



SNOHOMISH
SCHOOL
DISTRICT

DOC ID 194

Riverview Elementary School
Year-End Elementary Report Card
2019-2020

*Schools closed from March 13-June 19 due to COVID-19.

Grade Level

Teacher

1st

Mrs. Smith

Report Card Explanation

The school closure made it difficult to adequately assess student learning because of extenuating circumstances associated with COVID-19. Therefore, Snohomish School District is using this report card template that does not use numerical rating that reflects students' mastery of academic standards. Instead, it makes space for anecdotal comments that pertain to the class as a whole and your individual child throughout the course of the year. Midyear report cards sent in February will be included in students' academic cumulative file, along with this year-end report card, for documentation purposes and future reference.

Teacher's Message for the Whole Class

I LOVED teaching our class during the short time we had. This is a very creative group, and they demonstrated how resilient they are when faced with new challenges. During the closure, the students refined their technology skills while working on reading strategies, writing processes, phonics skills, and math strategies. Although this year did not end the way we had planned, I am very proud of how well they persevered; it is a testament to their character and the pillars that we strive towards at Riverview! It will be great when we can all be back together again!

Teacher's Message for Student

■■■■ is a lot of fun to teach and has many friends in class. She was working towards increased independence, working in small groups on adapted curriculum, speaking complete sentences using sentence frames, making eye contact, number recognition, and understanding the concept of numbers. Please continue to have her practice writing her name, the letters of the alphabet, identifying sight words that form complete sentences (I am ___. I like ___. I see ___.), and listening to stories from Epic! and SORA. I will miss the 1-1 Zooms with ■■■■ and Ms. Houle. It was a lot of fun talking to her about the stories we read!



Snohomish School District

2019-20

Grade

1

Student: [REDACTED]

Teacher: Kourtney Smith

Principal: Tamera Jones

Date Printed: June 1, 2020

	S1	S2		Total
Present	73	32	Present	105
Absent	11	2	Absent	13
Tardy	0	0	Tardy	0

Tardies and absences affect performance

Academic Key for Common Core & District Standards		
4 - Consistently working at standards beyond grade level		
3 - Meeting semester grade level standards		
2 - Approaching semester grade level standards		
1 - Significantly below grade level standards		
N/A - Not assessed at this time		
Key for Demonstrates Effort		
4 - Exemplary Effort	2 - Inconsistent Effort	
3 - Consistent Effort	1 - Minimal Effort	
Receiving Support Services		
English Language Learner		
LAP		
Title I		
Highly Capable		
Individualized Education Program	Yes	Yes
English Language Arts		
S1 - Comments		
English Language Arts [REDACTED] is working towards independence and is able to silent read, listen to reading on the I-Pad (with initial support), trace her ideas during writing, and pack/unpack independently. She participates, with support, during phonemic awareness, phonics and read-alouds by answering questions and manipulating hands-on activities. We use sentence strips with colored/realistic pictures to help her verbalize complete sentences (I like __. I see __.). She is also working on matching letters (letter/sound recognition) and vocabulary with whole words (picture of a cat and the word 'cat').		
S2 - Comments		

English Language Arts - Listening / Speaking		
	S1	S2
Comprehension and Collaboration	*	
- Participates in discussions with partners and in groups - Shows understanding of texts read aloud		
Presentation of Knowledge and Ideas	*	
- Describes familiar people, places, things, and events with relevant details - Describes and expresses ideas and feelings clearly		
Demonstrates Effort in Listening / Speaking	3	
English Language Arts - Reading		
	S1	S2
Phonics	*	
- Knows and applies grade-level phonics and word analysis skills in decoding words		
Phonemic Awareness	*	
- Demonstrates understanding of sounds and syllables - Blends words - Recognizes and produces rhyming words		
High Frequency Words	*	
- Reads high-frequency words		
Fluency and Accuracy	*	
- Reads with accuracy and fluency to support comprehension		
Comprehension	*	
- Retells stories (literary texts) and identifies main idea (informational texts) including key details - Asks and answers questions about key details - Knows and uses text features (eg. Table of contents) - Uses illustrations to understand information and to describe characters, settings or events - Compares and contrasts characters in stories		
Demonstrates Effort in Reading	3	
English Language Arts - Writing		
Text Types and Purposes	*	
- Writes to communicate ideas and information effectively including a beginning, supporting details, and an ending - Writes narratives, informative texts, and opinion pieces		
Research to Build and Present Knowledge	N/A	
- Participates in shared research and writing projects		
Language - Grammar and Conventions	*	
- Demonstrates grade level command of capitalization, punctuation, and grammar		
Language - Vocabulary and Word Choice	*	
- Acquires and uses grade level vocabulary		
Spelling	*	
- Spells high frequency words and word families		
Demonstrates Effort in Writing	3	

Music		
S1 Comments, if necessary:		
S2 Comments, if necessary:		
	S1	S2
Music Performance Skills	N/A	
<ul style="list-style-type: none"> - Demonstrates age-appropriate awareness of pitch and vocal performance - Exhibits age-appropriate awareness of beat and rhythmic performance - Shows an understanding of grade level music concepts, terminology, and proper instrument playing techniques 		
Demonstrates Effort in Music	3	

Physical Education		
S1 Comments, if necessary:		
S2 Comments, if necessary:		
	S1	S2
PE Performance Skills	2	
<ul style="list-style-type: none"> - Displays age-appropriate movement, motor concepts, and manipulative skills - Exhibits age-appropriate understanding of physical fitness and health concepts - Demonstrates sportsmanship, participates fully, and works cooperatively in a safe manner 		
Demonstrates Effort in PE	3	



Snohomish School District

2018-19

Grade

K

Student: [REDACTED]

