HELLO AND WELCOME TO
CHELAN MIDDLE/HIGH SCHOOL

We look forward to meeting you and your student! Please see the recommendations below to get your child enrolled in Chelan Middle/High School:

MAKE CONTACT
First & foremost, please make sure you have signed your student out of their former school. Not checking out before you leave can slow down your new enrollment process. Making sure you have returned all school technology and having any outstanding fines/fees taken care of will make getting records transferred a lot quicker! When you are ready, let us know you would like to register a student. This can be done by calling or emailing our school registrar, Jessica Nygreen. She can be reached at (509) 682-4061 ext. 2 or nygreeni@chelanschools.org.

In your message, please let us know:
1. Your student’s first and last name
2. The grade they will be in
3. Their date of birth
4. The school they are transferring from

ENROLLMENT PACKET
You will need an enrollment packet which can be picked up here at the school or downloaded from our school website under the Explore button, Forms, and then Forms for students. You will see a link for the English or Spanish version of the MS/HS enrollment packet. Please print these as one-sided documents, as each page goes to a different department.

These can be returned to the school 3 different ways:

1. DROP OFF: Paperwork drop-off hours are between 8:00am and 3:00pm. Summer hours & days are limited, so please email first to confirm someone will be there to meet you. The office officially reopens mid-August.

2. E-MAIL: Complete packets can be sent to Mrs. Nygreen at her email address above. (The original hard copies can be brought in later.)

3. FAX: Our fax number is (509) 682-0558.

**SPECIAL NOTE** Besides a complete packet, we also need 3 additional items:
1. A copy of student identification (ex. Birth certificate is most commonly used)
2. A copy of the parent’s ID/Driver’s license
3. Proof of residency (ex. a copy of a rental agreement, a power bill, or cable bill work best) A standard piece of mail does not meet the requirements.

When enrolling a high school student, it is most helpful if you can submit a copy of their high school transcript from their former school for a credit evaluation.

We understand transferring schools, moving, and everything in between can be overwhelming. Please do not hesitate to contact our registrar with any questions you may have. We look forward to meeting you!
LAKE CHELAN SCHOOL DISTRICT
STUDENT ENROLLMENT CHECKLIST

Section 1. The following items are required prior to enrolling your students:

- ____ Authorization to Release Records Form*
- ____ Student Registration Form*
- ____ Student Housing Questionnaire (McKinney-Vento Act)*
- ____ Student Emergency Contacts / Alerts Form*
- ____ Student Health History Form*
- ____ Special Programs Enrollment Form
- ____ OSPI Home Language Survey Form*
- ____ Washington State Department of Health Certificate of Immunization Status*
- ____ Military Questionnaire
- ____ Student identification and proof of age
- ____ Proof of student's residence in the school's attendance area, or approved transfer or waiver
- ____ Proof of Guardianship if student lives with adult other than parent

* Requires parent/guardian signature

<table>
<thead>
<tr>
<th>Acceptable Forms of Student Identification</th>
<th>Acceptable Forms of Proof of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please bring one of the following:</td>
<td>Please bring one of the following:</td>
</tr>
<tr>
<td>- Original or certified copy of birth certificate (from any state or country);</td>
<td>- Residential rental, lease, or mortgage document</td>
</tr>
<tr>
<td>- Hospital birth certificate with hospital seal (from any state or country)</td>
<td>- Residential utility bill, cable/internet bill, or phone bill (not more than one month old)</td>
</tr>
<tr>
<td>- Driver's license or identification card with photo</td>
<td>- Insurance, or tax documents that include the parent or guardian name and address</td>
</tr>
<tr>
<td>- Other official/legal identification which includes the student's name and date of birth</td>
<td><strong>Verification not required for McKinney-Vento students.</strong></td>
</tr>
</tbody>
</table>

For questions regarding other miscellaneous enrollment documents, please contact your school of enrollment.

Section 2. Please provide this information with the completed enrollment packet:

- ____ Parent/guardian photo identification
- ____ Custody control documentation (i.e. certified copy of parenting plan or court order), as applicable

Section 3. The following information is optional and is included for your convenience:

Please note: You may complete and return one or more of the forms to the school.

- ____ Application for free or reduced-price meals
- ____ Release of Student Information to Military Recruiters (high school only)
# Lake Chelan School District

**Lead * Serve * Inspire**

## AUTHORIZATION TO RELEASE RECORDS

Request for transfer of educational, psychological and medical records between schools

<table>
<thead>
<tr>
<th>PREVIOUS SCHOOL</th>
<th>DISTRICT</th>
<th>STREET</th>
<th>CITY _______ STATE _______ ZIP _______</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please forward complete cumulative records on the following student(s) who have enrolled in our school:

<table>
<thead>
<tr>
<th>Student Name(s):</th>
<th>Birthdate:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Include:

