



# EVERETT PUBLIC SCHOOLS HOME ACCESS CENTER

Whittier parents, are you signed up for **Home Access Center**? Please do not wait and sign up!

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## **DID YOU KNOW YOU CAN SEE...**

- Registration information, emergency contacts
- Update email and phone numbers
- Attendance
- Student schedule, teacher names and emails
- District/State Test Scores (DRA, SBA, MSP)

## **Whittier Parent/Guardian**

### **Need a log in or password?**

- Request a login/password from [lms@everettsd.org](mailto:lms@everettsd.org). Include in that request:
  1. Your student's name, school ID number and/or date of birth
  2. Your name
  3. Your relationship to the child (mother, father, guardian, etc.)
- LMS will email you (only to the address on file with your school) your log-in and TEMPORARY password.
- AFTER you change that password, you will have access to student info.

*Do you have more than one child? Do you want to use one login for all of them?*

- Ask your school to link all of your students in one account.

FOR MORE INFORMATION CONTACT: [LMS@everettsd.org](mailto:LMS@everettsd.org)



3900 Broadway, Everett, WA 98201  
425-385-4000 • [www.everettsd.org](http://www.everettsd.org)

Student name (please print):

Student ID number:

Grade:

## Please sign and return this page to your student's school

I understand that the Everett Public Schools Student Rights and Responsibilities handbook is accessible to me online at <http://www.everettsd.org/domain/1493>, is located on the desktop of all school district issued student computer devices, and in print. Print copies of the handbook are available upon request at all school offices. My signature on this form acknowledges that I have accessed and reviewed the handbook either online, on my student's school district issued computer device, or in print for the **2020-21** school year and I will return the signed form to my student's school by **October 1**.

I have also read the Family Educational Rights and Privacy Act (FERPA) form (found on the back page) which I understand must be returned to my student's school by **October 1** if I wish to restrict release of information about my student.

I acknowledge I am aware of and understand the district's attendance policies and procedures.

I also acknowledge I have received and agree to the conditions for student use of technology as specified in the Student Rights and Responsibilities handbook.

Parent/guardian signature:

Date:

Student signature:

Date:

Print student name:

- This handbook is also available in Arabic, Russian, Spanish and Vietnamese. Contact your school office for copies or access online at <http://www.everettsd.org/domain/1493>.

• يتوفر الدليل أيضا باللغة العربية، الروسية، الأسبانية والفيتنامية. اتصل بمكتب المدرسة الخاص بك من أجل النسخ.

- Это руководство также переведено на арабский, русский, испанский и вьетнамский языки. Свяжитесь с офисом вашей школы, чтобы получить экземпляр.
- Este manual también está disponible en árabe, ruso, español y vietnamita. Comuníquese con la oficina de su escuela para obtener copias.
- Cuốn sổ tay hướng dẫn này được dịch ra tiếng Ả-rập, tiếng Nga, tiếng Tây Ban Nha và tiếng Việt. Vui lòng liên hệ với văn phòng trường quý vị để nhận bản dịch.

« Please complete additional form on backside of handbook

TEAR OFF FORM ALONG PERFORATED EDGE



3900 Broadway, Everett, WA 98201  
425-385-4000 • www.everettsd.org

**THREE reasons  
you might want  
to return this  
form by Oct. 1**

- 1.** You don't want your child's photo or information used as explained in SECTION 1
- 2.** You don't want your child to use the Internet at school – SECTION 2
- 3.** You have a high school student – SECTION 3

*NOTE: Any non-returned forms or blank boxes will imply permission to release the student's information.*

## The Family Educational Rights and Privacy Act (FERPA) Form

### 1. Your permission to use student's photo, name and student work

**The district never releases phone numbers and addresses without your permission.** The district does release student photos, names and student work under the following circumstances. If you do not want that information released, write NO in the box provided. ***If you leave a box blank or do not return this form, we assume we have your permission to release the information below.***

**Do you want your child's name and/or photo shared in the following kinds of district and non-district methods?**

↓ Write "YES" or "NO"

*School newspaper, graduation program, school or district recognitions, print and online media; also parent groups, such as the PTA, which frequently writes stories about student accomplishments, school programs and events.*

**Do you want your child's name and/or photo in your school's yearbook?**

↓ Write "YES" or "NO"

*Note: Some schools publish their yearbook online and some yearbooks are created by parent groups, such as the PTA.*

### 2. Your permission for your student to use the Internet at school

**If you leave this blank, we assume your child has permission to use the Internet at school.**

↓ Write "YES" or "NO"

