

Registration Form

2689 Hoover Ave SE / Port Orchard, WA 98366
(360) 874-7000 / FAX (360) 874-7068

Select school from drop down menu

SCHOOL MOST RECENTLY ATTENDED ADDRESS (include address, city, state & zip) Previous School Phone:
 Previous School FAX:

HAS THIS STUDENT EVER ATTENDED SKSD SCHOOLS? Yes No If yes, name of school and year attended
 DID STUDENT ATTEND PRE-SCHOOL AT AN SKSD SCHOOL? Yes No

LEGAL LAST NAME LEGAL FIRST NAME MIDDLE NAME OR INITIAL ALSO KNOWN AS: (First and Last Name)

BIRTHDATE (MM/DD/YYYY) GENDER Male Female GRADE BIRTHPLACE (City/State) COUNTRY

LANGUAGE SPOKEN AT HOME English Other: STUDENT'S PRIMARY LANGUAGE English Other:

PRIMARY HOUSEHOLD (where student resides)
 (1) Last Name, First Name HOME PHONE
 Mother Father Other GUARDIAN PHONE (include area code) If work #, Name of Business
 Work
 Cell

(2) Last Name, First Name GUARDIAN PHONE (include area code) If work #, Name of Business
 Work
 Mother Father Other Cell

RESIDENCE ADDRESS (Street, City, State, ZIP)

MAILING ADDRESS (Street or PO, City, State, Zip)

Guardian 1 Email Guardian 2 Email

SECOND HOUSEHOLD
 (1) Last Name, First Name HOME PHONE
 Mother Father Other GUARDIAN PHONE (include area code) If work #, Name of Business
 Work
 Cell

(2) Last Name, First Name GUARDIAN PHONE (include area code) If work #, Name of Business
 Work
 Mother Father Other Cell

RESIDENCE ADDRESS (Street, City, State, ZIP)

MAILING ADDRESS (Street or PO, City, State Zip)

Guardian 1 Email: Guardian 2 Email

REQUEST MAILINGS (report card, forms, etc)
 Yes No

DOES THIS STUDENT ATTEND DAYCARE?

- Before School M T W TH F
 After school M T W TH F
 Before & after school M T W TH F

PROVIDER PHONE

ADDRESS

WILL THIS STUDENT RIDE A BUS TO DAYCARE?

- Yes No M T W TH F

EMERGENCY CONTACTS

Name	Relationship	Phone Number	Second Phone Number
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIBLINGS

Name	Relationship	Grade Level	School
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school)

Restraining order is against: Mother Father Other:

HAS THIS STUDENT BEEN ENROLLED OR SERVED IN A SPECIAL EDUCATION PROGRAM? Yes No

DOES THIS STUDENT HAVE AN ACTIVE IEP? Yes No

DOES THIS STUDENT HAVE ANY PAST, CURRENT, OR PENDING DISCIPLINARY PROBLEMS? Yes No

DOES THIS STUDENT HAVE ANY HISTORY OF VIOLENT BEHAVIOR? Yes No

HAS THIS STUDENT EVER BEEN RETAINED (HELD BACK A GRADE)? Yes No

IS THIS CHILD CURRENTLY PARTICIPATING IN : Title LAP Gifted ELL Other

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the South Kitsap School District.

Parent/Guardian Signature: Date:

South Kitsap 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 dog guide or service animal and provides equal access to school facilities to the Boy Scouts and other designated youth groups.

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY

School	Entry Date	Advisor	AM Bus	PM Bus
Birth Certificate CIS Form	Medical Alert	Other Alert		
ELL Home Lang Survey	Months of formal education in native language (equiv to gr. K-12) before enrolling in SKSD			
	Months of attendance in US K-12 education prior to enrollment in SKSD			

Race and Ethnicity Form

Please complete this survey. It asks you to tell us the race and ethnic heritage of each of your children.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

Recently, the federal government changed the categories for student ethnic and race data. Because of these changes, we need to ask you to identify your child as either Hispanic/Latino or not Hispanic/Latino and by **one or more** racial groups. Washington has 57 racial categories to choose from.

