

## Enrollment Checklist

1. Fill out the online application.
2. Complete all of the items in the checklist below for each student applying to the program.
  - Fax the documents to 800.878.9518 *or*
  - Scan and email your documents to [kawainfo@kaplan.edu](mailto:kawainfo@kaplan.edu)

If you have any questions or need assistance, please call us at 866.934.5292

Note: Students are not officially enrolled until all completed forms have been submitted and all additional required documentation for the student has been reviewed by the Steven-Carson School District.

### Checklist

- Student online application completed and signed
- Enrollment Acceptance form completed and signed (page 2)
- Agreement for Use of Instructional Property form completed and signed (pages 3 and 4)
- Signed Family Educational Rights and Privacy Act (FERPA) Consent Form (page5)
- Home Language Survey (page 6)
- Washington State Department of Health Certificate of Immunization Status
- Proof of age (Copy of official Birth Certificate)
- Verification of residence in the State of Washington is required to enroll in Kaplan Academy of Washington. Acceptable verification must be in the parent/legal guardian's name. Driver's license or State ID with current address required, PLUS one of the following: current unpaid utility bill, valid home owner's or property deed, residential lease, etc.
- Student Immunization Records
- Transcripts for any high school credit earned to date (must include all transcripts for each completed grade)
- Discipline Behavior Report from last school attended
- If applicable, Diagnostic Exam Results and copy of IEP or 504 plan

## Enrollment Acceptance

### Statement of Education Equality

Kaplan Academy of Washington does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age or disability in admission or access to, or treatment or employment in, its programs and activities. For more information, please contact Superintendent William Hundley by mail at Steven-Carson School district by mail at PO Box 85, Stevenson, WA 98648 or by telephone at 509.427.5674.

### Acknowledgement of Expectations

Please initial each of the following statements.

\_\_\_\_\_ I understand that I am enrolling my child in a public school with attendance requirements that he/she is expected to meet.

\_\_\_\_\_ I understand that public school enrollment includes participation in the required state testing program.

\_\_\_\_\_ I expect my child to have the guidance and support of a professional Instructor in implementing the Kaplan Academy of Washington program.

\_\_\_\_\_ I understand that student progress is an expected part of the Kaplan Academy of Washington program in addition to the attendance hours logged. Instructors will review progress and consider other factors, including parental input, when making student advancement decisions.

\_\_\_\_\_ I understand that I am required to participate in regular conferences with my child's Instructor(s).

\_\_\_\_\_ I understand that if my student enrolls, both my student and I will abide by the Student Handbook.

I verify that all of the information contained in the application, including, without limitation, the Student Application, is complete and factually correct.

Please accept this signed and completed document to enroll \_\_\_\_\_ (student's name) in Kaplan Academy of Washington.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Agreement for Use of Instructional Property**

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Responsible Party is the parent or legal guardian of the Student, who is enrolling at Kaplan Academy of Washington.

Kaplan Academy of Washington has made arrangements to permit each Student to use certain instructional books and materials ("Instructional Property") to facilitate the Student's education while enrolled in Kaplan Academy of Washington.

Responsible Party hereby agrees to the following:

1. **Term.** Responsible Adult's and Student's rights to use and possess the Instructional Property expire upon the Student's termination of enrollment. Notwithstanding the foregoing, Kaplan Academy of Washington reserves the right to terminate any right to use of Instructional Property and take possession immediately if it has reason to believe that any term or condition of this Agreement is being violated. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.
2. **Ownership.** At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.
3. **Condition of Instructional Property.** Responsible Party agrees to fill out, sign, and return the Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to Kaplan Academy of Washington to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.
4. **Responsibility for Instructional Property.** Responsible Party must maintain the Instructional Property at the Responsible Party's residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days' written notice of any new address to Kaplan Academy of Washington. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by Kaplan Academy of Washington and shall take all reasonable precautions to protect it. Responsible Party agrees to inform Kaplan Academy of Washington of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. Kaplan Academy of Washington will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow the replacement Instructional Property to be shipped.
5. **Maintenance and Repair.** Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs or upgrades as directed by Kaplan Academy of Washington Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing antivirus file updates, and overall maintenance of each software application provided.

6. Use of Instructional Property. Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at Kaplan Academy of Washington and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with Kaplan Academy of Washington policies and rules and the manufacturer's instructions, (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application, (iv) all usage of the Instructional Property shall be subject to Kaplan Academy of Washington policies and rules regarding Network/Internet use and protocol, (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from Kaplan Academy of Washington Technical Support, and (vi) Responsible Party is solely responsible for keeping User IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a regular basis.

7. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless Kaplan Academy of Washington and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies and/or entities ("Indemnified Parties") from and against any and all claims, actions, suits, proceedings, costs, expenses (including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines, injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement, other than those caused by Kaplan Academy of Washington.

8. DISCLAIMER OF WARRANTIES. NO PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY PARTY BE LIABLE FOR ANY ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL PROPERTY PROVIDED UNDER THIS AGREEMENT.

