

## iConnect Academy Application Checklist for 2020-2021



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:**

- ☐ Application packet
- ☐ \*Transcripts/Grades  
\*unofficial only
- ☐ Attendance Records
- ☐ Test Scores
- ☐ Discipline Records
- ☐ IEP/Section 504 Plan

Acceptance or denial of enrollment in iConnect will be based on the information reviewed in the application related to:

1. The student's potential to be successful in a self-directed program
2. Appropriateness of placement
3. Attendance and discipline records from the student's previous school

\* If your student is currently enrolled in an Olympia School District school, we will pull the additional documents needed.

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

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY				
SCHOOL START DATE (M/D/Y)	TEACHER/ADVISOR	HOMEROOM #	LOCKER #	WITHDRAWAL DATE (M/D/Y)
<b>STUDENT'S NAME: LEGAL LAST NAME</b>		<b>LEGAL FIRST NAME</b>		<b>LEGAL MIDDLE NAME</b>
<b>Has student's name been legally changed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was previous name(s)? _____			<b>Preferred Name:</b>	
<b>BIRTHDATE:</b> (M/D/Y)		<b>Verification of Age:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g. birth certificate, hospital or physician's certificate showing date of birth, adoption record)		
<b>GRADE LEVEL:</b>		<b>LEGAL GENDER:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X		
<b>PHYSICAL RESIDENT ADDRESS:</b> (where student resides)				
Street	Apt.#	City	State	Zip
<b>Verification of Residency Statement Received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>School Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, Transfer Student      Home School: _____ <input type="checkbox"/> Within-District Transfer Form Completed				
<b>District Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, Transfer Student      Resident District: _____ <input type="checkbox"/> Out-of-District Transfer Form Completed				
Are you, the parent/legal guardian, a full-time employee of the Olympia School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what location: _____				
<b>FEDERAL FUNDING / MILITARY FAMILIES:</b> 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: <input type="checkbox"/> Lives On Federal Land <input type="checkbox"/> Works on Federal Land <input type="checkbox"/> Does not apply  <b>MILITARY FAMILIES:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Retired /Not Affiliated <input type="checkbox"/> Prefer not to state  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Primary Guardian 1            Active Duty: _____            Reserves: _____            National Guard: _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Primary Guardian 2            Active Duty: _____            Reserves: _____            National Guard: _____         </div> </div>				
<b>STUDENT LIVES WITH:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____		<b>PRIMARY GUARDIAN 1</b> (parent/legal guardian where student resides)  Last Name _____  First Name _____  <b>MAILING ADDRESS</b> (If different from above) (Street/Apt. #, City, State, Zip) _____ _____		<b>PRIMARY GUARDIAN 1 PHONE</b>  <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____
<b>PRIMARY GUARDIAN 2</b> (parent/legal guardian where student resides)  Last Name: _____  First Name: _____		<b>PRIMARY GUARDIAN 2 PHONE</b>  <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____		

<b>PRIMARY GUARDIAN 1 EMPLOYER</b> (Company Name) _____		<b>Employer Phone</b> _____
<b>PRIMARY GUARDIAN 2 EMPLOYER</b> (Company Name) _____		<b>Employer Phone</b> _____

  

<b>SECOND HOUSEHOLD</b> (non-custodial parent/guardian not residing with student)  Last Name _____ First Name _____  <b>RELATIONSHIP TO STUDENT</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Father  <input type="checkbox"/> Father/Stepmother  <input type="checkbox"/> Mother  <input type="checkbox"/> Mother/Stepfather  <input type="checkbox"/> Grandparents         </div> <div> <input type="checkbox"/> Guardian  <input type="checkbox"/> Self  <input type="checkbox"/> Agency  <input type="checkbox"/> Stepfather/Stepmother  <input type="checkbox"/> Other         </div> </div>	<b>SECOND HOUSEHOLD PHONE</b>  <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email Address _____
<b>SECOND HOUSEHOLD</b> (non-custodial parent not residing with student)  Last Name _____ First Name _____	
<b>SECOND HOUSEHOLD ADDRESS</b> (Street/Apt #, City, State, ZIP) _____	
Additional Mailings Requested? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

  

<b>SCHOOL PREVIOUSLY ATTENDED:</b> _____	<b>SCHOOL DISTRICT PREVIOUSLY ATTENDED:</b> _____
<b>PREVIOUS SCHOOL LOCATION:</b> (Address, City, State) _____	
Has Student Ever Attended Olympia School District Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, School: _____ Has Your Child Ever Been Enrolled In A Preschool Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Student Ever Attended A Washington State School? <input type="checkbox"/> Yes <input type="checkbox"/> 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

  

