![Edmonds School District logo]

Edmonds
SCHOOL DISTRICT
Each student learning, every day!

Welcome to the Edmonds School District. We are now accepting new student enrollment packets for the 2021-22 school year. Please complete this enrollment packet and return to your student's school with any additional required paperwork. If you enrolled your student online in Skyward, please do not complete this packet. We are looking forward to working with you and your child.

Step 1: Complete the following required forms

❑ P-134 Student Enrollment Form

❑ P-135 Student Residency Verification Form and attach proof of residency

If you are unable to provide proof of residency complete one of these documents and attach to this form.
  ○ P-160 Student Housing Questionnaire (McKinney -Vento Act eligibility)
  ○ P-110 Affidavit of Residency (contact your school)

❑ HS-534 Student Health Enrollment Form

❑ HS-518 Immunization records downloaded from MyIR
  ○ If you do not have records in MyIR, fill out the Certification of Immunization Status and attach medically verifiable immunization records

Eligible families are encouraged to apply for the Free and Reduced Meal Program. The application process is simple and confidential. Applications are available at the link below, Skyward Family Access or at any school.

❑ Free and Reduced Lunch Application (if applicable) – information may be found at
https://www.edmonds.wednet.edu/departments/food_____nutrition_services
(Note: There is (3) three "_" underscores between "food" and "nutrition" in the url above.)

Grade Level Assignments			
Elementary		**Secondary**	
Kindergarten	9/1/2015 to 8/31/2016	7th Grade	9/1/2008 to 8/31/2009
1st Grade	9/1/2014 to 8/31/2015	8th Grade	9/1/2007 to 8/31/2008
2nd Grade	9/1/2013 to 8/31/2014	9th Grade	9/1/2006 to 8/31/2007
3rd Grade	9/1/2012 to 8/31/2013	10th Grade	9/1/2005 to 8/31/2006
4th Grade	9/1/2011 to 8/31/2012	11th Grade	9/1/2004 to 8/31/2005
5th Grade	9/1/2010 to 8/31/2011	12th Grade	9/1/2003 to 8/31/2004
6th Grade	9/1/2009 to 8/31/2010		

Step 2: Return this completed packet with all required additional documentation to your student's school

A school official will contact you to finalize your application, and if needed, request any additional documentation from you. The school official will give you a start date upon packet completion. Incomplete paperwork may delay a student's start date.

IMPORTANT:
Proof of Birth:
For student entering Kindergarten and first grade, are new to the United States, or have no previous school experience, parents must submit a document to establish a student's age which include, but is not limited to, a religious, hospital, or physician's certificate showing date of birth; an adoption record; a birth certificate, previously verified school records; Department of Social and Health Services paperwork, or any other document permitted by law.

Life Threatening Conditions, Medications, and Immunizations:
Students with life threatening conditions (examples: severe allergies, severe asthma, diabetes, epilepsy, etc.) require health plans; if the condition requires medication—the plan and medications MUST be on site by the Tuesday 2 weeks before the week school starts to guarantee your student can start on the first day. Immunizations are required for student attendance.

If you have additional questions, you may contact:
Elementary - Tara Taitano at 425-431-7176 or taitanot742@edmonds.wednet.edu
Secondary - Leslie Anderson at 425-431-7094 or andersonl@edmonds.wednet.edu

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Verification of Residency Statement

Student Name: _____ School: _____ Grade:_____

Address: _____ City: _____ State: _____ Zip: _____

Welcome to Edmonds School District. In order to verify residency within the district, ONE current documentation from the following list MUST be provided. The document must be dated within the last sixty days showing parent/guardian name and address (P.O. Box numbers are not acceptable as a residential address).

- ❏ Escrow papers, mortgage book or statement
- ❏ Residence insurance statement
- ❏ Lease/Rental Agreement with current rent receipt
- ❏ Gas or Electric bill
- ❏ Water bill
- ❏ Garbage bill
- ❏ Cable TV and Internet bill
- ❏ Phone bill for a land line at the stated address
- ❏ Other documentation approved by school _____
- ❏ If you are part of the **Washington State Address Confidentiality Program**, official documentation from the Address Confidentiality Program stating the attendance area school fulfills the requirement to establish residency in the Edmonds School District. You must submit a renewed letter to the school each year.
- ❏ Verification of living with _____. **Must complete the P-110 Affidavit of Residency Form**, available upon request at the school.

If you are unable to provide any of the above items, please contact the school to discuss your circumstances and discuss next steps.

Please list below the names of additional students at this address who will be attending the same school in the Edmonds School District. One form is required to be completed for each school your student(s) attend within the district.

