



SOUTH KITSAP SCHOOL DISTRICT

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

Registration Form

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

GRADE

BIRTHPLACE (City/State)

COUNTRY

LANGUAGE SPOKEN AT HOME

STUDENT'S PRIMARY LANGUAGE

☐ English

☐ Other:

☐ English

☐ Other:

PRIMARY HOUSEHOLD (where student resides)

HOME PHONE

(1) Last Name, First Name

GUARDIAN PHONE (include area code)

If work #, Name of Business

☐ Mother ☐ Father ☐ Other

Work

Cell

(2) Last Name, First Name

GUARDIAN PHONE (include area code)

If work #, Name of Business

☐ Mother ☐ Father ☐ Other

Work

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

GUARDIAN PHONE (include area code) If work #, Name of Business

☐ Mother ☐ Father ☐ Other

Work

Cell

(2) Last Name, First Name

GUARDIAN PHONE (include area code) If work #, Name of Business

☐ Mother ☐ Father ☐ Other

Work

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.

2.

3.

4.

SIBLINGS

Name

Relationship

Grade Level

School

1.

2.

3.

4.

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.

Legal 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"/> Micronesian | <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: | <input type="text"/> |
| Address: | <input type="text"/> |
| Phone: | <input type="text"/> |
| Fax: | <input type="text"/> |

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:

- | | |
|----------------------|------------------------|
| > Transcript | > Immunization Records |
| > Report Cards | > Attendance |
| > Withdrawal Grades | > Discipline Records |
| > Test Scores | > Special Education |
| > Health Information | 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



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 _____ | | | |
| <p>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.</p> <p>All parents have the right to information about their child's education in a language they understand.</p> | <p>Parent/Guardian Language Preferences</p> <p>1. In what language(s) would your family prefer your written and spoken communication from the school? _____</p> <p>Do you request an interpreter for all spoken communication with the school in the language(s) listed above? ____ Yes ____ No</p> | | |
| <p>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.</p> | <p>2. What language did <u>your child</u> learn first? _____ <i>Skyward Fields: Language/Native Language</i></p> <p>3. What language does <u>your child</u> primarily speak at home? _____ <i>Skyward Fields: Home Language</i></p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p> | | |
| <p>Prior Education Your responses about your child's 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><i>This form is not used to identify students' immigration status.</i></p> | <p>6. In what country was your child born? _____</p> <p>7. Has your child ever received <u>formal education</u> (Kindergarten – 12th grade) outside of the United States? ____ Yes ____ No If yes: Number of months/years: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school (Kindergarten-12th grade) in the United States? _____ Month Day Year</p> | | |

Note to district: 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.

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 <input type="checkbox"/> 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> |
|--|--|--|

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: Print name of parent(s)/legal guardian(s):
(Or unaccompanied youth) 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 Name: (Please print)

Student Signature: _____

School:

Grade:

Parent/Guardian Name: (Please print)

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

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 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:

- 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."

Please answer the questions below:

For each family member enter student name, parent/guardian name/, and choose from one of the six choices in the drop down box under Military Status.

| Student Name | Parent Name | Military Status |
|--------------|-------------|----------------------|
| | | <input type="text"/> |
| | | <input type="text"/> |
| | | <input type="text"/> |

Date:



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? ☐ Yes ☐ No

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

| | | | | |
|---|-------------|-----------------|---|---|
| Child's Last Name: | First Name: | Middle Initial: | Date: | |
| Student Name: <input style="width:400px" type="text"/> | | | <input style="width:100px" type="text"/> | <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 style="width:250px" type="text"/> | | | <input style="width:100px" type="text"/> | |
| Parent/Guardian Signature Required | | | Parent/Guardian Signature Required | Date |

- ◆ Required for School and Child Care/Preschool
- ♦ Required Only for 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, DT (Diphtheria, Tetanus, Pertussis) | | | | | | |
| ◆Td (Tetanus, Diphtheria) | | | | | | |
| ◆Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15 | | | | | | |
| ●Hib (Haemophilus influenzae type b) | | | | | | |
| ◆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"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

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 healthcare 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 healthcare 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 healthcare 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® | Meningococcal | 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