Enrollment Packet
Checklist

Welcome to Franklin Pierce Schools where we work to engage all students in rigorous, relevant, high quality work. We are so glad you are here! This checklist will help you through completing the forms required for enrolling your student in our district. Please know your school may also require additional school-specific forms.

Required for Enrollment

- ☐ Enrollment Roster Card
- ☐ Ethnicity and Race Data Collection
- ☐ Home Language Survey
- ☐ Family Military Status
- ☐ Certificate of Immunization Status
- ☐ Student Health History Form
- ☐ Verification of Residency Statement

Kindergarten and Preschool Students

- ☐ Birth Certificate (or alternative document to verify student's name and age)
  Kindergarten students must be five (5) prior to September 1 of the current school year

Middle School Students

- ☐ Last Report Card
- ☐ Withdrawal Grades (if transferring mid-year)

High School Students

- ☐ Transcript & Withdrawal Grades
  Incoming 9th graders should provide their last report card
- ☐ Attendance & Discipline Records

District Office: (253) 298-3000
315 129th St. South Tacoma, WA 98444
Facebook: Franklin Pierce Schools | Twitter: FPSD402

FRANKLIN PIERCE SCHOOL DISTRICT ENROLLMENT ROSTER CARD

FOR OFFICE USE ONLY **STUDENT ID #:** _____ **SSID#:** _____

LEGAL LAST NAME (as recorded on birth certificate)	FIRST NAME	MIDDLE	PRIMARY PHONE # TO BE CALLED

GENDER	DATE OF BIRTH	BIRTH PLACE (CITY, STATE, COUNTRY)

PHYSICAL ADDRESS	APT#	CITY	STATE	ZIP CODE

MAILING ADDRESS	APT#	CITY	STATE	ZIP CODE

OTHER FRANKLIN PIERCE SCHOOLS ATTENDED		HOME LANGUAGE	
SCHOOL LAST ATTENDED		DISTRICT & STATE	

PARENTS STEP-PARENTS GUARDIANS (Please list in order of preference for contacting) ADD ADDRESS IF DIFFERENT THAN STUDENT'S	RELATIONSHIP	CUSTODY Yes/No	LIVES W/ STUDENT Yes/No	PICK UP Yes/No	EMERGENCY CONTACT Yes/No	HOME PHONE	WORK/CELL PHONE	PARENT/GUARDIAN EMAIL

FOR SCHOOL USE ONLY

RESIDENT SCHOOL _____ **ROUTE#** _____ **A.M.** _____ **STOP** _____

RESIDENT DISTRICT _____ **ROUTE#** _____ **P.M.** _____ **STOP** _____

REASON _____ **BIRTHDATE VERIFIED**_____

MEDICAL ALERT

YES ____ **NO** ____

ALERT INFO:

RELEASE RESTRICTION

YES ____ **NO** ____

RESTRICTION INFO:

GRADE							
ENTRY DATE							
TEACHER							
WITHDREW TO				DATE	TRANSCRIPT SENT		DATE

Rev. 02.2020

STUDENT NAME	

EMERGENCY INFORMATION

EMERGENCY CONTACTS (Please list contacts other than parents/guardians listed on page 1)	RELATION TO CHILD	HOME PHONE NUMBER	WORK/CELL PHONE NUMBER

DAYCARE		PHONE		ADDRESS	

OTHER CHILDREN IN THE FAMILY

FIRST NAME, MIDDLE INITIAL, LAST NAME	GENDER	BIRTH DATE	SCHOOL ATTENDING

By signing below, I acknowledge that I have received a copy of my student's Rights and Responsibilities and give permission for doctor care/ambulance in case of emergency.

_____ _____

Date **Signature of Parent/Guardian**

Franklin Pierce Schools does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

Questions and complaints of alleged discrimination should be directed to James Hester, Compliance Coordinator for State and Civil Rights Laws; Wendy Malich, Title IX Officer; or John Sander, 504/ADA Coordinator at 315 129th St S, Tacoma, WA 98444-5099 or at (253)298-3000.