- ☐ Transcripts/Academic History
- ☐ Health & Immunization Records
- ☐ Confidential Records
- ☐ Test History
- ☐ Attendance History
- ☐ Discipline Records
- ☐ Has student completed the WA State History requirement? (Please fax proof of completion.)
- ☐ *Any Special Education/504 documentation, please fax & send to our Special Services address below:

I hereby authorize notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Guardian Signature: ___________________________ Date: ______________

New Address: __________________________________________________

City: ___________________  State: ___________  Zip: ___________

Please fax transcript & vaccinations right away. Please mail cumulative folder to:

- ☐ Morgen Owings Elementary  
  Attn: Student Records  
  P.O. Box 369  
  Chelan, WA 98816  
  Phone: (509) 682-4031  
  Fax: (509) 682-3373

- ☐ Chelan Middle/High School  
  Attn: Student Records  
  P.O. Box 369  
  Chelan, WA 98816  
  Phone: (509) 682-4061  
  Fax: (509) 682-0558

- ☐ Holden Village  
  Attn: Student Records  
  P.O. Box 369  
  Chelan, WA 98816  
  Phone: (509) 682-7744  
  Fax: (509) 682-5842

- ☐ Special Services  
  Attn: Student Records  
  P.O. Box 369  
  Chelan, WA 98816  
  Phone: (509) 682-7744  
  Fax: (509) 682-5842
## Lake Chelan School District

### Lead * Serve * Inspire

### STUDENT REGISTRATION FORM

**Date:**

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>Student ID:</th>
<th>Legal Name Verified?</th>
<th>Birth Certificate</th>
<th>Other Legal Doc</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCSD District Resident?</td>
<td>Yes</td>
<td>No</td>
<td>Non-Resident Home District:</td>
<td>Choice Transfer Approved?</td>
</tr>
</tbody>
</table>

| Has your child or a sibling ever been registered in the Lake Chelan School District? | Yes | No | If yes, which school? |

#### STUDENT INFO

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>Legal LAST Name</th>
<th>Legal FIRST Name</th>
<th>Legal MIDDLE Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BIRTHDATE (Month/Day/Year)</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GRADE</th>
<th>STUDENT'S FIRST LANGUAGE</th>
<th>PRIMARY LANGUAGE SPOKEN AT HOME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BIRTH CERTIFICATE</th>
<th>MIGRANT</th>
<th>DATE ENTERED U.S.</th>
<th>BIRTHPLACE (City, State, County, Country)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PRIMARY PARENT/GUARDIAN INFORMATION (Household where student lives)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LEGAL PARENT/GUARDIAN #1 Last Name</th>
<th>FIRST NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PRIMARY PHONE</th>
<th>SECOND PHONE</th>
<th>THIRD PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Work</td>
<td>Cell</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RELATION TO STUDENT:</th>
<th>Mother</th>
<th>Father</th>
<th>Legal Guardian</th>
</tr>
</thead>
</table>

| Do you have legal custody of the student? | Yes | No |

<table>
<thead>
<tr>
<th>LEGAL PARENT/GUARDIAN #2 Last Name</th>
<th>FIRST NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMAIL:</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>RELATION TO STUDENT:</th>
<th>Mother</th>
<th>Father</th>
<th>Legal Guardian</th>
<th>Stepmother</th>
<th>Stepfather</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other (please list):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RESIDENT STREET ADDRESS</th>
<th>APT #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS (If different from above)</th>
<th>P.O. BOX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PRIMARY HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)</th>
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<thead>
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</tr>
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</table>

### PLEASE LIST OTHER SIBLINGS CURRENTLY ATTENDING LAKE CHELAN SCHOOL DISTRICT

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>School</th>
<th>Grade</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>


Name of school last attended: ____________________________
District: ____________________________ City: ____________________________ State: 

Has your child ever been retained? □ Yes □ No
If yes, at what grade level(s)? ____________________________

Has your child ever received services in any of the following programs? Check all that apply:

- ☐ Special Education/IEP for: ____________________________
- ☐ 504 Plan for: ____________________________
- ☐ OT/PT Fine/Gross Motor
- ☐ Highly Capable
- ☐ ELL
- ☐ Speech/Language
- ☐ Title 1/LAP Services
- ☐ Behavior Services
- ☐ Counseling (inside/outside school), Social Skills

Does your child have any past, current, or pending disciplinary actions or any history of violent behavior? □ Yes □ No
If yes, Date: ____________________________

Does your child have a history of sex offense, inhaling toxic fumes, drug offense, liquor violation, assault, kidnapping, harassment, stalking, or arson? □ Yes □ No

Is your child presently on suspension or expulsion from another school? □ Yes □ No
If yes, reason: ____________________________

Any unpaid fines or fees from other schools? □ Yes □ No

Is your child a military dependent? □ Yes □ No

Is there a joint-custody or parenting plan in effect? □ Yes □ No
If yes, a copy of the plan must be on file with the school.

Is there a restraining order against anyone pertaining to your student? □ Yes □ No
If yes, most recent certified legal papers must be on file with the school.

