

DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe condition: _____ If yes, please complete and return the supplemental Life Threatening Conditions packet. Please note: Per RCW 28A.210.320: Children with life-threatening health conditions - Medication or treatment orders - Rules. <i>The medication, or treatment order, must address the life-threatening condition, and it must be on file with the school prior to the child attending school. Under the law, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. The law provides that a child may not attend school in the absence of a medication, or treatment order, if the child has a life-threatening condition that might require medical services to be provided at school.</i>	Office Use Only If yes, additional information is required prior to your child attending school. <input type="checkbox"/> Packet Given to Parent <input type="checkbox"/> Office Staff Signature <hr/> <input type="checkbox"/> Parent/Guardian Signature <hr/> Date Packet Given _____

Ethnicity and Race

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the Federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.

Please complete following:

1 Is your child of Hispanic or Latino origin?

- No, my child is not Hispanic or Latino (continue to next question)
- Yes, my child is Hispanic or Latino (check all that apply and continue to next question):
- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Central American | <input type="checkbox"/> Other Hispanic/Latino |

2 What race do you consider your child (check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Thai | <input type="checkbox"/> Colville | <input type="checkbox"/> Samish |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Hoh | <input type="checkbox"/> Shoalwater |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Jamestown S'Klallam | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Fijian | <input type="checkbox"/> Kalispell | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Lower Elwa Klallam | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Marian Islander | <input type="checkbox"/> Lummi | <input type="checkbox"/> Squaix Island |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Makah | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Port Gamble Clallam | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Other Washington Indian Tribe |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Quileute | <input type="checkbox"/> Other American Indian Tribe/Alaska Native |
| <input type="checkbox"/> Taiwanese | | <input type="checkbox"/> Quinault | |

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