



NOOKSACK VALLEY SCHOOL DISTRICT

NEW STUDENT ENROLLMENT/REGISTRATION FORM

DATE: _____

DO NOT WRITE IN SHADED AREA – FOR OFFICIAL USE ONLY

☐ EVERSON ELEM ☐ NOOKSACK ELEM ☐ SUMAS ☐ MIDDLE SCHOOL ☐ HIGH SCHOOL ☐ PRESCHOOL

| | | | | |
|---------------------|------------------------------|--------------------|-----------|--------------------------------|
| Student start date: | Teacher/Advisor Assigned to: | Grade Assigned to: | Homeroom: | Bus Route AM _____ PM _____ |
|---------------------|------------------------------|--------------------|-----------|--------------------------------|

| | | | | | | |
|--------------|---|---|-------------|--|--|--|
| STUDENT INFO | STUDENT NAME: Legal LAST | | Legal FIRST | | LEGAL MIDDLE | |
| | BIRTH DATE (MONTH/DAY/YEAR) | Also known as (previous legal name or nickname) | GRADE | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | STUDENT BIRTHPLACE: _____ City State Country | |
| | | | | STUDENT CELL PHONE: | | |
| | Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ | | | Primary language spoken in the home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ | | |

| | | | | | | | | |
|-------------------|---|--------|-------------|-------------|-------------|-----------------------------|---|--|
| PRIMARY HOUSEHOLD | PRIMARY PARENT/GUARDIAN INFORMATION (Household information where student resides) | | | | | | STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____ | |
| | Guardian 1 Last Name: | | | First Name: | | | | |
| | Home Phone: | | Work Phone: | | Cell Phone: | | | |
| | Guardian 2 Last Name: | | | First Name: | | | | |
| | Home Phone: | | Work Phone: | | Cell Phone: | | | |
| | Resident Street Address* | Street | Apt # | City | State | Zip | | |
| | Mailing Address (if different from above) | Street | Apt # | PO Box | City | State | | |
| E-MAIL ADDRESS: | | | | | | RECEIVE REPORT CARDS YES NO | | |

| | | | | | | | | | |
|------------------|--|--------|-------------|-------------|-------------|-------|---|--|---|
| SECOND HOUSEHOLD | SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence) | | | | | | RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____ | | |
| | Guardian 1 Last Name: | | | First Name: | | | | | |
| | Home Phone: | | Work Phone: | | Cell Phone: | | | | |
| | Guardian 2 Last Name: | | | First Name: | | | | | |
| | Home Phone: | | Work Phone: | | Cell Phone: | | | | |
| | Mailing Address | Street | Apt # | PO Box | City | State | | | Zip |
| | E-MAIL ADDRESS: | | | | | | | | RECEIVE REPORT CARDS <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|---|---------------------------------|---------------------------------|--|
| Is there a joint-custody or parenting plan in effect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (If yes, please provide school a copy) |
| Is there a current restraining order in effect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (If yes, legal papers must be on file at the school for enforcement) |
| Restraining order is against: | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Other: _____ |

* Please note: Families may be required to provide Proof of Residency within the NVSD before the Enrollment application can be processed and/or finalized.

| | | | |
|---|---------------------------------|-------|--|
| School previously attended (most recent) | Withdrawal Date | Grade | Previous school address (City and State) |
| Has student ever attended a school in the Nooksack Valley School District? Yes No | If yes, name of school attended | | School Year |

| Please list all siblings living at the current address | | | | |
|--|------------|--------|-----|-------|
| Last Name | First Name | School | Age | Grade |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | |
|--|-----|----|-------------|
| Has the student ever been suspended for a weapons violation? | Yes | No | Date: _____ |
| Has the student ever been to court for attendance issues? | Yes | No | Date: _____ |