Teacher: Kacie Sheeler

Principal: Tamera Jones

Date Printed: June 18, 2019

	S1	S2		Total
Present	81	73	Present	154
Absent	4	12	Absent	16
Tardy	0	0	Tardy	0

Tardies and absences affect performance

Academic Key for Common Core & District Standards		
4 - Consistently working at standards beyond grade level		
3 - Meeting semester grade level standards		
2 - Approaching semester grade level standards		
1 - Significantly below grade level standards		
N/A - Not assessed at this time		
Key for Demonstrates Effort		
4 - Exemplary Effort	2 - Inconsistent Effort	
3 - Consistent Effort	1 - Minimal Effort	
Receiving Support Services		
English Language Learner		
LAP		
Title I		
Highly Capable		
Individualized Education Program	Yes	Yes
English Language Arts		
S1 - Comments		
English Language Arts [REDACTED] enjoys the various reading activities that we have in class. She reads the pictures and is able to answer questions about what is happening in a story. [REDACTED] is continuing to practice her letter recognition with teacher support and different computer programs and activities. She is an avid storyteller and works hard in her writing journal, often telling very detailed stories to accompany her pictures.		
S2 - Comments		
English Language Arts [REDACTED] loves all areas of language arts and has worked to practice her skills this term. [REDACTED] enjoys listening to stories and readily discusses what is happening on the page referring to pictures and words read to her to help develop her understanding. When reading in a small group, [REDACTED] demonstrates her understanding of tracking and checking the pictures for clues about what's happening. [REDACTED] has continued to share wonderful stories during writing time. Her pictures are showing more detail, as are the stories she tells.		

English Language Arts - Listening / Speaking		
	S1	S2
Comprehension and Collaboration	*	*
- Actively participates in discussions with partners and in groups - Shows understanding of texts read aloud		
Presentation of Knowledge and Ideas	*	*
- Describes people, places, things, and events - Expresses thoughts, feelings, and ideas clearly		
Demonstrates Effort in Listening / Speaking	3	3
English Language Arts - Reading		
	S1	S2
Phonics	*	*
- Identifies letters - Identifies and produces letter sounds		
Phonemic Awareness	*	*
- Recognizes and produces rhyming words - Blends words		
High Frequency Words	*	*
- Reads high-frequency words		
Comprehension	*	*
- With prompting and support, retells stories (literary texts) and identifies main ideas (informational texts) including key details - With prompting and support, asks and answers questions about key details - Uses illustrations to understand information and to describe characters, settings, or events - Compares/contrasts texts		
Demonstrates Effort in Reading	3	3
English Language Arts - Writing		
Text Types and Purposes	*	*
- Uses a combination of drawing, dictating, and writing to communicate ideas, opinions, and information effectively. - Begins to respond to questions and suggestions to add details to strengthen writing		
Research to Build and Present Knowledge	*	*
- Contributes to shared research and writing projects		
Language - Grammar and Conventions	*	*
- Writes with grade level appropriate grammar and conventions (capitalization, punctuation, grammar)		
Language - Vocabulary and Word Choice	*	*
- Acquires and uses grade level vocabulary		
Demonstrates Effort in Writing	3	3

Music		
S1 Comments, if necessary:		
S2 Comments, if necessary:		
	S1	S2
Music Performance Skills	3	
<ul style="list-style-type: none"> - Demonstrates age-appropriate awareness of pitch and vocal performance - Exhibits age-appropriate awareness of beat and rhythmic performance - Shows an understanding of grade level music concepts, terminology, and proper instrument playing techniques. 		
Demonstrates Effort in Music	3	

Physical Education		
S1 Comments, if necessary:		
S2 Comments, if necessary:		
	S1	S2
PE Performance Skills	3	3
<ul style="list-style-type: none"> - Displays age-appropriate movement, motor concepts, and manipulative skills - Exhibits age-appropriate understanding of physical fitness and health concepts - Demonstrates sportsmanship, participates fully, and works cooperatively in a safe manner 		
Demonstrates Effort in PE	3	3



RIVERVIEW ELEMENTARY
7322 64th St SE
Snohomish WA 98290

Phone: 360-563-4375

Tamera Jones, Principal

Date: 05/14/2019

Parent/Guardian of [REDACTED]
[REDACTED]

RE: Ten or more excessive absences (excused and/or unexcused) in current school year

Dear Parent/Guardian,

This letter is to inform you that [REDACTED] has 10 excessive absences between the dates of 09/05/2018 and 05/10/2019. Please see attached attendance profile. Even though these absences have been excused, they are of concern to teachers and administration, as they may have a negative effect on academic progress.

We recognize there are many reasons for students for missing school, but students can only maximize their educational experience by attending class. While homework can be made up, nothing can replace class activities, discussion, and instruction. Research has shown that absenteeism is strongly tied to course failures and, further down the line, failure to graduate. Some things to consider:

- Missing just 2 days a month means missing 18 days, or 10% of the school year.
- Missing 10% of the school year is considered chronically absent and often results in academic difficulties.
- Students who are chronically absent in any year between 8th and 12th grades have been found to be 7.5 times more likely to drop out of high school.
- A study by the Association of Middle Level Educators found that students who missed 20% or more instructional days in a single year led to a 78% drop out rate.

Our goal is to make sure your student is well prepared for and, ultimately, graduates from high school. As you know, daily school attendance is crucial to student academic success. That is why Washington State has a law about school attendance (R.C.W. 28A.225.020 and R.C.W. 28A.225.030).

We are concerned about your student's academic success. Because a pattern of excessive absences has continued we now request a parent conference so we can talk about barriers that are keeping your child from attending regularly. Please contact our office at 360 563-4375 to schedule a convenient time to meet.

We appreciate your time in working with us on this important matter.

