☑ **Please complete and return the application along with a copy of each of the required records.**

☑ **An Interview will be scheduled with the Assistant Administrator *if* the student meets enrollment requirements.**

*** Do NOT withdraw from your current school prior to being accepted into the iConnect program.***

*Required Documents:	Acceptance or denial of enrollment in iConnect will be based on the information reviewed in the application related to:
☐ Application packet	1. The student's potential to be successful in a self-directed program
☐ *Transcripts/Grades *unofficial only	2. Appropriateness of placement
☐ Attendance Records	3. Attendance and discipline records from the student's previous school
☐ Test Scores	
☐ Discipline Records	* If your student is currently enrolled in an Olympia School District school, we will pull the additional documents needed.
☐ IEP/Section 504 Plan	

What are your reasons for taking online classes?

What role will your parent(s)/guardian(s) play in your schooling?

What are your goals after completing high school?

Olympia School District
iConnect Academy - Olympia Regional Learning Academy Application

Date Received:_____

ALERT FLAG
☐Legal ☐Medical

STUDENT'S NAME: LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME

Has student's name been legally changed? ☐Yes ☐No   **Preferred Name**:
If yes, what was previous name(s)?

BIRTHDATE: (M/D/Y)   **Verification of Age:** ☐Yes ☐No
(e.g. birth certificate, hospital or physician's certificate showing date of birth, adoption record)

GRADE LEVEL: **LEGAL GENDER:** ☐Female ☐Male ☐X

PHYSICAL RESIDENT ADDRESS: (where student resides)
Street   Apt.#   City   State   Zip

Verification of Residency Statement Received: ☐Yes ☐No

School Resident? ☐Yes
☐No, Transfer Student   Home School:_____ ☐Within-District Transfer Form Completed

District Resident? ☐Yes
☐No, Transfer Student   Resident District: _____ ☐Out-of-District Transfer Form Completed

Are you, the parent/legal guardian, a full-time employee of the Olympia School District? ☐Yes ☐No
If yes, at what location: _____

FEDERAL FUNDING / MILITARY FAMILIES:
We are required by state law to request the military connected status of all students. Additionally, Public Law No.874 allows the district to receive additional funding for students of families who live or work on Federal land.

Federal Land: ☐Lives On Federal Land   ☐Works on Federal Land   ☐Does not apply

MILITARY FAMILIES: ☐N/A   ☐Retired /Not Affiliated   ☐Prefer not to state

☐ Primary Guardian 1   ☐ Primary Guardian 2
Active Duty:_____   Active Duty:_____
Reserves:_____   Reserves:_____
National Guard:_____   National Guard:_____

STUDENT LIVES WITH:	PRIMARY GUARDIAN 1	PRIMARY GUARDIAN 1 PHONE
☐ Both parents ☐ Father only ☐ Mother only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Legal Guardian ☐ Stepfather/Stepmother ☐ Self ☐ Agency ☐ Grandparents ☐ Other: _____	(parent/legal guardian where student resides) Last Name_____ First Name_____ **MAILING ADDRESS** (If different from above) (Street/Apt. #, City, State, Zip) _____ _____	☐ Home_____ ☐ unlisted ☐ Cell_____ ☐ Work_____ ☐ Email Address_____

PRIMARY GUARDIAN 2 (parent/legal guardian where student resides)	PRIMARY GUARDIAN 2 PHONE
Last Name:_____ First Name:_____	☐ Home_____ ☐ unlisted ☐ Cell_____ ☐ Work_____ ☐ Email Address_____

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PRIMARY GUARDIAN 1 EMPLOYER (Company Name)   **Employer Phone**_____

PRIMARY GUARDIAN 2 EMPLOYER (Company Name)   **Employer Phone**_____

SECOND HOUSEHOLD
(non-custodial parent/guardian not residing with student)

Last Name_____First Name_____

RELATIONSHIP TO STUDENT
☐ Father   ☐ Guardian
☐ Father/Stepmother   ☐ Self
☐ Mother   ☐ Agency
☐ Mother/Stepfather   ☐ Stepfather/Stepmother
☐ Grandparents   ☐ Other_____

