Hello and Welcome!

Hello and Welcome! We look forward to meeting you and your student! Please see the recommendations below to get your child enrolled.

**Make contact:**
First and 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 secretary, Mrs. Lucy. She can be reached at 509-682-4031 or llopezl@chelanschools.org.

**In your message, please let us know:**
1. Your student’s first and last name
2. The grade they will be entering
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 [www.chelanschools.org](http://www.chelanschools.org). Click on “For Parents, documents & forms”, then MOE tab, then scroll down to general and find what says “MOE Enrollment Packet 23-24”.

You will see a link for the 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 can be dropped off at the MOE office. Drop off hours are between 8:00am and 3:00pm.
2. **E-MAIL**: Complete packets can be sent to Mrs. Lucy at her email address above. (The original hard copies can be brought in later if necessary.)
3. **FAX**: Our fax number is 509-682-3373

**Special Note** Besides a complete packet, we also ask for 4 additional items:
1. A copy of student’s birth certificate
2. A copy of student's immunization record
3. A copy of the parent’s ID/Driver’s license
4. Proof of residency (ex. A copy of rental agreement, a power bill, or cable bill work best)
Section 1. The following items are required prior to enrolling your students:

- Authorization to Release Records Form*
- Student Registration Form*
- Student Race & Ethnicity Form*
- Student Emergency Contacts / Alerts Form*
- Student Health History Form*
- Washington State Department of Health Certificate of Immunization Status* & immunization records
- Special Programs Enrollment Form
- OSPI Home Language Survey Form*
- Student Housing Questionnaire (McKinney-Vento Act)*
- Student identification
- Proof of student’s residence in the school's attendance area, or approved choice transfer
- Proof of Guardianship if student lives with adult other than parent
- Parent/guardian photo identification

* Requires parent/guardian signature

Student Identification Options

- Birth certificate
- Any religious, hospital, or physician’s certificate showing date of birth
- An entry in a family bible
- An adoption record
- An affidavit from a parent
- Driver’s license or identification card
- Other official/legal identification which includes the student’s name and date of birth

Acceptable Forms of Proof of Residence

Please bring one of the following:

- Residential rental, lease, letter from landlord, or mortgage document
- Residential utility bill, cable/internet bill, or land line phone bill (not more than one month old)

*Cell phone or credit card bills are not accepted.
- Insurance, or tax documents that include the parent or guardian name and address

Verification not required for McKinney-Vento students.

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

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

- Immunization Records
- Custody control documentation (i.e. certified copy of parenting plan or court order), as applicable

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

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

- Family Income Survey
  (Must be completed annually or when income changes occur during the school year)
AUTHORIZATION TO RELEASE RECORDS
Request for transfer of educational, psychological and medical records between schools

PREVIOUS SCHOOL __________________________________________________________

DISTRICT ________________________________________________________________

STREET __________________________________________________________________

CITY __________________________ STATE _______ ZIP ________________________

PHONE _________________________ FAX ________________________________

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>
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</tbody>
</table>

Please include:
☑ Transcripts/Academic History ☐ Test History ☐ Has student completed the WA State History requirement? (Please fax proof of completion.)
☐ Health & Immunization Records ☐ Attendance History ☐ Confidential Records ☐ Discipline Records
☐ *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:

☐ Morgan 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

**STUDENT REGISTRATION FORM**

**Date:**

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>Student ID:</th>
<th>Legal Name Verified?</th>
<th>LCSD District Resident?</th>
<th>Choice Transfer Approved?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT INFO</th>
<th>Entry Date:</th>
<th>□ Male □ Female</th>
<th>□ English □ Spanish □ Other Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BIRTHDATE (Month/Day/Year)</th>
<th>GENDER</th>
<th>GRADE</th>
<th>STUDENT’S FIRST LANGUAGE</th>
<th>PRIMARY LANGUAGE SPOKEN AT HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MIGRANT</th>
<th>DATE ENTERED U.S.</th>
<th>BIRTHPLACE (City, State, County, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td>/</td>
<td></td>
</tr>
</tbody>
</table>