Sincerely,


Tamera Jones
Principal

Snohomish School District

2017-18

Grade

K

Student: [REDACTED]

Teacher: Mrs. Leeman

Principal: Mrs. Rothgeb

Date Printed: June 14, 2018

	S1	S2		Total
Present	85	68	Present	153
Absent	0	20	Absent	20
Tardy	0	4	Tardy	4

Tardies and absences affect performance

Academic Key for Common Core & District Standards

- 4 - Consistently working at standards beyond grade level
- 3 - Meeting semester grade level standards
- 2 - Approaching semester grade level standards
- 1 - Significantly below grade level standards
- N/A - Not assessed at this time

Key for Demonstrates Effort

- 4 - Exemplary Effort 2 - Inconsistent Effort
- 3 - Consistent Effort 1 - Minimal Effort

Receiving Support Services

English Language Learner		
LAP		
Title I		
Highly Capable		
Individualized Education Program	Yes	Yes

English Language Arts

S1 - Comments

English Language Arts
(*See Progress report for all asterics) [REDACTED] loves books! She often chooses to sit with a book when given a variety of literacy options. During book box time, [REDACTED] is able to sustain about 15 minutes of self-directed reading while small groups are meeting with the teacher. Clifford books are [REDACTED] favorite. During whole group instruction, [REDACTED] now regularly attends to the teacher during read-aloud of fiction; especially books that have song or rhyme. During friendship circles, [REDACTED] will take a turn to speak and participates in letter bags, sharing what she brought for a given sound.

S2 - Comments

English Language Arts
I have been encouraged by the growth I've seen as it relates to [REDACTED] receptive language acquisition. [REDACTED] now responds to questions and directions with very little think time. She is beginning to use more two and three word phrases in her speech, and has more back and forth conversations with teachers and peers. [REDACTED] is using more lines and curves in her tracing during writing activities. In her one-on-one reading time, using a predictable Level A text, [REDACTED] will attempt to choral read with the teacher, and can fill in the blank at the end of a sentence, utilizing a picture clue. Way to go, [REDACTED]

English Language Arts - Listening / Speaking

	S1	S2
Comprehension and Collaboration	*	*
- Actively participates in discussions with partners and in groups		
- Shows understanding of texts read aloud		

Presentation of Knowledge and Ideas	*	*
- Describes people, places, things, and events		
- Expresses thoughts, feelings, and ideas clearly		

Demonstrates Effort in Listening / Speaking	*	*
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English Language Arts - Reading

	S1	S2
Phonics	*	*

- Identifies letters
- Identifies and produces letter sounds

Phonemic Awareness	*	*
- Recognizes and produces rhyming words		
- Blends words		

High Frequency Words	*	*
- Reads high-frequency words		

Comprehension	*	*
- With prompting and support, retells stories (literary texts) and identifies main ideas (informational texts) including key details		
- With prompting and support, asks and answers questions about key details		
- Uses illustrations to understand information and to describe characters, settings, or events		
- Compares/contrasts texts		

Demonstrates Effort in Reading	*	*
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English Language Arts - Writing

Text Types and Purposes	*	*
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- Uses a combination of drawing, dictating, and writing to communicate ideas, opinions, and information effectively.
- Begins to respond to questions and suggestions to add details to strengthen writing

Research to Build and Present Knowledge	*	*
- Contributes to shared research and writing projects		

Language - Grammar and Conventions	N/A	*
- Writes with grade level appropriate grammar and conventions (capitalization, punctuation, grammar)		

Language - Vocabulary and Word Choice	*	*
- Acquires and uses grade level vocabulary		

Demonstrates Effort in Writing	*	3
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Music**S1 Comments, if necessary:**

*With extra guidance, she can accomplish some of the performance tasks and seems to enjoy participating.

S2 Comments, if necessary:

She has been staying in her spot, singing and dancing, and trying for most of music class lately. Good work, [REDACTED]

	S1	S2
Music Performance Skills	2	2
<ul style="list-style-type: none">- Demonstrates age-appropriate awareness of pitch and vocal performance- Exhibits age-appropriate awareness of beat and rhythmic performance- Shows an understanding of grade level music concepts, terminology, and proper instrument playing techniques.		
Demonstrates Effort in Music	3	3

Physical Education**S1 Comments, if necessary:**

In PE, students have practiced skills like running, kicking, dribbling, juggling, and playing with peers. Students have completed the 7-minute workout to build fitness and learned about nutrition (whole vs. processed foods and the importance of eating fruits and vegetables).

[REDACTED] needs quite a bit of support to participate in PE, but with that support she usually engages with the lesson and tries her best. She usually plays well with classmates, but needs ongoing guidance from an adult to stay engaged with them and the activity. [REDACTED] is a pleasure to have in class.

S2 Comments, if necessary:

[REDACTED] usually participates in PE to the fullest extent possible; she requires support from a 1 to 1 aid in order to do so. She's a pleasure to have in class.

	S1	S2
PE Performance Skills	3	3
<ul style="list-style-type: none">- Displays age-appropriate movement, motor concepts, and manipulative skills- Exhibits age-appropriate understanding of physical fitness and health concepts- Demonstrates sportsmanship, participates fully, and works cooperatively in a safe manner		
Demonstrates Effort in PE	3	3



**SNOHOMISH
SCHOOL
DISTRICT**

1601 Avenue D, Snohomish, WA 98290-1799
360-563-7300 Fax 360-563-7279

Student Housing

questionnaire

The answers to the following questions help determine educational services your child(ren) may be eligible to receive through the McKinney-Vento Homeless Assistance Act.

Are you 'doubled up' with another family due to a loss of housing or economic hardship?

☐ Yes ☒ No

Are you living in a motel/hotel due to lack of housing?

☐ Yes ☒ No

Are you living in a shelter?

☐ Yes ☒ No

Are you living in a car, park, campsite or location not usually used for sleeping accommodations?

☐ Yes ☒ No

As a student, are you living with someone other than your parent?

☐ Yes ☒ No

► If you answered YES to any of the above questions, please complete the remainder of this form and return it to your child's school.

► If you answered NO to all of the above questions, you may stop here.

Student Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Grade: _____ Name of School: _____

Current address: _____
Street City Zip

Phone/Contact Number: _____

Do you have other children that attend a school in the Snohomish School District?