Restraining order against: ____________________________

Brief explanation for any of the above checked items: ____________________________

---

**MILITARY QUESTIONNAIRE**

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation. (http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015)

Reasons for collection of the data include:

(1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or National Guard. There are approximately one hundred thirty-six thousand military families in Washington State.

(2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. [2015 c 210 § 1.]

For the purposes of this data collection, "students from military families" includes:

(a) Students with a parent or guardian who is a member of the active duty United States armed forces; and

(b) Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard. Collection and updating of this data must use the United States department of education 2007 race and ethnicity reporting guidelines, including the subracial and sub-ethnic categories within those guidelines, with modifications.

Does your student have an active military family parent/guardian?

Please select one of the following:

- ☐ US Armed Forces active duty
- ☐ National Guard Member
- ☐ More than one parent/guardian of Armed Forces/National Guard
- ☐ US Armed Forces reserves
- ☐ No affiliation

---

**ASSUMED YES UNLESS OTHERWISE NOTED:**

MILITARY RELEASE: I consent for my child’s information to be released upon request by military recruiters. ☐ No

HIGHER EDUCATION RELEASE: I consent for my child’s information to be released to institutions of higher education. ☐ No

LOCAL & PUBLIC PHOTO RELEASE: I consent for my child’s photograph/video to be taken for inclusion in district publications, local media, & the school yearbook. ☐ No

EMERGENCY MEDICAL AUTHORIZATION: In the event parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child. ☐ No

STUDENT RELEASE: In the event the parent can’t be reached, I authorize school authorities to release my child to the persons designated on my child’s Emergency Contacts form. ☐ No

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student’s enrollment in the Lake Chelan School District."

LEGAL PARENT/GUARDIAN SIGNATURE: ____________________________ DATE: ____________________________
**RACE AND ETHNICITY FORM**

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 BOTH sections below:

1. **Is your child of Hispanic or Latino origin? (Please check ALL that apply)**
   - [ ] Not Hispanic/Latino
   - [ ] Hispanic
   - [ ] Argentinian
   - [ ] Bolivian
   - [ ] Cape Verdean
   - [ ] Cuban
   - [ ] Dominican
   - [ ] Ecuadorian
   - [ ] Guatemalan
   - [ ] Guyanese
   - [ ] Haitian
   - [ ] Honduras
   - [ ] Jamaican
   - [ ] Mexican
   - [ ] Mestizo
   - [ ] Native
   - [ ] Nicaraguan
   - [ ] Panamanian
   - [ ] Paraguayan
   - [ ] Peruvian
   - [ ] Puerto Rican
   - [ ] Salvadoran
   - [ ] Spanish
   - [ ] Surinamese
   - [ ] Uruguayan
   - [ ] Venezuelan
   - [ ] Other Hispanic/Latino

2. **What race(s) do you consider your child? (Please check ALL that apply)**

### American Indian/Alaskan Native
- [ ] Chinook Tribe
- [ ] Confederated Tribes & Bands of the Yakima Nation
- [ ] Confederated Tribes of the Chehalis Reservation
- [ ] Confederated Tribes of the Colville Reservation
- [ ] Cowitz Indian Tribe
- [ ] Duwamish Tribe
- [ ] Hoh Indian Tribe
- [ ] Jamestown S’Klallam Tribe
- [ ] Kalispel Indian Community of the Kalispel Reservation
- [ ] Klickitat Indian Nation
- [ ] Lower Elwha Tribal Community
- [ ] Lummi Tribe of the Lummi Reservation
- [ ] Makah Indian Tribe of the Makah Indian Reservation
- [ ] Marietta Band of Nooksack Tribe
- [ ] Muckleshoot Indian Tribe
- [ ] Nesqually Indian Tribe
- [ ] Nooksack Indian Tribe of WA
- [ ] Port Gamble S’Klallam Tribe
- [ ] Puyallup Tribe of Puyallup Reservation
- [ ] Quileute Tribe of the Quileute Reservation
- [ ] Quinault Indian Nation
- [ ] Samish Indian Nation
- [ ] Sauk-Suiattle Indian Tribe of WA
- [ ] Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
- [ ] Skokomish Indian Tribe
- [ ] Snohomish Tribe
- [ ] Snoqualmie Indian Tribe
- [ ] Spokane Tribe of the Spokane Reservation
- [ ] Squaxin Island Tribe
- [ ] Steilacoom Tribe
- [ ] Stillaguamish Tribe of Indians of WA
- [ ] Suquamish Indian Tribe of the Port Madison Reservation
- [ ] Swinomish Indian Tribal Community
- [ ] Tulalip Tribes of WA
- [ ] Alaskan Native: __________
- [ ] American Indian write in: __________