9. Insurance. Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance proceeds.

10. Miscellaneous. Responsible Party represents that he or she has the power to bind all of Student's parents or legal guardians, all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by an authorized representative of Kaplan Academy of Washington. This Agreement shall constitute the entire agreement between the parties with regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the state of Washington. The parties acknowledge and expressly agree to waive any and all rights to a trial by jury of any claim or dispute arising under this Agreement.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Family Educational Rights and Privacy Act (FERPA) Consent Form**

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The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age (“eligible students”) certain rights regarding the student’s education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student’s education records.

Stevenson-Carson School District and its designated curriculum provider, Kaplan Virtual Education (KVE), have found that to best serve the student’s education needs, it is necessary to disclose a student’s name and address to the following classes of vendors that provide important services related to your student’s education. In all cases, these vendors will have agreed to ensure the confidentiality of the student’s name and address and to not use the information for purposes other than that contracted to meet the student’s education needs.

- Suppliers of educational materials for purposes of shipping to and from the student’s home
- Customer care providers that handle support calls for KVE
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Speakers or presenters presenting or participating in synchronous Web-conferencing sessions
- Computer professionals that host and maintain KVE’s student account management systems
- Other contractors and subcontractors that Stevenson-Carson and/or KVE identify as necessary to providing education services

To best serve the student, Stevenson-Carson School District requests the following parental consent to disclose the student’s name and address to the specified class of contractors.

I hereby agree that my student’s name, address, and other information as necessary, be provided to the above identified contractors to ensure that Stevenson-Carson School District can best meet my student’s education needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOME LANGUAGE SURVEY

### TO BE COMPLETED BY PARENT OR GUARDIAN

The following information is to be completed for each student who enrolls for the first time in Kaplan Academy of Washington. This survey shall be kept in each student's permanent record folder. This information is used to help us communicate better with our students' families.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student Grade: \_\_\_\_\_

**Use the Language Code Guide on the next page to answer questions 1-4 and 6. Write the language code and name.**

- Which language did THE STUDENT learn when he/she first began to talk? \_\_\_\_\_
- What language does THE STUDENT use most frequently at home? \_\_\_\_\_
- What language does THE PARENT OR GUARDIAN use most frequently to speak to the student?  
\_\_\_\_\_
- Name the languages in the order most often spoken BY THE PARENTS OR GUARDIANS at home:  
a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_
- Do you feel that THE STUDENT can communicate in English?  
Understands:  Y  N      Reads  Y  N  
Speaks  Y  N      Writes  Y  N
- If a language other than English is indicated on any line above, can THE STUDENT communicate in that language?  
Language: \_\_\_\_\_ Language: \_\_\_\_\_  
  
Understands:  Y  N      Reads  Y  N      Understands:  Y  N      Reads  Y  N  
Speaks  Y  N      Writes  Y  N      Speaks  Y  N      Writes  Y  N  
  
Language: \_\_\_\_\_  
  
Understands:  Y  N      Reads  Y  N  
Speaks  Y  N      Writes  Y  N
- Has the student attended school in the United States?  Y  N  
If yes, what was the beginning date (month and year)? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## **CRITERIA FOR RELEASE OF RESIDENT DISTRICT AND ACCEPTANCE OF NONRESIDENT DISTRICT STUDENTS**

A student who resides within the boundaries of the district shall be released to attend another school in another district by completing an Application for Student Transfer to Nonresident District, provided the other district agrees to accept the student if:

- A. A financial, educational, safety or health condition affecting the student would likely be reasonably improved as a result of the transfer;
- B. Attendance at the school in the nonresident district is more accessible to the parent's place of work or to the location of child care; or
- C. There is a special hardship or detrimental condition affecting the student or the student's immediate family that would be alleviated as a result of the transfer;
- D. The student is a child of a full-time certificated and/or classified school employee.

### **ACCEPTANCE OF NONRESIDENT STUDENTS**

Any student who resides outside the district but within the state of Washington may apply to attend a school in the district. A parent or guardian shall apply for admission on behalf of his or her child by completing an Application for Student Transfer to Nonresident District. All applications will be considered on an equal basis. The superintendent or designee will accept or reject an application for nonresident admission based upon the following:

- A. Whether space is available in the grade level classes, or programs in which the student would need to be enrolled are available at the requested building.
- B. Whether accepting the student would create a financial hardship for the district.
- C. Whether significant changes in services, settings, programs, or placements will be required of the district.
- D. Whether the student's attendance in the district is likely to create a risk to the health or safety of other students or staff.
- E. Whether the student's disciplinary records indicate a history of violent or disruptive behavior or gang membership or the student has a record of convictions for offenses or crimes.
- F. Whether the student has been expelled or suspended from a public school for more than 10 consecutive school days.
- G. Whether the student is currently under a suspension or expulsion from a public school.
- H. Whether the information on the application is complete or has been misrepresented.