If your family is Asian, you will now be able to list your child as Chinese, Japanese, or belonging to one or more of the other Asian groups. If your family is Native American, you will be able to list your child's tribal affiliation. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

PLEASE ANSWER BOTH QUESTIONS 1 & 2

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Not Hispanic / Latino | <input type="checkbox"/> Mexican / Mexican American / Chicano |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic / Latino |

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

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

Request for Student Records

 Date:

 Student Name:

 Date of Birth:

 Grade:

Previous School Information

School Name:

Address:

Phone: Fax:

PLEASE SEND ALL SCHOOL RECORDS TO:

- Burley Glenwood Elementary**
100 SW Lakeway Blvd.
Port Orchard, WA 98367
(360) 443-3110 F. (360) 443 3169
- East Port Orchard Elementary**
2649 Hoover Ave SE
Port Orchard, WA 98366
(360)443-3170 F. (360) 443-3229
- Hidden Creek Elementary**
5455 Converse Road SE
Port Orchard, WA 98367
(360)443-3050 F. (360) 443-3109
- Manchester Elementary**
1901 California Ave E
Port Orchard, WA 98366
(360) 443-3230 F. (360) 443-3289
- Mullenix Ridge Elementary**
3900 SE Mullenix Road
Port Orchard, WA 98367
(360)443-3290 F. (360) 443-3349
- Olalla Elementary**
6100 SE Denny Bond Blvd.
Olalla, WA 98359
(360) 443-3350 F. (360) 443-3399
- Orchard Heights Elementary**
2288 Fircrest Dr. SE
Port Orchard, WA 98366
(360) 443-3530 F. (360) 443-3604

- Sidney Glen Elementary**
500 SW Birch Road
Port Orchard, WA 98367
(360) 443-3400 F. (360) 443-3469
- South Colby Elementary**
3281 Banner Road SE
Port Orchard, WA 98366
(360) 443-3000 F. (360) 443-3049
- Sunnyslope Elementary**
4183 Sunnyslope Rd. SW
Port Orchard, WA 98367
(360) 443-3470 F. (360) 443-3529
- Cedar Heights Middle School**
2220 Pottery Ave
Port Orchard, WA 98366
(360) 874-6020 F. (360) 874-6429
- John Sedgwick Middle School**
8995 Sedgwick Road SE
Port Orchard, WA 98366
(360) 874-6090 F. (360) 874-6430
- Marcus Whitman Middle School**
1887 Madrona Drive SE
Port Orchard, WA 98366
(360) 874-6160 F. (360) 874-6440

- South Kitsap High School**
425 Mitchell Ave
Port Orchard, WA 98366
(360) 874-5600 F. (360) 874-5892
- Discovery Alt. High School**
2150 Fircrest Dr. SE
Port Orchard, WA 98366
(360) 443-3680 F. (360) 443-3704
- Explorer Academy**
SK Online/Hope Academy
2689 Hoover Ave SE
Port Orchard, WA 98366
(360) 443-3605 F. (360) 443-3624
- Office of Special Services**
2689 Hoover Ave SE
Port Orchard, WA 98366
(360) 443-3625 F. (360) 443-3662
- Madrona Heights Preschool**
2150 Fircrest Drive SE
Port Orchard, WA 98366
(360) 443-3625 F. (360) 443-3659

**Please fax ASAP:
Birth Certificate and shot records. All remaining records can be mailed.**

For Office Use Only

Please send all student records, including:

- | | |
|---|---|
| <ul style="list-style-type: none"> > Transcript > Report Cards > Withdrawal Grades > Test Scores > Health Information | <ul style="list-style-type: none"> > Immunization Records > Attendance > Discipline Records > Special Education
Records (include IEP) |
|---|---|

ENTRY DATE AT SOUTH KITSAP SCHOOL:

Per RCW 28A.225.330 subsection (2), also include the above named student's confidential discipline records that include history of disciplinary actions, history of violent behavior, or behavior listed in RCW 13.04.155.

