

## Welcome to Kindergarten at Methow Valley Elementary!

We are so excited to meet your family and get started with a great learning adventure here at Methow Valley Elementary this August..

We are proud of many things about our school, including:

- Small class sizes (kindergarten classes usually have between 16-18 students).
- Regular enrichment activities including art, gardening, library, music and PE.
- We are an International Baccalaureate School, and we focus on units that integrate subjects and also include social and emotional skills.
- Our community is very involved in our school, including our student mentoring program, Methow Arts programs and Classroom in Bloom garden.
- Our teachers love children and have a passion for teaching!

As you prepare to start kindergarten this fall, there are a few milestones you should be aware of:

- Kindergarten Family Conferences (30 minutes for each family), will occur during the first week of school. In late August, Kindergarten teachers will call each family to schedule these conferences.
- You will receive a detailed “Welcome to Kindergarten” letter in late August with details about transportation, snacks, communication, absences, etc.

Please let us know if you have any questions or concerns you’d like to discuss. We can’t wait to meet you and wish you a peaceful, healthy, spring and summer.

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**Methow Valley School District**  
**Methow Valley Elementary School**  
**STUDENT REGISTRATION FORM**

Today's Date: \_\_\_\_\_

**Do Not Write in Shaded Area - For Office use only** **Rides Bus #** \_\_\_\_\_

**Entry Date:** \_\_\_\_\_ **Records Request Sent:** \_\_\_\_\_

Please Print

**Student Legal Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name also Known By: \_\_\_\_\_ Birth Date (Month/Day/Year) \_\_\_\_\_ Gender  Male  Female Grade: \_\_\_\_\_

**Ethnic Background**  Latino, not Hispanic  White  
 Asian/Pacific Islands  Black, non Hispanic  
 Hispanic  American Indian /Alaska Native  Other

**Primary Language at Home:**  
 English  
 Other

Name of Last School Attended: \_\_\_\_\_ Name of Previous District: \_\_\_\_\_

Are there any unpaid fines or fees at your child's previous school?

Previous School Address: \_\_\_\_\_ Previous School Phone: \_\_\_\_\_ Previous School Fax: \_\_\_\_\_

Has student ever attended the Methow Valley School District?  Yes  No If yes, dates/years attended: \_\_\_\_\_

**#1 Primary Residence**  
 STUDENT LIVES WITH:  
 Both Parents  Father Only  Mother Only  Grandparents  
 Father/Stepmother  Mother/Stepfather  Stepfather/Stepmother  
 Guardian  Self  Agency  Other

**Primary/Home Phone:** \_\_\_\_\_

Primary Residence Parent/Guardian 1: Last \_\_\_\_\_ First \_\_\_\_\_  
 Primary Residence Parent/Guardian 2: Last \_\_\_\_\_ First \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work place \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work place \_\_\_\_\_ Work Phone: \_\_\_\_\_

**#2 Second Residence**  
 STUDENT LIVES WITH:  
 Both Parents  Father Only  Mother Only  Grandparents  
 Father/Stepmother  Mother/Stepfather  Stepfather/Stepmother  
 Guardian  Self  Agency  Other

**Second Household Phone:** \_\_\_\_\_

Second Residence Parent/Guardian 1: Last \_\_\_\_\_ First \_\_\_\_\_  
 Second Residence Parent/Guardian 2: Last \_\_\_\_\_ First \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work place \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work place \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY CONTACTS** - If I cannot be reached or am unavailable to pick up my child FOR ANY REASON, I give permission to release my child to:

#1 Name \_\_\_\_\_ #2 Name \_\_\_\_\_ #3 Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Has student ever qualified or recieved <b>Special Ed Services</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has student ever qualified for or had a <b>504</b> plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has student ever recieved <b>Chapter/LAP</b> services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, Math   Reading
Has student ever participated in:	<input type="checkbox"/> Gifted	<input type="checkbox"/> Title 1
	<input type="checkbox"/> ELL	or <input type="checkbox"/> other _____ services?
Has student ever been retained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, at what grade level? _____
Has student ever recieved migrant services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has student ever been under any disciplinary action (suspension/expulsion/etc.) in another school district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____	Reason: _____	
Does Student have a history of violent behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No please explain:

Are there any court orders currently in effect pertaining to student? (i.e. custody, parenting plans, school attendance orders, restraining orders, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, legal papers need to be on file with the district for enforcement.)		
Please Explain: _____		

Please list all other siblings attending the Methow Valley School District:		
Name:	School:	Grade/Age:

**VERIFICATION OF INFORMATION**

The information on this form is true and accurate as of this date.

