

Name of Student: \_\_\_\_\_

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"/>	<input type="checkbox"/>
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chicano	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	(Mexican American)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Honduran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mexican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Native	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paraguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Peruvian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	So. Georgia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sandwich Islands	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Spaniard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surinamese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Uruguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Venezuelan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hispanic (Write In)	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Black/ African-American Continued	
<input type="checkbox"/>	South African
<input type="checkbox"/>	Botswanan
<input type="checkbox"/>	Mosotho (Lesotho)
<input type="checkbox"/>	Namibian
<input type="checkbox"/>	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
<input type="checkbox"/>	Latin American (Write In)
<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. Sandwich Islands
<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Venezuelan

Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/>	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
<input type="checkbox"/>	Native Hawaiian (Write In)
<input type="checkbox"/>	Other Pac. Islander (Write In)
<input type="checkbox"/>	Palauan
<input type="checkbox"/>	Papuan
<input type="checkbox"/>	Pohpeian
<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

White	
<input type="checkbox"/>	White
<input type="checkbox"/>	Eastern European
<input type="checkbox"/>	Bosnian
<input type="checkbox"/>	Herzegovinian
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Eastern European (Write In)
<input type="checkbox"/>	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
<input type="checkbox"/>	Middle Eastern (Write In)
<input type="checkbox"/>	North African (Write In)
<input type="checkbox"/>	Romanian
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Ukrainian
<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

**NESPELEM SCHOOL DISTRICT #014**  
**STUDENT HEALTH INFORMATION 2022-2023**

STUDENT NAME: _____	DATE OF BIRTH: _____
GRADE: _____ AGE: _____	MALE/FEMALE: _____
PARENT/GUARDIAN NAME: _____	PHONE: _____
MAILING ADDRESS: _____	

DOES YOUR CHAND HAVE ANY OF THE FOLLOWING CONDITIONS?				
YES	NO	SEVERE OR LIFE-THREATENING?	CONDITON	PLEASE EXPLAIN
			Allergic Reactions: Food	
			Allergic Reactions: Insect	
			Allergic Reaction: Other	
			Asthma	
			Seizure	
			Diabetes	
			Heart Condition	
			Digestive and Bowel (including Lactose Intolerance)	
			Urinary	
			Growth	
			Skeletal	
			Cancer or Leukemia	
			Neuromuscular	
			Developmental	
			Behavioral/Emotional	
			ADHD	
			Migraine	
			Vision	
			Hearing	
			Routine Medication:	
			PE Considerations	
			Other:	
			Brought to ER or admitted to hospital in last 12 months?	

If your child has a life-threatening condition, state law requires an Emergency Healthcare Plan and Medication/Treatment order, initiated by the School Nurse and signed by a licensed healthcare provider, before your child can start school. A student cannot carry medication without a signed Medication/Treatment Order. This information is confidential. It will be shared with staff on a need-to-know basis. I understand 911 may be called to assist in a medical emergency during school hours. I understand that it is my responsibility to notify the school office in writing if there is a change in my child's health.

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Re: Children with Life Threatening Conditions-Annual Notice**

Dear Parents/Guardians:

The purpose of this letter is to inform you of House Bill 2834 enacted in 2003 to help your child’s school provide for the safety and health of children during the school day.

The Law defines life-threatening conditions as a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place. Children with life threatening conditions such as severe bee sting or food allergies, severe asthma, diabetes, severe seizures, etc., are required to have a medication or treatment order and nursing care plan in place **before** they are in school. The medication or treatment order must be from the child’s licensed health care provider.

If a medication or treatment order is not provided, the chief administrator of the school is required to exclude the child until such order has been provided. The requirement applies to students with a life-threatening condition who are new to the district, and students who are already attending the school. Our exclusion procedures are in accordance with the rules (WAC’S) of the State Board of Education.

It is vital to your child’s safety during the school day that you **immediately notify your school’s principal or school nurse if your child has a life-threatening health condition that may require medical services to be performed at school.** The school nurse will create your child’s emergency health care plan with **your** help. The necessary forms will be provided and a time will be arranged for you to meet with your child’s school nurse.