Student: _____ School: _____ Date of Birth _____Grade_____

Student: _____ School: _____ Date of Birth _____Grade_____

Student: _____ School: _____ Date of Birth _____Grade_____

Student: _____ School: _____ Date of Birth _____Grade_____

I declare that the above named student(s) reside at the address shown on one of the documents indicated above and attached to this enrollment packet. I will notify the school within two weeks of residency changes and agree to provide a new proof of residency and updated signed statement at that time. If I move outside of the school district boundaries, I understand an inter-district attendance release must be filed in order to request continued attendance for this student.

Falsification of any information or document required for residency verification, or the use of the address of another person without actually residing there, may result in revocation of student's enrollment in the Edmonds School District (see Policy 3131).

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Current Student – Recently Moved has NEW Address

Parent wishes for student(s) to stay at current school through:

❏ End of school year. Student will be withdrawn after the last day of school in June. New school:_____

❏ Continue to attend and remain in the current school path until student graduates or is withdrawn.

School: Email a copy of this form to Tara Taitano (elementary) or Leslie Anderson (secondary) if their new address assigns them to a different school.

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Complete this form <u>ONLY IF</u> your housing situation is transitional or unstable.
If you own, rent, or lease your home, please DO NOT complete this form.

Completa este formulario SOLAMENTE SI su situación de vivienda es transitoria o inestable.
Si es propietario, alquila o arrienda su hogar, NO complete este formulario.

Điền vào mẫu này CHỈ KHI tình trạng nhà ở của bạn là chuyển tiếp hoặc không ổn định.
Nếu bạn đang sở hữu, thuê hoặc cho thuê nhà, vui lòng KHÔNG điền vào mẫu này.

"برجاء ملئ هذا النموذج **فقط** إذا كان وضعك السكني انتقالي أو غير مستقر.

اما إذا كنت مالك منزلك أو تؤجر أو مستأجر، فيرجى **عدم** ملئ هذا النموذج"

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information.)

If you do not own/rent your own home, please check all that apply below. (Return this form to your school. If you need assistance, please contact the District Homeless Liaison (contact information can be found at the bottom of the page).

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

Student 1:	Grade:	Birthdate: / /	Gender: ❍ M ❍ F	
Student 2:	Grade:	Birthdate: / /	Gender: ❍ M ❍ F	
Student 3:	Grade:	Birthdate: / /	Gender: ❍ M ❍ F	
Student 4:	Grade:	Birthdate: / /	Gender: ❍ M ❍ F	

Name of school(s): _____

❍ Student is unaccompanied (not living with a parent or legal guardian)
❍ Student is living with a parent or legal guardian

Students require transportation to/from school: ❍ Yes ❍ No

ADDRESS 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/legal guardian: _____ Date: _____
(Or unaccompanied youth)

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

Please return completed form to your school. School will scan info to the District Homeless Liaison

For District Homeless Liaison Only: For data collection purposes and student information system coding
❍ (N) Not Homeless   ❍ (A) Shelters   ❍ (B) Doubled-Up
❍ (C) Unsheltered   ❍ (D) Hotels/Motels ❍ (E) Unaccompanied Youth

McKinney-Vento Act 42 U.S.C. 11435
SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php
http://naehcy.org/educational-resources/naehcy-publications
http://www.schoolhouseconnection.org/

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School Name: _____ Date: _____

STUDENT INFORMATION

_____
Legal Last Name   Legal First Name   Legal Middle Name

_____
Preferred Name   Previous Name (if applicable)   Student Cell Phone Number

Gender: ❏ M ❏ F ❏ X   Grade Entering:_____   Birthdate: _____/_____/_____

Has this student ever been enrolled in the Edmonds School District? ❏ Yes ❏ No   List last school attended: _____

Will the student be SIMULTANEOUSLY attending another school while enrolled in the Edmonds School District? ❏ Yes ❏ No

  If Yes, what other school will the student be enrolled in? _____

FAMILY INFORMATION

PRIMARY HOUSEHOLD INFORMATION

Parent/Guardian 1 - Relationship to Student _____

_____
Legal Last Name   Legal First Name   Legal Middle Name

Birthdate: _____/_____/_____   Email Address: _____

Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work   Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work

Parent/Guardian 2 - Relationship to Student _____

_____
Legal Last Name   Legal First Name   Legal Middle Name

Birthdate: _____/_____/_____   Email Address: _____

Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work   Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work

Please use _____ as our primary contact number ❏ Cell ❏ Home ❏ Work ❏ Confidential

Residential Address: _____

Mailing Address (if different): _____

SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)

Parent/Guardian 1 - Relationship to Student _____

_____
Legal Last Name   Legal First Name   Legal Middle Name

Birthdate: _____/_____/_____   Email Address: _____

Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work   Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work