| | | |
|---|--|--|
| Are there any special circumstances that would be helpful in student placement? | Yes | No |
| If yes, please explain _____ | | |
| Has the student ever qualified for or been enrolled in a Special Education Program (including Speech) | Yes | No |
| Has the student ever qualified for or had a 504 Plan? | Yes | No |
| Has the student ever participated in: | Title 1 ELL Gifted LAP Counseling Headstart Migrant Other _____ | |
| Has the student been tested by a School Psychologist: | Yes | No |
| If yes, when/where: _____ | | |
| Has the student ever had to repeat a grade? | Yes | No If yes, at what grade level(s) _____ |

| | | | |
|---|----|----------------------|---|
| The following question is optional. However, some of the information may assist in eligibility for supplemental programs. Thank you for your help. Is parent's work seasonal? | | | |
| Yes | No | (If yes, select one) | Fishing Agricultural Dairy Farming |

| EMERGENCY CONTACT INFORMATION | | |
|--|-------------------------|---|
| In case of an emergency or illness when you cannot be reached, please list two persons and/or Daycare person who have agreed to care for your child. At least one phone number for these contacts is required. | | |
| NAME (other than parent/guardian) | Relationship to student | Home phone: Cell phone: Work phone: |
| NAME (other than parent/guardian) | Relationship to student | Home phone: Cell phone: Work phone: |
| NAME (other than parent/guardian) | Relationship to student | Home phone: Cell phone: Work phone: |

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

Legal Parent/Guardian Signature _____ Date _____

Student Name: _____, _____, _____

Last NameFirst NameMIDiv>

Grade: _____

School: _____

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. **Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply.** Be sure to notice the **bold** categories prior to selecting the race(s).