SECOND HOUSEHOLD (non-custodial parent not residing with student)

Last Name_____First Name_____

**SECOND HOUSEHOLD
PHONE**

☐ Home_____ ☐ unlisted

☐ Work_____

☐ Cell_____

☐ Email Address_____

SECOND HOUSEHOLD ADDRESS (Street/Apt #, City, State, ZIP)
_____

Additional Mailings Requested?
☐ Yes ☐ No

IS THERE A CUSTODY OR PARENTING PLAN IN EFFECT? ☐ Yes ☐ No
If yes, please provide a copy for your child's school file. Copy Received? ☐ Yes ☐ No

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

Restraining order is against: ☐ Mother ☐ Father ☐ Other_____

SCHOOL PREVIOUSLY ATTENDED: **SCHOOL DISTRICT PREVIOUSLY ATTENDED:**

PREVIOUS SCHOOL LOCATION: (Address, City, State)_____

Has Student Ever Attended Olympia School District Schools? ☐ Yes ☐ No   If yes, School:_____
Has Your Child Ever Been Enrolled In A Preschool Program? ☐ Yes ☐ No
Has Student Ever Attended A Washington State School? ☐ Yes ☐ No   Date(s) Attended (Month/Year)_____

DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION? ☐ No ☐ Yes
If yes, additional information is required prior to your child attending school. Please complete and return the supplemental Life Threatening Conditions packet. According to RCW 28A.210.320: *Children with life-threatening health conditions – Medication or treatment orders – Rules*, 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.

THIS SECTION IS FOR OFFICE USE ONLY
☐ Packet given to parent/legal guardian
   Date packet given:_____   ☐ Authorized office staff signed   ☐ Parent/Legal Guardian signed

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Has your child ever qualified for, or been enrolled in, a special education program? ☐ No ☐ Yes If yes, at what grade level(s)?_____
Has your child ever qualified for, or had, a 504 plan? ☐ No ☐ Yes If yes, at what grade level(s)?_____
Has your child ever participated in: ☐ Title 1 ☐ LAP ☐ Gifted ☐ Other? ☐ No ☐ Yes If yes, at what grade level(s)?_____
Has your child ever been enrolled in an, English Learner (EL) Program? ☐ No ☐ Yes If yes, at what grade level(s)?_____
          Primary language spoken at home:_____
Has your child ever been **retained?** ☐ No ☐ Yes   If yes, at what grade level(s)?_____
Has your child ever been **promoted?** ☐ No ☐ Yes If yes, at what grade level(s)?_____
Has your child ever had a BECCA petition filed on them? ☐ No ☐ Yes   If yes, at what grade level(s)?_____
Has your child ever been suspended or expelled? ☐ No ☐ Yes   If yes, at what grade level(s)?_____
Is your child currently living in: a shelter, car, motel, doubled-up with friends/relatives,
in temporary foster care or group home, or campground? ☐ No ☐ Yes If yes, at what grade level(s)?_____

DOES STUDENT ATTEND CHILDCARE? ☐ Before school   ☐ After school   ☐ Before and after school
Childcare Provider's Name_____Address_____Phone Number_____

Additional Childcare Arrangements?	☐No ☐Yes (Please provide information to school in writing.)

PLEASE LIST SIBLINGS

Legal Last Name	Legal First Name	School	Grade	Age

STUDENT'S MEDICAL HISTORY
(Check appropriate boxes and complete the health card for a more detailed description of the concerns.)

Allergies: ☐No ☐Yes	Doctor or Clinic Name:_____
Other Health Concerns: ☐No ☐Yes	Doctor or Clinic Phone Number:_____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/legal guardian immediately. If parent/legal guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.   ☐Yes   ☐No

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/legal guardian, I authorize that my child may be released to the person(s) listed as emergency contacts.   ☐Yes   ☐No

When injury, illness or emergency situations (earthquake, fire, etc.) 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/legal guardian, please list persons you trust who are available during the day to provide care for your child (it would be helpful if one contact was from outside of the area).

