



WestSide High School Application Packet

Dear Potential WestSide Student,

Thank you for your interest in WestSide High School. We are excited about the possibility of helping you realize your educational dreams and full potential. Attached you will find a complete packet for application to our school. Please be sure to read it carefully and follow all the directions on the first page. It is important to complete the packet accurately; *incomplete applications will not be accepted.*

When you return your completed application packet you will be placed on our enrollment waiting list. *Turning in your completed application does not guarantee enrollment.* When we have confirmed your enrollment we will contact you for an orientation date and time. It is very important that you continue to make good progress at your current school and have good attendance while your application is being processed. This places you in better standing for admittance to WestSide.

WestSide has a waiting list because there are so many students who would like to enroll in our school and we are limited to the number of students we can serve. Waiting for a confirmed enrollment sometimes takes time. During the school year we often have students wait as long as two months before they are officially enrolled. Please be patient while we will to get you in as soon as possible.

It is important to note that we screen all applications to be sure WestSide is the right program for them. Often times we have students who apply for educational needs that can be best served in a different program. If you are not a good candidate for our program we will send you a letter and suggest other program options that may serve you better.

If you have any question regarding WestSide or your application packet please call the school at (509) 663-7947. Hopefully you will be selected for enrollment and we will be working with you soon.

Sincerely,

Kory Kalahar
Principal

The following are required with the application:
Transcript – Out of District
10th Grade HSPE Scores – Out of District
CIS Form (Immunizations) – Out of District
Proof of Age (Birth Certificate)



NEW STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
SCHOOL ENTRY DATE	STUDENT SCHOOL NUMBER	STUDENT DISTRICT NUMBER	HEALTH ALERT	FTE	TEACHER

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country	GRADE LEVEL
NATIVE LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			PRIMARY LANGUAGE SPOKEN AT HOME _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) <i>Last Name First Name M.I.</i>		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PRIMARY HOUSEHOLD Home Phone #1 (include area code)	PHONE #2 (include area code) Work			
PRIMARY HOUSEHOLD (2 nd Adult where student resides) <i>Last Name First Name M.I.</i>			Please check if unlisted <input type="checkbox"/>	PHONE #3 (include area code) Cell			
RESIDENT ADDRESS		Street	Apt #	City	State	ZIP	
MAILING ADDRESS (If different from above)		Street	Apt #	P O Box	City	State	ZIP

SECOND HOUSEHOLD (parent not residing with student) <i>Last Name First Name M.I.</i>		RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	SECOND HOUSEHOLD Home Phone #1 (include area code)	PHONE #2 (include area code) Work
SECOND HOUSEHOLD (2 nd Adult) <i>Last Name First Name M.I.</i>			Please check if unlisted <input type="checkbox"/>	PHONE #3 (include area code) Cell
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

PHOTO/NAME OPT OUT Do not use my child's photo or name in District publications, directory information, and/or Website.

Yes No Did guardian move to area to work or seek work in Agriculture, Fishing, or related Food Processing?

HAS STUDENT EVER BEEN SUSPENDED? Yes No Date: _____ Reason/School: _____

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

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

Restraining order is against: Mother Father Other _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s) _____
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____	

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 Wenatchee School District.

Legal Parent/Guardian Signature _____ Date _____

Additional registration information on back...

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	

PLEASE LIST OTHER SIBLINGS ATTENDING WENATCHEE SCHOOL DISTRICT			
Last Name	First Name	School	Grade

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ *Date* _____

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

1 ST EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name M.I.</i>	RELATIONSHIP TO CHILD	HOME PHONE (include area code)	PHONE #2 (include area code) Work
			PHONE #3 (include area code) Cell
1 ST EMERGENCY RESIDENT ADDRESS <i>Street</i> <i>City,</i> <i>State</i> <i>ZIP</i>			
2 ND EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name M.I.</i>	RELATIONSHIP TO CHILD	HOME PHONE (include area code)	PHONE #2 (include area code) Work
			PHONE #3 (include area code) Cell
2 ND EMERGENCY RESIDENT ADDRESS <i>Street</i> <i>City,</i> <i>State</i> <i>ZIP</i>			

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ *Date* _____

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

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY							
BUS ROUTE	DATE RECORDS REQUESTED	SHARED STUDENT	OTHER SCHOOL	IMMUN ON FILE	RES AREA	BIRTH VER	ROOM
AM PM							

The Wenatchee School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status or age. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to RCW Officer and ADA Coordinator Chet Harum. Issues related to 504 should be directed to the Administrator for Student and Support Services.
Rev.0828/09



WestSide HIGH SCHOOL

Student Name: _____ Birthdate: _____ Age: _____.