| | | | | | | | | | | |
|--------------------------|--|---------------------------------------|--|--|--|--------------------------------------|--------------------------|---|----------------------------------|------------------|
| ETHNICITY | Hispanic: | | Yes | No (H01) | | | | | | |
| | Hispanic | <input type="checkbox"/> | Hispanic (H00) | <input type="checkbox"/> | Cuban (H09) | <input type="checkbox"/> | Mestizo (H17) | <input type="checkbox"/> | Salvadoran (H24) | |
| | | <input type="checkbox"/> | Argentine (H02) | <input type="checkbox"/> | Dominican (H10) | <input type="checkbox"/> | Native (H18) | <input type="checkbox"/> | Spaniard (H25) | |
| | | <input type="checkbox"/> | Bolivian (H03) | <input type="checkbox"/> | Ecuadorian (H11) | <input type="checkbox"/> | Nicaraguan (H19) | <input type="checkbox"/> | Surinamese (H26) | |
| | | <input type="checkbox"/> | Brazilian (H04) | <input type="checkbox"/> | Guatemalan (H12) | <input type="checkbox"/> | Panamanian (H20) | <input type="checkbox"/> | Uruguayan (H27) | |
| | | <input type="checkbox"/> | Chicano (Mexican American) (H05) | <input type="checkbox"/> | Guyanese (H13) | <input type="checkbox"/> | Paraguayan (H21) | <input type="checkbox"/> | Venezuelan (H28) | |
| | | <input type="checkbox"/> | Chilean (H06) | <input type="checkbox"/> | Honduran (H14) | <input type="checkbox"/> | Peruvian (H22) | | | |
| | | <input type="checkbox"/> | Colombian (H07) | <input type="checkbox"/> | Jamaican (H15) | <input type="checkbox"/> | Puerto Rican (H23) | | | |
| | | <input type="checkbox"/> | Costa Rican (H08) | <input type="checkbox"/> | Mexican (H16) | | | | Hispanic/Latino Write In (H29) | |
| | | RACE-NATIVE HAWAIIAN/OTHER PACIFIC | Native Hawaiian/Other | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00) | | | | | | |
| | | | | | | | | | | |
| Pacific Islander | <input type="checkbox"/> | | Carolinian (P01) | <input type="checkbox"/> | Maori (P07) | <input type="checkbox"/> | Pohpeian (P13) | <input type="checkbox"/> | Tongan (P18) | |
| | <input type="checkbox"/> | | Chamorro (P02) | <input type="checkbox"/> | Marshallese (P08) | <input type="checkbox"/> | Samoan (P14) | <input type="checkbox"/> | Tuvaluan (P19) | |
| | <input type="checkbox"/> | | Chuukese (P03) | <input type="checkbox"/> | Native Hawaiian (P09) | <input type="checkbox"/> | Solomon Islander (P15) | <input type="checkbox"/> | Yapese (P20) | |
| | <input type="checkbox"/> | | Fijian (P04) | <input type="checkbox"/> | Ni-Vanuatu (P10) | <input type="checkbox"/> | Tahitian (P16) | | | |
| | <input type="checkbox"/> | | i-Kiribati/Gilbertese (P05) | <input type="checkbox"/> | Palauan (P11) | <input type="checkbox"/> | Tokelauan (P17) | | | |
| | <input type="checkbox"/> | | Kosraean (P06) | <input type="checkbox"/> | Papuan (P12) | | | | Pacific Islander Write In (P21) | |
| | RACE-BLACK/AFRICAN-AMERICAN | | Black/African | <input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> _____ | | | | | | |
| | | | | Black Write In (C02) | | | | | | |
| Caribbean | | <input type="checkbox"/> | Anguillan (B03) | <input type="checkbox"/> | Caymanian (Cayman Island) (B09) | <input type="checkbox"/> | Grenadian (B13) | <input type="checkbox"/> | Jamaican (B16) | |
| | | <input type="checkbox"/> | Antiguan (B04) | <input type="checkbox"/> | Cuba Dominican (B10) | <input type="checkbox"/> | Guadeloupien (B14) | <input type="checkbox"/> | Martiniquais/Martiniquaise (B17) | |
| | | <input type="checkbox"/> | Bahamian (B05) | <input type="checkbox"/> | Dominican (Dominican Republic) (B11) | <input type="checkbox"/> | Haitian (B15) | <input type="checkbox"/> | Montserratian (B18) | |
| | | <input type="checkbox"/> | Barbadian (B06) | <input type="checkbox"/> | Antillean (Netherlands Antilles) (B12) | | | <input type="checkbox"/> | Puerto Rican (B19) | |
| | | <input type="checkbox"/> | Barthélemois/Barthélemoises (Saint Barthélemy) (B07) | | | | | | | |
| | | <input type="checkbox"/> | British Virgin Islander (B08) | | | | | | Caribbean Write In (B20) | |
| | | Central African | <input type="checkbox"/> | Angolan (B21) | <input type="checkbox"/> | Congolese (Rep. of the Congo) (B25) | | | <input type="checkbox"/> | São Toméan (B29) |
| <input type="checkbox"/> | | | Cameroonian (B22) | <input type="checkbox"/> | Congolese (Democratic Republic of the Congo) (B26) | | | <input type="checkbox"/> | Principe (B30) | |
| <input type="checkbox"/> | Central African (Central African Rep.) (B23) | | <input type="checkbox"/> | Equatorial Guinean (B27) | | | | | | |
| <input type="checkbox"/> | Chadian (B24) | | <input type="checkbox"/> | Gabonese (B28) | | | | Central African Write In (B31) | | |
| East African | <input type="checkbox"/> | Burundian (B32) | <input type="checkbox"/> | Malagasy (Madagascar) (B38) | <input type="checkbox"/> | Rwandan (B44) | <input type="checkbox"/> | Tanzanian (United Republic of Tanzania) (B50) | | |
| | <input type="checkbox"/> | Comoran (B33) | <input type="checkbox"/> | Malawian (B39) | <input type="checkbox"/> | Seychellois/Seychelloise (B45) | <input type="checkbox"/> | Zambian (B51) | | |
| | <input type="checkbox"/> | Djiboutian (B34) | <input type="checkbox"/> | Mauritian (Mauritius) (B40) | <input type="checkbox"/> | Somali (B46) | <input type="checkbox"/> | Zimbabwean (B52) | | |
| | <input type="checkbox"/> | Eritrean (B35) | <input type="checkbox"/> | Mahoran (Mayotte) (B41) | <input type="checkbox"/> | South Sudanese (B47) | | | | |
| | <input type="checkbox"/> | Ethiopian (B36) | <input type="checkbox"/> | Mozambican (B42) | <input type="checkbox"/> | Sudanese (B48) | | | | |
| | <input type="checkbox"/> | Kenyan (B37) | <input type="checkbox"/> | Reunionese (B43) | <input type="checkbox"/> | Ugandan (B49) | | | | |
| | | | | | | | | East African Write In (B53) | | |
| Latin American | <input type="checkbox"/> | Argentine (B54) | <input type="checkbox"/> | Ecuadorian (B61) | <input type="checkbox"/> | Mexican (B68) | <input type="checkbox"/> | Uruguayan (B75) | | |
| | <input type="checkbox"/> | Belizean (B55) | <input type="checkbox"/> | El Salvadoran (B62) | <input type="checkbox"/> | Nicaraguan (B69) | <input type="checkbox"/> | Venezuelan (B76) | | |
| | <input type="checkbox"/> | Bolivian (B56) | <input type="checkbox"/> | Falkland Islander (B63) | <input type="checkbox"/> | Panamanian (B70) | | | | |
| | <input type="checkbox"/> | Brazilian (B57) | <input type="checkbox"/> | French Guianese (B64) | <input type="checkbox"/> | Paraguayan (B71) | | | | |
| | <input type="checkbox"/> | Chilean (B58) | <input type="checkbox"/> | Guatemalan (B65) | <input type="checkbox"/> | Peruvian (B72) | | | | |
| | <input type="checkbox"/> | Colombian (B59) | <input type="checkbox"/> | Guyanese (B66) | <input type="checkbox"/> | S. Georgia/S. Sandwich Islands (B73) | | | | |
| | <input type="checkbox"/> | Costa Rican (B60) | <input type="checkbox"/> | Honduran (B67) | <input type="checkbox"/> | Surinamese (B74) | | | | |
| | | | | | | | | Latin American Write In (B77) | | |
| South African | <input type="checkbox"/> | Botswanan (B78) | <input type="checkbox"/> | Namibian (B80) | <input type="checkbox"/> | Swazi (B82) | | | | |
| | <input type="checkbox"/> | Mosotho (Lesotho) (B79) | <input type="checkbox"/> | South African (B81) | <input type="checkbox"/> | _____ | | | | |
| | | | | | | | | South African Write In (B83) | | |
| West African | <input type="checkbox"/> | Beninese (B84) | <input type="checkbox"/> | Gambian (B89) | <input type="checkbox"/> | Mauritanian (B93) | <input type="checkbox"/> | Senegalese (B97) | | |
| | <input type="checkbox"/> | Bissau-Guinean (B85) | <input type="checkbox"/> | Ghanaian (B90) | <input type="checkbox"/> | Nigerien (Niger) (B94) | <input type="checkbox"/> | Sierra Leonean (B98) | | |
| | <input type="checkbox"/> | Burkinabé (Burkina Faso) (B86) | <input type="checkbox"/> | Liberian (B91) | <input type="checkbox"/> | Nigerian (Nigeria) (B95) | <input type="checkbox"/> | Togolese (B99) | | |
| | <input type="checkbox"/> | Cabo Verdean (B87) | <input type="checkbox"/> | Malian (B92) | <input type="checkbox"/> | Saint Helenian (B96) | | | | |
| | <input type="checkbox"/> | Ivorian (Cote d'Ivoire) (B88) | | | | | | | | |
| | | | | | | | | West African Write In (C01) | | |

