

**WELLPINIT ALLIANCE EDUCATION  
PRE-REGISTRATION SURVEY**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**Previous School(s) Attended**

School Name	City	State

**Reason for leaving most recent school program:**

**Wellpinit Alliance Staff must check the following information with your previous school district prior to your official registration with the Wellpinit Alliance Education Program.**

**TO BE COMPLETED BY WELLPINIT ALLIANCE STAFF**

Contact previous school and verify the following information:

**Last dates of school attendance** \_\_\_\_\_  
Month/ Day/Year

**Grade Level (Number of HS years Attempted)** \_\_\_\_\_

**IEP/Special Education File** \_\_\_\_\_  
Yes/ No

**Copy of transcript available to fax to (509)258-8959** \_\_\_\_\_  
Yes/ No

\_\_\_\_\_ According to the information that I am able to gather from the previous school district of record, the above student is **NOT ELIGIBLE** for registration in the Wellpinit Alliance Education Program but would like to submit an appeal for an admission requirements waiver to the Alliance Administration Committee. **Submit registration forms with a copy of the student's most recent transcript to the Alliance Education Director.**  
**REASONS FOR NEEDING AN ADMISSION WAIVER:**

**Wellpinit Alliance Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ According to the information that I am able to gather from the previous school district of record, the above student is **ELIGIBLE** for registration in the Wellpinit Alliance Education Program. **Submit complete registration forms to the Wellpinit Alliance Registrar. Student Plan Implementation Date:** \_\_\_\_\_

**Wellpinit Alliance Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**WELLPINIT REGISTRAR:**  
(Official Transfer Requested) (Copy Transcript) (Skyward) (Bus. Office Copy) (Perm. File Rec.)(Ed. Director)



# Wellpinit School District #49

P.O. Box 390, 6270 Ford Wellpinit Rd. Wellpinit, WA 99040  
(509) 258-4535 Fax (509) 258-7378



## ALLIANCE STUDENT REGISTRATION FORM

Please complete ALL items on this form. Incomplete forms will be returned.

**STUDENT NAME:** \_\_\_\_\_  
(Please Print) Last Name First Name Middle Name Sex (F-M)

**BIRTH DATE:** \_\_\_\_\_ **GRADE LEVEL** \_\_\_\_\_ **SS#** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ETHNIC:** \_\_\_\_\_  
(Circle One) AMERICAN INDIAN/ ALASKAN NATIVE CAUCASIAN BLACK HISPANIC ASIAN

**MAILING ADDRESS:** \_\_\_\_\_  
Street/Box City State Zip Code

**PHYSICAL ADDRESS:** \_\_\_\_\_  
House/Apt # Street Name City State Zip Code

**STUDENT'S HOME PHONE:** \_\_\_\_\_ **DAY PHONE:** \_\_\_\_\_

<b>PARENT/GUARDIAN: Guardian # 1</b> Circle one = ( Mother ) ( Father ) ( Grandparent ) ( Legal Guardian ) ( Other )	<b>Guardian # 2</b> Circle One = ( Mother ) ( Father ) ( Grandparent ) ( Legal Guardian ) ( Other )
(1) First Name:	(2) First Name:
(1) Last Name:	(2) Last Name:
(1) Employer:	(2) Employer:
(1) Work Phone:	(2) Work Phone:
(1) E-Mail Address:	(2) E-Mail Address:

**EMERGENCY CONTACT INFORMATION:**

Contact Person Name:	Relationship:	Address:
(1) Home Phone:	(1) Work Phone :	
Student lives with = Circle choices that apply ( Mother ) ( Father ) ( Grandparent ) ( Legal Guardian ) ( Self ) ( Other ) _____		

**VERIFICATION OF RESIDENCE: DO YOU LIVE ON FEDERAL LAND? YES NO (Circle One)**  
**IS YOUR PHYSICAL RESIDENCE ON DEEDED LAND or TRUST LAND? (Circle One)**  
**TRACT NUMBER:**  
**You must obtain your TRACT NUMBER from the REALTY OFFICE before you submit this registration.**

Has your child attended school in the Wellpinit School District before? YES NO

Full Name of Previous School Attended: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