### Asian
- [ ] Asian Indian
- [ ] Bangladeshi
- [ ] Bhutanese
- [ ] Burmese/Myanmar
- [ ] Cambodian/Khmer
- [ ] Cham
- [ ] Chinese
- [ ] Filipino
- [ ] Hmong
- [ ] Indonesian
- [ ] Japanese
- [ ] Korean
- [ ] Lao
- [ ] Malaysian
- [ ] Mien
- [ ] Mongolian
- [ ] Nepali
- [ ] Okinawan

### Black/African American
- [ ] Angolan
- [ ] Cameroonian
- [ ] Central African (Ex-CFA)
- [ ] Chadian
- [ ] Congolese (Ex-Congo)
- [ ] Equatorial Guinean
- [ ] Gabonese
- [ ] São Toméan
- [ ] Principe
- [ ] Central African Write In: __________

### Central African
- [ ] Burundian
- [ ] Comorian
- [ ] Djiboutian
- [ ] Eritrean
- [ ] Ethiopian
- [ ] Kenyan
- [ ] Malagasy
- [ ] Malawian
- [ ] Mauritania

### East African
- [ ] Argentine
- [ ] Beleza
- [ ] Bolivian
- [ ] Brazilian
- [ ] Chilean
- [ ] Colombian
- [ ] Costa Rican
- [ ] Ecuadorian
- [ ] El Salvadoran
- [ ] Falkland Islander
- [ ] Fr. Guianese
- [ ] Guatemalan
- [ ] Guyanese
- [ ] Haitian
- [ ] Honduras
- [ ] Jamaican
- [ ] Korean
- [ ] Mexican
- [ ] Morrocan
- [ ] Mozambican
- [ ] Panamanian
- [ ] Peruvian
- [ ] Puerto Rican
- [ ] Salvadorian
- [ ] Spanish
- [ ] Surinamese
- [ ] Uruguayan
- [ ] Venezuelan
- [ ] Other Hispanic/Latino

### Black/African American
- [ ] American Indian
- [ ] African American
- [ ] African Canadian

### CARIBBEAN
- [ ] Anguillan
- [ ] Antiguan
- [ ] Bahamian
- [ ] Barbadian
- [ ] Barbélemois/Baafloois
- [ ] British Virgin Islander
- [ ] Caymanian
- [ ] Cuban Dominican
- [ ] Dominican (Dominican Republic)
- [ ] Dutch Antillean (Netherlands Antilles)
- [ ] Grenadian
- [ ] Guadeloupian
- [ ] Haitian
- [ ] Jamaican
- [ ] Martiniquan/Martiniquaise
- [ ] Montserratian
- [ ] Puerto Rican
- [ ] Caribbean Write In: __________

### Latin American
- [ ] Argentine
- [ ] Beleza
- [ ] Bolivian
- [ ] Brazilian
- [ ] Chilean
- [ ] Colombian
- [ ] Costa Rican
- [ ] Ecuadorian
- [ ] El Salvadoran
- [ ] Falkland Islander
- [ ] Fr. Guianese
- [ ] Guyanese
- [ ] Haitian
- [ ] Honduras
- [ ] Jamaican
- [ ] Korean
- [ ] Mexican
- [ ] Mozambican
- [ ] Panamanian
- [ ] Peruvian
- [ ] Puerto Rican
- [ ] Salvadorian
- [ ] Spanish
- [ ] Surinamese
- [ ] Uruguayan
- [ ] Venezuelan
- [ ] Other Hispanic/Latino

### Native Hawaiian or Other Pacific Islander
- [ ] Carolinian
- [ ] Papuan
- [ ] Chamarro
- [ ] Pohnpeian
- [ ] Chuukese
- [ ] Samoan
- [ ] Fijian
- [ ] Solomon
- [ ] I-Kiribati
- [ ] Islander
- [ ] Kosrae
- [ ] Tahitian
- [ ] Maori
- [ ] Tokeluan
- [ ] Marshallese
- [ ] Tongan
- [ ] Native Hawaiian
- [ ] Tuvaluan
- [ ] Ni-Vanuatu
- [ ] Yapese
- [ ] Palauan
- [ ] Hawaiian/Pacific Islander Write In: __________

### White
- [ ] White

### Eastern European
- [ ] Bosnian
- [ ] Romanian
- [ ] Russian
- [ ] Polish
- [ ] Ukrainian

### Middle Eastern & N. African
- [ ] Algerian
- [ ] Amazigh/Arab
- [ ] Arab/Arabic
- [ ] Assyrian
- [ ] Bahraini
- [ ] Bedouin
- [ ] Chaldean
- [ ] Coptic
- [ ] Druze
- [ ] Egyptian
- [ ] Emirati
- [ ] Iranian
- [ ] Iraqi
- [ ] Jordanian
- [ ] Israeli
- [ ] Kurdish
- [ ] Kuwaiti
- [ ] Lebanonese
- [ ] Libyan
- [ ] Moroccan
- [ ] Omani
- [ ] Palestinian
- [ ] Qatari
- [ ] Saudi Arabian
- [ ] Syrian
- [ ] Tunisian
- [ ] Yemeni