According to the Family Educational Rights and Privacy Act (U.S. Code: Title 20, Section 123g.a(6)1B, it is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll may receive student's record without written consent for such release.

_____ 1st Request
_____ 2nd Request



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

Student Name: Grade: Date:

Parent/Guardian Name: Parent/Guardian Signature:

<p>Right to Translation and Interpretation Services</p> <p>Indicate your language preference so we can provide an interpreter or translated document, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? <input type="text"/></p>
<p>Eligibility for Language Development Support</p> <p>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 support are needed.</p>	<p>2. What language did your child learn first? <input type="text"/></p> <p>3. What language does your child use the most at home? <input type="text"/></p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child. <input type="text"/></p> <p>5. Has your child received English language development support in a previous school? Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/></p>
<p>Prior Education</p> <p>Your responses about your schools birth country and previous education:</p> <ul style="list-style-type: none"> • 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. <p>This form is not used to identify students' immigration status.</p>	<p>6. In what country was your child born? <input type="text"/></p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12th Grade) Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes:</p> <p>Number of months: <input type="text"/></p> <p>Language of Instruction: <input type="text"/></p> <p>8. When did your child first attend a school in the United States? (Kindergarten-12th Grade) Date Field: <input type="text"/></p>

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.

Health History and Conditions Form

Student Name: Grade: School:

Date: Male Female Birth Date:

Indicate below the medical conditions which are **SEVERE ENOUGH TO AFFECT THE STUDENT'S SCHOOL PROGRAM OR SCHOOL PERFORMANCE**. (Note: this information may be shared with school staff who need to know)

Medical History (check the ones that apply to your child)

<p>NB <input type="checkbox"/> ADHD/ADD</p> <p>Asthma</p> <p>RA <input type="checkbox"/> Exercise Induced</p> <p>RB <input type="checkbox"/> Mild</p> <p>RC <input type="checkbox"/> Moderate</p> <p>RD <input type="checkbox"/> Severe</p> <p>Diabetes</p> <p>EK <input type="checkbox"/> Type I</p> <p>EL <input type="checkbox"/> Type II</p> <p>NH <input type="checkbox"/> Headaches, Migraine</p> <p>YB Hearing Impaired</p> <p><input type="checkbox"/> Hearing Problem</p> <p><input type="checkbox"/> Hearing Aids</p> <p><input type="text"/></p> <p>CG <input type="checkbox"/> Cardio Vascular</p> <p><input type="checkbox"/> Other</p> <p><input type="text"/></p> <p>BD <input type="checkbox"/> Blood Condition</p> <p><input type="checkbox"/> Other</p> <p><input type="text"/></p> <p>UH <input type="checkbox"/> Renal - Kidney/Urinary</p> <p><input type="checkbox"/> Other</p> <p><input type="text"/></p>	<p>GI <input type="checkbox"/> Gastro-Intestinal Condition</p> <p><input type="checkbox"/> Other</p> <p><input type="text"/></p> <p>YD <input type="checkbox"/> Visually Impaired</p> <p><input type="checkbox"/> Wears Glasses</p> <p>Allergies</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Severe</p> <p>EC <input type="checkbox"/> Environmental</p> <p>ED <input type="checkbox"/> Food</p> <p>EE <input type="checkbox"/> Insect</p> <p>EF <input type="checkbox"/> Latex</p> <p>EB <input type="checkbox"/> Other</p> <p>Reacts to:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Describe Allergic Reaction</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>EG <input type="checkbox"/> Epi-Pen required</p> <p><input type="checkbox"/> Anaphylactic Condition</p>	<p>NP <input type="checkbox"/> Seizures Disorder</p> <p>Date of last seizure <input type="text"/></p> <p>Type of seizure <input type="text"/></p> <p>List seizure medications below.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>ME <input type="checkbox"/> Muscle or Bone Condition</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> PE Considerations/Limitations</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Other</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>NP <input type="checkbox"/> Head Injury/Concussion</p> <p><input type="text"/></p>
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Is medication needed for any condition? Yes No Is medication needed at school? Yes No

Name of medication, dose, and schedule:

Condition being treated by this medication:

Medication at school (over-the-counter or prescription) requires form #157 "Medication at School."