City / State: \_\_\_\_\_ Dates of Attendance: Month \_\_\_\_\_ Year \_\_\_\_\_ TO Month \_\_\_\_\_ Year \_\_\_\_\_

Primary Languages Spoken in the Home: English Spanish Native Language \_\_\_\_\_ Other \_\_\_\_\_

Educational Goals: I would like to graduate from high school: FALL / SPRING \_\_\_\_\_ YEAR

After high school I would like to: \_\_\_\_\_

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

STUDENT IS OVER 18 (YES) (NO)

**WELLPINIT SCHOOL DISTRICT #49**

P.O. Box 390, Wellpinit, WA. 99040 (509-258-4535)

**CONSENT FOR MEDICAL TREATMENT (ILLNESS / ACCIDENT)**

Student Last Name	First Name	MI	SS#	Birthday
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**ALL ALLIANCE STUDENTS MUST HAVE FACE TO FACE CONTACT WITH WELLPINIT STAFF AND/OR SPEND CLASS TIME ON WELLPINIT CAMPUS AND/OR ALLIANCE MEETING SITES. ALL ALLIANCE STUDENTS MUST COMPLETE THIS FORM AND HAVE CURRENT IMMUNIZATION RECORDS ON FILE WITH THE SCHOOL.**

In case of illness, injury, or accident the school may contact:

Parents at home (phone number) \_\_\_\_\_ Parents work number \_\_\_\_\_ Or

or call \_\_\_\_\_ At phone number \_\_\_\_\_ Relationship \_\_\_\_\_

or call \_\_\_\_\_ At phone number \_\_\_\_\_ Relationship \_\_\_\_\_

In case of serious illness or accident, the school shall attempt to call parents first. If a parent cannot be reached, I authorize the school to arrange transportation to an emergency medical facility for my child.

I \_\_\_\_\_ hereby state that I am the natural parent or legal guardian of the above child. I authorize any employee of the Wellpinit School District, to consent to any minor or emergency medical treatment WHEN THE NEED FOR SUCH TREATMENT IS IMMEDIATE, AND THE EFFORTS TO CONTACT ME ARE UNSUCCESSFUL.

Your preference of hospital or emergency medical facility to which your child should be transported:

HOSPITAL: \_\_\_\_\_ PHYSICIAN/NUMBER: \_\_\_\_\_

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

If this student has any medical problems which may require special attention, leave special instruction and provide the school with medicine (must be labeled with doctor signature) if needed. (Example, Bee Sting Kits, Inhaler, Personal Tylenol, Benadryl.) **Physician's Authorization Form** is required for all medications taken at school.

ASTHMA

EPILEPSY

SEVERE ALLERGIES

HEART PROBLEM

OTHER CONDITION (LIST)

ALLERGY TO MEDICATIONS (LIST)

MEDICATION AS TAKEN

**MEDICATIONS:**

**PRESCRIPTIONS /OVER THE COUNTER MEDICATIONS REQUIRE A PHYSICIAN'S AUTHORIZATION FORM**

**WELLPINIT SCHOOL DISTRICT #49**  
P.O. Box 390, Wellpinit, WA. 99040 (509-258-4535)

**CONTRACT OF UNDERSTANDING**  
**WELLPINIT ALLIANCE EDUCATION PROGRAM AND HOME-BASED EDUCATION**

**The Wellpinit Alliance program is NOT a Home-Based Education Program.**

**Wellpinit School District Alliance Education:** The Wellpinit School District Alliance Program is offered to students who wish to pursue a high school diploma in an independent study online education program. The computer assisted instruction courses provided are designed to be delivered both at school and at home. The school district is responsible for providing all curricular and related educational services.

The Wellpinit Alliance program is capable of serving many students with varied needs. The program is designed to serve regular education students who have attempted at least two years of high school. This program relies heavily on self-motivation and independent learning skills. In addition students must meet the Washington State Assessment requirements for grades 3 through 12. The school district requires that a standardized achievement test approved by the state board of education is administered annually to each student. The school district requires all students to meet the student learning goals and master the essential academic learning requirements necessary for meeting Washington State graduation requirements. The school district ensures that test scores or annual academic progress assessments and immunization records, together with any other records that are kept relating to the instructional and educational activities provided, are forwarded to any other public or private school to which the student transfers.