**PRIMARY PARENT/GUARDIAN INFORMATION (Household where student lives)**

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

<table>
<thead>
<tr>
<th>□ Home □ Work □ Cell</th>
<th>□ Home □ Work □ Cell</th>
<th>□ Home □ Work □ Cell</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RELATION TO STUDENT:</th>
<th>/legal custody?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS:</th>
<th></th>
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<table>
<thead>
<tr>
<th>LEGAL PARENT/GUARDIAN #2 Last Name</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATION TO STUDENT:</th>
<th>/legal custody?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

**SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)**

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

<table>
<thead>
<tr>
<th>RELATION TO STUDENT:</th>
<th>/legal custody?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</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>
</tr>
</thead>
<tbody>
<tr>
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</table>
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 I 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: ___________________________
Lake Chelan School District
Lead • Serve • Inspire

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
- Brazilian
- Chicano (Mexican American)
- Dominican
- Ecuadorian
- Guatemalan
- Guyanese
- Native
- Cuban
- Haitian
- Mexican
- Mestizo
- Nicaraguan
- Panamanian
- Puerto Rican
- Salvadorian
- 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
- Cowpens 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
- Nisqually Indian Tribe
- Nooksack Indian Tribe of WA
- Port Gamble S'Klallam Tribe
- Puyallup Tribe of the 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
- Snoqualmoo 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

- African American
- African Canadian
- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemy/Bartèlèmis
- British Virgin Islander
- Caymanian (Cayman Islands)
- Cuban (Cuban)
- Dominican (Dominican Republic)
- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupean
- Haitian
- Jamaican
- Martiniquais/Martiniquean
- Montserratian
- Puerto Rican
- Caribbean Write In:

BLANK/AFRICAN AMERICAN CENTRAL AFRICAN

- Angolan
- Cameroonien
- Central African (Cae. African EC)
- Chadlan
- Congolese (RC of the Congo)
- Congolese (Em. RC of the Congo)
- Equatorial Guinean
- Gabonese
- São Toméan
- Principe
- Central African Write In:

BLANK/AFRICAN AMERICAN EAST AFRICAN

- Burundian
- Comoran
- Djiboutian
- Eritherian
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Malagasy
- Mozambican
- Reunionese
- Rwandan
- Seychellois/Sechelloise
- Somali
- South Sudanese
- Sudanese
- Swazi
- South African Write In:

BLANK/AFRICAN AMERICAN LATIN AMERICAN

- Argentine
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- Fr. Guianese
- Guatemalan
- Hispanic
- Nicaraguan
- Panamanian
- Peruvian
- Puerto Rican
- Salvadorian
- Spanish
- Venezuelan
- Other Hispanic/Latino

MAJOR HAWAIIAN OR PACIFIC ISLANDER

- Carolinian
- Chamorro
- Hawaiian
- Marshallese
- Micronesian
- Ni-Vanuatu
- Palauan
- Pohnpeian
- Polynesian
- Tongan
- Tuvaluan
- Yapese

WHITE

- White
- Arab/Arabic
- Assyrian
- Baharini
- Bedouin
- Balinese
- Colombian
- Dominican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- Fr. Guianese
- Guatemalan
- Hispanic
- Nicaraguan
- Panamanian
- Peruvian
- Puerto Rican
- Salvadorian
- Spanish
- Syrian
- Syrian
- Yiddish
- Yoruba
- Zambian
- Zambian
- Zulu

MIDDLE EASTERN & N. AFRICAN

- Algerian
- Amazigh/Berber
- Arab/Arabic
- Assyrian
- Baharini
- Bedouin
- Balinese
- Colombian
- Dominican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- Fr. Guianese
- Guatemalan
- Hispanic
- Nicaraguan
- Panamanian
- Peruvian
- Puerto Rican
- Salvadorian
- Spanish
- Syrian
- Syrian
- Yiddish
- Yoruba
- Zambian
- Zambian
- Zulu