Parent/Guardian 2 - Relationship to Student _____

_____
Legal Last Name   Legal First Name   Legal Middle Name

Birthdate: _____/_____/_____   Email Address: _____

Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work   Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work

Please use _____ as our primary contact number ❏ Cell ❏ Home ❏ Work ❏ Confidential

Residential Address: _____

Mailing Address (if different): _____

FAMILY INFORMATION

Has any parent or guardian listed above been employed by or currently employed the Edmonds School District? ❏ Yes ❏ No

If yes, under what name? _____

Has any parent or guardian listed above been a student of the Edmonds School District? ❏ Yes ❏ No

If yes, which parent or guardian and under what name? _____

Daycare Information: Pre-K through 6th Grade Only

Does your student attend childcare? ❏ Yes ❏ No *If Yes, please provide the following information.*

Should daycare be listed as an emergency contact? ❏ Yes ❏ No

_____

Childcare Provider Name · Provider Address Contact · Phone Number

_____

Childcare Provider Name · Provider Address Contact · Phone Number

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Emergency Contact Information

In case of an emergency with your student, or they become ill or injured and we are unable to reach a parent or guardian first. Please list the persons, other than yourself, who have agreed to care for and provide transportation for your student.

Contact 1:

_____

Last Name · First Name · Relationship to Student

Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work   Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work

Contact 2:

_____

Last Name · First Name · Relationship to Student

Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work   Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work

Contact 3:

_____

Last Name · First Name · Relationship to Student

Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work   Phone Number (_____)_____ ❏ Cell ❏ Home ❏ Work

---

Student History

List ALL schools the student has attended, beginning with the most recent school.

Has your student ever attended public school in Washington State? ❏ Yes ❏ No

_____

Most Current School · Grades Attended · Withdrawal Date

_____

City · State or Country · Phone Number · Fax Number

_____

School · Grades Attended · Withdrawal Date

_____

City · State or Country · Phone Number · Fax Number

_____

School · Grades Attended · Withdrawal Date

_____

City · State or Country · Phone Number · Fax Number

Has your child ever been Retained? ❏ Yes ❏ No   If yes, at what grade level(s) _____

Has your child ever been Advanced? ❏ Yes ❏ No   If yes, at what grade level(s) _____

Student History

HAS YOUR STUDENT EVER QUALIFIED OR BEEN ENROLLED IN

A special education program*? ❏ Yes ❏ No Type of special education program(s):_____

If Yes, provide a copy of the IEP to the school.

❏ EL/ESL   ❏ Special Education (IEP)   ❏ 504 Plan   ❏ Highly Capable/Gifted Program   ❏ Running Start
❏ Alternative School/Program ❏ Title III (NA/AN Support) ❏ Title VI Indian Education ❏ Other _____

LIST ALL SIBLINGS ATTENDING IN THE EDMONDS SCHOOL DISTRICT

Name	Grade	School	Name	Grade	School

Name	Grade	School	Name	Grade	School

IN ACCORDANCE WITH WASHINGTON STATE LAW (RCW 28A.255.330), PLEASE ANSWER THE FOLLOWING QUESTIONS:

Does your student have any history of violent behavior? ❏ Yes ❏ No If yes, please explain: _____
_____

Does your student have any past, current, or pending suspension or expulsion from a current or previous school? ❏ Yes ❏ No

If yes, please explain. _____

Has your student officially withdrawn from their current or previous school? ❏ Yes ❏ No   Date: _____

Is your student currently under BECCA/Truancy Petition? ❏ Yes ❏ No   If yes, which district? _____

Does your student owe any fines or fees at your prior school? ❏ Yes ❏ No

Additional Information

Do you have internet access? ❏ Yes ❏ No

Is your student in waiting/currently in Foster Care? ❏ Yes ❏ No

Are you currently experiencing housing instability or in transitional housing? ❏ Yes ❏ No

Housing instability may be defined as living with another person/family due to loss of housing or economic hardship; living in a motel/hotel or in an emergency or transitional shelter, or a location not designated for, or ordinarily used as a regular sleeping accommodation. If you can answer yes to any of these questions, your child may qualify for services under the McKinney-Vento Act. Please ask your school about registering for services.

Is there a PARENTING PLAN or COURT ORDER in effect that restrains/curtails any parental rights? ❏ Yes ❏ No
If yes, please provide a copy.

Is there a RESTRAINING ORDER in effect? ❏ Yes ❏ No *If yes, please provide a copy.*

Please list and provide copies of any other legal documents that are pertinent to your student and their safety. _____
_____
_____
_____

Please provide additional comments to assist in caring for your student. _____
_____
_____
_____
_____

Military Family Information

School districts in Washington State are required to obtain information from families regarding active duty military status. This information is used to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents. Please indicate below if you are active duty US Armed Forces, National Guard or Reserves.