Thank you for providing for the safety and health of your student at school.

Sincerely,

**CONSENT FOR TREATMENT AND HEALTH SERVICES:**

I hereby give my consent and authorization to Nespelem School District to obtain emergency medical treatment or to perform upon or administer the following health services for the above child:

- Emergency medical care for accidents or illness at school or while in transport.
- Administration of medication and treatment s by the school nurse/ trained staff as directed by physician-including antibiotics, antihistamines.
- Transportation to clinic, dentist, otology clinic, hospital or home.
- Examinations: Dental, Vision, Physical/ Scoliosis, IHS-Smile Mobile & Vision or Hearing.
- Preventive use of Fluoride or sealants for Dental Care

PARENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

**SMILEMOBILE PATIENT REGISTRATION/REGISTRO DE PACIENTES**

**PLEASE PRINT / USAR LETRA DE MOLDE**

*Nombre del/a paciente*

**Patient Name** \_\_\_\_\_  
**Last/APELLIDO**                      **First/PRIMER NOMBRE**                      **Middle/SEGUNDO NOMBRE**

**Birthdate/Fecha de nacimiento** \_\_\_\_\_

*Padre de fam./Tutor legal*

**Parent/Guardian Name** \_\_\_\_\_  
**Last/APELLIDO**                      **First/PRIMER NOMBRE**                      **Middle/SEGUNDO NOMBRE**

**Address/Dirección de Correo** \_\_\_\_\_

**City/Ciudad** \_\_\_\_\_ **Zip Code/ C.P.** \_\_\_\_\_

**Phone/Teléfono (\_\_\_\_\_) \_\_\_\_\_** *No. de mensajes*  
**message phone (\_\_\_\_\_) \_\_\_\_\_**

**Are you this child's legal guardian? ¿Es Ud. el tutor legal del menor? Yes/SÍ \_\_\_\_\_ No \_\_\_\_\_**

**If not, who is? ¿Si no, quién es? \_\_\_\_\_** *Parentesco con el/a menor*

**Name/Nombre \_\_\_\_\_ Relationship to child \_\_\_\_\_**

**AUTHORIZATION AND CONSENT**

I authorize and consent for my child to be seen by the SmileMobile dentist for an examination and recommended treatment for my child, this may include the use of local anesthetic agents, x-rays, Silver Diamine/topical fluoride, sealants and routine dental materials of the Arcora Foundation - SmileMobile Program.

**AUTORIZACION Y CONSENTIMIENTO**

Autorizo y doy mi consentimiento para que mi hijo sea visto por el dentista de SmileMobile para un examen y el tratamiento recomendado para mi hijo, esto puede incluir el uso de agentes anestésicos locales, radiografías, Silver Diamine / fluoruro tópico, selladores y materiales dentales de rutina de la Fundación Arcora - Programa SmileMobile.

**Signed/Firmado/a \_\_\_\_\_ Date/Fecha \_\_\_\_\_**

**I Consent for Photographs for Program Promotion                      Yes/SÍ \_\_\_\_\_ No \_\_\_\_\_**

*Doy mi consentimiento para fotografías para la promoción*

**Witness \_\_\_\_\_ (over /véase al dorso)**

**Health and Dental History/Antecedentes Dentales y de Salud del Menor**

**Does this child now have, or has this child ever had any of the following?**

*¿Padece ahora o en el pasado ha padecido el/a menor alguna de las siguientes condiciones?*

**Heart Disease or Defect, Heart Surgery, Valve Problem, or Murmur** | **Yes/Sí No**

*Enfermedad o defecto cardíaco, cirugía cardíaca, problema de la válvula o soplo en el corazón*