Prior to student enrollment, a determination must be made as to whether the Alliance program has the resources to adequately meet the academic needs of all students enrolling in the program. The school district may require an achievement test to be administered and shall have the authority to determine the appropriate grade, program and course level placement of the student after consultation with parents and review of the student's records. Juniors and seniors who have dropped out of school and who have not been previously served by an Individualized Educational Plan, (special education) are accepted into the program following completion of all registration materials and a professional judgment on program suitability made by the Alliance program staff. All other students need to go through the complete approval process.

**Home-Based Education:** According to Chapter 28A.200 RCW HOME-BASED INSTRUCTION SECTIONS 28A.200.010 and 28A.200.020 A Home-Based Instruction program, requires the parent to file annually a signed declaration of intent that he or she is planning to cause his or her child to receive home-based instruction. The statement shall include the name and age of the child, shall specify whether a certificated person will be supervising the instruction, and shall be written in a format prescribed by the superintendent of public instruction. Parents are to ensure that a standardized achievement test approved by the state board of education is administered annually to the child by a qualified individual or that an annual assessment of the student's academic progress is written by a certificated person who is currently working in the field of education. The state board of education shall not require these children to meet the student learning goals, master the essential academic learning requirements, to take the assessments, or to obtain a certificate of mastery pursuant to RCW 28A.630.885. The standardized test administered or the annual academic progress assessment written shall be made a part of the child's permanent records. If, as a result of the annual test or assessment, it is determined that the child is not making reasonable progress consistent with his or her age or stage of development, the parent shall make a good faith effort to remedy any deficiency.

The state recognizes that parents who are causing their children to receive home-based instruction under RCW 28A.225.010(4) shall be subject only to those minimum state laws and regulations which are necessary to insure that a sufficient basic educational opportunity is provided to the children receiving such instruction. Therefore, all decisions relating to philosophy or doctrine, selection of books, teaching materials and curriculum, and methods, timing, and place in the provision or evaluation of home-based instruction shall be the responsibility of the parent except for matters specifically referred to in the RCW.

# WELLPINIT SCHOOL DISTRICT #49

P.O. Box 390, Wellpinit, WA. 99040 (509-258-4535)

## CONTRACT OF UNDERSTANDING

### REQUIREMENTS OF PARTICIPATION IN THE WELLPINIT ALLIANCE PROGRAM

1. Fully complete, sign and submit all registration materials. Registration materials submitted electronically will have to be signed prior to official enrollment. Make sure that all fines due to the district previously enrolled in are paid. Official transcripts are not provided to the Wellpinit Alliance Program until these fines are paid. Failure to have an official transcript will result delayed student enrollment/instructional services.
2. Instructional services are not provided to any student until the Wellpinit School District has complete registration materials, complete academic record from previous school, and a completed student learning plan.
3. All students are expected to follow ALL requirements outlined in their student learning plan.
4. To remain enrolled in the program students must be completing 25 hours of academic work each week and continue to make satisfactory progress toward meeting the goals in the student learning plan. Satisfactory progress is defined by the successful completion of a minimum of .5 credit worth of academic work for every 20 school days enrolled in the program.
5. Failure to make successful progress based on a required monthly review of student progress will result in a probation period of 20 school days. Should a student not make successful progress during the probationary period, the student will be referred for administrative review and subject to removal from the Alliance program and referral to the truancy board of the student's school district of residence.
6. All students must participate in the Washington State Assessment program. All students will be required to be testing at a designated testing site on Monday March 13, 2006 through Thursday March 16, 2006 and Tuesday April 18, 2006 through Friday April 21, 2006. This testing is mandatory. Failure to attend all required test sessions will result in removal from the Alliance program.
7. Students must complete their own school work. Students who are not completing their own work or completing the work of other students will be subject to the same disciplinary action for cheating as students enrolled in the regular school program. In addition to earning a failing grade for the assignment, students will be placed on academic probation and be subject to removal from the Alliance program.
8. All courses require students to take a final exam before credit is granted. Final exams must be taken on-site at designated classroom sites under the supervision of Wellpinit Alliance staff.
9. All students must have direct personal contact with certificated instructional staff at least weekly until the student completes the course objectives or the requirements for the learning plan. Direct personal contact may include the use of telephone, e-mail, instant messaging, interactive video, or other means of digital communication and will be defined by the individual student learning plan based on the needs of the student.
10. Students must complete, sign, and submit a monthly time sheet documenting all academic activities.
11. All Alliance students are required to complete a major research project each academic school year of enrollment as a final requirement for credit in English/Language Arts and/or Social Studies.