ADDITIONAL ENROLLMENT INFORMATION

STUDENT NAME	

Please check all boxes below that apply to the child you are registering and add supportive details:

GENERAL EDUCATION

☐ 504 PLAN _____

☐ IEMP OR EMERGENCY HEALTH PlAN _____

☐ BECCA/TRUANCY PETITION; Please list county and date _____

☐ COUNSELING _____

☐ DISCIPLINE & SUSPENSION; Please list dates and reasons _____

☐ GIFTED OR HIGHLY CAPABLE _____

☐ RESTRAINING ORDER PROTECTING THE STUDENT _____

The school must have a copy of the court documents on file in order to enforce.

☐ REPEATED GRADE LEVEL _____ ☐ WHICH GRADE _____

☐ OTHER SERVICES _____

SPECIAL EDUCATION

☐ IEP/SPECIAL EDUCATION IF YES, WHAT GRADE DID SERVICES BEGIN _____

Check all that apply below and add detail

☐ RESOURCE _____ ☐ SELF-CONTAINED _____

☐ DEAF OR HEARING IMPARED _____ ☐ VISUALLY IMPAIRED _____

☐ SPEECH _____ ☐ OTHER SERVICES _____

☐ (OT) OCCUPATIONAL THERAPY OR (PT) PHYSICAL THERAPY _____

ETHNICITY AND RACE DATA COLLECTION FORM

Student Name: _____

QUESTION 1. Is your child of Hispanic or Latino origin? (check all that apply)

- ☐ **NOT** Hispanic / Latino
- ☐ Cuban
- ☐ Dominican
- ☐ Spaniard
- ☐ Puerto Rican
- ☐ Mexican / Mexican American / Chicano
- ☐ Central American
- ☐ South American
- ☐ Latin American
- ☐ Other Hispanic / Latino

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

- ☐ African American / Black
- ☐ White
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Singaporean
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Fijian
- ☐ Guamanian or Chamorro
- ☐ Mariana Islander
- ☐ Melanesian
- ☐ Micronesian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander
- ☐ Alaska Native
- ☐ Chehalis
- ☐ Colville
- ☐ Cowlitz
- ☐ How
- ☐ Jamestown
- ☐ Kalispel
- ☐ Lower Elwha
- ☐ Lummi
- ☐ Makah
- ☐ Muckleshoot
- ☐ Nisqually
- ☐ Nooksack
- ☐ Port Gamble Klallam
- ☐ Puyallup
- ☐ Quileute
- ☐ Quinault
- ☐ Samish
- ☐ Sauk-Suiattle
- ☐ Shoalwater
- ☐ Skokomish
- ☐ Snoqualmie
- ☐ Spokane
- ☐ Squaxin Island
- ☐ Stillaguamish
- ☐ Suquamish
- ☐ Swinomish
- ☐ Tulalip
- ☐ Yakima
- ☐ Other Washington Indian
- ☐ Other American Indian

Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

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

Student Name:	**Grade:**	**Date:**

Parent/Guardian Name _____ Parent/Guardian Signature _____

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?
   _____

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.

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

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. 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.*

FAMILY MILITARY STATUS VERIFICATION

2020-2021 School Year

The State of Washington requires school districts to survey all families annually about military status. Please take a moment to complete this form or log into your Skyward Family Access account to complete the survey.

You may include all students on one form who attend the same school and share the same family military active duty status. Please contact your school office if you require additional forms. We thank you in advance for completing this form and returning it to your child's school office as soon as possible.

Please check the box that most accurately describes the family military status:

- ☐ **NO** parent/guardian is currently serving as a member of the active duty U.S. Armed Forces, reserves of the U.S. Armed Forces, or Washington National Guard. (N)
- ☐ **ONE** parent/guardian is currently serving as a member of the active duty U.S. Armed Forces. (A)
- ☐ **ONE** parent/guardian is currently serving as a member of the reserves of the U.S. Armed Forces. (R)
- ☐ **ONE** parent/guardian is currently serving as a member of the Washington National Guard. (G)
- ☐ **MORE THAN ONE** parent/guardian is currently serving as either a member on active duty in the U.S. Armed Forces, reserves of the U.S. Armed Forces, or Washington National Guard. (M)

☐ **Please check this box if your family military status has NOT changed during the last year.**

Please list all Franklin Pierce School District students in your family:

Student First Name	Student Last Name	School	Grade

Parent/Guardian Signature: _____ Date: _____

If you have questions or concerns about this form or would like to learn more about the reasons for this survey, please contact Erin Wright at our district office at 253-298-3021.