### Middle Eastern Write In:
- [ ] N. African Write In: __________

---

**Student Name:** __________ **Date:** __________
**STUDENT HEALTH HISTORY**

Student: ___________________________ Birthdate: ___/___/___ Grade: _____  □ Male  □ Female

Last, First  Month/Day/Year

*This information is needed to plan an appropriate program for your student and to prepare for any emergency situation if one should arise. Your school nurse will contact you if there are any additional questions.*

*Law requires that life threatening conditions such as anaphylaxis, asthma, or diabetes have a care plan completed prior to the first day of school. Please contact the school nurse as soon as possible to insure the paper work is complete.*

---

### MEDICAL HISTORY (check all that apply) OR □ No health concerns at this time (please sign form).

#### Life Threatening Conditions
- □ Hemophilia
- □ Anaphylactic Condition (epi-pen)
- □ Allergen: ___________________________
- □ Diabetes Type I
- □ Seizure Condition __________________
- □ Asthma - Exercise Induced
- □ Asthma □ Mild □ Moderate □ Severe □ Inhaler
  *If your student will have an inhaler at school for any reason, see the school nurse for appropriate documentation.*
- □ Cardiac □ Other □ (please list) ___________________________

#### Congenital Conditions
□ Please list ___________________________

#### Hematology (Blood)
- □ Sickle Cell Anemia
- □ Other Blood Condition ___________________________

#### Cardiovascular/Heart Conditions
□ Please list ___________________________

#### Endocrine, Allergy, Immune System, Metabolic & Nutritional
- □ Allergy - Food ___________________________
- □ Allergy - Insect ___________________________
- □ Other Allergy ___________________________
- □ Cystic Fibrosis
- □ Diabetes Type II ___________________________
- □ Eating Disorder ___________________________
- □ Thyroid Disorder ___________________________
- □ Other Endocrine, Immune or Metabolic Disorder describe: ___________________________

#### Gastro-Intestinal, Dental & Oral Conditions
- □ Celiac Disease □ Crohns □ Irritable Bowel
- □ Gastroesophageal Reflux □ Lactose Intolerance
- □ Other: ___________________________
- □ Liver Disease ___________________________
- □ Dental Condition ___________________________
- □ Oral Condition ___________________________

#### Skin & Subcutaneous Tissue
- □ Contact Dermatitis (Eczema) ___________________________
- □ Other: ___________________________

---

### Nervous System
- □ Asperger’s Syndrome □ Autism
- □ ADHD/ADD diagnosed by: ___________________________
- □ Cerebral Palsy
- □ Developmental Delay ___________________________
- □ Migraines □ Headaches □ Shunt ___________________________
- □ Mental Retardation ___________________________
- □ Paralysis
- □ Sensory Condition ___________________________
- □ Spina Bifida ___________________________
- □ Spinal Cord Injury ___________________________
- □ Traumatic Brain Injury ___________________________
- □ Speech Disorder ___________________________

#### Mental or Behavior Health Conditions
- □ Sleep Disorder ___________________________
- □ Tourette’s Syndrome ___________________________
- □ Other: ___________________________

#### Respiratory
- □ Reactive Airway Disease ___________________________
- □ Other: ___________________________

#### Musculoskeletal & Connective Tissue
- □ Juvenile Rheumatoid Arthritis ___________________________
- □ Muscular Dystrophy ___________________________
- □ Osgood-Schlatter ___________________________
- □ Scoliosis ___________________________
- □ Other: ___________________________

#### Renal & Genitourinary
- □ Chronic Urinary Tract Infection □ Urinary Reflux
- □ Dysmenorrhea (painful periods) ___________________________
- □ Other: ___________________________

#### Neoplasms (Cancer/Tumors)
□ Please list ___________________________

#### Eye & Ear
- □ Chronic Ear Infections ___________________________
- □ Hearing Impaired ___________________________
- □ Ear Condition ___________________________
- □ Visually Impaired ___________________________
- □ Eye Condition or □ Wears glasses ___________________________

---

### MEDICATIONS (please report all medications that your student takes both at home or at school)

- □ Is medication needed at home? □ Yes □ No  If yes, please list: ___________________________
- □ Is medication needed at school? □ Yes □ No  If yes, please list: ___________________________

*State law requires written permission from parent and/or a health care provider before any medications, prescriptions or over-the-counter medication may be taken at school. Forms are available from the school health rooms or school office.*

If parent/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most accessible. I understand that I will assume full responsibility for the payment of any services rendered. I understand that the information given above will be shared with the appropriate school staff that needs to know in order to provide for the health and safety of my student.

Signature: ___________________________ Relationship: ___________________________ Phone: ___________________________ Date: ___________________________
Spring, 2020

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or childcare centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child’s records are accurate. **Your child cannot attend school until you provide these records.**

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status (CIS)](https://www.doh.wa.gov/SCCI) signed by a health care provider. Find the CIS form by visiting [https://www.doh.wa.gov/SCCI](https://www.doh.wa.gov/SCCI) and clicking on “Certificate of Immunization Status.”
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](https://wa.myir.net/register) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to [https://wa.myir.net/register](https://wa.myir.net/register) to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren’t sure, or if you have any questions, please contact school nurse Eric Flynn at (509) 888-6766.