By signing below, I verify that I understand the difference between the Wellpinit Alliance Program and a Home-Based Education program. I verify that I have read and understand the requirements of the Wellpinit Alliance Education program. I understand that failure to abide by the rules and guidelines of the Wellpinit Alliance program could result in probation and/or removal from the program.

Legal Guardian Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Complete and return to the Wellpinit School District  
Error! AutoText entry not defined.

# WELLPINIT SCHOOL DISTRICT

## STUDENT CIPA Form and Agreement

**"If you are worried about getting caught doing something, you probably shouldn't be doing it."**

As a condition for using the Wellpinit School District's computers, network and Internet access, students, with the explicit approval of their parents, and agree to abide by the following rules:

### **❶ I will avoid all inappropriate computer activities.**

The computers at the Wellpinit School are for education and research. Using a Wellpinit School District Computer accessing the Internet and using e-mail are privileges, which may be revoked by the Wellpinit School District **at any time** for inappropriate computer activity.

### **When using a Wellpinit School computer I WILL NOT:**

- use a computer to be off-task from the assignment of an authorized staff member.
- go into chat, messaging, email, music or games when you are supposed to be doing something else.
- use obscene, abusive, harassing or otherwise offensive or objectionable language in either public or private messages, email, messaging or chat
- harass others by means of E-mail, Internet chat, Instant Messaging, or in any other manner
- intentionally damage or interfere with other computer users
- download or install any software that has not been authorized by a District staff member
- install any un-authorized game on the District's computer
- access, download or store any obscene or objectionable materials, including gang related or pornographic web sites or material
- create or send any hate mail, harassment, discriminatory remarks, or other antisocial behaviors
- place or transmit any unlawful information on the Internet or the local computers
- access, misappropriation or misuse of information/files of other users
- use someone else's e-mail or log-in password
- let someone else use your login to access the Internet or leave your login unattended or unsupervised.
- use the system for political purposes or to be for or against any ballot measure or candidate
- use of the system for commercial solicitation or to make money
- destroy, change, or abuse system components including hardware or software in any way. (an exemption is made for modification of software by duly authorized network technicians.)
- give out personal information over the Internet such as complete names, addresses, telephone numbers and identifiable photos. Students should never reveal such information without permission from their teacher and parent or guardian.
- make appointments to meet people in person whom they have contacted on the system without district and parent permission.
- use the system for hacking: to develop programs or institute practices that harass other users or gain unauthorized access to any entity on the system and/or damage the components of an entity on the network
- subscribe to mailing lists, bulletin boards, chat groups, and commercial on-line services and other information services (without pre-approval of the superintendent or his designee)
- access bulletin boards, chat groups or instant messaging without the authorization of their teacher.
- access personal email accounts from school unless permitted to do so by a teacher as part of an educational process, or unless written permission has been provided by the student's parent or guardian.
- encrypt any files or communication so as to avoid security review.
- seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users.
- attempt to gain unauthorized access to any computer or device anywhere in the school or on the K-20 Network.

**Alliance Students: Read, sign and return to the Wellpinit School District.**

**2 The Wellpinit School District will have final authority over what constitutes inappropriate computer activity.**

**3 All my computer files can be inspected by Wellpinit School District authorities.**

- The Wellpinit School District has the right to review any computer files stored in Wellpinit computers to which a Wellpinit user has access, or to view the activities and Internet history of any student. This includes all laptops or desktops that are checked out to a Wellpinit student.
- The Wellpinit SD also reserves the right to edit or remove any material which they, **in their sole discretion**, believe may be unlawful, obscene, abusive, non-educational or otherwise objectionable.
- I hereby waive any right of privacy which I may otherwise have in and to such material that is stored, created or accessed on the Wellpinit computers.