(Z) No Response/Refused to State (X) Data Not Available

STUDENT HOUSING QUESTIONNAIRE

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 and youth experiencing homelessness. (Please see reverse side for more information)

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

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

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

Student First Name	Student Last Name	Student is Unaccompanied (not living w/ a parent or legal guardian)	Gr.	Date of Birth	SPED IEP 504	Current FP School	Last School Attended

Address of Current Residence: _____

Name of Contact: _____ Phone/Email _____

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

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth / MV Liaison)

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

Please return completed form to your students' school or the District Liaison:

Claudia Miller	253-298-3036	315 129th St. S, Tacoma, WA 98444
District Liaison	**Phone Number**	**Location**

FOR SCHOOL USE ONLY: For data collection purposes and student information system coding:

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

STUDENT HOUSING QUESTIONNAIRE

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

SEC. 725. DEFINITIONS.

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 1309 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.

Additional Resources

Parent information and resources can be found at the following:
National Center for Homeless Education
National Association for the Education of Homeless Children and Youth (NAEHCY)
SchoolHouse Connection

FRANKLIN PIERCE SCHOOLS

VERIFICATION OF RESIDENCY STATEMENT

To verify residency within the boundaries of Franklin Pierce School District, a current document from the following list must be provided. The document must be dated within the last thirty (30) days and include parent/guardian **name** and **residence address.** Post office box numbers are not acceptable as residence addresses.

- ☐ Escrow papers, mortgage book or statement, or property tax form
- ☐ Lease Agreement of Rental Contract
- ☐ Letter from apartment complex or mobile home park on their letterhead, signed by the landlord, stating that parent/guardian lives at the residence address
- ☐ Utility bill such as gas, electric, water, cable TV, garbage, or landline phone
- ☐ Homeowner or renter's insurance statement
- ☐ Verification of social services
- ☐ Notarized Franklin Pierce School District *Alternate Verification of Residence* and one of the above items to verify name and address of owner/person responsible for residence.

I declare that _____ *(student name)* resides at the address shown on the document indicated above and attached.

- I will notify the school within two weeks of residency change and agree to provide a new verification of residency document and updated, signed statement.
- If I move outside the boundary area of this school, I understand that a within district or out-of-district transfer application must be filed to request continued attendance for this student.
- **I understand that falsification of any information or document required for residency verification, or the use of the address of another person without residing there, may result in the revocation of student enrollment.**

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY:
The attached document(s) show(s) the name and address of the person(s) enrolling the above-named student. If not the parent, documentation of guardianship or foster license is required.

Principal or Designee's Signature: _____Date: _____

Additional Comments: _____

_____

REQUEST TO RESTRICT RELEASE OF INFORMATION

2020-2021 School Year

Student directory information may be released publicly without consent upon the condition that the parent/guardian or adult student be notified annually of the school's intention to release such information and be provided the opportunity to indicate that such information is not to be released without prior consent.

Student directory information is defined as:

Student Name	Address and Phone Number	Most Recent Previous School Attended
Photographs and Videos	Dates of Attendance	Weight and Height of Members of Athletic Teams
Diploma and Awards Received	Date and Place of Birth	Participation in Officially Recognized Activities and Sports

If you wish to restrict release of student information, complete this form and return it to your student's school within ten school days of the start of the school year (or two weeks from date of enrollment). If no form is received, no restrictions will be applied. **Requests to restrict release of student information must be renewed each school year.**

Student Directory Information

Schools periodically release student directory information to outside organizations for purposes such as scholarship nominations, public library information, additional learning opportunities, athletic memberships, special organizational membership eligibility, etc.