[Washington State Department of Health]

DOH 348-744 January 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).
# Certificate of Immunization Status (CIS)

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

<table>
<thead>
<tr>
<th>Child's Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Birthdate (MM/DD/YYYY):</th>
</tr>
</thead>
</table>

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

**X**

Parent/Guardian Signature

Date

**X**

Parent/Guardian Signature Required if Starting in Conditional Status

Date

<table>
<thead>
<tr>
<th>▲ Required for School</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲ DTaP (Diphtheria, Tetanus, Pertussis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ DT or Td (Tetanus, Diphtheria)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Hib (Haemophilus influenzae type b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ IPV (Polio) (any combination of IPV/OPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ OPV (Polio)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ MMR (Measles, Mumps, Rubella)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ PCV/PPSV (Pneumococcal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Varicella (Chickenpox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ History of disease verified by IIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommended Vaccines (Not Required for School or Child Care Entry)**

- Flu (Influenza)
- Hepatitis A
- HPV (Human Papillomavirus)
- MCV/MPSV (Meningococcal Disease types A, C, W, Y)
- MenB (Meningococcal Disease type B)
- Rotavirus

- Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

□ A verified history of varicella (chickenpox) disease.
□ Laboratory evidence of immunity (titer) to disease(s) marked below.

- □ Diphtheria
- □ Hepatitis A
- □ Hepatitis B
- □ Hib
- □ Measles
- □ Mumps
- □ Rubella
- □ Tetanus
- □ Varicella
- □ Polio (all 3 serotypes must show immunity)

**Licensed Health Care Provider Signature**

Date

Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: ____________________________ Signature: ____________________________ Date: ____________________________

If verified by school or child care staff the medical immunization records must be attached to this document.
Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:
Ask if your health care provider’s office enters immunizations into the WA Immunization Information System (Washington’s statewide registry). If they do, ask them to print the CIS from the IIS and your child’s immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. If your provider doesn’t use the IIS, email or call the Department of Health to get a copy of your child’s CIS: washisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:
1. Print your child’s name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
   - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
   - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the sections.
4. If your child can show positive immunity by blood test (titers), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records
All vaccination records must be medically verified. Examples include:
- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state’s IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider’s electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status
Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>ActHIB</td>
<td>Hib</td>
<td>Fluvarix</td>
<td>Flu</td>
<td>Havrix</td>
<td>Hep A</td>
<td>Menveo</td>
<td>Meningococcal</td>
<td>Rotarix</td>
<td>Rotavirus (RV1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adacel</td>
<td>Tdap</td>
<td>Fluclavax</td>
<td>Flu</td>
<td>Hiberix</td>
<td>Hib</td>
<td>Pediatrix</td>
<td>DTaP + Hep B + IPV</td>
<td>RotaTeq</td>
<td>Rotavirus (PV5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afluria</td>
<td>Flu</td>
<td>FluLaval</td>
<td>Flu</td>
<td>Hib TITER</td>
<td>Hib</td>
<td>PedvaxHIB</td>
<td>Hib</td>
<td>Tenivac</td>
<td>Td</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bexsero</td>
<td>MenB</td>
<td>FluMist</td>
<td>Flu</td>
<td>IPol</td>
<td>IPV</td>
<td>Pentacel</td>
<td>DTaP + Hib + IPV</td>
<td>Trumenba</td>
<td>MenB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boostrix</td>
<td>Tdap</td>
<td>Fluvirin</td>
<td>Flu</td>
<td>Infantix</td>
<td>DTaP</td>
<td>Pneumovax</td>
<td>PPSV</td>
<td>Twinrix</td>
<td>Hep A + Hep B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervarix</td>
<td>2vHPV</td>
<td>Fluzone</td>
<td>Flu</td>
<td>Kinrix</td>
<td>DTaP + IPV</td>
<td>Prevnar</td>
<td>PCV</td>
<td>Vaqta</td>
<td>Hep A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daptacel</td>
<td>DTaP</td>
<td>Gardasil</td>
<td>4vHPV</td>
<td>Menactra</td>
<td>MCV or MCV4</td>
<td>ProQuad</td>
<td>MMR + Varicella</td>
<td>Varivax</td>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engerix-B</td>
<td>Hep B</td>
<td>Gardasil 9</td>
<td>9vHPV</td>
<td>Menomune</td>
<td>MPSV4</td>
<td>Recombivax HB</td>
<td>Hep B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 November 2019
STUDENT EMERGENCY CONTACTS/ALERTS

Student Name: ___________________________________________  Grade: _____  Birthdate: _____ / _____ / ________

Parent/Legal Guardian Name: ___________________________________________

SCHOOL CLOSURE EMERGENCY PROCEDURE
In the event of school closure during the school day (power outage, heavy falling snow, etc.), the school will first attempt to call the parent(s) at the phone numbers provided on your student’s registration form. Please ensure that you have provided numbers where we may reach you during daytime hours. If your child is medically fragile, make arrangements for your child’s medical needs at school and have an emergency plan in place. You will need to make additional contact with the school nurse for those arrangements.

