input type="checkbox"/>	South Sudanese
<input type="checkbox"/>	Sudanese
<input type="checkbox"/>	Ugandan
<input type="checkbox"/>	Tanzanian
<input type="checkbox"/>	(United RC of Tanzania)
<input type="checkbox"/>	Zambian
<input type="checkbox"/>	Zimbabwean
<input type="checkbox"/>	Congolese
<input type="checkbox"/>	(Dem. RC of the Congo)
<input type="checkbox"/>	Equatorial Guinean
<input type="checkbox"/>	Gabonese
<input type="checkbox"/>	São Toméan
<input type="checkbox"/>	Principe
<input type="checkbox"/>	Dominican
<input type="checkbox"/>	(Dominican Republic)
<input type="checkbox"/>	Dutch Antillean
<input type="checkbox"/>	(Netherlands Antilles)
<input type="checkbox"/>	Grenadian
<input type="checkbox"/>	Guadeloupian
<input type="checkbox"/>	Haitian
<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Martiniquais/
<input type="checkbox"/>	Martiniquaise
<input type="checkbox"/>	Montserratian
<input type="checkbox"/>	Puerto Rican

Black/ African-American Continued	
South African	
<input type="checkbox"/>	Botswanan
<input type="checkbox"/>	Mosotho (Lesotho)
<input type="checkbox"/>	Namibian
South African (Write In)	
<input type="checkbox"/>	
Black (Write In)	
<input type="checkbox"/>	
Latin American	
<input type="checkbox"/>	Argentine
<input type="checkbox"/>	Belizean
<input type="checkbox"/>	Bolivian
<input type="checkbox"/>	Brazilian
<input type="checkbox"/>	Chilean
<input type="checkbox"/>	Colombian
<input type="checkbox"/>	Costa Rican
<input type="checkbox"/>	Ecuadorian
<input type="checkbox"/>	El Salvadoran
<input type="checkbox"/>	Falkland Islander
<input type="checkbox"/>	French Guianese
Latin American (Write In)	
<input type="checkbox"/>	
<input type="checkbox"/>	Guatemalan
<input type="checkbox"/>	Guyanese
<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	So. Georgia/So.
<input type="checkbox"/>	Sandwich Islands
<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Venezuelan

Native Hawaiian/Other Pacific Islander	
Pacific Islander	
<input type="checkbox"/>	Carolinian
<input type="checkbox"/>	Chamorro
<input type="checkbox"/>	Chuukese
<input type="checkbox"/>	Fijian
<input type="checkbox"/>	i-Kiribati/Gilbertese
<input type="checkbox"/>	Kosraean
<input type="checkbox"/>	Maori
<input type="checkbox"/>	Marshallese
<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Ni-Vanuatu
Native Hawaiian (Write In)	
<input type="checkbox"/>	
<input type="checkbox"/>	Palauan
<input type="checkbox"/>	Papuan
<input type="checkbox"/>	Pohnpeian
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Solomon Islander
<input type="checkbox"/>	Tahitian
<input type="checkbox"/>	Tokelauan
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Tuvaluan
<input type="checkbox"/>	Yapese
Other Pac. Islander (Write In)	
<input type="checkbox"/>	

White	
White	
<input type="checkbox"/>	
Eastern European	
<input type="checkbox"/>	Bosnian
<input type="checkbox"/>	Herzegovinian
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Romanian
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Ukrainian
Middle Eastern and North African	
<input type="checkbox"/>	Algerian
<input type="checkbox"/>	Amazigh or Berber
<input type="checkbox"/>	Arab or Arabic
<input type="checkbox"/>	Assyrian
<input type="checkbox"/>	Bahraini
<input type="checkbox"/>	Bedouin
<input type="checkbox"/>	Chaldean
<input type="checkbox"/>	Copt
<input type="checkbox"/>	Druze
<input type="checkbox"/>	Egyptian
<input type="checkbox"/>	Emirati
<input type="checkbox"/>	Iranian
<input type="checkbox"/>	Iraqi
Middle Eastern (Write In)	
<input type="checkbox"/>	
<input type="checkbox"/>	Israeli
<input type="checkbox"/>	Jordanian
<input type="checkbox"/>	Kurdish Kuwaiti
<input type="checkbox"/>	Lebanese
<input type="checkbox"/>	Libyan
<input type="checkbox"/>	Moroccan
<input type="checkbox"/>	Omani
<input type="checkbox"/>	Palestinian
<input type="checkbox"/>	Qatari
<input type="checkbox"/>	Saudi Arabian
<input type="checkbox"/>	Syrian
<input type="checkbox"/>	Tunisian
<input type="checkbox"/>	Yemeni
North African (Write In)	
<input type="checkbox"/>	