Latin American Write In:

- Argentine
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- Fr. Guianese
- Guatemalan
- Hispanic
- Nicaraguan
- Panamanian
- Peruvian
- Puerto Rican
- Salvadorian
- Spanish
- Venezuelan
- Other Hispanic/Latino

N. African Write In:
STUDENT EMERGENCY CONTACTS/ALERTS

Student Name: ___________________________ Grade: _____ Birthdate: __/___/____ Month Day Year

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 Health History

**Student:**

**Birthdate:** / /  

**Grade:**  

**Gender:** □ Male  □ Female

*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 paperwork is complete.*

<table>
<thead>
<tr>
<th>MEDICAL HISTORY (check all that apply) OR □ No health concerns at this time (please sign form).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Threatening Conditions</strong></td>
</tr>
<tr>
<td>□ ★ Hemothilia</td>
</tr>
<tr>
<td>□ ★ Anaphylactic Condition (epi-pen)</td>
</tr>
<tr>
<td>□ ★ Allergen:</td>
</tr>
<tr>
<td>□ ★ Diabetes Type I</td>
</tr>
<tr>
<td>□ ★ Seizure Condition</td>
</tr>
<tr>
<td>□ ★ Asthma - Exercise Induced</td>
</tr>
<tr>
<td>□ ★ Asthma DMild □ Moderate □ Severe □ Inhaler</td>
</tr>
<tr>
<td><em>If your student will have an inhaler at school for any reason, see the school nurse for appropriate documentation.</em></td>
</tr>
<tr>
<td>□ ★ Cardiac (please list)</td>
</tr>
<tr>
<td><strong>Congenital Conditions</strong></td>
</tr>
<tr>
<td>□ Please list</td>
</tr>
<tr>
<td><strong>Hematology (Blood)</strong></td>
</tr>
<tr>
<td>□ Sickle Cell Anemia</td>
</tr>
<tr>
<td>□ Other Blood Condition</td>
</tr>
<tr>
<td><strong>Cardiovascular / Heart Conditions</strong></td>
</tr>
<tr>
<td>□ Please list</td>
</tr>
<tr>
<td><strong>Endocrine, Allergy, Immune System, Metabolic &amp; Nutritional</strong></td>
</tr>
<tr>
<td>□ Allergy - Food</td>
</tr>
<tr>
<td>□ Allergy - Insect</td>
</tr>
<tr>
<td>□ Other Allergy</td>
</tr>
<tr>
<td>□ Cystic Fibrosis</td>
</tr>
<tr>
<td>□ Diabetes Type II</td>
</tr>
<tr>
<td>□ Eating Disorder</td>
</tr>
<tr>
<td>□ Thyroid Disorder</td>
</tr>
<tr>
<td>□ Other Endocrine, Immune or Metabolic Disorder describe:</td>
</tr>
<tr>
<td><strong>Gastro-Intestinal, Dental &amp; Oral Conditions</strong></td>
</tr>
<tr>
<td>□ Celiac Disease □ Crohns □ Irritable Bowel</td>
</tr>
<tr>
<td>□ Gastroesophageal Reflux □ Lactose Intolerance</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
<tr>
<td>□ Liver Disease</td>
</tr>
<tr>
<td>□ Dental Condition</td>
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<tr>
<td>□ Oral Condition</td>
</tr>
<tr>
<td><strong>Skin &amp; Subcutaneous Tissue</strong></td>
</tr>
<tr>
<td>□ Contact Dermatitis (Eczema)</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nervous System</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asperger's Syndrome □ Autism</td>
</tr>
<tr>
<td>□ ADHD/ADD diagnosed by:</td>
</tr>
<tr>
<td>□ Cerebral Palsy</td>
</tr>
<tr>
<td>□ Developmental Delay</td>
</tr>
<tr>
<td>□ Migraines □ Headaches □ Shunt</td>
</tr>
<tr>
<td>□ Mental Retardation</td>
</tr>
<tr>
<td>□ Paralysis</td>
</tr>
<tr>
<td>□ Sensory Condition</td>
</tr>
<tr>
<td>□ Spina Bifida</td>
</tr>
<tr>
<td>□ Spinal Cord Injury</td>
</tr>
<tr>
<td>□ Traumatic Brain Injury</td>
</tr>
<tr>
<td>□ Speech Disorder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental or Behavior Health Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Sleep Disorder</td>
</tr>
<tr>
<td>□ Tourette's Syndrome</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Reactive Airway Disease</td>
</tr>
<tr>
<td>□ Other:</td>
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<table>
<thead>
<tr>
<th>Musculoskeletal &amp; Connective Tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Juvenile Rheumatoid Arthritis</td>
</tr>
<tr>
<td>□ Muscular Dystrophy</td>
</tr>
<tr>
<td>□ Osgood-Schlatter</td>
</tr>
<tr>
<td>□ Scoliosis</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renal &amp; Genitourinary</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Chronic Urinary Tract Infection □ Urinary Reflux</td>
</tr>
<tr>
<td>□ Dysmenorrhea (painful periods)</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neoplasms (Cancer/ Tumors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Please list</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eye &amp; Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Chronic Ear Infections</td>
</tr>
<tr>
<td>□ Hearing Impaired</td>
</tr>
<tr>
<td>□ Ear Condition</td>
</tr>
<tr>
<td>□ Visually Impaired</td>
</tr>
<tr>
<td>□ Eye Condition or □ Wears glasses</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is medication needed at home? □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please list:</td>
</tr>
<tr>
<td>Is medication needed at school? □ Yes □ No</td>
</tr>
<tr>
<td>If yes, please list:</td>
</tr>
</tbody>
</table>