Name: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____

Name: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____

Name: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____

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

Print name of person completing form: _____

Signature: _____ Date: _____

Relationship to student(s): ☐ Parent ☐ Guardian ☐ Self ☐ Other _____

For School Staff Only: If "Yes" is checked for any question above, please give this form to the School Counselor or Administrator

I acknowledge that I have read (or I have had someone read this to me) and I understand this document.

Age: 5 Grade: K Name of School: Riverview

Current address:

Phone/Contact Number:

Do you have other children that attend a school in the Snohomish School District?

18/19

Age: _____ Grade: _____ School: _____

Age: _____ Grade: _____ School: _____

Age: _____ Grade: _____ School: _____

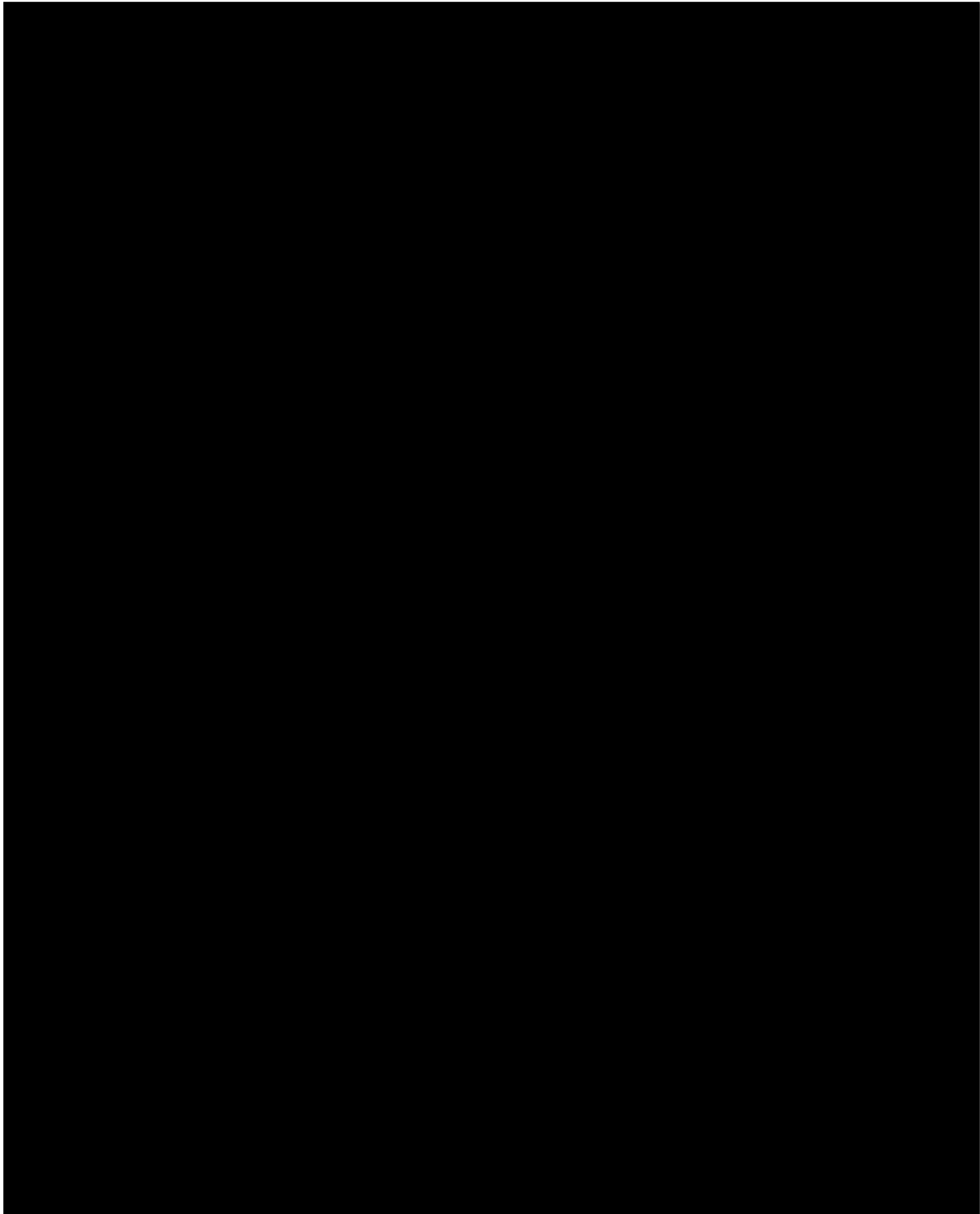
I declare under penalty of perjury under the laws of the State of Washington
that the information provided here is true and accurate.

Print name of person completing form:

Date: 5/15/18

Relationship to student(s): ☒ Parent ☐ Guardian ☐ Self ☐ Other _____

Please read and complete this form and return to your child's school office by the end of September.



Hospital Preference Seattle ChildrensHealth Insurance: ☐ No ☒ YesName of Company United HealthDental Insurance: ☐ No ☒ YesName of Company United HealthFamily Doctor Megan Westbrook Phone 360-563-8602 Date of last physical exam 5/18Specialist Rebecca Partridge Phone 425-557-8008 Date of last exam 5/18Dentist Puget Sound Childrens Phone 360 863 8700 Date of last exam 2/18

State law requires written permission from parent and/or a health care provider before any medications, prescription or over-the-counter, may be taken at school. Forms are available from the school health rooms or the school office.

If parent/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most accessible. I understand that I will assume full responsibility for the payment of any services rendered. I understand that the information given above will be shared with appropriate school staff that needs to know in order to provide for the health and safety of my student. I understand that SSD staff may obtain immunization info from **Washington State Immunization Information System** to update my student's immunization status. If I do NOT want SSD staff to obtain info from **Washington State Immunization Information System** I will check here. ☐

Parent/guardian signature _____

Relationship mother

Phone _____

2015-16 Student Information Update Form - Central Primary Center

Please update the information below, sign the form, and return the form to the school office.