Currently active duty US Armed Forces, National Guard or Reserves ❏ Yes ❏ No *If yes, please indicate below:*

❏ US Armed Forces active duty ❏ National Guard member
❏ More than one member of Armed Forces/National Guard
❏ US Armed Forces reserves   ❏ **No affiliation**

Tribal Affiliation

Do grandparent(s) or parents(s) have a Native American tribal affiliation? ❏ Yes ❏ No

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES
Please complete Part I and Part II

Please note: these race and ethnicity categories are provided by the State of Washington, and the Edmonds School District is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

Part I

Hispanic or Latino
Is your student of Hispanic or Latino origin? ❏ Yes ❏ No (If "yes" please check all that apply)

❏ Argentine	❏ Chilean	❏ Cuban	❏ Guyanese	❏ Mestizo	❏ Paraguayan	❏ Spaniard
❏ Bolivian	❏ Colombian	❏ Dominican	❏ Honduran	❏ Native	❏ Peruvian	❏ Surinamese
❏ Brazilian	❏ Costa Rican	❏ Ecuadorian	❏ Jamaican	❏ Nicaraguan	❏ Puerto Rican	❏ Uruguayan
❏ Chicano (Mexican American)		❏ Guatemalan	❏ Mexican	❏ Panamanian	❏ Salvadoran	❏ Venezuelan

❏ Hispanic or Latino   Write In: _____

Part II

What race(s) do you consider your student? You may check categories and use write-in (check all that apply)

Native American Indian or Alaskan Native
If you select any of these please also complete this form: ***Support for: Native American Students (Title VI Program) form***

❏ Native American Indian/Alaskan Native
❏ Native American Indian Write In: _____   ❏ Alaskan Native Write In: _____

Washington State Tribes:

❏ Chinook Tribe
❏ Confederated Tribes and Bands of the Yakama Nation
❏ Confederated Tribes of the Chehalis Reservation
❏ Confederated Tribes of the Colville Reservation
❏ Cowlitz Indian Tribe
❏ Duwamish Tribe
❏ Hoh Indian Tribe
❏ Jamestown S'Klallam Tribe
❏ Kalispel Indian Community of the Kalispel Reservation
❏ Kikiallus Indian Nation
❏ Lower Elwha Tribal Community
❏ Lummi Tribe of the Lummi Reservation
❏ Makah Indian Tribe of the Makah Indian Reservation
❏ Marietta Band of the Nooksack Tribe
❏ Muckleshoot Indian Tribe
❏ Nisqually Indian Tribe
❏ Nooksack Indian Tribe
❏ Port Gamble S'Klallam Tribe

❏ Puyallup Tribe of the Puyallup Reservation
❏ Quileute Tribe of the Quileute Reservation
❏ Quinault Indian Nation
❏ Samish Indian Nation
❏ Sauk-Suiattle Indian Tribe of Washington
❏ Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
❏ Skokomish Indian Tribe
❏ Snohomish Tribe
❏ Snoqualmie Indian Tribe
❏ Snoqualmoo Tribe
❏ Spokane Tribe of the Spokane Reservation
❏ Squaxin Island Tribe of the Squaxin Island Reservation
❏ Steilacoom Tribe
❏ Stillaguamish Tribe of Indians of Washington
❏ Suquamish Indian Tribe of the Port Madison Reservation
❏ Swinomish Indian Tribal Community
❏ Tulalip Tribes of Washington

Asian

❏ Asian	❏ Malaysian
❏ Asian Indian	❏ Mien
❏ Bangladeshi	❏ Mongolian
❏ Bhutanese	❏ Nepali
❏ Burmese/Myanmar	❏ Okinawan
❏ Cambodian/Khmer	❏ Pakistani
❏ Cham	❏ Punjabi
❏ Chinese	❏ Singaporean
❏ Filipino	❏ Sri Lankan
❏ Hmong	❏ Taiwanese
❏ Indonesian	❏ Thai
❏ Japanese	❏ Tibetan
❏ Korean	❏ Vietnamese
❏ Lao	

❏ Asian Write In: _____

Native Hawaiian or Other Pacific Islander

❏ Native Hawaiian/Other Pacific Islander	
❏ Carolinian	❏ Palauan
❏ Chamorro	❏ Papuan
❏ Chuukese	❏ Pohpeian
❏ Fijian	❏ Samoan
❏ i-Kiribati/Gilbertese	❏ Solomon Islander
❏ Kosraean	❏ Tahitian
❏ Maori	❏ Tokelauan
❏ Marshallese	❏ Tongan
❏ Native Hawaiian	❏ Tuvaluan
❏ Ni-Vanuatu	❏ Yapese

❏ Pacific Islander Write In: _____

Part II (Continued) You may check categories and use write-in (check all that apply)
What race(s) do you consider your student?