AUTHORIZED EMERGENCY & RELEASE CONTACTS (Please list contacts in order of preference)

In the event that a parent/guardian cannot be reached, please provide up to four additional contact that are authorized to pick up your student from school.

My child can only be released from school with a parent/guardian OR the following individuals:

1. ___________________________  Phone: _______________  Relationship: _______________

2. ___________________________  Phone: _______________  Relationship: _______________

CRITICAL ALERTS
Please list any non medical critical alerts that the school should be aware of concerning your child. Alert information is shared with school staff on a “need to know basis” only and is considered confidential. It is the parent’s responsibility to alert the school with critical information. Please be specific. Medical alerts need to be recorded on the student health history form, not in this section.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

LEGAL RESTRICTIONS/NO CONTACT/RESTRAINING ORDERS

Are there any legal restrictions in place regarding your student?  □ Yes  □ No

Restrictions are against: Name(s) ____________________________

__________________________________________________________________________

If YES, the most recent certified legal papers must be on file with the school

Parent/Guardian Signature: ___________________________________________  Date: _______________
STUDENT HOUSING QUESTIONNAIRE

If you own/rent your home, you do not need to complete this form.

Student: ___________________________ First Middle Last

School: ___________________________ Grade: _______ Birthdate: _____/_____/_______ Age: _______

☐ Male  ☐ Female  ☐ Student is unaccompanied (not living with a parent or legal guardian)
  ☐ Student is living with a parent or legal guardian

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C.11435. The McKinney-Vento Act provides services and supports for children & youth experiencing homelessness. (Please see bottom of this form for more information.)

If you do not own/rent your own home, please check all that apply below.

☐ In a motel  ☐ In a shelter  ☐ Transitional Housing  ☐ Other: ______________
☐ In someone else's house or apartment with another family  ☐ Moving from place to place/couch surfing
☐ A car, park, campsite, or similar location  ☐ In a residence with inadequate facilities (no water/heat, etc.)

Address of current residence: _____________________________________________________________

Street Address ___________________________ City/State/Zip ___________________________

Name of contact: ___________________________ Contact phone number: ______________________

Print name of parent(s)/legal guardian(s): _________________________________________________
(Or unaccompanied youth)

*Signature of parent/legal guardian: ___________________________ Date: _______________________
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

For School Personnel Only: For data collection purposes and student information system coding
☐(N) Not Homeless  ☐(A) Shelters  ☐(B) Doubled-Up  ☐(C) Unsheltered  ☐(D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

For purposes of this subtitle:
(1) The terms enrolled and enrollment include attending classes and participating fully in school activities.
(2) The term homeless children and youth—
(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
(B) includes—
(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
(iv) migratory children (as such term is defined in section 1300 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
(6) The term unaccompanied youth includes a youth not in the physical custody of a parent or guardian.
SPECIAL PROGRAMS ENROLLMENT FORM

Student Name: _______________________________ Grade: _______ Birthdate: ___/___/____

Medical Coupons? ☐ Yes ☐ No Parent/Legal Guardian Name: ____________________________

Have you or your family moved recently or within the past three years? ☐ Yes ☐ No
Was the purpose of the move to work in agricultural-related activities as a principal means of livelihood? ☐ Yes ☐ No

1. Has your child ever been in a... (check below) Has a sibling ever been in a ... (check below)

<table>
<thead>
<tr>
<th>Special Education Class</th>
<th>Special Education Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech or Language Therapy</td>
<td>Speech or Language Therapy</td>
</tr>
<tr>
<td>Occupational/Physical Therapy</td>
<td>Occupational/Physical Therapy</td>
</tr>
<tr>
<td>Counseling</td>
<td>Counseling</td>
</tr>
<tr>
<td>Gifted/Highly Capable Program</td>
<td>Gifted/Highly Capable Program</td>
</tr>
<tr>
<td>Migrant Program</td>
<td>Migrant Program</td>
</tr>
<tr>
<td>Bilingual/ELL program</td>
<td>Bilingual/ELL program</td>
</tr>
</tbody>
</table>

2. Does your child have a current Individualized Education Program (IEP) at this time? ☐ Yes ☐ No
3. Does your child have a current 504 Plan at this time? ☐ Yes ☐ No