Address: _____ Zip Code: _____ Phone: _____.

Student Cell Phone: _____ Parent Cell Phone: _____.

Grade: _____ # of Credits Earned: _____ Have you been a WestSide Student before? _____.

Are you currently enrolled in school? _____ Where? _____

If Not, What school did you last attend? _____

Mission: Changing Minds, Changing Lives, One at a Time

Instructions:

Parent/Guardian Responsibility:

- Sign Acknowledgements and Consents Statement
- Complete Wenatchee School District Registration Form
- Complete Parent Disclosure Of Student History
- Complete Student Health Information Form
- Complete Request For Transfer Of Educational Records Between Schools
- Obtain copy of most recent transcript or academic history from previous school attended
- Get a copy of official **CIS form** from previous school. (Certificate of Immunization Status.)

Student Responsibility:

- Complete Letter Of Introduction to WestSide Staff & Sign Student Responsibility Statement

Criteria for students to qualify for the **Night School Program**:

- * At least junior status (11 credits or more)
- * A minimum 8th grade reading level
- *Daytime Employment
- *Minimum 16 years old

If you **qualify** for Night School, and would like to be considered for the Program,

Check the boxes below to indicate your preferences.

Mon & Wed **OR** Tues & Thurs

Student Responsibility Statement

I understand that as a student of WSHS I am responsible for my own academic progress and **failure to maintain adequate academic progress will result in being dropped from the program.** I also understand that I am expected to attend **all** classes for which I am scheduled every day. I understand that I am **NOT** allowed to leave WSHS campus, except during lunch. Should I need to leave during the day for a doctor's appointment or because of illness, **I am expected to get parent / guardian permission AND sign out in the office.**

X _____ Date _____
(Student Signature)

Acknowledgments and Consent Statement

If the student does not ride the school bus then parent/guardian or the student is responsible for transportation to and from school.

I also understand it is **my** responsibility to **contact the school by 10:00a.m.** every day my child will not be able to attend school due to illness, appt. etc.

Students at WSHS are expected to make consistent and continuous academic progress. I understand that WSHS has a process for identifying those students not making adequate academic progress and that they may be **suspended and/or dropped** for failure to do so.

I understand that WestSide High School may receive publicity, and if my student should be portrayed in a photo, I give permission for its use.

I give permission for _____ to participate in field and activity trips.

_____ Date _____
(Parent / Guardian Signature)

To be completed by the student only
Do not type, please handwrite

Letter of Introduction

As part of the application process, it is required that you (the student) write a letter of introduction (a description of you and your life). This must be completed before you turn in your packet and be in your own handwriting.

Each person is unique and special. When teachers and students know each other better, it makes it possible for them to work together more successfully. Your letter may be shared with your teachers.

1. Your letter of introduction needs to be **one full page in length using every line**. Use the attached piece of paper found directly behind these instructions. Please use this page for your final draft only.
2. Write your letter in **ink**.
3. Be open and honest when writing your letter. What do you want the WestSide staff to know about you?

Examples:

Family – Tell us about your parents, brothers or sisters.

Schooling – Where have you attended school?

Employment – Do you have a job? Where?

What are your strengths? What are your weaknesses?

Why you believe WestSide would be a more appropriate fit for you?

4. We want you to do the best you can on your paper. Be sure you introduce yourself well. However grammar or punctuation does not determine your enrollment, your paper will not be corrected or graded.

The purpose of this assignment is to find out more about you so that we can better place you in one of our programs. We would also like to know why you believe WSHS would be a more appropriate fit for you as a school.

WestSide High School
1521 Ninth Street
Wenatchee, WA 98801
Phone: (509) 663-7947
Fax: (509) 664-3005

Parent Disclosure of Student History

Please read the following statements carefully and fill out the information below to ensure the success and safety of all students at WestSide High School.

Student Name: _____ Parent/Guardian _____

Address: _____ City _____ State _____ Zip _____

Parent/Guardian Cell Phone: _____ Student Cell Phone: _____

Previous School/District: _____

Put an "X" in any box that applies.

- The student listed above has a history of violent behavior.
The State legislature has mandated that when enrolling a student who has attended another school, **parents must disclose whether or not that student has a history of violent behavior.** *

Please explain: _____

- The student listed above has been suspended or expelled from their previous school(s).

Please explain: _____

- The student listed above has a history of placement in special education programs.

Please explain: _____

- The student listed above has some past, current, or pending disciplinary action at their last school of attendance.

Please explain: _____

- The student listed above has unpaid fines or fees imposed by other schools.

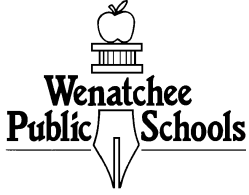
Please explain: _____

- The student listed above has a health condition affecting the student's educational needs.