**4 Other Wellpinit School District Policies Concerning the Internet**

If a parent or guardian does not want their child to access the Internet, the District will provide a mechanism whereby the student will not access the Internet. The parent will also be informed of the ways in this will limit the educational opportunities for the student.

Our policy is that we may, at our discretion, post pictures taken of school activities – including all sports and field trips, and student work as assigned by a teacher. Students on the web site will post pictures identified with first names only – no full last names will be used.

If a parent objects to any display of student information, the District will provide a mechanism whereby the student in question will have no identifiable presence on the District's Web Site

Filtering software or services has been installed and used on all computers with access to the Internet, which will block or filter access to visual depictions that are obscene, child pornography, or harmful to minors. When adults are using the Internet, materials which are obscene and child pornography must still be filtered or blocked. Exceptions may be made for staff if the filtering software will not permit them access to sites that they need to access as part of their designated work.

Educational staff will, as part of their duties, monitor minors' use of the Internet in school, and will take reasonable measures to prevent access by minors to inappropriate material on the Internet and World Wide Web, and restrict their access to materials harmful to minors.

**Student Signature**

By signing below, I hereby agree to abide by all the rules and restrictions described above.

If I break any of these rules I may be liable for disciplinary action.

Name of Student \_\_\_\_\_ Signature\_\_\_\_\_

**Parent/Guardian Signature**

By signing below, I agree to let my child access the Internet for educational purposes subject to the rules and policies described above:

Name of PARENT \_\_\_\_\_ Signature\_\_\_\_\_

**STUDENT USE COMPUTER SURVEY:**

\_\_\_\_\_ **COMPUTER SKILLS: Circle One (EXCELLENT) (GOOD) (FAIR) (POOR)**

\_\_\_\_\_ **PLAN TO WORK MOSTLY AT ALLIANCE LAB (Location)**\_\_\_\_\_

\_\_\_\_\_ **NEED TO WORK MOSTLY AT HOME**

\_\_\_\_\_ **HAVE OWN COMPUTER** \_\_\_\_\_ **HAVE INTERNET SERVICE**

**Alliance Students: Read, sign and return to the Wellpinit School District.**

U.S. DEPARTMENT OF EDUCATION  
 OFFICE OF INDIAN EDUCATION  
 WASHINGTON, DC 20202

**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
 Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

Organized Indian Group  
 Federally Recognized, State Meeting #5 of the  
 \_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

Membership or enrollment number (if readily available) \_\_\_\_\_ OR

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

# Wellpinit Alliance Education Student Plan

**Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Contact Phone Number(s):** \_\_\_\_\_

**Plan Start Date:** \_\_\_\_\_

**Anticipated Completion/Graduation Date:** \_\_\_\_\_

**HS Credit Summary 19 Credits Required**   **.25 credit**

<p><b>English/Reading</b> 4 Credits</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													<p><b>PE/Health</b> 2 Credits</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<p><b>PNW</b> 1/2 Credit</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		<p><b>Electives</b> 5 1/2 Credits</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
<p><b>Mathematics</b> 3 Credits</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<p><b>Occupational</b> 1 Credit</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<p><b>US History</b> 1 Credit</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																				
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**Estimated Average Hours Each Week:** **25** **Hours**

**Method of Weekly Certified Contact:** On-Site Phone Email Interactive Video  
(Location)

**Learning Goals/Objectives** **The student will:**

**Instructional Materials:**

**State Assessments Required:** **Dates Scheduled:**  
**WASL (Must be taken on-site)**  
*All grades 3 - 8 & 10 must take WASL*

Student Signature	Date
Parent/Guardian Signature	Date
Student Learning Plan Developed By:	Date
Certified Teacher Signature	Date

Student Learning Plan will be reviewed for progress monthly.

MARK COMPLETED: \*September 1 \*October 1 \*November 1 \*December 1 \*January 1 \*February 1 \*March 1 \*April 1 \*May 1 \*June 1



# WELLPINIT SCHOOL DISTRICT

**WELLPINIT ALLIANCE EDUCATION PROGRAM**

P.O. Box 390 • 6270 Ford-Wellpinit Rd  
Wellpinit, WA 99040

**Phone: (509) 258-4535 ext. 3302 FAX: (509) 258-8959**

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## REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

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THE STUDENT(S) LISTED IS ENROLLING IN THE WELLPINIT SCHOOL DISTRICT AS OF THE DATE SIGNED BELOW. PLEASE REFLECT DATE IN THE STUDENT'S OFFICIAL WITHDRAWL RECORD.