☐ **Do Not Release Student Directory Information**

Partial Release or Restriction (Check all that apply)

Photos and videos of students and copies of their work may be used in district publications, newsletters, websites, and news releases for television and local news.

☐ **Do Not Release Photo or Video of Student and/or Work**

Under the federal Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA), public high schools must give the names, addresses, and telephone numbers of students to military recruiters upon request (ESSA, Title IV, 8528). This information is to be used specifically for armed forces recruiting purposes. Parents and students over the age of 18, have the right to instruct the school in writing that this information is not to be released.

☐ **Do Not Release Information to Military Recruiters**

Student information may be shared with institutions of higher learning, i.e. vocational schools, skill centers, colleges, universities.

☐ **Do Not Release Information to Higher Education**

Pictures taken during the school year will be published in the yearbook

☐ **Do Not Release for Yearbook**

Student Name:	School Attending:
Address:	City, State, Zip:
Print Requestor's Full Name:	Requestor's Relationship to Student:
Requestor's Signature:	Date:

Note: Students who are 18 years of age may sign their own request form.

Certificate of Immunization Status (CIS)

Washington State Department of Health

Reviewed by:	Date:
Signed COE on File? □ Yes □ No	

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

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

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**

▲Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) ☐ History of disease verified by IIS						
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: waiisrecords@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 vaccines section.
4. If your child can show positive immunity by blood test (titer), 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 For updated list, visit https://www.cdc.gov/vaccines/terms/usvaccines.html

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

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

FRANKLIN PIERCE SCHOOLS **STUDENT HEALTH HISTORY**

Student Name:				
Grade:	**Birthdate:**	☐ Male ☐ Female	**School:**	**Date:**
Has your student required a special health or emergency plan: ☐ No ☐ Yes		**Form Completed By:**		**Relationship:**

MEDICAL HISTORY

Check all that apply, then discuss on lines below:

☐ ADD/ADHD
☐ Asthma/Breathing Problems
☐ Behavior/Emotional Concerns
☐ Bladder Problems
☐ Blood Disorder
☐ Bone, Joint, Muscle Problems
☐ Color Blindness
☐ Contact Lenses
☐ Dental Problems
☐ Diabetes
☐ Eczema
☐ Fainting Spells
☐ Frequent Ear Infection/Tubes
☐ Gastrointestinal Problems
☐ Glasses
☐ Hearing Aid(s)
☐ Hearing Problem
☐ Heart Defect/Disease
☐ History of Head Injury
☐ Hospitalizations
☐ Kidney Disease
☐ Migraines
☐ Physical Handicap
☐ Seizures
☐ Severe Headaches
☐ Skin Condition
☐ Speech Concerns
☐ Surgeries
☐ Vision Problems

Notes/Concerns: _____

ALLERGIES *Check all that apply to your child:*

☐ Plants ☐ Foods ☐ Nuts ☐ Drugs
☐ Animals ☐ Insects ☐ Bees ☐ Other _____

Please describe the allergic reaction: _____

MEDICATION
Medication is best given at home. However, if medication needs to be given at school, then a physician/parent permission form is required.

Is medication needed at school? ☐ Yes ☐ No
Is medication needed at home? ☐ Yes ☐ No

List all Medications:

REQUIRED IMMUNIZATIONS FOR ALL STUDENTS AND REQUIREMENTS FOR STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS

Dear Parent or Guardian,

Welcome! To ensure a seamless transition into Franklin Pierce School District, we are providing you with the immunization requirements for all students, as well as the additional requirements for students with life-threatening health conditions.

Immunizations for All Students

The initial and continuing attendance of every student at every public school in the state is dependent upon medically verified, including physician signature and stamp, proof of immunizations. Please submit a completed and signed *Certificate of Immunization Status (CIS)* with your student's enrollment documents.

Students with Life-Threatening Health Conditions

A life-threatening condition shall mean a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.