**Rheumatic Fever**      **Yes/Sí No**

*Fiebre reumática*

**Diabetes**      **Yes/Sí No**

**HIV/Aids/VIH SIDA**      **Yes/Sí No**

**Cerebral Palsy**      **Yes/Sí No**

*Parálisis cerebral*

**Attention Deficit**      **Yes/Sí No**

*Síndrome de hiperactividad*

**Bleeding Disorder**      **Yes/Sí No**

*Desorden sangrante*

**Asthma/Asma**      **Yes/Sí No**

**Seizures/ataques**      **Yes/Sí No**

**Autism/Autismo**      **Yes/Sí No**

**Learning Disability**      **Yes/Sí No**

*problemas de aprendizaje*

**Delayed Development**      **Yes/Sí No**

*Retraso de desarrollo*

**List any other conditions this child has** \_\_\_\_\_

*Anote alguna otra condición que padece el/la menor*

**List any allergies this child has** \_\_\_\_\_

*Anote cualquier alergia que el/la menor padece*

**What medicines is this child taking?** \_\_\_\_\_

*¿Cuáles medicinas toma el/la menor?*

**When was this child's last dental visit?** \_\_\_\_\_

*¿Cuándo fue revisado el/la menor por un dentista por última vez?*

**Is there anything else we need to know about this child?** \_\_\_\_\_

*¿Hay algo más que debemos saber del/la menor?*

HEALTH HISTORY REVIEWED BY DENTAL PROVIDER \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH HISTORY REVIEWED BY DENTAL PROVIDER \_\_\_\_\_ DATE \_\_\_\_\_

Privacy Act (HIPAA) / Acta de Privacidad

The SmileMobile is committed to protecting the privacy of your child's health information. The SmileMobile is required by federal and state law to maintain the privacy of your protected health information (PHI) unless we are allowed or required by law. We protect your PHI by treating all your personal information that we collect as confidential.

*El SmileMobile se compromete a proteger la privacidad de la información médica de su hijo. Al SmileMobile se le requiere por ley federal y estatal conservar la privacidad de su información médica protegida (PHI por sus siglas en inglés) a menos que sea permitido o exigido por ley revelarla. Mantenemos confidencial la información que recopilamos sobre su salud para mayor protección de su información médica protegida.*

I hereby acknowledge that I am in receipt of the Arcora Foundation-SmileMobile HIPAA regulation. Por este medio reconozco que he recibido las regulaciones sobre la HIPAA de la Fundación Arcora SmileMobile

Signed/Firmado \_\_\_\_\_ Date/Fecha \_\_\_\_\_

# NESPELEM SCHOOL DISTRICT No. 14

## ADMINISTRATION

Effie Dean, Superintendent/Principal  
Virginia Lezard, Administrative Assistant  
Linda Descoteaux, Administrative Assistant  
David Cirk, Director Facilities/Transportation:

PO Box 291  
229 Schoolhouse Loop Rd  
Nespelem, WA 99155  
(509) 634-4541

## BOARD OF DIRECTORS

P. Jolene Marchand, Chair (3<sup>rd</sup>)  
Nancy Armstrong-Montes, Vice  
Anna Vargas, Director (1<sup>st</sup>)  
Annette Moses, Director (2<sup>nd</sup>)  
Jarae Cate, Director (4<sup>th</sup>)

## *NESPELEM SCHOOL DISTRICT #14*

August 2020

Dear Parent/Guardian:

Our school is participating in a federal program available to select schools as part of the National School Lunch and School Breakfast Program called Community Eligibility Provision (CEP). This means that all students attending Nespelem School are eligible to receive breakfast and lunch at no charge throughout the 2022-2023 school year, regardless of family or household income. However, some of the education programs the district provides are funded from state dollars that require our school to collect household information for all students attending CEP schools.

In order to collect the information, the Office of the Superintendent of Public Instruction (OSPI) has developed the Family Income Survey. The Family Income Survey is used to capture information and ensure the district/school receives all of the funding it is entitled to for other state funded education programs.

Please take a moment to complete this form and return it to your student's school. Your participation is essential in order for us to provide OSPI with the information they need and ensure Nespelem School will continue to receive critical state funding for these educational programs.

Thank you in advance for your cooperation in this important matter. If you have any questions, please contact Ms. Lezard at 509-634-4541.

