

Welcome to the Edmonds School District. We are now accepting new student enrollment packets for the 2023-2024 school year. Please complete this enrollment packet and return to your student's school with any additional 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
 - Refer to the instructions on the HS-518 cover letter

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/our-district/departments/food-nutrition-services>

Grade Level Assignments			
Elementary		Secondary	
Kindergarten	9/1/2017 to 8/31/2018	7 th Grade	9/1/2010 to 8/31/2011
1 st Grade	9/1/2016 to 8/31/2017	8 th Grade	9/1/2009 to 8/31/2010
2 nd Grade	9/1/2015 to 8/31/2016	9 th Grade	9/1/2008 to 8/31/2009
3 rd Grade	9/1/2014 to 8/31/2015	10 th Grade	9/1/2007 to 8/31/2008
4 th Grade	9/1/2013 to 8/31/2014	11 th Grade	9/1/2006 to 8/31/2007
5 th Grade	9/1/2012 to 8/31/2013	12 th Grade	9/1/2005 to 8/31/2006
6 th Grade	9/1/2011 to 8/31/2012		

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 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 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 - Kari McGie at 425-431-7176 or mcgiek280@edmonds.wednet.edu

Secondary - Leslie Anderson at 425-431-7094 or andersonl@edmonds.wednet.edu

Verification of Residency Statement

Student Name: _____ School: _____ Grade: _____

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

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 Bill
- Electric Bill
- Water Bill
- Cable TV and internet bill
- Garbage bill
- Phone bill for a land line at the stated address
- 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 student at this address who attends a school in the Edmonds School District.

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 a Choice Transfer Application must be filed and approved in order to continue attendance at the school listed above.

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 Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

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

Student(s) Request:

 Transfer to new school assigned to address: Immediately or Date: _____

 Continue to attend current school through Grade 6 _____ Grade 8 _____ Grade 12 _____
 (Students not approved to remain in path, must apply for school change when changing schools)

School: Email a copy of this form to Kari McGie (elementary) or Leslie Anderson (secondary)



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

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 the student lives in a home owned or rented by the parent or guardian, you do not need to complete this form unless there are inadequate facilities (no water, heat, electricity, etc.). If you do not own/rent your own home, please check all that apply below.

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

Name of Student (Last, First)	School	Grade	Birthdate	Age

Additional student(s): _____

- Student is unaccompanied (not living with a parent or legal guardian)
- Student is living with a parent or legal guardian
- Student is in foster care

ADDRESS OF CURRENT RESIDENCE: _____

Does the student need transportation to/from school: Yes No

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)

The student(s) named above have younger siblings/children (not yet school age) who need developmental screening, community support, or referrals to early childhood services.

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://www.schoolhouseconnection.org/>

<https://www.k12.wa.us/student-success/access-opportunity-education/students-experiencing-homelessness/mckinney-vento-act>

For Office Use Only

Received:

Time:

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: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Grade Entering: _____ Birthdate: _____/_____/_____		
Has this student ever been enrolled in the Edmonds School District? <input type="checkbox"/> Yes <input type="checkbox"/> No List last school attended: _____		
Will the student be SIMULTANEOUSLY attending another school while enrolled in the Edmonds School District? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

Parent/Guardian 2 - Relationship to Student _____

Legal Last Name	Legal First Name	Legal Middle Name
Birthdate: _____/_____/_____ Email Address: _____		
Phone Number (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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 (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

Parent/Guardian 2 - Relationship to Student _____

Legal Last Name	Legal First Name	Legal Middle Name
Birthdate: _____/_____/_____ Email Address: _____		
Phone Number (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

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

Residential Address: _____

Mailing Address (if different): _____

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

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

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. _____

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**

Do grandparent(s) or parent(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)

- | | | | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Chilean | <input type="checkbox"/> Cuban | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Honduran | <input type="checkbox"/> Native | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazillian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Mexican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Venezuelan | |
| <input type="checkbox"/> Hispanic or Latino Write In: _____ | | | | | | |

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:

- | | |
|--|---|
| <input type="checkbox"/> Chinook Tribe | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation |
| <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | <input type="checkbox"/> Quinault Indian Nation |
| <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | <input type="checkbox"/> Samish Indian Nation |
| <input type="checkbox"/> Confederated Tribes of the Colville Reservation | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington |
| <input type="checkbox"/> Cowlitz Indian Tribe | <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| <input type="checkbox"/> Duwamish Tribe | <input type="checkbox"/> Skokomish Indian Tribe |
| <input type="checkbox"/> Hoh Indian Tribe | <input type="checkbox"/> Snohomish Tribe |
| <input type="checkbox"/> Jamestown S'Klallam Tribe | <input type="checkbox"/> Snoqualmie Indian Tribe |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Snoqualmoo Tribe |
| <input type="checkbox"/> Kikiallus Indian Nation | <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| <input type="checkbox"/> Lower Elwha Tribal Community | <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | <input type="checkbox"/> Steilacoom Tribe |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| <input type="checkbox"/> Marietta Band of the Nooksack Tribe | <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| <input type="checkbox"/> Muckleshoot Indian Tribe | <input type="checkbox"/> Swinomish Indian Tribal Community |
| <input type="checkbox"/> Nisqually Indian Tribe | <input type="checkbox"/> Tulalip Tribes of Washington |
| <input type="checkbox"/> Nooksack Indian Tribe | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Port Gamble S'Klallam Tribe | |
| <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation | |

Asian

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Lao | |
| <input type="checkbox"/> Asian Write In: _____ | |

Native Hawaiian or Other Pacific Islander

- | | |
|---|---|
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Papuan |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohpeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> i-Kiribati/Gilbertese | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Yapese |
| <input type="checkbox"/> Pacific Islander Write In: _____ | |

Part II

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

- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/ Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)
- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupean
- Haitian
- Jamaican
- Martiniquais/ Martiniquaise
- Montserratian
- Puerto Rican
- Caribbean Write In: _____

White

- White

Eastern European

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

Middle Eastern and North African

- Algerian
- Amazigh or Berber
- Arab or Arabic
- Assyrian
- Bahraini
- Bedouin
- Chaldean
- Middle Eastern Write In: _____
- Copt
- Druze
- Egyptian
- Emirati
- Iranian
- Iraqi
- Israeli

Latin American

- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- French Guianese
- Guatemalan
- Guyanese
- Honduran
- 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: _____

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.



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey - Required to complete

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 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.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to receive written communication from the school? <small>(Skyward Fields - Student Language & Family Home Language)</small></p> <p>_____</p> <p>a. Do you need an interpreter for meetings and phone calls (including ASL)? Yes ___ Language _____ No ___.</p> <p>b. Do you need documents translated? Yes ___ No ___.</p>	
<p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child first speak or understand? <small>(Skyward Field - Native)</small></p> <p>_____</p> <p>3. What language does your child use the most at home? <small>(Skyward Field - Home)</small></p> <p>_____</p> <p>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 ML Department.</p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> ● Give us information about the knowledge and skills your child is bringing to school. ● May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? <small>(Kindergarten – 12th grade)</small> ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? <small>(Kindergarten – 12th grade)</small></p> <p>_____</p> <p>Month Day Year</p> <p>9. Migrant: Has the child or parent/guardian moved for a seasonal or temporary employment in agricultural or fishing work? Yes ___ No ___</p>	

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

Signature	<p>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.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>
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For Parent/Guardian:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information:

Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership:

Write the name of the individual with the tribal membership if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicating whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent, or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to U.S. Department of Education, Washington D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, SW., LBJ/Room 3W238, Washington D.C. 20202-6335.

Yes, I have Tribal or Band affiliation (continue to complete 506 form)

No, I do not have Tribal or Band affiliation (STOP, do not continue)

***District Staff - Please send completed forms to Multilingual Department - Elliottk818@edmonds.wednet.edu

ED506 Form Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child: _____ Date of Birth: _____ Grade level: _____

Name of School: _____ School District: _____

Tribal Membership

The individual with Tribal membership is the (**Required** select only one): child child's parent child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name **and** address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

The Tribe or Band is (**Required** select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is: **Required**

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian: _____ Signature: _____

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

Phone Number: _____ Email: _____ Date: _____

Serving 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 (per RCW 28.A.210.320).

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

Rev 12.2020 12.2021

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			

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 - Signature required on page 2

 Health Insurance Yes No

 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: _____

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, diarrheaDid 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

ASTHMAWhat 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 YesHas 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 YesCan your student count carbs independently? No YesCan your student calculate their own insulin doses independently? No YesCan 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 <input type="checkbox"/> Vagal Nerve Stimulator	OKA <input type="checkbox"/> Gastrostomy	<input type="checkbox"/> Wheelchair
OLB <input type="checkbox"/> Automatic Internal Cardiac Defibrillator	OKB <input type="checkbox"/> Colostomy	<input type="checkbox"/> Crutches
OLC <input type="checkbox"/> Pacemaker	OKD <input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Other – List:
OLD <input type="checkbox"/> Gastrostomy tube	OKE <input type="checkbox"/> Urostomy	
OLE <input type="checkbox"/> Jejunostomy tube	OK <input type="checkbox"/> Other	
<input type="checkbox"/> Brace		
<input type="checkbox"/> Prosthesis – List:		
<input type="checkbox"/> Other medical devices:		

Parent/Guardian Signature _____ Date _____

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

Requirements for school enrollment per Washington State Law (RCW 28A.210.080)

- A Completed Certificate of Immunization Status. This can be one of the following:
 - A CIS printed from the Washington Department of Health [MyIR](#) system or a CIS from another state
 - 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

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 best option for obtaining student immunization records.

Create a [MyIR account \(Washington State Dept. of Health\)](#).



Download and print the Certificate of Immunization

June 2021 Department of Health (DOH) immunization requirements update:

All students enrolled at a public school must follow the immunization rules, even if participating in an alternative school or district program. These include home-school programming, vocational or technical programming, Running Start, and any virtual school program. All students will need to have a completed Certificate of Immunization Status (CIS) and/or Certificate of Exemption (COE) on file at the school to participate in school instruction and activities.

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2023 2024



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.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2023	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on 09/01/2023	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 10th	5 doses DTaP* Plus Tdap at age ≥ 10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
11th through 12th	5 doses DTaP* Plus Tdap at age ≥ 7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable.

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.

Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

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	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	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 (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Manually completed form must have doctor signature or medically verified immunization documentation attached.

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.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> 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: waisrecords@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 Pediarix 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		