I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student’s enrollment or assignment to a school in the Methow Valley School District.

LEGAL PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Methow Valley School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination. Inquiries regarding compliance and/or grievance procedures may be directed to the district’s Title IX/RCW 28A.640 compliance officer Erika Spellman and/or Superintendent /Section 504/ADA Coordinator Mr. Tom Venable, Methow Valley School District, 18 Twin Lakes Rd., Winthrop, WA 98862 or phone 509-996-9205.



**Oficina del Superintendente de Instrucción Pública (OSPI, por sus siglas en inglés)  
Encuesta de Idiomas en el Hogar**

La Encuesta de idiomas en el Hogar se entrega a *todos* los alumnos que se inscriben en una escuela de Washington.

<b>Nombre del alumno:</b> _____		<b>Grado:</b> _____	<b>Fecha:</b> _____
Nombre del padre, madre o tutor legal _____			
Firma del padre, madre o tutor legal _____			
<p><b>Derecho a los servicios de traducción o interpretación</b> Indique el idioma de su preferencia para que podamos brindarle un intérprete o documentos traducidos, sin cargo alguno, cuando los necesite.</p>	<p>Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan.</p> <p>1. ¿En qué idioma prefiere su familia comunicarse con la escuela? _____</p>		
<p><b>Requisitos para recibir apoyo en capacitación de idiomas</b> La información sobre el idioma del alumno nos ayuda a identificar a los alumnos que reúnen los requisitos para recibir apoyo para formar las habilidades de idioma necesarias para tener éxito en la escuela. Es posible que sea necesario hacer una evaluación para determinar si se requiere ayuda con el idioma.</p>	<p>2. ¿Qué idioma aprendió su hijo primero / en casa? _____</p> <p>3. ¿Qué idioma utiliza más su hijo en casa? _____</p> <p>4. ¿Cuál es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____</p> <p>5. ¿Ha recibido su hijo apoyo en capacitación del idioma inglés en una escuela anterior? Sí ___ No ___ No sé ___</p>		
<p><b>Educación previa</b> Sus respuestas sobre el país de nacimiento de su hijo y su educación previa:</p> <ul style="list-style-type: none"> <li>• Bríndenos información sobre el conocimiento y las aptitudes que su hijo trae a la escuela.</li> <li>• Esto puede ayudar a que el distrito escolar reciba fondos federales adicionales para brindarle apoyo a su hijo.</li> </ul> <p><b>Este formulario no se utiliza para identificar la situación migratoria de los alumnos.</b></p>	<p>6. ¿En qué país nació su hijo? _____</p> <p>7. ¿Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten – 12.º grado) ___Sí ___No Si la respuesta es Sí: Número de meses: _____ Idioma de formación: _____</p> <p>8. ¿Cuándo asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten – 12.º grado) _____ Mes            Día            Año</p>		

Gracias por brindarnos la información necesaria en la Encuesta de Idiomas en el Hogar. Póngase en contacto con su distrito escolar si tiene más preguntas sobre este formulario o sobre los servicios que ofrece la escuela de su hijo.

**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.



# 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 _____	
<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 / at home? _____</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><b><i>This form is not used to identify students' immigration status.</i></b></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: _____</p> <p>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. Forms and Translated Material from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

# Methow Valley School District

Methow Valley Elementary School 509.996.2186 / fax 509.996.9202  
Liberty Bell High School 509.996.2215 / fax 509.996.3609

2021-22

## STUDENT HEALTH INFORMATION

The information below is to help school staff understand any health concerns that might affect your child's safety or learning.