Office of Superintendent of Public Instruction (OSPI)
Washington State Transitional Bilingual Instructional Program
Home Language Survey

Student Name:			Date:
Birth Date:	Gender:	Grade:	SSID:
Form Completed by: Parent/Guardian Name _____ Relationship to Student _____ Parent/Guardian Signature _____ If available, in what language would you prefer to receive communication from the school? _____			
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes___ No___ Don't Know___			

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever attended a school outside of the United States? ____ Yes ____ No	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. Has your child attended school in the United States before enrolling in this district? (Kindergarten – 12 th grade) ____ Yes ____ No	For how many months? _____ months *One (1) school year = 10 months
7. Do grandparent(s) or parent(s) have a tribal affiliation? ____ Yes ____ No	

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.



Toledo School District
116 Ramsey Way
PO Box 469
Toledo, WA 98591

Student Housing Questionnaire

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)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____ ☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR 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)

*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:

_____	_____	_____
District Liaison	Phone Number	Location

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

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.

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/>

TOLEDO SCHOOL DISTRICT #237
116 Ramsey Way, P.O. Box 469, Toledo, WA 98591
(360) 864.6325 FAX (360) 864.6326

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW 28A.300.507

For the purpose of collecting the data please mark all that apply:

- ☐ No parent or guardian **currently** serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- ☐ Yes, a parent/guardian is a **current member of the active duty U.S. Armed Forces.**
- ☐ Yes, a parent/guardian is a **current member of the Reserves of the U.S. Armed Forces.**
- ☐ Yes, a parent/guardian is a **current member of the Washington National Guard.**
- ☐ Yes, more than one parent or guardian is **currently either a member on active duty in the U.S. Armed Forces Reserves of the U.S. Armed Forces or Washington National Guard.**
- ☐ No Response/Refused to state

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

Note: If at any time throughout the school year the military status changes for your family please contact the Toledo School District Office or your student's school to report the change.

8/2/2016

Toledo School District does not discriminate in any program 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. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Section 504/ADA Coordinator, Civil Rights Compliance Coordinator, Chris Rust PO Box 459 Toledo, WA 98591, 360.864.6325, crust@toledoschools.us

Dear Parents:

Your child has the opportunity to receive an electronic network account or access, and needs your permission to do so. Among other advantages, your child will be able to communicate with other schools, colleges, organizations and individuals around the world through Internet and other electronic information systems and networks. Internet is a system which links smaller computer networks, creating a large and diverse network. Internet allows your child, through electronic mail (email) and other means to reach out to many other people to share information, learn concepts and research subjects. These are significant learning opportunities to prepare your child for the future.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed informed consent form, school district procedures and other material, and discuss it together. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of privilege to use this educational tool and other disciplinary action if appropriate. Parents, remember that you are legally responsible for your child's actions.

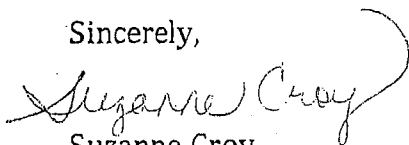
Please stress to your child the importance of using only his or her account password and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

We have established procedures and rules regulating the materials that students may search for on the network, but please be aware that there is unacceptable and controversial material and communications on the Internet that your child could access. It is not possible for us to always provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the informed consent form.

We also reserve the right to review e-mail sent or received on the district system to improve student safety and system integrity, and you and your child must waive the copyright on any material posted through the network.