4. Has your child ever been diagnosed having... (check below)

<table>
<thead>
<tr>
<th>Attention Deficit Disorder</th>
<th>Hyperactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Deficit Disorder w/Hyperactivity</td>
<td>Learning Disabilities</td>
</tr>
<tr>
<td>Auditory or Visual Problems</td>
<td>Physical/Health Problems</td>
</tr>
<tr>
<td>Autism or Asperger's Syndrome</td>
<td>Speech/Language Problems</td>
</tr>
<tr>
<td>Developmental Delays</td>
<td></td>
</tr>
</tbody>
</table>

Please specify, including who made the diagnosis:

__________________________________________________________________________

__________________________________________________________________________

5. Does your child have social/emotional or behavior problems which affect his/her performance at school? If yes, please explain: ____________________________________________________________

__________________________________________________________________________

6. Are there any other concerns or comments that you would like to share with us?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
The Home Language Survey is given to all students enrolling in Washington schools.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td>Parent/Guardian Signature</td>
<td></td>
</tr>
</tbody>
</table>

**Right to Translation and Interpretation Services**
Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.

All parents have the right to information about their child’s education in a language they understand.

1. In what language(s) would your family prefer to communicate with the school?
   ______________________________________

2. What language did your child learn first?
   ______________________________________

3. What language does your child use the most at home?
   ______________________________________

4. What is the primary language used in the home, regardless of the language spoken by your child?
   ______________________________________

5. Has your child received English language development support in a previous school? Yes____ No____ Don’t Know____

**Eligibility for Language Development Support**
Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

6. In what country was your child born? ______________________

7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ____Yes ____No

   If yes: Number of months: ______________
   Language of instruction: ______________

8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)
   Month ______ Day ______ Year ______

This form is not used to identify students’ immigration status.

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.

**Note to district:** This form is available in multiple languages on [http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx](http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx). A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. “Formal education” in #7 does not include refugee camps or other unaccredited educational programs for children.

[Forms and Translated Material](http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx) from the Bilingual Education Office of the [Office of Superintendent of Public Instruction](http://www.k12.wa.us) are licensed under a [Creative Commons Attribution 4.0 International License](http://creativecommons.org/licenses/by/4.0).
2021-22 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS
LAKE CHELAN SCHOOL DISTRICT

Complete, sign, and return this application to: LAKE CHELAN SCHOOL DISTRICT, P.O. BOX 369, CHELAN, WA 98816

Check here if you received meal benefits last year: □

☐ Homeless  ☐ Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an “x” in the appropriate box. Include any personal income received by the student and make an “x” in the correct box for how often it is received.

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>MI</th>
<th>Foster</th>
<th>Date of Birth</th>
<th>School</th>
<th>Grade</th>
<th>Student Income</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2 X Month</th>
<th>Monthly</th>
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2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food  ☐ TANF  ☐ Food Distribution Program on Indian Reservations (FDIPR)  Case Number: _______________________

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

<table>
<thead>
<tr>
<th>Names of ALL other household members (do not include students listed above)</th>
<th>Foster</th>
<th>Earnings from work (before any deductions)</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2 X Month</th>
<th>Monthly</th>
<th>Public Assistance/Child Support/Alimony</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2 X Month</th>
<th>Monthly</th>
<th>Pensions/Retirement/Social Security (SSI)</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2 X Month</th>
<th>Monthly</th>
<th>Any Other Income Not Already Listed</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2 X Month</th>
<th>Monthly</th>
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</table>

4. Total Household Members (include all people living in your household): ________  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member
(total listed must equal number of household members listed above)

5. Contact Information & Signature — Complete, sign, and return this application to: LAKE CHELAN SCHOOL OR DISTRICT OFFICES
I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member ________________________________ Adult Household Member Signature ________________________________ E-mail Address ________________________________

Mailing Address ________________________________ City, State & Zip Code ____________ Daytime Phone ____________ Date ____________

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6. Children’s Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)’s eligibility for free & reduced-price meals.

Mark one or more racial identities:

☐ American Indian or Alaska Native
☐ Black, or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Mark one ethnic identity:

☐ Hispanic or Latino
☐ Not Hispanic or Latino

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaints, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Lake Chelan School District’s Non-Discrimination Statement

Lake Chelan School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained guide dog or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination:

Title IX / Civil Rights Compliance Coordinator: Human Resources, 509-682-3515 or burnst@chelanschools.org

Section 504 / Special Education / ADA Coordinator, 509- 682-3515 or clarke@chelanschools.org Lake Chelan School District, PO Box 369, Chelan, WA 98816

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**SCHOOL USE ONLY -- DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: ☐ Basic Food/TANF/FPDIR/Foster ☐ Income Household

Total Household Size $Weekly Bi-Weekly 2x per Month Monthly Annual

Total Household Income ☐ Income Over Allowed Amount ☐ Other:__________________________

APPLICATION APPROVED FOR: ☐ Free Meals ☐ Reduced-Price Meals

APPLICATION DENIED BECAUSE: ☐ Incomplete/Missing Information

Date Notice Sent ____________________________

Signature of Approving Official ____________________________

Page 2 of 2

OSPI CNS

Date ____________________________

June 2021