PRIMARY CONTACT (other than parent/legal guardian) Legal Last Name First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 ☐ Home ☐ Work ☐ Cell	PHONE #2 ☐ Home ☐ Work ☐ Cell
PRIMARY CONTACT ADDRESS Street City State ZIP _____			
SECONDARY CONTACT (other than parent/legal guardian) Legal Last Name First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 ☐ Home ☐ Work ☐ Cell	PHONE #2 ☐ Home ☐ Work ☐ Cell
THIRD CONTACT (other than parent/legal guardian) Legal Last Name First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 ☐ Home ☐ Work ☐ Cell	PHONE #2 ☐ Home ☐ Work ☐ Cell
FOURTH CONTACT (other than parent/legal guardian) Legal Last Name First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 ☐ Home ☐ Work ☐ Cell	PHONE #2 ☐ Home ☐ Work ☐ Cell
FIFTH CONTACT (other than parent/legal guardian) Legal Last Name First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 ☐ Home ☐ Work ☐ Cell	PHONE #2 ☐ Home ☐ Work ☐ Cell
SIXTH CONTACT (other than parent/legal guardian) Legal Last Name First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 ☐ Home ☐ Work ☐ Cell	PHONE #2 ☐ Home ☐ Work ☐ Cell

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 the following:

Question 1: Is your child of Hispanic or Latino origin?

☐ No, my child is not Hispanic or Latino (continue to next question). (10)

☐ Yes, my child is Hispanic or Latino (check all that apply and continue to next question).

☐ Cuban (55) ☐ Puerto Rican (70) ☐ South American (80)
☐ Dominican (60) ☐ Mexican/Mexican American/Chicano (30) ☐ Latin American (85)
☐ Spaniard (65) ☐ Central American (75) ☐ Other Hispanic/Latino (90)

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

☐ African American / Black (200)
☐ White or Caucasian (300)

☐ Asian Indian (505)	☐ Alaska Native (405)	☐ Samish (457)
☐ Cambodian (507)	☐ Chehalis (410)	☐ Sauk-Suiattle (460)
☐ Chinese (510)	☐ Colville (413)	☐ Shoalwater Bay (463)
☐ Filipino (520)	☐ Cowlitz (416)	☐ Skokomish (466)
☐ Hmong (525)	☐ Hoh (418)	☐ Snoqualmie (469)
☐ Indonesian (530)	☐ Jamestown (421)	☐ Spokane (472)
☐ Japanese (535)	☐ Kalispel (424)	☐ Squaxin Island (475)
☐ Korean (540)	☐ Lower Elwa Klallam (427)	☐ Stillaguamish (478)
☐ Laotian (545)	☐ Lummi (430)	☐ Suquamish (481)
☐ Malaysian (550)	☐ Makah (433)	☐ Swinomish (484)
☐ Pakistani (555)	☐ Muckleshoot (436)	☐ Tulalip (487)
☐ Singaporean (560)	☐ Nisqually (439)	☐ Upper Skagit
☐ Taiwanese (565)	☐ Nooksack (442)	☐ Yakima (490)
☐ Thai (570)	☐ Port Gamble Klallam (445)	☐ Other Washington Indian Tribe (495)
☐ Vietnamese (575)	☐ Puyallup (448)	☐ Other American Indian Tribe (499)
☐ Other Asian (599)	☐ Quileute (451)	
	☐ Quinault (454)	

☐ Native Hawaiian (605)
☐ Fijian (520)
☐ Guamanian or Chamorro (620)
☐ Mariana Islander (625)
☐ Melanesian (630)
☐ Micronesian (632)
☐ Samoan (635)
☐ Tongan (640)
☐ Other Pacific Islander (699)

VERIFICATION OF INFORMATION:
I attest that 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 Olympia School District.

Legal Parent/Guardian's Signature:_____ **Date**:_____

Printed Name:_____