| Washington State Ethnicity and Race Data Collection Form | | | | | | | | | |
|--|----------------------------------|---|---|---|---|--|--|--|--|
| School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s). | | | | | | | | | |
| RACE-AMERICAN INDIAN/ALASKAN NATIVE | American Indian/Alaskan | <div><input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> Alaska Native Write In (N36) <input type="checkbox"/> American Indian Write In (N37)</div> | | | | | | | |
| | Washington State Tribes | <div><input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)</div> | | | | <div><input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35)</div> | | | |
| RACE-ASIAN | Asian | <div><input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)</div> | <div><input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)</div> | <div><input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)</div> | <div><input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26)</div> | <div><input type="checkbox"/> Asian Write In (A27)</div> | | | |
| RACE-WHITE | White | <div><input type="checkbox"/> White (W00) <input type="checkbox"/> White Write In (W36)</div> | | | | | | | |
| | Eastern European | <div><input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)</div> | <div><input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)</div> | <div><input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)</div> | <div><input type="checkbox"/> Eastern European Write In (W07)</div> | | | | |
| | Middle Eastern and North African | <div><input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)</div> | <div><input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23)</div> | <div><input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31)</div> | <div><input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33)</div> | <div><input type="checkbox"/> Middle Eastern Write In (W34) <input type="checkbox"/> North African Write In (W35)</div> | | | |