Please explain: _____

Please note, If you do not disclose this information or provide inaccurate information, your student risks being dropped from WestSide High School.

Parent Signature _____ Date _____



Wenatchee School District
 PO Box 1767, 235 Sunset Ave
 Wenatchee, WA 98801
 (509) 663-8161

REQUEST FOR STUDENT RECORDS

Student Name _____ Birthdate _____ Grade Level _____.

Last School Attended _____

Address of Last School Attended _____

City/State/Zip _____

Last School Attended District Name _____

Dates of Attendance at Last School _____

Withdrawal Date From Last School _____

Student(s) Name(s)	Birthdate	Grade Level

PLEASE SEND RECORDS TO THE SCHOOL INDICATED BELOW

Wenatchee High School
 1101 Millerdale Ave
 Wenatchee, WA 98801
 509-663-8117

WestSide High School
 1521 Ninth St
 Wenatchee, WA 98801
 509-663-7947

Valley Academy of Learning
 1911 N. Wenatchee Ave
 Wenatchee, WA 98801
 662-6417

School Official Signature _____ Date _____

		Male	Female		
Legal Last Name of Student	Legal First Name	(Please circle)		Grade	Date of Birth

Please complete sections 1, 2, and 3, date and sign this form, and return to the school office. Please keep the school informed of changes in your child’s health or medication during the school year.

Section 1 Health Conditions

Please place an **X** on all health conditions which apply to your student.

My child has no known health problems

Please indicate below, any health conditions your child may have:

<p>Allergies:</p> <p><input type="checkbox"/> Bee / Insect sting: Please describe reaction: (AB)</p> <p><input type="checkbox"/> Foods: Please list foods and type of allergic reaction: (AF)</p> <p><input type="checkbox"/> Other allergies: Please list allergy and type of reaction: (AO)</p> <p><input type="checkbox"/> Epi Pen needed for allergy above (AEP)</p>	<p><input type="checkbox"/> Asthma (R) Uses Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No (RI)</p> <p><input type="checkbox"/> Heart Condition: (HC) Activity Restrictions (HCR) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Seizures: (S) Uses seizure medication? (SM) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Known hearing loss (H)</p> <p><input type="checkbox"/> Diabetes (D)</p> <p><input type="checkbox"/> Physical or birth defect (PBD)</p> <p><input type="checkbox"/> Other: Please comment (O)</p>
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Section 2 Life-Threatening Information

Are any of the above checked conditions life-threatening? Yes No

As parent/guardian, I agree to contact the school nurse to create an individualized health care plan for my child with a life threatening condition. State law requires all students with life threatening conditions to have both medical authorization and necessary medication at school before that student will be allowed to attend school. Medications that may be required under this law include, but are not limited to: meter-dose inhalers, Epi-pens, Insulin, and medication for seizures (per RCW 28A.210 Sec.1).

Section 3 Medication Information

For school staff to administer or store any prescription or over-the-counter medication, an **Authorization for Medication Administration #SN-02 form (AMA)** must be signed by a parent/guardian and the physician, and must be on file in the school office. A new AMA form is required at the beginning of each school year, or whenever there has been a change in medication or dose. For students who carry and self-administer emergency rescue medications we strongly encourage parents to provide a backup rescue medication to store at the school office. A completed AMA form is required to store medications at school. *The Authorization for Medication Administration #SN-02 form is available at your child’s school, and the district’s Student Health Services webpage.* **Middle and High school students are allowed to self-carry a one-day supply of over-the-counter medication without an AMA form.**

Parents and guardians may wish to share information about medications their child may take while at home, which may influence how their child learns at school. **If you would like to share this information, please list any medications your child takes while at home:**

Consent: I authorize and give my consent to the authorities of Wenatchee School District to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary emergency medical or surgical treatment to the above named student. District authorities are not excused from attempting to contact me before relying upon this authorization. I also authorize that the information listed above may be shared with school personnel on a need-to-know basis to facilitate the school district in providing a safe environment for my child. **If there are any health changes to the above listed information, it will be the parent/guardian’s responsibility to inform the school on the yearly update student information form.**

Signature of Parent/Guardian _____ Relationship to Student _____ Date _____

Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

_____ Until _____
Vaccine(s) Date

Type or Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature Date

Personal Exemption Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

Vaccine(s)

Signature of Parent or Guardian Date

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella.
(please circle)

Attach TITER results

TYPE or PRINT Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider's Signature or Stamp Date

For More Information

<http://www.doh.wa.gov/cfh/Immunize/documents/childschedule05.pdf>

<http://www.doh.wa.gov/cfh/Immunize/schools.htm>