If you have any questions, please contact me at 360.864.2391. If you want your child to have the opportunity to receive an Electronic Network account or access, please return signed informed consent forms to use as soon as possible.

Sincerely,



Suzanne Croy
Secretary/Registrar

Electronic Information System (K-20 Network) Individual User Access Informed Consent Form

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Toledo School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Toledo School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Toledo School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the Internet through the school district's system is waived.

GRADE LEVEL

Signature of User

Signature of Parent/Guardian
(required if user is under age 18)

Printed Name of User

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed

* Students over eighteen do not need a parent's signature

OFFICIAL USE ONLY/DO NOT WRITE BELOW THIS LINE

Account Number _____

Approved by: _____

Date: _____

Principal: Martin Huffman
Counselor: Katie Gale
Athletic Director: Grady Fallon
Registrar/Secretary: Suzanne Croy
Attendance/Athletics: Jana Zion



TOLEDO HIGH SCHOOL

P.O. Box 820

1242 State Route 505 • Toledo, WA 98591

360.864.2391 • Fax 360.864.2396

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby give permission for Toledo High School to obtain from any appropriate person or agency my confidential, educational, psychological and medical records for:

STUDENT NAME _____ GRADE _____ DATE OF BIRTH _____

SCHOOL LAST ATTENDED

SCHOOL NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ FAX: _____

DATE LAST ATTENDED _____ GRADE WHEN LAST ATTENDED _____ DOES THE STUDENT HAVE SPECIAL EDUCATION RECORDS? _____

~~~~~  
The above named student has enrolled in our school. Please FAX or EMAIL withdrawal grades, transcript of grades, immunization records, test scores, and attendance records to:

TOLEDO HIGH SCHOOL  
ATTN: Suzanne Croy  
FAX (360) 864-2396  
scroy@toledoschools.us

PARENT/GUARDIAN \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ REGISTRAR \_\_\_\_\_

# Toledo School District Annual Health History

|                    |                     |                                                                  |             |              |
|--------------------|---------------------|------------------------------------------------------------------|-------------|--------------|
| Student Name _____ | Date of Birth _____ | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Grade _____ | School _____ |
|--------------------|---------------------|------------------------------------------------------------------|-------------|--------------|

The following information is required in order to create an appropriate plan for your child in the event of an emergency. This information may be shared with school staff on a "need to know basis" only.

| Current Medical Concerns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Allergies (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Asthma<br/>           If yes, are there<br/>           Inhaler(s) <input type="checkbox"/><br/>           Nebulizer <input type="checkbox"/><br/> <input type="checkbox"/> Hay Fever<br/> <input type="checkbox"/> Diabetes<br/> <input type="checkbox"/> Heart Disease<br/> <input type="checkbox"/> Seizures/Spells<br/> <input type="checkbox"/> Color Blindness         </div> <div style="width: 48%;"> <input type="checkbox"/> Vision Problems<br/> <input type="checkbox"/> Hearing Problems<br/> <input type="checkbox"/> Speech Difficulty<br/> <input type="checkbox"/> Bone Disease<br/> <input type="checkbox"/> Fainting<br/> <input type="checkbox"/> Headaches<br/> <input type="checkbox"/> Dental Problems<br/> <input type="checkbox"/> Physical Handicap<br/> <input type="checkbox"/> Other _____         </div> </div> <p>Are there any special medical problems of concerns that the school staff should note? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         If yes, please specify: _____</p> <p>Is medication required for either an allergy or another medical condition? (Please note, medication requires written physician and parent permission)<br/>         At home? <input type="checkbox"/> Yes <input type="checkbox"/> No      At school? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Name of medication(s): _____</p> <p>Do you have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Do you need assistance in accessing medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was there a health problem or handicap present at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         If yes, what was the diagnosis? _____<br/>         What age was the diagnosis? _____<br/>         Name of physician? _____<br/>         Any operations, injuries, or hospitalizations related to diagnosis? _____</p> <p>Physical education activity: <input type="checkbox"/> Limited    <input type="checkbox"/> Not Limited<br/>         If activity is limited, please explain: _____</p> | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Plants<br/>           Specify type/Reaction: _____<br/> <input type="checkbox"/> Insects<br/>           Specify type/Reaction: _____<br/> <input type="checkbox"/> Drugs<br/>           Specify type/Reaction: _____<br/> <input type="checkbox"/> Foods<br/>           Specify type/Reaction: _____<br/> <input type="checkbox"/> Animals<br/>           Specify type/Reaction: _____<br/> <input type="checkbox"/> Bees<br/>           Specify type/Reaction: _____<br/> <input type="checkbox"/> Other<br/>           Specify: _____         </div> <div style="width: 48%;"> <p>If there is an allergy present, does student have an Epi-Pen or have ever had one ordered for allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child wear:<br/> <input type="checkbox"/> Eye Glasses    <input type="checkbox"/> Contact Lenses    <input type="checkbox"/> Hearing Aides</p> <p>Last eye exam: _____ Eye Dr: _____<br/>           Last dental exam: _____ Dentist: _____<br/>           Last medical exam: _____ Doctor: _____</p> <p>If emergency treatment is required for your child and you cannot be reached immediately, may the school authorities use their own judgment in calling one of the local doctors indicated in this form, or if not available, another doctor, to give treatment necessary for the health and welfare of your child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain what action you desire the school to take: _____</p> </div> </div> |

|                           |            |
|---------------------------|------------|
| Signature of Parent _____ | Date _____ |
|---------------------------|------------|

# TOLEDO SCHOOL DISTRICT | 2022-2023 CALENDAR



## Key:

**2 Hour Late Start (ACT)**

**Staff Workday**

**Early Dismissal**

**No School**

**Snow Make up or No School**

**First & Last Day of School**

**Board Meeting**

**Bus Driver Inservice**

## JANUARY '23

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

- 4 Return from Winter Break
- 9 & 23 ACT Late Start
- 16 M.L. King Day- No School
- 19 Board Meeting

## AUGUST '22

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |    |    |    |

- 18 Board Meeting
- 22 & 23 Bus Driver Inservice
- 24 Teacher Preparation
- 25 Meet the Teacher
- 30 First Day of School

## FEBRUARY '23

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    | 1  | 2  | 3  | 4  |
| 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 |    |    |    |    |

- 13 & 27 ACT Late Start
- 16 Board Meeting
- 17 Snow Make up or No School
- 20 Presidents' Day- No School

## SEPTEMBER '22

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |    |

- 5 Labor Day- No School
- 12 & 26 ACT Late Start
- 15 Board Meeting

## MARCH '23

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    | 1  | 2  | 3  | 4  |
| 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 |    |

- 2 & 3 Midwinter Break- No School
- 6 & 20 ACT Late Start
- 13 End Trimester 2- Early Dismissal
- 16 Board Meeting
- 28-31 Early Dismissal- Conferences Tues. & Thurs.

## OCTOBER '22

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |    |    |    |    |    |

- 7 Inservice Day- No School
- 10 & 24 ACT Late Start
- 20 Board Meeting
- 31 Halloween

## APRIL '23

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 |    |    |    |    |    |    |

- 3-7 Spring Break- No School
- 17 ACT Late Start
- 20 Board Meeting

## NOVEMBER '22

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 1  | 2  | 3  | 4  | 5  |
| 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 |    |    |    |

- 1 ACT Late Start
- 7-10 Early Dismissal- Conferences Mon. & Wed.
- 11 Veterans Day- No School
- 17 Board Meeting
- 23 Early Dismissal
- 24-25 Thanksgiving Break- No School
- 28 End of Trimester 1- Early Dismissal

## MAY '23

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |    |    |    |

- 8 ACT Late Start
- 18 Board Meeting
- 25 & 26 Snow Make up or No School
- 29 Memorial Day- No School

## DECEMBER '22

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

- 15 Board Meeting
- 20 Early Dismissal
- 21-Jan. 3 Winter Break- No School

## JUNE '23

| S  | M  | T  | W  | Th | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |    |

- 9 CPA Commencement
- 10 THS Commencement
- 15 Last Day of School- Early Dismissal
- 15 Board Meeting
- 19 Juneteenth