Parent/Guardian Signature _____

Date _____

Nooksack Valley School District

Parent/Guardian Military Status
2023-24 School Year

Student Name: _____, _____ School: _____
Last Name First Name

The state legislature has passed a law requiring Washington State public schools to collect information, yearly on military affiliation beginning with the 2016-17 school year. The legislature requires this data collection to accurately monitor critical elements of academic progress and proficiency for students from military families. 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 to meet the needs of our military family students.

Please indicate whether or not the student's parent(s) or guardian(s) are currently active in any branch of the US Military.

No (please sign and date below) (N)

Yes (if yes, please check the appropriate option below that indicates the type of service, and then sign and date below)

U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. **(A)**

National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. **(G)**

More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. **(M)**

US Armed Forces Reserves – Student/Family reported having a parent or guardian who is a current member of the reserves of the U.S. Armed Forces **(R)**

Data not available **(X)**

No response/refused to state **(Z)**

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

PLEASE RETURN THIS TO YOUR STUDENT'S SCHOOL



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>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? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</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 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 ____ No ____ Don't Know ____</p> | | |
| <p>Prior Education</p> <p>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 formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>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.



Student Housing Questionnaire 2023-24

NAME OF STUDENT: _____
FIRST MIDDLE LAST

GRADE: _____ BIRTH DATE: ____/____/____ AGE: _____ SEX: MALE FEMALE
MONTH DAY YEAR

SCHOOL: Everson Elementary Nooksack Elementary Sumas Elementary
NV Middle School NV High School NV Preschool

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.

- | | | |
|--|-----|----|
| 1. Is this student's home address a temporary living arrangement other than rental? | Yes | No |
| 2. Is this a temporary living arrangement due to a loss of housing or economic hardship? | Yes | No |
| 3. Is this student in a foster care placement? | Yes | No |
| 4. As a student, are you living with someone other than your parent or legal guardian? | Yes | No |
| 5. Was student eligible for homeless services the previous school year or at the last school attended? | 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)

- | | |
|---|--|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> Transitional Housing (through community agency) |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> With more than one family in a house or apartment | |
| <input type="checkbox"/> Moving from place to place | |
| <input type="checkbox"/> In a location not designed for sleeping accommodations such as a car, park or campsite | |

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF 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 guardians(s): _____
(Or unaccompanied youth)

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

Please send completed original to: Mike Sidwell NVSD-RTL/Family Resource Coordinator.

Nooksack Valley School District Health History

This questionnaire is designed to aid the school in anticipating any health concerns that might affect your child's learning.

Student's Name _____
First Middle Initial Last

Grade: _____ **Sex:** _____ **Date of Birth:** _____

MEDICAL

| | | |
|---|-----|-----|
| Does your child have a doctor or nurse practitioner that he/she sees regularly? | Yes | No* |
|---|-----|-----|

Name of doctor or nurse practitioner: _____ Phone number: _____

| Describe the condition of your child's health: | Good | Fair | Poor | Don't Know |
|---|------|------|------|------------|
| 1. How often does your child have a cold or flu? | | | | |
| 2. How often does your child have a fever? | | | | |
| 3. How often does your child have a cough or wheezing? | | | | |
| 4. How often does your child have a sore throat? | | | | |
| 5. How often does your child have a headache? | | | | |
| 6. How often does your child have a stomach ache? | | | | |
| 7. How often does your child have a skin rash or hives? | | | | |
| 8. How often does your child have a sleep problem? | | | | |
| 9. How often does your child have a behavior problem? | | | | |
| 10. How often does your child have a learning problem? | | | | |