List major operations, injuries, or hospitalizations. Give dates:

	Medical Exam/Doctor	Eye Exam/Doctor	Dental Exam/Doctor
Last Exam/Name			
Health Insurance Co.			

In an emergency, transport to hospital. Are there any health related information or concerns that you can tell us about your child that you feel will help the school staff to better understand and work with him/her?

AUTHORIZATION FOR EMERGENCY PROCEDURE

If a Parent/Guardian and health care provider named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility of the payment of any services rendered.

Date Parent/Guardian Signature: Phone

Education Services Questionnaire

Student Name:

Has your child ever received any special education services? Yes No If yes (what grade)

Does your student currently have an IEP? Yes No

Please check the type of service received:

Speech Services

Occupational Therapy

Resource Room

Special Day Class Services

Chapter/LAP

Gifted

Remedial

English as a Second Language

Other:

Has your student completed a Washington State History Course? Yes No

If yes, location and date completed

(If from out of state, your state's history course may be honored provided it was a state-specific, semester-long course.)

Student Housing Questionnaire

To be completed upon registration and updated annually
Please complete one form per student

Date:

Student Name:

School:

Birth Date: Age:

M F Grade:

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act (NCLB). Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
3. Is this student awaiting foster care? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered **YES** to **any** of the above questions, please complete the remainder of this form.

If you answered **NO** to all of the above questions, you may stop here.

Where is this student currently living? (check box):

- Temporarily with another family because we cannot afford or find affordable housing.
- With an adult that is not a parent or legal guardian, or alone without an adult.
- In a hotel/motel.
- In a vehicle of any kind, RV park or campground, abandoned building or substandard housing.
- In an emergency/transitional shelter.
- Other

Address of current residence:

OR

Name of hotel/motel/shelter of current residence:

OR

Name of "general area" of current residence:

Phone number or contact number: Name of contact:

Signature of parent(s)/legal guardian(s):
(Or unaccompanied youth)

For School Staff Only: Please forward completed form to the school's McKinney-Vento Liaison. If any of the above are answered, "yes", the school's McKinney-Vento Liaison must contact the parent/guardian or unaccompanied youth and complete the South Kitsap School District McKinney-Vento Intake Affidavit.

Rights and Responsibilities Handbook

Annual Distribution Notice and Acknowledgement of Receipt

Please return this document to your student's school

PLEASE NOTE: this form must be signed each year- it is good for the current school year only.

School Year:

With the signatures below, we acknowledge that we have received and reviewed the contents of the current school year's South Kitsap School District Rights and Responsibilities booklet. This document has given me and my student notice of the types of misconduct for which discipline, suspension, or expulsion may be imposed and the procedures for administering such corrective action. It has also provided us with important information regarding district pesticide use and asbestos management practices.

I also acknowledge that due to budget constraints, this handbook will not be printed each year but will be available on the district website at www.skitsap.wednet.edu. I understand that if i do not have access to a computer a hardcopy handbook will be provided to me upon request.

Student Signature:

School:

Grade:

Parent/Guardian Signature:

OPT OUT INFORMATION- PLEASE READ

All students will have *internet access privileges* under the guidelines of the District's acceptable use policy **UNLESS a parent or guardian submits a written request for his or her student to opt out.** Such exclusion does not preclude the supervised use of the internet in an instructional activity. See Board Policy 2022 (Section VI of the Handbook).