Black or African American

❏ Black/ African American
❏ African American
❏ African Canadian

Caribbean:

❏ Anguillan
❏ Antiguan
❏ Bahamian
❏ Barbadian
❏ Barthélemois/ Barthélemoises (Saint Barthélemy)
❏ British Virgin Islander
❏ Caymanian (Cayman Island)
❏ Cuba Dominican
❏ Dominican (Dominican Republic)
❏ Dutch Antillean (Netherland Antilles)
❏ Grenadian
❏ Guadeloupian
❏ Haitian
❏ Jamaican
❏ Martiniquais/ Martiniquaise
❏ Monserratian
❏ Puerto Rican
❏ Caribbean Write In: _____

Central African

❏ Angolan
❏ Cameroonian
❏ Central African (Central African Republic)
❏ Chadian
❏ Congolese (Republic of the Congo
❏ Congolese (Democratic Republic of the Congo)
❏ Equatorial Guinean
❏ Gabononese
❏ Sao Tomean
❏ Principe
❏ Central African Write In:_____

South African

❏ Botswanan
❏ Mosotho (Lesotho)
❏ Nambian
❏ South African
❏ Swazi
❏ South African Write In:_____

East African

❏ Burundian
❏ Comoran
❏ Djiboutian
❏ Eritrean
❏ Ethiopian
❏ Kenyan
❏ Malagasy (Madagascar)
❏ Malawian
❏ Mauritian (Mauritius)
❏ Mahoran (Mayotte)
❏ Mozambican
❏ Reunionese
❏ Rwandan
❏ Seychellois/ Seychelloise
❏ Somali
❏ South Sudanese
❏ Sudanese
❏ Ugandan
❏ Tanzanian (United Republic of Tanzania)
❏ Zambian
❏ Zimbabwean
❏ East African Write In:_____

Latin American

❏ Argentine
❏ Belizean
❏ Bolivian
❏ Brazilian
❏ Chilean
❏ Colombian
❏ Costa Rican
❏ Ecuadorian
❏ El Salvadoran
❏ Falkland Islander
❏ French Guianese
❏ Guatemalan
❏ Guyanese
❏ Gonduran
❏ Mexican
❏ Nicaraguan
❏ Panamanian
❏ Paraguayan
❏ Peruvian
❏ South Georgia and the South Sandwich Islands
❏ Surinamese
❏ Uruguayan
❏ Venezuelan
❏ Latin American Write In:_____

West African

❏ Beninese
❏ Bissau-Guinean
❏ Burkinabé (Burkina Faso)
❏ Cabo Verdean
❏ Ivorian (Cote d'Ivoire)
❏ Gambian
❏ Ghanaian
❏ Liberian
❏ Malian
❏ Mauritanian
❏ Nigerien (Niger)
❏ Nigerian (Nigeria)
❏ Saint Helenian
❏ Senegalese
❏ Sierra Leonean
❏ Togolese
❏ West African Write In:_____

White
❏ White

Eastern European

❏ Bosnian
❏ Herzegovinian
❏ Polish
❏ Romanian
❏ Russian
❏ Ukrainian
❏ Eastern European Write In:
❏ White Write In:_____

Middle Eastern and North African

❏ Algerian
❏ Amazigh or Berber
❏ Arab or Arabic
❏ Assyrian
❏ Bahraini
❏ Bedouin
❏ Chaldean
❏ Copt
❏ Druze
❏ Egyptian
❏ Emirati
❏ Iranian
❏ Iraqi
❏ Israeli
❏ Jordanian
❏ Kurdish Kuwaiti
❏ Lebanese
❏ Libyan
❏ Moroccan
❏ Omani
❏ Palestinian
❏ Qatari
❏ Saudi Arabian
❏ Syrian
❏ Tunisian
❏ Yemeni
❏ Middle Eastern Write In:_____
❏ North African Write In: _____

Part II (continued)

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.

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

Student Name:	Grade:	Date:

Parent/Guardian Name _____   Parent/Guardian Signature _____

Right to Translation and Interpretation Services **Important-** All parents have the right to information about their child's education in a language they understand. When your child enrolls in school, the school will ask you about the language you would like to use when communicating with the school. This helps your school identify your language needs so they can provide an interpreter or translated documents, free of charge.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? (Skyward Fields - Student Language & Family Home Language) _____ a. Do you need an interpreter? Yes____ No____. b. Do you need documents translated? Yes____ No_____.
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first?(Skyward Field - Native) _____ 3. What language does your child use the most at home? (Skyward Field - Home) _____

Prior Education
Your responses about your child's birth country and previous education:
● Give us information about the knowledge and skills your child is bringing to school.
● May enable the school district to receive additional federal funding to provide support to your child.
 	
