



975 Gillespie Street | Richland, WA  
P: 509-967-6450 | F: 509-942-2598

# Returning Student Enrollment Request

Student Legal Name (Please Print) \_\_\_\_\_ Birthdate \_\_\_\_\_

Student goes by \_\_\_\_\_ Grade \_\_\_\_\_

Current School \_\_\_\_\_ Previous School \_\_\_\_\_

Parent/Guardian (Please Print) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

## Program Choice

In person Instruction

Other: \_\_\_\_\_

Why are you returning to River's Edge High School?

What can we do to help support you in your academic goals?

Any Special Programs required?  Yes  NO

If yes, check all that apply:

Special Education / IEP

Section 504

ESL

Remedial Chapter / LAP

Other: \_\_\_\_\_



## A Letter from your School Nurse

Dear Parent/Guardian,

I would like to welcome you and your student to the Richland School District! Our goal is to help your child get off to a safe and healthy start in his/her education.

Included in the registration packet you will find the following health related forms and information:

- Student Health History form
- Notice of parent/student rights under section 504
- Information regarding state immunization requirements for school attendance
- Certificate of Immunization Status (CIS) form must be completed by parent/guardian

Please note there is a possibility of delayed enrollment if your child's immunization status does not comply with state regulations. There is also a possibility of delayed enrollment if your student has a life threatening condition and a current health care plan is not on file before the first day of school.

### **Life threatening conditions:**

Washington State law (RCW 28A.210.320) mandates that before a student may attend school, a student with a life- threatening health condition (a condition that would put the student in danger of death during the school day) must have a health care plan signed by a medical provider on file at the assigned school. This mandate includes, but is not limited to, students with conditions such as anaphylactic allergies, severe asthma, certain cardiac conditions, diabetes, or seizure disorder.

### **Medication at school:**

Medication is defined as all medicine, both prescription and over the counter, including, but not limited to cough drops, antacids, Tylenol, Advil, and vitamins. Washington State law (RCW 28A.210.260) and district policy requires the following conditions must be met in order for your child to receive medication at school: a current order for medication deemed necessary during school hours, signed by a licensed health care provider who has prescribing authority, signed by the parent, and signed by the school nurse. Health care plans already have an area for treatment related medication to be included. For all other medication, please use the form: Medical Form-Medication Authorization. Health care plans and the Medication Authorization form are available in the health room and on the RSD website at: <https://www.rsd.edu/departments/student-health-forms.html>

### **What to complete prior to the start of school:**

- Make an appointment with your health care provider as soon as possible to update immunizations and/or complete health care plans and medication order forms.
- Take the appropriate health related school forms with you to your appointment.
- Ask your health care provider to complete and sign the forms. Complete and sign the parent area.
- Fill school prescriptions at your pharmacy. Ask the pharmacist for a labeled container for the school. If the medication is over the counter, keep the medication in the original packaging.
- Return completed forms and medication to the school nurse at least one week before school starts.

Sincerely,

The School Nurse



# River's Edge High School Student Health History Form

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Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  Male  Female

Health Insurance: \_\_\_\_\_ Primary Care Provider \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

### LIFE THREATENING MEDICAL CONDITIONS

WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger of death during the school day. Written orders must be received by the school Nurse, and if appropriate, a care plan must be in place before your child can attend school.

Does your child have a LIFE THREATENING HEALTH CONDITION?  Yes  No

If yes, please state the condition: \_\_\_\_\_

No  Yes : Allergic reaction to Bee Sting. Anaphylactic  No  Yes

SEVERE  MILD : Describe: \_\_\_\_\_

No  Yes : Allergic reaction to Food or Nuts. Type: \_\_\_\_\_ Anaphylactic  No  Yes

SEVERE  MILD : Describe: \_\_\_\_\_

No  Yes : Other Allergic Reactions. Type: \_\_\_\_\_ Anaphylactic  No  Yes

SEVERE  MILD : Describe: \_\_\_\_\_

No  Yes : Asthma. Takes Medication:  Yes  No  ONLY as needed  SEVERE  MILD

Recent Hospitalization for Asthma Episode  No  Yes Date of Hospitalization \_\_\_\_\_

No  Yes : Diabetes. Type: \_\_\_\_\_ Self Manage: \_\_\_\_\_ Pump:  Yes  No

No  Yes : Heart Condition. Diagnosis: \_\_\_\_\_ Pacemaker:  Yes  No

No  Yes : Orthopedic Condition. Diagnosis: \_\_\_\_\_

No  Yes : Seizure Disorder. Type: \_\_\_\_\_ Date of last Seizure: \_\_\_\_\_ VNS:  Yes  No

No  Yes : Other Health Concerns \_\_\_\_\_

No  Yes : Does your child have any other condition that would affect classroom performance or P.E. Activities?