Under federal law (FERPA), the district may release directory information about a student without obtaining parent consent **UNLESS a parent or guardian submits a written request for his or her student to opt out.** The common uses of directory information include athletic contest programs and college recruiters. Such information shall not be released for commercial reasons. See Administrative Procedure 3231 (Section VII of the Handbook).

The District will assume permission to use a student's image (**photo or video**) or class work in District and school publications and on district-sponsored web sites **UNLESS a parent or guardian submits a written request for his or her student to opt out.**

- I request that this student's name, address, and telephone number **not be** released to Armed Forces and Military Recruiters or Military School
- I request that this student's name, address, and telephone number **not be** released to colleges, universities or companies seeking employees.

Family Military Affiliation

PLEASE NOTE: *this form must be signed each year- it is good for the current school year only.*

Dear Parent or Guardian,

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016 -17 school year.

(<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 policy makers 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 transitions 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:

- Students with a parent or guardian who is a member of the active duty United States armed forces; and
- 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."

Choose one that best describes your family military status:

- A - Parent or guardian is a current member of the US Armed Forces, active duty
- R - Parent or guardian is a current member of the US Armed Forces, reserves
- G - Parent or guardian is a current member of the National Guard
- M - More than one parent or guardian qualifies for A, R or G
- N - No parent or guardian is currently serving the US Armed Forces or National Guard
- Z - Prefer not to answer

Signature:

Date:

Attendance Policy and Procedure Document

PLEASE NOTE: *this form must be signed each year- it is good for the current school year only.*

Dear Parent/Guardian,

This year, the South Kitsap School District is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school --and themselves. Your student can start building this habit in preschool so they learn right away that going to school on time, every day is important. Consistent attendance will help children do well in high school, college, and at work.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully, or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

WHAT WE NEED FROM YOU

We miss your student when they are gone and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please **contact your school's attendance secretary. The South Kitsap School District will require annually, this signed attendance agreement stating that you agree with the importance of daily attendance.**

OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school regularly or on time. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children that are 6 or 7 years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements.

Continued on next page

Attendance Policy and Procedure Document

We, the district, are required to take daily attendance and notify you when your student has an unexcused absence. If your student has two unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

In elementary school, after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and the parent, student, and school have made plan so your student does not fall behind academically. If your student has an Individualized Education Plan or a 504 Plan, the team that created the plan needs to reconvene.

If your student has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed, and your student and family may be referred to a Community Truancy Board, or you and your student may need to appear in juvenile court. If your student continues to be truant, you may need to go to court.

The **South Kitsap School District** established rules on attendance that will help you ensure your student is attending regularly. Please refer to the Rights & Responsibilities Handbook located on our website. www.skschools.org.

WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your child has the required immunizations.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomachache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your student's teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful after school activities, including sports and clubs.

Your signature below indicates that you have read and understand the attendance policies and procedures in South Kitsap School District.

Parent/Guardian Signature:

Date:

Student

Grade:



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Student	Child's Last Name:	First Name:	Middle Initial:	Date:		<input type="radio"/> Male <input type="radio"/> Female
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.		I certify that the information provided on this form is correct and verifiable.				
<input type="text"/> Parent/Guardian Signature Required		<input type="text"/> Date		<input type="text"/> Parent/Guardian Signature Required		<input type="text"/> Date

- Required for School and Child Care/Preschool
- ◆ Required Only for Child Care/Preschool

Required Vaccines for School or Child Care Entry	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
◆ DTaP, DT (Diphtheria, Tetanus, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae type b</i>)						
◆ IPV/OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV/PCSV (Pneumococcal)						
◆ Varicella (Chickenpox) <input type="checkbox"/> 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)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella	<input type="checkbox"/> Other: _____ _____ _____
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Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). 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: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: 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 Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: 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 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, Acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococca	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
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 December 2016