In the past 12 months, did you have problems obtaining medical care for your child? Yes No

DENTAL

| | | |
|--|-----|-----|
| Does your child have a dentist or a dental clinic that he/she goes to regularly? | Yes | No* |
|--|-----|-----|

Name of dentist office or clinic: _____ Phone number: _____

| Describe the condition of your child's teeth? | Good | Fair | Poor | Don't Know |
|---|------|------|------|------------|
| 1. How often does your child brush their teeth? | | | | |
| 2. How often does your child floss? | | | | |
| 3. How often does your child visit the dentist? | | | | |
| 4. How often does your child eat sugary foods? | | | | |
| 5. How often does your child drink sugary beverages? | | | | |
| 6. How often does your child use a mouthguard? | | | | |
| 7. How often does your child use a retainer? | | | | |
| 8. How often does your child use a toothbrush with fluoride toothpaste? | | | | |
| 9. How often does your child use a mouthwash? | | | | |
| 10. How often does your child use a dental floss? | | | | |

In the past 12 months, did you have problems obtaining dental care for your child? Yes No

INSURANCE

| Does your child have medical insurance coverage? | Yes | No* | Don't Know |
|--|-----|-----|------------|
| | | | |

| Does your child have dental insurance coverage? | Yes | No* | Don't Know |
|---|-----|-----|------------|
| Does your child have dental insurance coverage? | | | |

| Does Medicaid (DSHS, "medical coupon") insure him/her? | Yes | No* | Don't Know |
|---|-----|-----|------------|
| 1. If you are the respondent, does Medicaid (DSHS, "medical coupon") insure you? | 1 | 2 | 3 |
| 2. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your spouse? | 1 | 2 | 3 |
| 3. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your child? | 1 | 2 | 3 |
| 4. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your grandchild? | 1 | 2 | 3 |
| 5. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your parent? | 1 | 2 | 3 |
| 6. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your grandparent? | 1 | 2 | 3 |
| 7. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your sibling? | 1 | 2 | 3 |
| 8. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your grandchild? | 1 | 2 | 3 |
| 9. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your parent-in-law? | 1 | 2 | 3 |
| 10. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your grandparent-in-law? | 1 | 2 | 3 |
| 11. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your sibling-in-law? | 1 | 2 | 3 |
| 12. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your grandchild-in-law? | 1 | 2 | 3 |
| 13. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your parent-in-law? | 1 | 2 | 3 |
| 14. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your grandparent-in-law? | 1 | 2 | 3 |
| 15. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your sibling-in-law? | 1 | 2 | 3 |
| 16. If you are not the respondent, does Medicaid (DSHS, "medical coupon") insure your grandchild-in-law? | 1 | 2 | 3 |

*If no would you like to be contacted by WAHA about, Apple Health for Kids (DSHS health insurance) or for assistance with finding doctor/dentist? Yes No

MEDICAL HISTORY

Have you ever been told by a physician or health care professional that your child has:

| | | | |
|-------------------|---------------------|-------------------|-----------------|
| Asthma | Physical Disability | Bleeding Disorder | ADD/ADHD |
| Diabetes | Bone/Muscle Disease | Skin Condition | Depression |
| Heart Condition | Learning Disability | Anxiety | Eating Disorder |
| Seizures Disorder | | Other: | |

Would you say your child experiences any of the following?

| | | |
|----------------------|----------------------------------|--------------------------|
| Nosebleeds | Frequent earaches | Overweight for age |
| Poor appetite | Frequent stomachaches | Underweight for age |
| Often feels sad | Frequent headaches | Difficulty concentrating |
| Difficulty breathing | Tires easily | Fainting spells |
| Often feels angry | Needs to use bathroom frequently | |
| Other: | | |

ALLERGIES

Plants Animals Food Molds Drugs Bees

Other:

Please describe the allergic reaction and the treatment:

| | | |
|--|-----|----|
| Will medication/treatment be needed at school? | Yes | No |
|--|-----|----|

PLEASE COMPLETE BACK SIDE

Nooksack Valley School District Health History

LIFE THREATENING CONDITIONS

Does your child have a life-threatening condition? Yes* No

Describe: _____

***If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan to be in place PRIOR to starting school.**

MEDICATION

Does your child take any medication at home? Yes No

If yes, name of medication: _____

Purpose: _____

Will medication be needed at school? Yes No

If your child needs to take medication at school please contact the office for the necessary authorization form. This form must be completed prior to the administration of any medication at school.