<b>Student's Name:</b> _____ <small>First Middle Last</small>
<b>Date of Birth:</b> _____ <b>Sex:</b> _____ <b>Grade:</b> _____
<b>Parent/Guardian name(s):</b> _____
<b>Daytime phone: #1</b> _____ <b>#2</b> _____ <b>#3</b> _____

### MEDICAL HISTORY

Please mark if your child has any of the following health conditions:

**Does your child have a life-threatening health condition?**  No  Yes— If yes, a meeting with the school nurse is required so that medication or treatment orders and a health care plan may be in place prior to starting school.

\_\_\_ Asthma  Will need inhaler at school  Seen in hospital/Emergency Room in last five years for asthma

\_\_\_ Severe allergy requiring Epi-pen? Allergy to:  Food  Bees/insects  Plants  Animals  Drugs

\_\_\_ Diabetes  requires insulin injection

\_\_\_ Seizure disorder

\_\_\_ Heart condition

\_\_\_ Frequent or severe headache

\_\_\_ Behavior or emotional concerns

\_\_\_ ADD/ADHD

\_\_\_ Other health concerns you want us to know about:

Does your child wear **hearing aids**?  Yes  No

Does your child wear **glasses/contacts**?  Yes  No

Do any of the above condition(s) limit/affect your child at school?  No  Yes, explain:

**My child has NO HEALTH PROBLEMS**

### MEDICATION

Does your child take any medication? No Yes, name of medication: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Will medication be needed at school? No Yes\*

\* If your child needs medication at school, please contact your health care provider or the school for the "Medication Authorization" form which must be completed every year before any medication may be administered at school.

### MEDICAL

Does your child have a health care provider?  Yes  No

Name of child's health care provider \_\_\_\_\_ phone number \_\_\_\_\_

### DENTAL

Does your child have a dentist?  Yes  No

Name of child's dentist \_\_\_\_\_ phone number \_\_\_\_\_

### INSURANCE

Does your child have medical insurance coverage?  Yes  No  Don't know

Does your child have dental insurance coverage?  Yes  No  Don't know

Would you like assistance finding insurance for your child?  Yes  No

**AUTHORIZATION FOR SHARING HEALTH INFORMATION** I understand that the information given above may be shared with some school staff to provide for the health and safety of my child.

Parent/Guardian Signature \_\_\_\_\_ Student's Grade \_\_\_\_\_ Date \_\_\_\_\_

## **Methow Valley Elementary School**

*18 Twin Lakes Road, Winthrop WA 98862*

*Phone: (509) 996-2186      Paul Gutzler, Principal*

### **Class Placement Information, 2021-2022 School Year**

Here at Methow Valley Elementary School, we work with our families to provide the best educational experience possible for each child. We are also committed to classroom environments that are diverse and equitable. In meeting both of these important goals, we welcome parent involvement. On the back of this page is an opportunity for you to help us reach these goals: to create the best possible learning environment and learning experiences for your child and for every other child here at school. We use many factors to create classrooms of equity and excellence: teaching and learning styles, gender, social and emotional needs, academic strengths and challenges, and parent input. After considering these many factors, our teachers and principal will put together class lists. Changes on our staff and within our student population during summer months continue to shift these important classroom balances right through the end of August. That's when we can provide you with accurate information about your child's homeroom teacher for the coming school year.

Although your student will be assigned a specific homeroom teacher, it is important to realize that educators at MVES are committed to a team approach to teaching and learning. Teachers work together in grade level teams to develop and teach Units of Inquiry, as part of our Primary Years Program. Every student is an important part of an engaging, challenging, instructional program for each year of elementary school. In addition, students sometimes work part of the time with someone other than their classroom teacher, depending on their grade level and learning needs in a particular subject. Groupings of students may also change throughout the year, as we look for ways to provide appropriate challenges and supports for every student.

No matter where your child is learning at Methow Valley Elementary School, our entire staff is committed to compassionate learning and teaching for all.

**Parent Information Form for Student Placement**

**2021-22 School Year**

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current Teacher \_\_\_\_\_ Parent/Guardian(s): \_\_\_\_\_

Contact Information \_\_\_\_\_

Learning needs: Please describe the classroom environment that would best fit your child.  
(No teacher names please).

Social and Emotional needs: Please describe any social or emotional needs that you feel we  
need to know about. (This information will remain confidential).