This form is not used to identify students' immigration status.
	4. In what country was your child born? _____
	5. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) Yes____ No ____
	
	     If yes: Number of months: _____
	                 Language of instruction: _____
	
	6. When did your child first attend a school in the United States?
	     (Kindergarten - 12th grade)
	     _____
	     Month Day Year
	
	7. **Migrant:** Has the child or parent/guardian moved for a seasonal or temporary employment in agriculture or fishing work?
	     Yes ____ No____

Contact your school if you have further questions about this form or about services available at your child's school.

Note to office: *Do not change Native or Home Language after initial enrollment, unless correcting English to a language other than English. Never change Native or Home Language from another language to English unless instructed to do so by the EL Department.*

Signature	I attest that the information provided in these documents is to be true and accurate. I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District. Parent/Guardian Signature: _____ Date: _____

To: Parents of Edmonds School District Students
From: Student Health Services Department

On August 1, 2020, the revised rule Washington State Law (RCW 28A.210.080) requires medically verified immunization records for school entry. The medically verified record includes one or more of the following:

- A CIS printed from the Washington Department of Health MyIR system or a CIS from another state
- A Certificate of Immunization Status(CIS) printed from the Immunization Information System (IIS)
- A physical copy of the CIS form with a healthcare provider signature
- A physical copy of the CIS with accompanying medical immunization records from a healthcare provider verified and signed by school staff

Requirements
- A Completed Certificate of Immunization Status
  The month, day, and year when each required dose of a vaccine was given.
  OR
- Notification to the school that an immunization series has been started
  This will be completed in accord with your health care provider's recommended schedule. Immunizations are available from your private health care provider or you may obtain vaccines from Community Health Center of Snohomish County. WWW.chcsno.org Conditional status will only be granted to students if they have started the series of a required immunization that they are due to receive. As a requirement to attend school all immunization series need to be complete or started. A medically verified record of this status must be presented to the school on or before the first day of attendance.
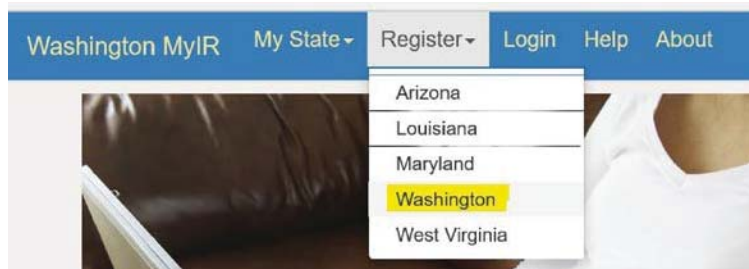 OR
- Complete a Certificate of Exemption (C.O.E.) in addition to the Certification of Immunization
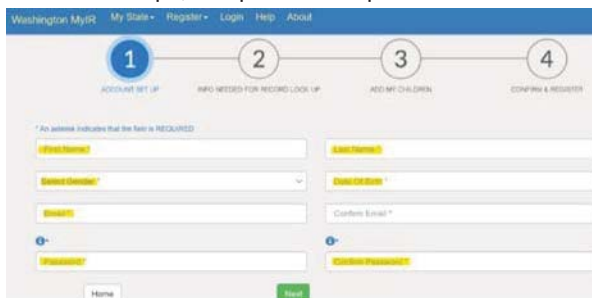 A licensed health care provider needs to sign the Certificate of Exemption for a parent or guardian to exempt their child from school immunization requirements. The signature verifies that the provider has spoken to the parent or guardian about the benefits and risks of immunization. A parent or guardian can also turn in a signed letter from a healthcare provider stating the same information. If there is an outbreak at school of any vaccine-preventable disease for which your student is exempted, your student will be excluded from school for the duration of the outbreak.

Printing a Certificate of Immunization from MyIR is the first option for obtaining student immunization records.
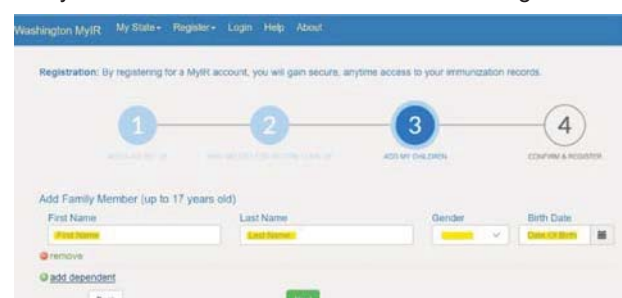
Create a MyIR account (Washington State Dept. of Health)

Follow the steps, complete the required information

Add your child's information then confirm and register

Download and print the Certificate of Immunization

Certificate of Immunization Status (CIS)

Washington State Department of Health

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

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

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
X _____ **Parent/Guardian Signature** **Date**	X _____ **Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

DO NOT ENTER INDIVIDUAL DATES. FOLLOW THE REQUIRED ACCEPTABLE MEDICAL RECORD OF PROOF LISTED BELOW.