*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 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:**  
# 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

<table>
<thead>
<tr>
<th>1. Has your child ever been in a... (check below)</th>
<th>Has a sibling ever been in a... (check below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Education Class</td>
<td>Special Education Class</td>
</tr>
<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?**  ____________________________________________
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 "enroll" and "enrollment" include attending classes and participating fully in school activities.
(2) The term "homeless children and youths"—(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 1305 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.
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

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?

### 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.

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___

### Prior Education

Your responses about your child’s birth country and previous education:

- Give us information about the knowledge and skills your child is bringing to school.
- May enable the school district to receive additional federal funding to provide support to your child.

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 ___

---

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.

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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) signed by a health care provider. Find the CIS form by visiting 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 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 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.

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.
<table>
<thead>
<tr>
<th>Required Vaccines</th>
<th>Recommended Vaccines (Not Required for School or Child Care Entity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, and Rubella</td>
<td>* Measles (Children)</td>
</tr>
<tr>
<td>NIP, Hib, IPV</td>
<td>* DTap (diphtheria, tetanus, pertussis)</td>
</tr>
<tr>
<td>HPV</td>
<td>* PentaVax (pentavalent)</td>
</tr>
<tr>
<td>chickenpox</td>
<td>* VZV (varicella)</td>
</tr>
</tbody>
</table>