HEARING/VISION

Do you have concerns about your child's hearing? Yes No

Does your child wear hearing aides? Yes No

Do you have concerns about your child's vision? Yes No

Does your child wear glasses or contacts? Yes No

SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes No

Do others have difficulty understanding your child? Yes No

If yes, please explain _____

Please list any other information you feel would be helpful:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand that the information given above will be shared on a need to know basis to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature

Date

For more information regarding local health care providers or if you need assistance with insurance call the Whatcom Alliance for Healthcare Access at (360)788-6594

Nooksack Valley School District No. 506

PO Box 4307, Nooksack, WA 98276
(360) 988-4754

**Release of Directory Information Consent
2023-2024 School Year**

Student Name: _____ School: _____ Grade: _____

You must complete and return this form **each year** only if you do **not** want photos or directory information released about your student for specific purposes. If no documentation is on file, it will be assumed that permission for release of directory information has been granted. Please use one form per student. Release of Directory Information forms remain in effect from September 15, 2023 through September 15, 2024.

Directory information can be made public without the consent of parents/guardians, according to the federal Family Educational Rights and Privacy Act. Directory information means the student's name, address, phone number, photo, parent/guardian name, student's birth date and place of birth, major field of study, post-high school career plans, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, and most recent school attended.

Families have the right to restrict the release of directory information for certain circumstances. By checking the checkboxes below, you are giving permission for your student's information to be shared for that specific purpose(s). If you do not want directory information released about your student, please leave that specific checkbox unchecked. These permissions and restriction are recorded in the student's information system and the form is kept on file in the school and district offices.

I give permission to share directory information with those areas that are checked below.

District – Student's information can be shared within the District – internal posters, signage, banners, honor roll, etc.

Higher Education – Student's information can be shared and sent to institutions of Higher Education

Local – Student's information can be shared within the District for purposes such as photographs, programs, or articles where students' directory information is identified

Media – Student's information can be shared with media sources such as newspapers, online media, magazines, etc. available outside of the District

Military – Student's information can be shared with military recruiters

Public – Student's information can be shared outside of the district including non-local, non-district agencies & companies (outside of enrolled Students / Families) publications available to the general public including media

Trips – Student's information can be shared for the purposes of field trips and shared with chaperones, staff at venue, etc.

Vendors – Student's information can be shared with vendors such as photographers, graduation supply vendors (cap and gown, class rings), etc.

Signature of parent/guardian (or signature of student if 18 years of age or older):

Date

NOOKSACK VALLEY SCHOOL DISTRICT
AUTHORIZATION FOR TRANSFER OF EDUCATIONAL RECORDS AND CONFIDENTIAL INFORMATION

| | | | |
|-----------------|--------------|--------------|---------------|
| Student's Name: | | | |
| | <i>Last,</i> | <i>first</i> | <i>Middle</i> |
| Current Address | | | |
| Grade: | Gender: | Birthdate: | |

| | | | |
|-----------------------------|--------|------|--|
| Previous District Attended: | | | |
| Previous School Attended: | | | |
| School Address: | | | |
| City: | State: | Zip: | |
| Phone: | Fax: | | |