Grade: P Gender: F

Confidential Phone? No
(Yes = Phone Number will NOT be published)

Photo Release: Yes

Mailing Address:
(if different from above)

Primary Household Information (where your child resides)

Relationship to Student: Father

Relationship to Student: Mother

Third Phone:

Third Phone:

Is there a custody or Parenting Plan in effect or are there restrictions on the non-custodial parent contact with the student at school?

☐ Yes ☐ No *If yes, plan must be on file with school*

Is there a Restraining Order in effect? ☐ Yes ☐ No *If yes, legal papers must be on file with school*

Restraining Order is against:

Household #2	Relationship	Phone 1	Phone 2	Phone 3
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Email:

Street Addr:

Mailing Addr (if diff):

Emergency Contacts:

When injury, illness or other emergency situations involving your child occur, we want to quickly reach families or other responsible adults. In the event we cannot reach the parent/guardian(s) listed above, list persons you trust who are available during the day to provide care for your child. Please provide non-resident parent or daycare information as an emergency contact if applicable.

Emergency Contact #1:

Primary Phone:

Phone 2:

Relationship to student:

Phone 3:

Emergency Contact #2:

Primary Phone:

Phone 2:

Relationship to student:

Phone 3:

Emergency Contact #3:

Primary Phone:

Phone 2:

Relationship to student:

Phone 3:

Emergency Contact #4:

Primary Phone:

Phone 2:

Relationship to student:

Phone 3:

Emergency / Medical Alert Information

Please provide any emergency/medical alert information that applies to this student.

Alert Information:

No
Picture
Available

Name of Alternate Care Provider (if applicable)

Address

Phone(s)

☒ The above information is correct as printed

corrections as indicated

LEGAL PARENT/GUARDIAN SIGNATURE:

Date:

9/14/15



SNOHOMISH
SCHOOL
DISTRICT

SNOHOMISH SCHOOL DISTRICT 201 NEW STUDENT REGISTRATION FORM

SCHOOL: Central

DATE: 6-12-15

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY

STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE
					AM PM

☒ Yes ☐ No Has any member of your family ever been enrolled in the Snohomish School District?

GENDER (M/F) <u>F</u>		BIRTHPLACE City County State Country <u>Seattle, King, WA USA</u>		GRADE LEVEL
DISTRICT RESIDENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Resident District _____		Ethnicity & Race Information Please see Last Page for State & Federally Required Information		PRIMARY LANGUAGE SPOKEN AT HOME <input checked="" type="checkbox"/> English <input type="checkbox"/> Other _____
				US CITIZEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

RELATIONSHIP TO STUDENT: <u>Father</u> Mother Stepfather Stepmother Guardian Grandfather Grandmother Uncle Aunt Agency Friend Self Circle One OR Write In _____		PRIMARY CONTACT # (include area code) _____ <input type="checkbox"/> Please check if unlisted	PRIMARY CONTACT PH #2 (area code) _____ <input type="checkbox"/> Please check if unlisted
Legal Last Name _____ Legal First Name _____ Middle Name _____		PHONE #1 (include area code) _____ <input type="checkbox"/> Please check if unlisted	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
RELATIONSHIP TO STUDENT: <u>Mother</u> Father Stepfather Stepmother Guardian Grandfather Grandmother Uncle Aunt Agency Friend Self Circle One OR Write In _____		<input type="checkbox"/> Please check if unlisted	
Legal Last Name _____ Legal First Name _____ Middle Name _____		<input type="checkbox"/> Please check if unlisted	

ADDRESS (If different from above)			
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SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student) Legal Last Name _____ Legal First Name _____ Middle Name _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted
RELATIONSHIP TO STUDENT: Father Mother Stepfather Stepmother Guardian Grandfather Grandmother Uncle Aunt Agency Friend Self Circle One OR Write In _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted
Legal Last Name _____ Legal First Name _____ Middle Name _____	RELATIONSHIP TO STUDENT: Father Mother Stepfather Stepmother Guardian Grandfather Grandmother Uncle Aunt Agency Friend Self Circle One OR Write In _____	
FAMILY EMAIL ADDRESS _____		RELATIONSHIP TO STUDENT: Father Mother Stepfather Stepmother Guardian Grandfather Grandmother Uncle Aunt Agency Friend Self
SECOND HOUSEHOLD MAILING ADDRESS (Street PO Box, City, State, ZIP)		ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED SNOHOMISH PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE ATTENDED (Month/Year)
IF YES, NAME OF SCHOOL(S) ATTENDED		

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, plan must be on file with the school) <input type="checkbox"/> Copy Attached
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, legal papers must be on file with the school) <input type="checkbox"/> Copy Attached
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

SNOHOMISH SCHOOL DISTRICT NO. 201

Ethnicity and Race Collection Form

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> NOT HISPANIC/LATINO | <input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> CUBAN | <input type="checkbox"/> CENTRAL AMERICAN |
| <input type="checkbox"/> DOMINICAN | <input type="checkbox"/> SOUTH AMERICAN |
| <input type="checkbox"/> SPANIARD | <input type="checkbox"/> LATIN AMERICAN |
| <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> OTHER HISPANIC/LATINO |