**Health Care Provider or School Official Name:**

**Date:**

**Health Care Provider Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

**Birthday:**

**Middle Initial:**

**First Name:**

**Last Name:**

**Certificate of Immunization Status (CIS):**

Certified by the Washington State Immunization Information System.
<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>TetraVac</td>
<td>23-valent DTPa + Hib</td>
</tr>
<tr>
<td>Pedia</td>
<td>DTPa + Hib</td>
</tr>
<tr>
<td>Hemaira</td>
<td>Hib</td>
</tr>
<tr>
<td>Meraveo</td>
<td>Hib</td>
</tr>
<tr>
<td>Pranix</td>
<td>Hib</td>
</tr>
<tr>
<td>Tavelan</td>
<td>Hib</td>
</tr>
<tr>
<td>Bexsero</td>
<td>Hemophilus bactérium type b (Hib)</td>
</tr>
<tr>
<td>Pediarix</td>
<td>Hib + N. meningococcal vaccine</td>
</tr>
<tr>
<td>Prevenar</td>
<td>H. influenzae type b (Hib)</td>
</tr>
<tr>
<td>Proquad</td>
<td>DTPa + MMR + Hib</td>
</tr>
<tr>
<td>Prevenar5</td>
<td>Hib + N. meningococcal vaccine</td>
</tr>
<tr>
<td>Pedia</td>
<td>DTPa + Hib</td>
</tr>
<tr>
<td>Bexsero</td>
<td>Hemophilus bactérium type b (Hib)</td>
</tr>
<tr>
<td>Pediarix</td>
<td>Hib</td>
</tr>
<tr>
<td>Tavelan</td>
<td>Hib</td>
</tr>
<tr>
<td>Bexsero</td>
<td>Hemophilus bactérium type b (Hib)</td>
</tr>
<tr>
<td>Pediarix</td>
<td>Hib</td>
</tr>
<tr>
<td>Prevenar5</td>
<td>Hib + N. meningococcal vaccine</td>
</tr>
<tr>
<td>Prevenar</td>
<td>H. influenzae type b (Hib)</td>
</tr>
</tbody>
</table>

Reference Guide for vaccine trade name in English and Spanish: 

If you have a disability and need this document in another format, please call 1-800-252-0127 (TTY/TTV) at 711.

Institution for completing the Certificate of Immunization Status (CIS): Print from the Immunization Information System (IIS) of all in by hand.
**Certificate of Exemption—Personal/Religious**

For School, Child Care, and Preschool Immunization Requirements

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

**NOTICE:** A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

## Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

### PERSONAL/PHILOSOPHICAL EXEMPTION*

- [ ] Diphtheria
- [ ] Hepatitis B
- [ ] Hib
- [ ] Polio
- [ ] Pertussis (whooping cough)
- [ ] Tetanus
- [ ] Pneumococcal
- [ ] Varicella (chickenpox)

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

### RELIGIOUS EXEMPTION

- [ ] Diphtheria
- [ ] Hepatitis B
- [ ] Hib
- [ ] Polio
- [ ] Pertussis (whooping cough)
- [ ] Tetanus
- [ ] Mumps
- [ ] Pneumococcal
- [ ] Varicella (chickenpox)
- [ ] Rubella

## Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

**X**

<table>
<thead>
<tr>
<th>Parent/Guardian Name (print)</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

## Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

**X**

<table>
<thead>
<tr>
<th>Licensed Health Care Practitioner Name (print)</th>
<th>Licensed Health Care Practitioner Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Washington License #</th>
<th></th>
</tr>
</thead>
</table>

## RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

## Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

**X**

<table>
<thead>
<tr>
<th>Parent/Guardian Name (print)</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711).
Certificate of Exemption—Medical
For School, Child Care, and Preschool Immunization Requirements

Child’s Last Name:  First Name:  Middle Initial:  Birthdate (MM/DD/YYYY):

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption
A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, “Guide to Vaccine Contraindications and Precautions,” or the manufacturer’s package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the medical exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark “not exempt.”:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Not Exempt</th>
<th>Permanent Exempt</th>
<th>Temporary Exempt</th>
<th>Expiration Date for Temporary Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Health Care Practitioner Declaration
I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X
Licensed Health Care Practitioner Name (print)  Licensed Health Care Practitioner Signature  Date
☐ MD  ☐ ND  ☐ DO  ☐ ARNP  ☐ PA
Washington License #

Parent/Guardian Declaration
I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X
Parent/Guardian Name (print)  Parent/Guardian Signature  Date

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

DOH-348-106 October 2019