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐ Polio (all 3 serotypes must show immunity)

►

Licensed Health Care Provider Signature   Date

►

Printed Name

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.

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

To print with the immunization information filled in:
Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:
1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
    ☐   If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
    ☐   If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records
All vaccination records must be medically verified. Examples include:
- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status
Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order   For updated list, visit https://www.cdc.gov/vaccines/terms/usvaccines.html

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

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711). **DOH 348-013 November 2019**

Parents– Are Your Kids Ready for School?
Required Immunizations for School Year 2021-2022

Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	Hepatitis B	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Polio	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten through 6th Grade	3 doses	5 doses*	4 doses*	2 doses	**2 doses** OR A health care provider verified the child had the disease
7th Grade through 12th Grade	3 doses	**5 doses DTaP *** AND **1 dose Tdap**	4 doses*	2 doses	**2 doses** OR A health care provider verified the child had the disease

* Vaccine Doses may be fewer than listed depending on your child's situation.

Additional Information: Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions about school immunization requirements.

There are important vaccines for children that are not required for school entry. Find information on these vaccines at www.immunize.org/cdc/schedules/.

Student Services

Edmonds
SCHOOL DISTRICT
Each student learning, every day!

Serving the communities and students of Brier, Edmonds, Lynnwood, Mountlake Terrace, Woodway, and portions of Snohomish County

The purpose of sending this letter is to gather information about students who have health needs. Please fill out the form, "Student Health Registration - HS 534," whether or not your student has medical needs that might require daily or emergency care to keep them healthy and safe. As parents/ guardians it is important to be aware of what is required by law before your student can start school.

Chronic Health Conditions
· If your child has a life threatening condition that will put the student in danger of death during the school day if a medication or treatment is not in place; please notify the school nurse.
· Students with at-risk conditions are required to have medication and a treatment order from a licensed health care provider and a school care plan in place before they start school.
· Provide necessary changes that occur during the school year, either with contact numbers or your student's health condition.

Medication Administration
· Medication must be sent in the original container if it is an over the counter medicine.
· If is a prescribed medication, the bottle must be properly labeled and be in the original container.
· Please check expiration dates. School personnel are not allowed to give expired medications.
· A medication consent form is required for any medication given at school. **Signatures from a parent/guardian AND the student's health care provider are required for ANY medication to be given at school. This includes prescription as well as over the counter medications.**
· Faxed consents from parents and/or doctors are acceptable.

The Edmonds medication policy may be viewed on the Edmonds School District website under School Board Policies and Procedures.

If you have questions or concerns, please contact the school nurse.

Sincerely,
Health Services Team

Edmonds
SCHOOL DISTRICT
Each student learning, every day!

School: _____   Expected Start Date: _____

Student Name	Date of Birth	Gender	Gender Preferred	Grade
Parent/Guardian Name	Phone	Email		

Healthcare Provider Name Phone	Dentist Name Phone

Medical Insurance Information

ALERT: The school must know of **LIFE THREATENING** conditions (such as severe allergies, asthma, diabetes, seizures, or other at-risk conditions). This requires a Life-Threatening Emergency Care Plan and any necessary medication, supplies, and provider orders to be in place before your student can attend school (per RCW 28A. 210.320).

Medical History (check all that apply)

❑ **NO KNOWN CONDITION**

Life-Threatening Conditions: Care plan is required
EG   ❑   **Anaphylaxis (Epi-pen prescribed)**
EK   ❑   **Diabetes Type 1**
NP   ❑   **Seizures (Emergency medication required)**
RG   ❑   **Asthma - Severe**

Congenital / Genetic
AH   ❑   Down Syndrome
AJ   ❑   Fetal Alcohol Spectrum Disorder

Blood / Hematology
BA   ❑   Anemia
BB   ❑   Hemophilia
BC   ❑   Sickle Cell Disease Trait
OJ   ❑   History of Severe Nosebleeds

Cardiac / Heart
CC   ❑   Heart Birth Defect
CD   ❑   Heart Murmur

Allergy, Immune, Endocrine, Metabolic and Nutritional
ED   ❑   Allergy – Food
EE   ❑   Allergy- Insect
     ❑   Allergy Other
EL   ❑   Diabetes Type 2