QUESTION 2. What race(s) do you consider your child? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> ALASKA NATIVE |
| <input checked="" type="checkbox"/> WHITE | <input type="checkbox"/> CHEHALIS |
| <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> COLVILLE |
| <input type="checkbox"/> CAMBODIAN | <input type="checkbox"/> COWLITZ |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> HOH |
| <input type="checkbox"/> FILIPINO | <input type="checkbox"/> JAMESTOWN |
| <input type="checkbox"/> HMONG | <input type="checkbox"/> KALISPEL |
| <input type="checkbox"/> INDONESIAN | <input type="checkbox"/> LOWER ELWHA |
| <input type="checkbox"/> JAPANESE | <input type="checkbox"/> LUMMI |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> MAKAH |
| <input type="checkbox"/> LAOTIAN | <input type="checkbox"/> MUCKLESHOOT |
| <input type="checkbox"/> MALAYSIAN | <input type="checkbox"/> NISQUALLY |
| <input type="checkbox"/> PAKISTANI | <input type="checkbox"/> NOOKSACK |
| <input type="checkbox"/> SINGAPOREAN | <input type="checkbox"/> PORT GAMBLE KLALLAM |
| <input type="checkbox"/> TAIWANESE | <input type="checkbox"/> PUYALLUP |
| <input type="checkbox"/> THAI | <input type="checkbox"/> QUILEUTE |
| <input type="checkbox"/> VIETNAMESE | <input type="checkbox"/> QUINAULT |
| <input type="checkbox"/> OTHER ASIAN | <input type="checkbox"/> SAMISH |
| <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> SAUK-SUIATTLE |
| <input type="checkbox"/> FIJIAN | <input type="checkbox"/> SHOALWATER |
| <input type="checkbox"/> GUAMANIAN or CHAMORRO | <input type="checkbox"/> SKOKOMISH |
| <input type="checkbox"/> MARIANA ISLANDER | <input type="checkbox"/> SNOQUALMIE |
| <input type="checkbox"/> MELANESIAN | <input type="checkbox"/> SPOKANE |
| <input type="checkbox"/> MICRONESIAN | <input type="checkbox"/> SQUAXIN ISLAND |
| <input type="checkbox"/> SAMOAN | <input type="checkbox"/> STILLAGUAMISH |
| <input type="checkbox"/> TONGAN | <input type="checkbox"/> SUQUAMISH |
| <input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> SWINOMISH |
| | <input type="checkbox"/> TULALIP |
| | <input type="checkbox"/> YAKAMA |
| | <input type="checkbox"/> OTHER WASHINGTON INDIAN |
| | <input type="checkbox"/> OTHER AMERICAN INDIAN |

QUESTION 3. What local race do you consider your child? (Choose one only, please)

- | | |
|---|---|
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> MULTIRACIAL |
| <input type="checkbox"/> BLACK, NON-HISPANIC | <input type="checkbox"/> PACIFIC ISLANDER |
| <input type="checkbox"/> HISPANIC | <input checked="" type="checkbox"/> WHITE, NON HISPANIC |
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE | <input type="checkbox"/> NOT PROVIDED |

REQUIRED INFORMATION: If born in a country other than the United States, please answer these questions:

How many months have you been in US? ____ How many years? ____ Has your child had any formal education outside the US?

Where and how long? _____

Legal Parent/Guardian Signature of Verification: _____

Date 6-12-15

2017-18 Student Information Update Form - CENTRAL PRIMARY CENTER

Please update the information below, sign the form, and return the form to the school office.

Advisor: Leeman, Shannon

Grade: K Gender: F

Confidential Phone? No

(Yes = Phone Number will NOT be published)

Photo Release: Yes

Mailing Address:
(if different from above)

Primary Household Information (where your child resides)

Relationship to Student: Father

Relationship to Student: Mother

Third Phone:

Third Phone:

Is there a custody or Parenting Plan in effect or are there restrictions on the non-custodial parent contact with the student at school?

☐ Yes ☒ No If yes, plan must be on file with school

Is there a Restraining Order in effect?

☐ Yes ☒ No If yes, legal papers must be on file with school

Restraining Order is against:

Household #2	Relationship	Phone 1	Phone 2	Phone 3
Email:				
Street Addr:				
Mailing Addr (if diff):				

Emergency Contacts:

When injury, illness or other emergency situations involving your child occur, we want to quickly reach families or other responsible adults. In the event we cannot reach the parent/guardian(s) listed above, list persons you trust who are available during the day to provide care for your child. Please provide non-resident parent or daycare information as an emergency contact if applicable.

***** Emergency / Medical Alert Information *****

Please provide any emergency/medical alert information that applies to this student.

Alert Information:

Name of Alternate Care Provider (if applicable)

☐ The above information is correct as printed

Directions as indicated

LEGAL PARENT/GUARDIAN SIGNATURE:

Date:

9/16/17

☐ M ☒ F Grade: K ID #: _____

This information is needed to plan an appropriate program for your student and to prepare for any emergency situation if one should arise.
Your building nurse will contact you if there are any additional questions.

MEDICAL HISTORY (check all that apply) OR ☐ no health concerns at this time (please sign form).

Congenital Conditions

A_ ☐ Please List _____

Hematology (Blood)

BB ☒ *Hemophilia _____
BC ☐ Sickle Cell Anemia _____
BD ☐ Other Blood Condition _____

Cardiovascular/Heart Conditions

C_ ☐ Please List _____

Endocrine, Allergy, Immune System, Metabolic, and Nutritional

ED ☐ Allergy-Food _____
EE ☐ Allergy-Insect _____
E_ ☐ Other Allergy _____
EG ☒ *Anaphylactic Condition (Epi-pen) _____
EJ ☐ Cystic Fibrosis _____
EK/L ☐ *Diabetes Type 1 ☐ *Diabetes Type 2
EN ☐ Eating Disorder _____
EU ☒ Thyroid Disorder hypothyroid
E_ ☐ Other Endocrine, Immune, or Metabolic Disorder _____

Gastrointestinal, Dental, and Oral Conditions

GA/J/K ☐ Celiac Disease ☐ Crohn's ☐ Irritable Bowel
GH/L ☐ Gastroesophageal Reflux ☐ Lactose Intolerance
GI ☐ Other _____
GM ☐ Liver Disease _____
GD ☐ Dental Condition _____
GN ☐ Oral Condition _____

Musculoskeletal and Connective Tissue

MC ☐ Juvenile Idiopathic Arthritis _____
MD ☐ Muscular Dystrophy _____
MF ☐ Osgood-Schlatter _____
MH ☐ Scoliosis _____
M_ ☐ Other _____