---

**SCHOOL NAME:**

**PHONE NUMBER:**

**FAX NUMBER:**

---

**ADDRESS:**

---

**CITY:**

**STATE:**

**ZIP CODE:**

**PLEASE SEND RECORDS FOR THE FOLLOWING STUDENT(S) TO THE ABOVE ADDRESS:**

STUDENTS NAME:

BIRTH DATE:

GRADE:

STUDENTS NAME:

BIRTH DATE:

GRADE:

1. PROGRESS RECORDS, TRANSCRIPTS, ATTENDANCE, TEST SCORES AND HEALTH RECORDS.
2. BEHAVIORAL RECORDS, INCLUDING PSYCHOLOGICAL TESTS, AND OTHER PERTINENT DATA.
3. SPECIAL EDUCATION RECORDS, INCLUDING SPEECH AND LANGUAGE EVALUATIONS, EDUCATIONAL ASSESSMENTS AND PARENT CONSENT FORMS.

**IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT AND WASHINGTON STATE LAW, I HEREBY AUTHORIZE THE RELEASE TO THE SCHOOL NAMED ABOVE, ALL RECORDS REGARDING THE STUDENT(S) NAMED.**

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**PARENT/ GUARDIAN SIGNATURE**

**DATE**

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SHELLEY SONNABEND/DOTTIE MARCHAND

DATE

PLEASE FORWARD TO:

**WELLPINIT SCHOOL DISTRICT No.49  
ATTN. SHELLEY SONNABEND  
P. O. BOX 390  
WELLPINIT, WA. 99040 PHONE (509)258-4535 FAX (509)258-8959**

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 WAS AMENDED JUNE 17, 1976.  
THE NEW REGULATION NO LONGER REQUIRES AN ACKNOWLEDGMENT FROM THE PARENT OF ELIGIBLE STUDENT HE OR SHE HAS RECEIVED NOTIFICATION BEFORE RECORDS MAY BE RELEASED TO OTHER EDUCATIONAL INSTITUTIONS. (99.34)

Complete and return to the Wellpinit School District  
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# WELLPINIT SCHOOL DISTRICT

## WELLPINIT ALLIANCE EDUCATION PROGRAM

P.O. Box 390 • 6270 Ford-Wellpinit Rd  
Wellpinit, WA 99040

**Phone: (509) 258-4535 ext. 3302 FAX: (509) 258-8959**

### AUTHORIZATION TO RELEASE INFORMATION:

Confidentiality and access to student records shall be governed by the provision of the Family Education Rights and Privacy Act (PL 93-380). The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. A complete copy of the Wellpinit School District policy regarding student records shall be available to students and to parents or guardians upon request to the local school administrator. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

I \_\_\_\_\_ hereby authorize the Wellpinit School District to exchange information (written, verbal, fax or computer data transfer) with the following:

- |   |  |
|---|--|
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)   | <input type="checkbox"/> Local Legal Authorities               |
| <input type="checkbox"/> College Registration, Attendance & Participation | <input type="checkbox"/> Indian Housing Authority              |
| <input type="checkbox"/> Department of Social, Health and Human Services  | <input type="checkbox"/> Division of Child Support Enforcement |
| <input type="checkbox"/> Social Security Administration                   | <input type="checkbox"/> Child Protective Services             |
| <input type="checkbox"/> Juvenile Justice System                          | <input type="checkbox"/> Local Truancy Officials               |
| <input type="checkbox"/> OTHER: _____                                     | <input type="checkbox"/> OTHER: _____                          |

\_\_\_\_\_  
Parent/ Guardian Signature Printed Name Date

\_\_\_\_\_  
Student Signature Printed Name Date

**Providing the following information is completely optional but can be essential in determining agencies/individuals with a legitimate need for your student information.**

\_\_\_\_ Student listed above is a client at TANF. TANF Caseworker \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Student listed above is a client at DSHS. DSHS Caseworker \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Student listed above is adjudicated. PO/Counselor \_\_\_\_\_ Phone \_\_\_\_\_