**Except for students who reside out-of-state, nonresident students of full-time certificated and/or classified school employees shall be accepted unless the nonresident student:**

- A. Has a history of convictions, violent or disruptive behavior, or gang membership;
- B. Has been expelled or suspended from school for more than 10 consecutive days; or
- C. Initial enrollment of a child would displace a resident student; however, once the child is admitted, that child may remain enrolled until he or she completes schooling.

If a nonresident student is accepted, and based on the student's current IEP transportation is not a related service, the student or the student's parent(s) or guardian is responsible for providing transportation for the student.

The nonresident district superintendent or designee, within 45 days of receipt of the application, shall provide all applicants with written notification of the approval or denial. Nonresident admission is for all or part of the current school year in which this application is accepted. Applicants for nonresident admission must reapply and complete a new application for the next school year. No exceptions.

If the request is denied, the parent has the right within 10 days of the denial notice to appeal the decision to the school board, if applicable, or 30 days to appeal to the superintendent of public instruction (OSPI), if applicable.

**Appeal Notice** – Denial or release of admission: WAC 392-137-190. Requests for appeal shall be addressed to the superintendent of the denying school district, if applicable, or the superintendent of public instruction (OSPI, 360-725-6000). All requests for appeal should contain the following:

- A. The name, age, grade level, and residence, if any of the student.
- B. The name, mailing address, if any, and the legal relationship of the person, if any, filing the notice of appeal on behalf of the student.
- C. In the case of denial of release, documentation indicating the conditions of WAC 392-137-155 have been met and a copy of all documents or other written evidence submitted to the resident district which indicates the grounds for the requested release.
- D. In the case of denial of admission, documentation that the nonresident district has failed to comply with the standards and procedures specified in WAC 392-137-205.

**NOTE:** Contact the superintendent or designee of the district denying the request for specific appeal procedures.

# APPLICATION FOR STUDENT TRANSFER TO NONRESIDENT DISTRICT

## I. FOR FAMILY USE

PLEASE PRINT OR TYPE:

PLEASE PRESS FIRMLY

Student \_\_\_\_\_ Birth date \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Resident School District \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (if different from Mailing) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I hereby request that the above student be permitted to attend grade \_\_\_\_\_ at \_\_\_\_\_ School in the \_\_\_\_\_ District for the \_\_\_\_\_ school year. **Renewal?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*Nonresident admission is for all or part of the current school year in which this application is accepted. Applicants for nonresident admission must reapply and complete a new application for the next school year. If a nonresident student is accepted, the student or the student's parent(s) or guardian is responsible for providing transportation for the student.*

## PLEASE RESPOND TO THE FOLLOWING AND SUPPLY ADDITIONAL INFORMATION:

Is your child currently being tested for a special program (special ed, gifted, 504, migrant, bilingual, Title I/LAP)? \_\_\_ Yes \_\_\_ No  
*If yes, which program?* \_\_\_\_\_

Is your child in a special education, gifted, 504, migrant, bilingual, Title I/LAP or other special program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, you must attach copies of program records, i.e., progress reports, IEP, or 504 Plan. Which program?* \_\_\_\_\_

Does your child have a history of disciplinary suspensions or expulsions from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child currently under disciplinary suspension or expulsion? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, you must attach a copy of the disciplinary records.*

**REASON FOR APPLYING:** ATTACH ADDITIONAL SHEET IF NECESSARY (Incomplete applications will not be considered.)

*If daycare/child care, please note name, address, telephone number of sitter/center, and enrollment date.* \_\_\_\_\_

**BEFORE YOU PROVIDE YOUR SIGNATURE:** The above request to attend nonresident school district shall be dependent upon "Criteria for Release of Resident District and Acceptance of Nonresident District Students" established by the nonresident school district. In addition, the nonresident district reserves the right to revoke this transfer at any time throughout the school year if:

- regular attendance is not maintained,
- student does not follow the rules and regulations applicable to all students attending in the nonresident district,
- it becomes necessary to change the education program/setting/placement of the student, and there is not room in the program to which the student would need to change,
- information provided by the applicant is incomplete or has been misrepresented,
- parent's fulltime certificated or classified employment with the district ends, or
- nonresident student's placement at the beginning of each school year displaces a resident student or if space in the grade level classes or programs becomes unavailable.

*(Different rules apply to children of school district employees; see reverse side.)*

When any of the above reasons occur, the transfer approval becomes null and void. Any further consideration for readmission must be based on completion of a new application.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

## II. FOR RESIDENT DISTRICT USE:

Having examined the circumstances and facts stated, this district hereby **AGREES** to release this student for the \_\_\_\_\_ school year if the student is accepted for enrollment at the non-resident district.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Resident School Superintendent/Designee School District

## III. FOR NONRESIDENT DISTRICT USE: (select one)

Having examined the circumstances and facts stated, this district hereby **AGREES** to accept this student in to the \_\_\_\_\_ grade for the \_\_\_\_\_ school year.

Having examined the circumstances and facts stated, this district hereby **DENIES** application to accept student for the \_\_\_\_\_ school year. *(See reverse side for appeal procedure)*

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Nonresident School Superintendent/Designee School District



# 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>