Nervous System

NA ☐ Autism Spectrum Disorder
☐ ADHD-Inattentive ☐ ADHD-Hyperactive/Impulsive
NB ☐ ADHD-Combined Diagnosed by: _____
NE ☐ Cerebral Palsy _____
NF ☒ Developmental Delay DS
NH/I/J ☐ Migraines ☐ Headaches ☐ Shunt
NL ☐ Intellectually Disabled _____
NN ☐ Paralysis _____
NP ☐ Seizure Disorder _____
NQ ☐ Sensory Condition _____
NS ☐ Spina Bifida _____
NT ☐ Spinal Cord Injury _____
NU ☐ Traumatic Brain Injury _____

Behavioral Health Conditions

PH ☐ Sleep Disorder _____
PI ☐ Tourette Syndrome _____
P_ ☐ Other _____

Respiratory

RA ☐ Exercise-Induced Bronchospasm ☐ *Inhaler
RB/C/D ☐ Asthma ☐ Mild ☐ *Moderate ☐ *Severe ☐ *Inhaler
RE ☐ Reactive Airway Disease _____
RF ☐ Other _____

Skin and Subcutaneous Tissue

SB ☐ Contact Dermatitis (Eczema) _____
S_ ☐ Other _____

Neoplasms (Cancer/Tumors)

T_ ☐ Please List _____

Renal and Genitourinary

UB/U_ ☐ Chronic Urinary Tract Infection ☐ Urinary Reflux
UC ☐ Dysmenorrhea (painful periods) _____
U_ ☐ Other _____

Eye and Ear

YB ☒ Hearing Impaired mild
YA/YC ☐ Chronic Ear Infections ☐ Ear Condition _____
YD ☒ Visually Impaired
YE ☐ Eye Condition _____ ☒ Wears Glasses

Is medication needed at home? ☐ No ☒ Yes Please list.

Is medication needed at school? ☒ No ☐ Yes Please list.

**Law requires that life-threatening conditions such as anaphylaxis, hemophilia, asthma, or diabetes have a care plan completed prior to the first day of school. Please contact the building nurse as soon as possible to ensure the paperwork is complete.*



SNOHOMISH
SCHOOL
DISTRICT

SNOHOMISH SCHOOL DISTRICT 201 NEW STUDENT REGISTRATION FORM

SCHOOL: Riverview

DATE: 5/15/18

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY

SCHOOL ENTRY DATE

9-5-18

MEDICAL ALERT

HOMEROOM NUMBER

LOCKER NUMBER

BUS ROUTE

AM PM

Has any member of your family ever been enrolled in the Snohomish School District? ☒ Yes ☐ No

DISTRICT RESIDENT?

☒ Yes ☐ No

Resident District:

50

Seattle, King, WA USA K

Military Family Status (circle)

☐ A - U.S. Armed Forces active duty ☐ G - National Guard member
☐ M - More than one member of Armed Forces/National Guard
☐ N - No affiliation ☐ R - U.S. Armed Forces reserves
☐ Z - Do not wish to state

PRIMARY LANGUAGE SPOKEN AT HOME

☒ English

☐ Other

RELATIONSHIP TO STUDENT ☐ Father ☒ Mother ☐ Steplather ☐ Stepmother ☐ Guardian
☐ Grandfather ☐ Grandmother ☐ Uncle ☐ Aunt ☐ Agency ☐ Friend ☐ Self

☐ Please check if unlisted

☐ Please check if unlisted

RELATIONSHIP TO STUDENT ☐ Father ☐ Mother ☐ Steplather ☐ Stepmother ☐ Guardian
☐ Grandfather ☐ Grandmother ☐ Uncle ☐ Aunt ☐ Agency ☐ Friend ☐ Self

☐ Please check if unlisted

☐ Please check if unlisted

ADDITIONAL EMAIL ADDRESS

MAILING
ADDRESS
(if different
from above)

SECOND HOUSEHOLD (Non-custodial parent/guardian not residing with student)

Legal Last Name Legal First Name Middle Name

RELATIONSHIP TO STUDENT ☐ Father ☐ Mother ☐ Steplather ☐ Stepmother ☐ Guardian
☐ Grandfather ☐ Grandmother ☐ Uncle ☐ Aunt ☐ Agency ☐ Friend ☐ Self

PHONE #1 (include area code)

☐ Home ☐ Work ☐ Cell

☐ Please check if unlisted

PHONE #2 (include area code)

☐ Home ☐ Work ☐ Cell

☐ Please check if unlisted

Legal Last Name (Non-custodial parent/guardian not residing with student)
Legal First Name Middle Name

RELATIONSHIP TO STUDENT ☐ Father ☐ Mother ☐ Steplather ☐ Stepmother ☐ Guardian
☐ Grandfather ☐ Grandmother ☐ Uncle ☐ Aunt ☐ Agency ☐ Friend ☐ Self

PHONE #1 (include area code)

☐ Home ☐ Work ☐ Cell

☐ Please check if unlisted

PHONE #2 (include area code)

☐ Home ☐ Work ☐ Cell

☐ Please check if unlisted

FAMILY EMAIL ADDRESS

RELATIONSHIP TO STUDENT: ☐ Father ☐ Mother ☐ Steplather ☐ Stepmother
☐ Guardian ☐ Grandfather ☐ Grandmother ☐ Uncle ☐ Aunt ☐ Agency
☐ Friend ☐ Self

SECOND HOUSEHOLD MAILING ADDRESS

(Street/PO Box, City, State, ZIP)

ADDITIONAL MAILINGS REQUESTED

☐ Yes ☐ No

SCHOOL PREVIOUSLY ATTENDED

Central Primary

SCHOOL DISTRICT PREVIOUSLY ATTENDED

Sno

PREVIOUS SCHOOL LOCATION (City and State)

Sno

HAS STUDENT EVER ATTENDED SNOHOMISH PUBLIC SCHOOLS?

☒ Yes ☐ No

IF YES, NAME OF SCHOOL(S) ATTENDED

DATE ATTENDED (Month/Year)

115 - '18

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? ☐ Yes ☒ No (If yes, plan must be on file with the school) ☐ Copy Attached

IS THERE A RESTRAINING ORDER IN EFFECT? ☐ Yes ☒ No (If yes, legal papers must be on file with the school) ☐ Copy Attached

Restraining order is against: ☐ Mother ☐ Father ☐ Other

Please complete additional registration information on back...