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).**

<b>PRIMARY CONTACT</b> (other than parent/legal guardian)		<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #1</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>PHONE #2</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Legal Last Name	First Name			
_____		_____		
<b>PRIMARY CONTACT ADDRESS</b>				
Street		City	State	ZIP
_____				
<b>SECONDARY CONTACT</b> (other than parent/legal guardian)		<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #1</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>PHONE #2</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Legal Last Name	First Name			
_____		_____		
<b>THIRD CONTACT</b> (other than parent/legal guardian)		<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #1</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>PHONE #2</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Legal Last Name	First Name			
_____		_____		
<b>FOURTH CONTACT</b> (other than parent/legal guardian)		<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #1</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>PHONE #2</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Legal Last Name	First Name			
_____		_____		
<b>FIFTH CONTACT</b> (other than parent/legal guardian)		<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #1</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>PHONE #2</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Legal Last Name	First Name			
_____		_____		
<b>SIXTH CONTACT</b> (other than parent/legal guardian)		<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #1</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>PHONE #2</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Legal Last Name	First Name			
_____		_____		

**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).
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cuban (55)     | <input type="checkbox"/> Puerto Rican (70)                     | <input type="checkbox"/> South American (80)        |
| <input type="checkbox"/> Dominican (60) | <input type="checkbox"/> Mexican/Mexican American/Chicano (30) | <input type="checkbox"/> Latin American (85)        |
| <input type="checkbox"/> Spaniard (65)  | <input type="checkbox"/> Central American (75)                 | <input type="checkbox"/> Other Hispanic/Latino (90) |

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> African American / Black (200) |  |  |
| <input type="checkbox"/> White or Caucasian (300)       |  |  |
| <input type="checkbox"/> Asian Indian (505)             | <input type="checkbox"/> Alaska Native (405)       | <input type="checkbox"/> Samish (457)                        |
| <input type="checkbox"/> Cambodian (507)                | <input type="checkbox"/> Chehalis (410)            | <input type="checkbox"/> Sauk-Suiattle (460)                 |
| <input type="checkbox"/> Chinese (510)                  | <input type="checkbox"/> Colville (413)            | <input type="checkbox"/> Shoalwater Bay (463)                |
| <input type="checkbox"/> Filipino (520)                 | <input type="checkbox"/> Cowlitz (416)             | <input type="checkbox"/> Skokomish (466)                     |
| <input type="checkbox"/> Hmong (525)                    | <input type="checkbox"/> Hoh (418)                 | <input type="checkbox"/> Snoqualmie (469)                    |
| <input type="checkbox"/> Indonesian (530)               | <input type="checkbox"/> Jamestown (421)           | <input type="checkbox"/> Spokane (472)                       |
| <input type="checkbox"/> Japanese (535)                 | <input type="checkbox"/> Kalispel (424)            | <input type="checkbox"/> Squaxin Island (475)                |
| <input type="checkbox"/> Korean (540)                   | <input type="checkbox"/> Lower Elwa Klallam (427)  | <input type="checkbox"/> Stillaguamish (478)                 |
| <input type="checkbox"/> Laotian (545)                  | <input type="checkbox"/> Lummi (430)               | <input type="checkbox"/> Suquamish (481)                     |
| <input type="checkbox"/> Malaysian (550)                | <input type="checkbox"/> Makah (433)               | <input type="checkbox"/> Swinomish (484)                     |
| <input type="checkbox"/> Pakistani (555)                | <input type="checkbox"/> Muckleshoot (436)         | <input type="checkbox"/> Tulalip (487)                       |
| <input type="checkbox"/> Singaporean (560)              | <input type="checkbox"/> Nisqually (439)           | <input type="checkbox"/> Upper Skagit                        |
| <input type="checkbox"/> Taiwanese (565)                | <input type="checkbox"/> Nooksack (442)            | <input type="checkbox"/> Yakima (490)                        |
| <input type="checkbox"/> Thai (570)                     | <input type="checkbox"/> Port Gamble Klallam (445) | <input type="checkbox"/> Other Washington Indian Tribe (495) |
| <input type="checkbox"/> Vietnamese (575)               | <input type="checkbox"/> Puyallup (448)            | <input type="checkbox"/> Other American Indian Tribe (499)   |
| <input type="checkbox"/> Other Asian (599)              | <input type="checkbox"/> Quileute (451)            |  |
|   | <input type="checkbox"/> Quinault (454)            |  |
| <input type="checkbox"/> Native Hawaiian (605)          |  |  |
| <input type="checkbox"/> Fijian (520)                   |  |  |
| <input type="checkbox"/> Guamanian or Chamorro (620)    |  |  |
| <input type="checkbox"/> Mariana Islander (625)         |  |  |
| <input type="checkbox"/> Melanesian (630)               |  |  |
| <input type="checkbox"/> Micronesian (632)              |  |  |
| <input type="checkbox"/> Samoan (635)                   |  |  |
| <input type="checkbox"/> Tongan (640)                   |  |  |
| <input type="checkbox"/> 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:** \_\_\_\_\_