Gastrointestinal, Dental and Oral
GA   ❑   Celiac
GG   ❑   Food Intolerance List:
GL   ❑   Lactose Intolerance
GF   ❑   Encopresis
GO   ❑   Chronic Constipation
GH   ❑   Gastric Reflux
GJ   ❑   Inflammatory Bowel Disease
GK   ❑   Irritable Bowel Syndrome
     ❑   Dental / Oral Condition

Musculoskeletal
MC   ❑   Juvenile Rheumatoid/ Idiopathic arthritis

Nervous System
NB   ❑   ADHD/ADD diagnosed
NC   ❑   Autism Spectrum Disorder
NE   ❑   Cerebral Palsy
NF   ❑   Developmental Disability
NH   ❑   Migraines
NI   ❑   Headaches, Recurring
NP   ❑   Seizure Disorder ❑ Current ❑ Historical
NU   ❑   Traumatic Brain Injury

Transplant
OD   ❑   List Organ:

Mental or Behavioral Health
PA   ❑   Anxiety
PC   ❑   Depression
PH   ❑   Sleep Disorder

Respiratory / Breathing
RG   ❑   Asthma – Current
RH   ❑   Asthma – Ever Diagnosed
RA   ❑   Asthma – Exercise Induced
RE   ❑   Reactive Airway Disease

Skin
SB   ❑   Eczema / Contact Dermatitis / Psoriasis

Renal / Kidney
Please List:_____

Ear / Hearing
YA   ❑   Chronic Ear Infection ❑ Current ❑ Historical
YB   ❑   Hearing Impaired – Hearing Aid(s) Cochlear Implant

EYE / Vision
YF   ❑   Wears glasses /contacts
YE   ❑   Color Vision Deficit
YD   ❑   Visually Impaired

OTHER CONDITIONS:_____

Medication/treatments at School   ❑ No   ❑ Yes   (requires written authorization signed by Health Care Provider)
   ❑ Complete required paperwork for medication at school
   Medication at Home ❑ No   ❑ Yes   Please List:

If you have checked any of the above medical conditions, please explain.

_____

_____

Signature of Parent/Guardian: _____   Date: _____

ALLERGIES

What causes allergic reactions?_____

Date of most recent allergic reaction: _____

Allergic Reaction:

❏ Hives ❏ Swelling of lips, mouth, tongue, throat ❏ Difficulty breathing ❏ Nausea, stomach cramps, vomiting, diarrhea

Did this allergic reaction require emergency care?　❏ No　❏ Yes (Please explain)_____

Has your student had an allergy testing completed?　❏ No　❏ Yes (Where and when?)_____

Allergy Medications:

Name	Dose	Frequency

ASTHMA

What causes asthma symptoms? ❏ Respiratory Infection ❏ Pollens/Molds ❏ Exercise ❏ Weather /Temperature ❏ Animals ❏ Smoke

❏ Poor air quality ❏ Strong odors/Perfumes

Date of diagnoses: _____Health Care Provider who diagnosed student:_____

Asthma Medications:

Name	Dose	Frequency

Does your student use a spacer/aero chamber with their inhaler?　❏ No　❏ Yes

Has your student needed oral steroids (ie: prednisone)?　❏ No　❏ Yes (When?)_____

Has your student been to the hospital for asthma?　❏ No　❏ Yes (please Explain)_____

DIABETES

Date of diagnoses:_____ Medication ❏ Oral_____ ❏ Insulin (type)_____

Equipment ❏ Insulin pen　❏ Insulin pump (type)_____ ❏ CGM (type)_____

Can your student check their own BG (Blood Glucose) independently?　❏ No　❏ Yes

Can your student count carbs independently?　❏ No　❏ Yes

Can your student calculate their own insulin doses independently?　❏ No　❏ Yes

Can your student self-administer insulin independently?　❏ No　❏ Yes

SEIZURES

Date of first seizure:_____ Date of most recent seizure:_____

Frequency of seizure activity:　❏ Once　❏ Daily　❏ Weekly　❏ Monthly　❏ Yearly

Type of seizures:_____

Seizure Medications:

Name	Dose	Frequency

Has your student has a seizure that has required emergency care/medication?　❏ No　　❏ Yes　　When?_____

Please explain: _____

Medical Devices		Stoma		Physical Activity/Mobility
OLA ❏ Vagal Nerve Stimulator		OKA ❏ Gastrostomy		❏ Wheelchair
OLB ❏ Automatic Internal Cardiac Defibrillator		OKB ❏ Colostomy		❏ Crutches
OLC ❏ Pacemaker		OKD ❏ Tracheostomy		❏ Other – List:
OLD ❏ Gastrostomy tube		OKE ❏ Urostomy		
OLE ❏ Jejunostomy tube		OK ❏ Other		
❏ Brace				
❏ Prosthesis – List:				
❏ Other medical devices:				

Parent/Guardian Initials_____