EMERGENCY INFORMATION

Snohomish School District No. 201, Snohomish, WA 98290

Please print student's last name _____

Bus # _____

In order to provide immediate and safe care for your child and carry out your wishes in case of injury or illness at school, we require the following information. Please fill out completely. Please print.

Mailing Address if different from home address: _____

City _____

Zip _____

Lives with: ☒ Parents☐ Mother only☐ Mother/Stepfather☐ Guardian☐ Father only☐ Father/StepmotherPrimary language spoken at home: ☒ English☐ Spanish

Other _____

Day Care Provider (if applicable) _____

Phone _____

Please complete the following if student has a non-custodial parent who can make emergency decisions for the student and receive copies of records involving this student, including newsletters, grade reports, correspondence, etc.

Home Address _____ City _____ Zip _____ Home Phone _____

Parent/Guardian Name 1. _____ E-mail Address _____

Place of business _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name 2. _____ E-mail Address _____

Place of business _____ Work Phone _____ Cell Phone _____

Please list all children in Snohomish School District this year. (Please list students in this school first.)

CERTIFICATE OF LIVE BIRTH

DATE ISSUED: 08/18/2015

GIVEN NAMES: [REDACTED] *****
LAST NAME: [REDACTED] *****

DATE OF BIRTH: [REDACTED] *****

FACILITY: SWEDISH MEDICAL CENTER - FIRST HILL

PLACE OF BIRTH: SEATTLE, KING COUNTY, WASHINGTON

TIME OF BIRTH: 10:25 A.M.

SEX: FEMALE

MOTHER'S MAIDEN NAME: [REDACTED]

PLACE OF BIRTH: WASHINGTON

DATE OF BIRTH: [REDACTED]

FATHER'S NAME: [REDACTED]

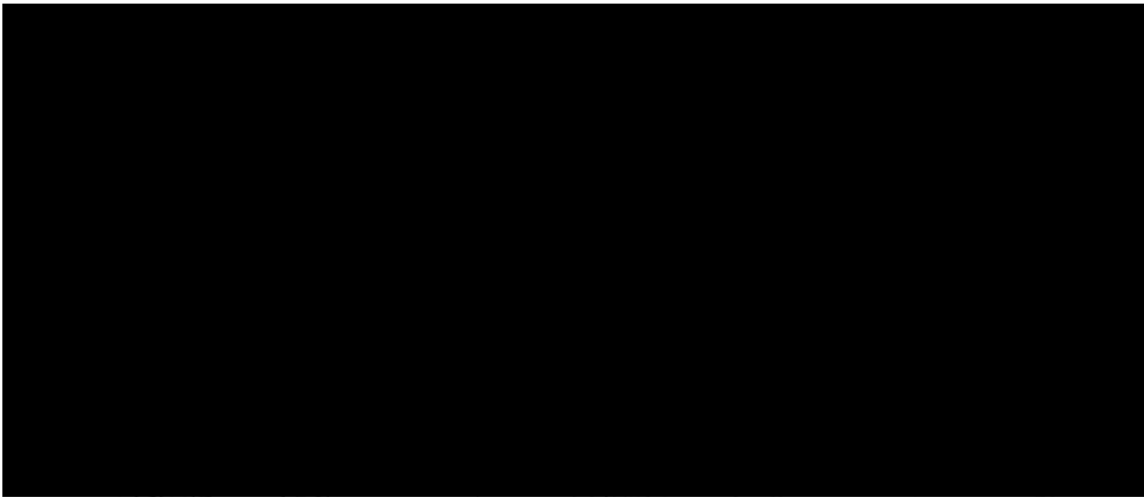
PLACE OF BIRTH: WASHINGTON

DATE OF BIRTH: [REDACTED]

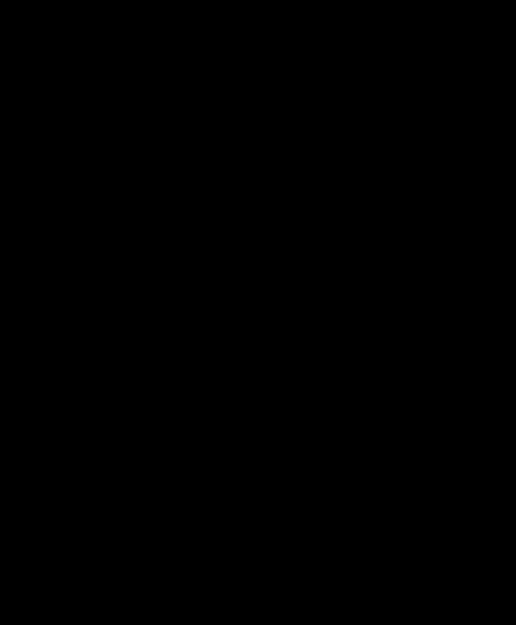
FILING DATE: 07/05/2012

FEE NUMBER: 1750888105

SCHOOL PHOTOS



Grade Year		Grade Year		Year	
Teacher		Teacher		Teacher	
Grade Year		Grade Year		Grade Year	
Teacher		Teacher		Teacher	
Grade Year		Grade Year		Grade Year	
Teacher		Teacher		Teacher	



Kindergarten

Teacher Leeman



1st Grade

Teacher _____



2nd Grade

Teacher _____



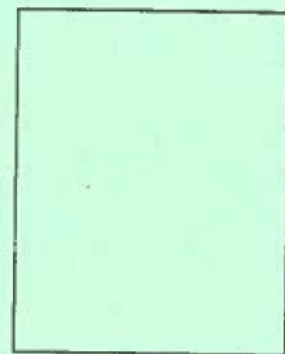
3rd Grade

Teacher _____



4th Grade

Teacher _____



5th Grade

Teacher _____



6th Grade

Teacher _____



7th Grade

Teacher _____



8th Grade

Teacher _____