Sincerely,

Superintendent,  
Dr. Effie Dean

## 2022-23 Family Income Survey

Dear Parent/Guardian:

Schools receive certain federal and state funding (Learning Assistance Program, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child's school a way to collect household income information. This information makes sure your child's school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to NESPELEM SCHOOL DISTRICT as soon as possible.

**Part 1. ELIGIBILITY:** Figure out your total household income. Then look at the income chart below. Find your household size. **If your total household income is equal to or less than the amount listed for your household size, check the box.**

**Income Chart**  
Effective from July 1, 2022 through June 30, 2023

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$25,142	\$2,096	\$1,048	\$967	\$484
<input type="checkbox"/>	2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
<input type="checkbox"/>	3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
<input type="checkbox"/>	4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
<input type="checkbox"/>	5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
<input type="checkbox"/>	6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
<input type="checkbox"/>	7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
<input type="checkbox"/>	8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
<input type="checkbox"/>	For each additional household member	\$8,732	\$728	\$364	\$336	\$168
<input type="checkbox"/>	Household does not qualify					

**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you're applying for a household with a foster child, you may include the foster child in the total household size.

**HOUSEHOLD INCOME** is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not count foster payments as income.





Student Name:  
Parent's Name:

Grade:  
Address:

Home Phone:

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**Nespelem School Dist. #14 Student Network / Internet User Agreement and Parent Permission Form.**

To use networked resources, all students must sign and return this form, and those under age 18 must obtain parental permission.

The activities listed below are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Giving personal information, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian
- Harassing, insulting or attacking others
- Damaging or modifying computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work, or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes, financial gain, or fraud
- No use of hotspot, bluetooth, in order to by pass the school network filter

Violations may result in a loss of access as well as other disciplinary or legal action.

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**Student User Agreement:**

As a user of the Nespelem Public Schools computer network, I hereby agree to comply with the statements and expectations outlined in this document and to honor all relevant laws and restrictions. **[Initial appropriate items]**

\_\_\_\_\_ agree to use the internet responsibly

\_\_\_\_\_ agree to use the Nespelem School network responsibly

\_\_\_\_\_ agree to use responsibly email, Google Apps, Edmodo, blogs, and other school apps

\_\_\_\_\_ grant permission to use school approved applications, such as Google Apps, email Edmodo, blogging platforms [Kidblogs, Blogger, Edublogs, etc.], VoiceThread, Voki, BitStrips, GoAnimate, Animoto, etc. For a more complete list see

<http://www.nsdeagles.org/home/public-docs/coppa>

\_\_\_\_\_ grant permission to have my materials published to the internet [audio, video, print, photos]

\_\_\_\_\_ grant permission to have my unidentified photo published to the internet.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Parent / Guardian Permission:**

All students are provided with access to district computer resources. In addition to accessing our district computer network, as the parent or legal guardian, I grant permission for the above named student to:

**[Initial appropriate items]**

\_\_\_\_\_ access the internet

\_\_\_\_\_ access teacher approved online social sites

\_\_\_\_\_ grant permission to use school approved applications, such as Google Apps, email Edmodo, blogging platforms [Kidblogs, Blogger, Edublogs, etc.], VoiceThread, Voki, BitStrips, GoAnimate, Animoto, etc. For a more complete list see

<http://www.nsdeagles.org/home/public-docs/coppa>

\_\_\_\_\_ have his/her materials published to the internet [audio, video, print, photos]

\_\_\_\_\_ have his/her unidentified photo published to the internet.

***These permissions are granted for an indefinite period of time, unless otherwise requested.*** I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of internet use -- setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**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

**McKinney-Vento Act 42 U.S.C. 11435**

**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:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



**Office of Superintendent of Public Instruction (OSPI)**  
**Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p><b>Right to Translation and Interpretation Services</b>            Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school?            _____</p>	
<p><b>Eligibility for Language Development Support</b>            Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first?            _____</p> <p>3. What language does your child use the most at home?            _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child?            _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p><b>Prior Education</b>            Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12<sup>th</sup> grade) ___Yes ___No</p> <p>If yes: Number of months: _____            Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12<sup>th</sup> grade)</p> <p>_____</p> <p>Month            Day            Year</p>	

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

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