Requesting all the appropriate records:

| | |
|--|--|
| | All Academic Records/Transcripts, Grades at Withdrawal |
| | Discipline/Attendance Information |
| | State Assessment Scores |
| | Health Records (including OT and PT records) |
| | Speech Records |
| | Special Education Records |
| | Other |

| | | | |
|----------------------------------|-----------------------------|----|-------------------|
| | Yes | No | |
| <i>Parent/Guardian Signature</i> | Electronic Signature Yes/No | | Date of Signature |

| | |
|--|---|
| <i>The above student has enrolled in our school.</i> | <i>Expected Start Date for the student:</i> |
| <i>Please send academic and health records to:</i> | |

| | | |
|--|--|---|
| Everson Elementary Attention: Richelle Newton richelle.newton@nv.k12.wa.us 216 Everson-Goshen Rd Everson, WA 98247 Ph: 360 966-2030 ext. 6191 Fax: 360 966-0945 | Nooksack Elementary Attention: Sandy Compton sandra.compton@nv.k12.wa.us 3333 Breckenridge Rd Everson, WA 98247 Ph: 360 966-3321 ext. 1191 Fax: 360 966-7512 | Sumas Elementary Attention: Melanie Jensen melanie.jensen@nv.k12.wa.us 1024 Lawson St Sumas WA 98295 Ph: 360 988-9423 ext. 2191 Fax: 360 988-0005 |
| <i>Please fax or email Special Education records to:</i> | | |
| NV Middle School Attention: Liz Heeringa liz.heeringa@nv.k12.wa.us 404 W Columbia Nooksack, WA 98276 Ph: 360 966-7561 ext. 7191 Fax: 360 966-7805 | NV High School Attention: Alice Linterman alice.linterman@nv.k12.wa.us 3326 E Badger Rd Everson, WA 98247 Ph: 360 988-2641 ext. 3102 Fax: 360 988-2064 | Special Education Records Attention: Carol Lagassé carol.lagasse@nv.k12.wa.us 3326 E Badger Rd Everson, WA 98247 Ph: 360 988-4754 ext. 5296 Fax: 360 988-8983 |

FOR OFFICE USE ONLY

| | | |
|---------------------------------------|---|-------------|
| | | |
| <i>School Official Secretary Name</i> | <i>School Official Electronic Signature</i> | <i>Date</i> |

Records Release Authorization: As per the Family Educational Rights and Privacy Act (FERPA) (U.S.C. 1232g; 34 CFR Part 99:31) parent consent is not required for transfer of educational records to another school where the student intends to enroll. Date Request Mailed/Faxed: _____ Date Records Received: _____

***Nooksack Valley School District
Student School Attendance History***

Student's Name: _____
First
Middle
Last

**List year(s) of attendance and all district schools attended.
Include Home School and periods of time that are not accounted for.**

| Grade | Name of School Attended | State | Year(s) Attended |
|-------|-------------------------|-------|------------------|
| | | | |
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Additional school(s) of attendance may be listed on the other side of this form.

Example Only:

| Grade | Name of School Attended | State | Year(s) Attended |
|--------|-------------------------------|-------|------------------|
| K-5 | Challenger Elementary School | AZ | 2012-2017 |
| 6 | Nooksack Valley Middle School | WA | 2017 |
| 6 | Mount Baker Jr. High School | WA | 2018 |
| 7 | Home School | WA | 2018-2019 |
| 8 | Blaine Middle School | WA | 2019-2020 |
| 9 – 10 | Blaine High School | WA | 2020-2022 |
| | | | |
| | | | |
| | | | |



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:

Birthdate (MM/DD/YY):

Sex:

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.



Parent/Guardian Signature Required

Date

I certify that the information provided on this form is correct and verifiable.



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)

◆ **Tdap** (Tetanus, Diphtheria, Pertussis)

◆ **Td** (Tetanus, Diphtheria)

◆ **Hepatitis B**

☐ 2-dose schedule used between ages 11-15

● **Hib** (*Haemophilus influenzae* type b)

◆ **IPV / 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)

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.**

☐ Diphtheria

☐ Mumps

☐ Other:

☐ Hepatitis A

☐ Polio

☐ Hepatitis B

☐ Rubella

☐ Hib

☐ Tetanus

☐ Measles

☐ Varicella

Licensed healthcare provider signature
(MD, DO, ND, PA, ARNP)

Date

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 Guides 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) | Influnza | 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 | | |