Each student who has a life-threatening health condition is required to provide the following items to the school prior to initial or continued attendance:

a) **Medication and treatment orders from the child's doctor** addressing any life-threatening health condition the child has that may require medical services to be performed at the school. You may need to schedule an appointment with your child's doctor to complete the forms/orders.

b) **Nursing plan (Individualized Medical Health Plan - IHP)** to implement the orders. This plan is created by the parent and a district registered nurse.

c) **Any medication, supplies, or equipment** identified in the medication or treatment orders necessary to carry out the orders, including:

   1) Daily supply of medications and medical supplies; and
   2) 3-day supply of medication and medical supplies for emergency purposes.

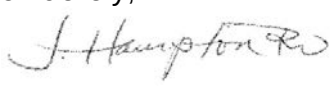
d) **Any necessary training of school staff members on medical procedures specific to the orders**.

A new medication or treatment order must be submitted whenever there are changes in the medication or treatment needs of the child and the nursing plan shall be amended accordingly. The order, medications, and health plan must also be updated prior to the beginning of each school year.

Students who have a life-threatening condition and no medication or treatment order presented to the school will be excluded from school to the extent that the district can do so consistent with federal requirements for students with disabilities under the Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation Act of 1973.

Please let me know if you have any questions or if I can assist in any way.

Sincerely,



Jeanne Hampton, RN
Health Services Coordinator
jhampton@fpschools.org
(253) 298-3047

CONSENT FORM FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Parents: We can help you and your student better if we are able to work with the providers and agencies that also know you and your family. By signing this form, you are giving permission for these individuals, clinics, or organizations to share information with school staff.

Student Name: _____
(List all names this student has used.)

Date of Birth: _____

I hereby authorize the exchange of any educational, psycho-social, legal, or medical records regarding the above-named student between Franklin Pierce Schools and the service providers listed below (physicians, psychologists, schools, hospitals, agencies, clinics, etc.) that have had significant contact with this student.

I certify that I am the parent or legal guardian of the above-named student and have the authority to sign this release.

_____ _____
Parent Name (Please Print) Address

_____ _____
Signature City State Zip Code

_____ _____
Date Phone

Provider or Agency Name	Phone and Address

FRANKLIN PIERCE SCHOOLS
315 129th Street South Tacoma, WA 98444-5099
(253) 298-3047 / FAX (253) 298-3017

PHYSICIAN'S ORDERS FOR MEDICATION AT SCHOOL

Student/Patient: _____ Date of Birth: _____

Medication should be given to a student at school only when absolutely necessary. Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the Health Room Assistant will dispense the medication. The principal will designate the person responsible to dispense medication on an individual basis. The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the physician's directions.

Is it necessary to dispense this medication during school hours? _____ Yes _____ No

If yes, please give diagnosis or reason: _____

Drugs and dosage form: _____

Dose and mode of administration: _____

Time(s) to be given: _____ Lunch _____ Hour _____

Duration without subsequent order: _____ Weeks _____ School Year

Side effects of drug (if any) to be expected: _____

Medication to be carried by student: _____ Yes _____ No

Physician Signature: _____ Print or Stamp Name: _____

Date: _____ Phone: _____

PARENT'S PERMISSION

I request that the school nurse, principal, or a staff member designated by him/her be permitted to dispense to my child, (name of child) _____, the medication prescribed by (name of physician) _____, for a period from _____ to _____.

- The medication to be furnished is to be brought in by me in the original container labeled by the pharmacy or physician with the child's name, name of the medicine, the amount to be taken, the time of day to be taken, and the physician's name.
- I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions.
- This authorization is good for the current school year only.
- In case of necessity, the school district may discontinue administration of the medication with proper advance notice. If notified by school personnel that medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed.
- I give permission to the school nurse to consult my child's health care provider with any concerns about medication related issues and I release school personnel from liability should reactions result from the medication.