*WRITE NO if you don't want your child to use the Internet to learn at school.*

### 3. Your permission to share high school student information with the military and colleges

**If you leave an item blank, we assume we have your permission to release the information.**

*WRITE NO if you don't want your high school student's information shared with military recruiters or colleges and trade schools.*

**Military  
recruiters:**

↓ Write "YES" or "NO"

**Colleges and  
trade schools:**

↓ Write "YES" or "NO"

**Student name (please print):**

**Parent/guardian name (please print):**

**Student ID number (if currently enrolled student):**

**Parent/guardian signature:**

**Date:**

***Please complete additional form on front side of handbook »***

TEAR OFF FORM ALONG PERFORATED EDGE





Student ID# \_\_\_\_\_

## 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"/> 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"/> Transitional Housing (a program going from homeless to independent living usually within 24 months) |   |
| <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 (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_

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/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.

**For School Personnel Only:**

Submitted by: \_\_\_\_\_ Building/ Dept: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to:**

Amy Perusse  
KIT (Kids in Transition) Coordinator

425-385-4032  
Phone Number

EPS Community Resource Center  
Location



## 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 \(NAEH CY\)](#)

[SchoolHouse Connection](#)

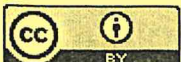
**Office of Superintendent of Public Instruction (OSPI)  
Home Language Survey**

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

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<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.	All parents have the right to information about their child's education in a language they understand.  1. In what language(s) would your family prefer to communicate with the school? _____		
<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.	2. What language did your child learn first? _____  3. What language does your child use the most at home? _____  4. What is the primary language used in the home, regardless of the language spoken by your child? _____  5. Has your child received English language development support in a previous school? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		
<b>Prior Education</b> Your responses about your child's birth country and previous education: <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> <i>This form is not used to identify students' immigration status.</i>	6. In what country was your child born? _____  7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 <sup>th</sup> grade) <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes: Number of months: _____ Language of instruction: _____  8. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade) _____ Month      Day      Year		

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.



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## WHITTIER ELEMENTARY PTA 2019-2020 Membership Form



Membership is  
open to ANYONE!

PTA is a group of parents, guardians, teachers, staff and others who support all students at Whittier Elementary!

### PTA Membership Discounts

Volunteering and  
attendance are  
NOT REQUIRED!

#### PTA Supports & Sponsored Events:

- 5<sup>th</sup> Grade Camp
- Glow Dance
- Harvest Festival
- Free Popcorn Fridays
- Book Fairs
- Assemblies
- Staff Appreciation
- Movie Nights
- Bingo Night
- Yearbooks
- Art Docent
- Reflections Art Competition
- Advocacy for our children
- And much more!



AND MORE!

#### Membership Type: Membership Fee:

\_\_\_ Parent/Guardian \_\_\_ 2 people \$25  
\_\_\_ Staff \_\_\_ 1 person \$15  
\_\_\_ Friend of PTA \_\_\_ Scholarship needed \$0

Questions?  
Email us at:

[whittiermemberships@gmail.com](mailto:whittiermemberships@gmail.com)  
You can also find us on Facebook

#### Membership Information: (used for PTA purposes only, membership cards will be sent via email)

Name (Member 1): \_\_\_\_\_ Phone: \_\_\_\_\_  
Email (required): \_\_\_\_\_  
Name (Member 2): \_\_\_\_\_ Phone: \_\_\_\_\_  
Email (required): \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Grade(s) \_\_\_\_\_ Teacher Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Gift of Membership: Sponsor a staff's PTA membership or provide scholarship assistance.

Staff member's name\*: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
General PTA Scholarship Fund Donation (any amount): \_\_\_\_\_ Amount \$ \_\_\_\_\_  
*\* If my requested teacher's membership is already paid for, please donate this amount to the general PTA membership scholarship fund.*

Return this form with payment (cash or check payable to Whittier PTA) to Whittier's main office or mail to: **916 Oakes Ave. Everett, WA 98201.**

For instructions to join online, visit the Whittier website homepage, go to the Parents tab, then click on PTA.

Whittier Elementary PTA is a non-profit organization and is an affiliate of WA State PTA and National PTA, and is a registered 501c3. Membership and all donations are tax deductible.

PTA Use Only	Date: _____	Donation: \$ _____ ___ \$15 Ind. ___ \$20 Fam	Total Paid: \$ _____ ___ Cash ___ Check
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