If Yes, Please explain: \_\_\_\_\_

No  Yes : Behavioral/Emotional Concerns: \_\_\_\_\_

No  Yes : Vision Impairment: Glasses  No  Yes Contacts  No  Yes Date of last Eye Exam: \_\_\_\_\_

No  Yes : Hearing Impairment: Hearing Aids  No  Yes Date of last Hearing Exam: \_\_\_\_\_

### DAILY MEDICATIONS

State law requires written authorization from a Health Care Provider & Parent before ANY medication, Prescription or over-the-counter can be given at school. A consent form is available online at WWW.RSD.EDU

No  Yes : Medication needed at school: \_\_\_\_\_

No  Yes : Will your child carry life saving medication(s) such as Inhaler or Epipen with them or in their backpack?

No  Yes : Medication needed at home: \_\_\_\_\_

No  Yes : I give permission for my child to be transported to the nearest emergency room in case of an emergency

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

This information is considered confidential. To ensure the health and safety of your child, it will be shared with the school staff as needed during your child's enrollment with the Richland School District, unless otherwise requested in writing.



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

<b>Student Name:</b> _____	<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p><b>Right to Translation and Interpretation Services</b></p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No   Language _____</p>	
<p><b>Eligibility for Language Development Support</b></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 supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
<p><b>Prior Education</b></p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><b><i>This form is not used to identify students' immigration status.</i></b></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12<sup>th</sup> Grade) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Number of months: _____</p> <p style="padding-left: 40px;">Language(s) of instruction: _____</p> <p>*8. When did your child first attend a school in the United States? (K-12<sup>th</sup> Grade)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Month      Day      Year</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.





**La Encuesta de idiomas en el Hogar se entrega a todos los alumnos que se inscriben en una escuela de Washington.**

Nombre del alumno:	Grado:	Fecha:
<p>Nombre del padre, madre o tutor legal _____</p> <p>Firma del padre, madre o tutor legal _____</p>		
<p><b>Derecho a los servicios de traducción o interpretación</b></p> <p>Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan. Indique el idioma de su preferencia para que podamos brindarle un intérprete o documentos traducidos, sin cargo alguno, cuando los necesite.</p>	<p>1. a) ¿En qué idioma(s) preferiría su familia recibir las comunicaciones por escrito de la escuela? _____</p> <p>b) ¿Necesita un intérprete para las reuniones y llamadas telefónicas (incluso de ASL)?</p> <p>Nombre del padre/madre/tutor 1: _____</p> <p>¿Necesita intérprete? <input type="checkbox"/> Sí <input type="checkbox"/> No   Idioma _____</p> <p>Nombre del padre/madre/tutor 2: _____</p> <p>¿Necesita intérprete? <input type="checkbox"/> Sí <input type="checkbox"/> No   Idioma _____</p>	
<p><b>Requisitos para recibir apoyo en capacitación de idiomas</b></p> <p>La información sobre el idioma del alumno nos ayuda a identificar a los alumnos que reúnen los requisitos para recibir apoyo para formar las habilidades de idioma necesarias para tener éxito en la escuela. Es posible que sea necesario hacer una evaluación para determinar si se requiere ayuda con el idioma.</p>	<p>2. ¿Qué idioma(s) habló o entendió primero su hijo(a)? _____</p> <p>3. ¿Qué idioma utiliza más su hijo en casa? _____</p> <p>4. ¿Cuál es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____</p> <p>5. ¿Ha recibido su hijo apoyo en capacitación del idioma inglés en una escuela anterior? Sí <input type="checkbox"/> No <input type="checkbox"/> No sé <input type="checkbox"/></p>	
<p><b>Educación previa</b></p> <p>Sus respuestas sobre el país de nacimiento de su hijo y su educación previa:</p> <ul style="list-style-type: none"> <li>• Bríndenos información sobre el conocimiento y las aptitudes que su hijo trae a la escuela.</li> <li>• Esto puede ayudar a que el distrito escolar reciba fondos federales adicionales para brindarle apoyo a su hijo.</li> </ul> <p><b><i>Este formulario no se utiliza para identificar la situación migratoria de los alumnos.</i></b></p>	<p>6. ¿En qué país nació su hijo? _____</p> <p>7. ¿Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten – 12.º grado) <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>Si la respuesta es Sí: Número de meses: _____</p> <p>Idioma de formación: _____</p> <p>8. ¿Cuándo asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten – 12.º grado)</p> <p>_____</p> <p>Mes      Día      Año</p>	

Gracias por brindarnos la información necesaria en la Encuesta de Idiomas en el Hogar. Póngase en contacto con su distrito escolar si tiene más preguntas sobre este formulario o sobre los servicios que ofrece la escuela de su hijo.