Signature of Parent/Guardian: _____ Date: _____

Parent's Home Phone: _____ Work Phone: _____ Cell Phone: _____

FRANKLIN PIERCE SCHOOLS
315 129th Street South Tacoma, WA 98444-5099
(253) 298-3047 / FAX (253) 298-3017

VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12
August 1, 2020 – July 31, 2021

VACCINE	Kindergarten - 6th Grade	7th – 9th Grade	10th - 12th Grade
Hepatitis B	**3 doses** Dose 3 must be given on or after 24 weeks of age		
DTaP (Diphtheria, Tetanus, and Pertussis)	**5 doses** (4 doses only **IF** 4th dose given on or after 4th birthday **AND** a minimum interval of 6 months from the previous dose)		
Tdap (Diphtheria, Tetanus, and Pertussis)	**Not Required**	**1 dose Tdap** *(see page 2 for more details)*	
IPV (Polio, for OPV see page 2)	**4 doses** (3 doses only **IF** 3rd dose given on or after 4th birthday) The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.		**4 doses** (3 doses only **IF** 3rd dose given on or after 4th birthday)
MMR (Measles, Mumps, and Rubella)	**2 doses**		
Varicella (Chickenpox)	**2 doses** **OR** Healthcare provider verified disease history		

- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information.
- Review the Individual Vaccine Requirements Summary for more detailed information: https://www.doh.wa.gov/SCCI.

Minimum Age & Interval for Valid Vaccine Doses

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B **HepB**	Dose 1	Birth	4 weeks between Dose 1 & 2	▪ 2 doses acceptable if both doses are documented as adult dose of Recombivax HB® given between ages 11 and 15. The doses must be separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Diphtheria, Tetanus, and Pertussis **DTaP**	Dose 1	6 weeks	4 weeks between Dose 1 & 2	▪ 6 month interval is recommended between Dose 3 and Dose 4, but a minimum interval of 4 months is acceptable. ▪ DTaP: can be given to children through age 6. If catch-up doses are needed at age 7 and older Tdap is used followed by additional doses of Td if needed. A Tdap given at age 7 through 9 years of age does not count for the 7th grade Tdap requirement. ▪ See the Individual Vaccine Requirements Summary for more details about the catch-up schedules: https://www.doh.wa.gov/SCCI
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	12 months	6 months between Dose 4 & 5	
	Dose 5	4 years	–	
Tetanus, Diphtheria, and Pertussis **Tdap**	Dose 1	11 years See notes for exceptions	–	▪ Tdap booster dose recommended at age 11 is required for all students in grades 7-12. ▪ For students in 7th grade: Tdap dose acceptable if given on or after 10 years of age. ▪ For students in 8th-12th grades: Tdap dose acceptable if given on or after 7 years of age. ▪ Tdap booster dose can be given regardless of the interval between DTaP/DT/Tdap/Td.
Polio **IPV or OPV**	Dose 1	6 weeks	4 weeks between Dose 1 & 2	▪ OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series. ▪ Not required for students 18 years and older. ▪ Please see Individual Vaccine Requirements Summary for more details: https://www.doh.wa.gov/SCCI
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	4 years	–	
Measles, Mumps, and Rubella **MMR**	Dose 1	12 months	4 weeks between Dose 1 & 2	▪ MMRV (MMR + varicella) may be used instead of separate MMR and varicella vaccines. ▪ Must get the same day as other live vaccine (ex. varicella, Flumist) **OR** at least 28 days apart. ▪ 4-day grace **DOES** apply between doses of the same live vaccine such as MMR/MMR or MMRV/MMRV. The 4 day grace period **DOES NOT** apply between dose 1 and dose 2 of different live vaccines, such as between MMR and Varicella or between MMR and live flu vaccine.
	Dose 2	13 months	–	
Varicella (chickenpox) **VAR**	Dose 1	12 months	3 months between Dose 1 & 2 (12 months through 12 years) 4 weeks between Dose 1 & 2 (13 years and older)	▪ Age 12 months through 12 years: 3 months between varicella doses recommended, but minimum interval of 28 days acceptable on retrospective record review. ▪ MMRV (MMR + varicella) may be used instead of separate MMR and varicella vaccines. ▪ Must get the same day as other live vaccine (ex. MMR, Flumist) **OR** at least 28 days apart. ▪ 4-day grace period **DOES** apply between doses of the same live vaccine such as varicella/varicella or MMRV/MMRV; The 4 day grace period **DOES NOT** apply between doses of different live vaccines, such as between MMR and varicella or between varicella and live flu vaccine.
	Dose 2	15 months	–	