



# Student Information and Enrollment Form

## Chimacum School District No. 49

PO Box 278, Chimacum, Washington 98325

**DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY**

<b>Date Registration Received:</b>	<b>Date Entered into Student Information System:</b>	<b>Student Start/Entry Date:</b>	<input type="checkbox"/> Immunizations <input type="checkbox"/> Legal or Custody Paperwork
<b>School Student ID:</b>	<b>School Resident Area:</b>	<b>Food Account Number:</b>	

STUDENT NAME Legal Last Name	Legal First Name	Legal Middle Name	Previous Name ( if applicable)
BIRTHDATE (Month/Day/Year)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE LEVEL
BIRTHPLACE City State Country		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	

<b>PRIMARY HOUSEHOLD</b> (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		<b>Relation to Student:</b> <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other	<b>PRIMARY HOUSEHOLD</b> (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		<b>Relation to Student:</b> <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other
RESIDENT ADDRESS	Street	Apt #	City	State	ZIP
MAILING ADDRESS (If different)	Street	Apt #	PO Box	City	State ZIP
PRIMARY (HOME) Phone: (Include area code)			Please check if unlisted <input type="checkbox"/> Please check if cell number <input type="checkbox"/>		
Guardian #1 Work Phone (include area code)	<b>Active Military, Reserves or N.G.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian #2 Work Phone (include area code)	<b>Active Military Reserves or N.G.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardian #1 Cell Phone (include area code)		Guardian #2 Cell Phone (include area code)			
GUARDIAN #1 EMAIL ADDRESS:			GUARDIAN #2 EMAIL ADDRESS:		

**FILL OUT THIS SECTION ONLY IF STUDENT HAS A PARENT/LEGAL GUARDIAN NOT LIVING AT THE ADDRESS ABOVE**

SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)		<b>Active Military Reserves or N.G.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	SECOND HOUSEHOLD EMAIL

IS THERE A PARENTING PLAN IN EFFECT?   ☐ Yes   ☐ No   If yes, please provide a copy to the office.

IS THERE A COURT ORDER IN EFFECT THAT LIMITS EDUCATIONAL DECISION MAKING OR CONTACT WITH THE STUDENT OR SCHOOL (RESTRAINING ORDER, PROTECTION ORDER, NO CONTACT ORDER, ANTI-HARRASSMENT ORDER, ETC.)?   ☐ Yes   ☐ No  
 If yes, please provide a copy to the office.

Court order limits   ☐ Mother   ☐ Father   ☐ Other \_\_\_\_\_

**Please fill out the entire back of this form. Thank you!**

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
Please provide additional childcare arrangements to the school in writing.	

<b><u>HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN:</u></b>		<b>HAS YOUR CHILD EVER BEEN RETAINED?</b>	
Special Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title <input type="checkbox"/> Yes <input type="checkbox"/> No	LAP <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s) _____	
Highly Capable <input type="checkbox"/> Yes <input type="checkbox"/> No	English as a Second Language (ELL/ESL) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other _____			
LAST SCHOOL ATTENDED	SCHOOL DISTRICT	SCHOOL INFORMATION (Phone, FAX, City and State)	
HAS YOUR CHILD EVER ATTENDED A SCHOOL IN <u>WASHINGTON STATE</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No    IF YES, NAME OF SCHOOL(S) ATTENDED		DATE LAST ATTENDED (Month/Year)	
HAS YOUR CHILD EVER ATTENDED THE <u>CHIMACUM SCHOOL DISTRICT</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED		DATE LAST ATTENDED (Month/Year)	
HAS YOUR CHILD EVER BEEN SUSPENDED/EXPELLED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date(s)_____			

When an emergency situation occurs involving your child, we want to be able to quickly reach responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

FIRST CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

**STUDENT RELEASE AUTHORIZATION:** In the event the school is unable to contact the parents or legal guardian, I authorize my child to be released to the person(s) listed above.

**EMERGENCY MEDICAL AUTHORIZATION:** If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Civil Rights, Title IX, and Section 504 Coordinator, Melinda Miller, PO Box 278, Chimacum, WA 98325, melinda.miller@csd49.org, (360) 302-5886



# Chimacum Elementary School

DEEP ROOTS BROAD HORIZONS

## NEW STUDENT PARENT INPUT

Parents are invited to provide specific information about their child by completing this form. Our goal is to make the best possible placement decisions based on information available for each student. If you would like to discuss additional concerns with the principal or elementary counselor, please feel free to do so. In completing this form, please be as concise as possible.

Student Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Grade: \_\_\_\_ Last school attended, city, state: \_\_\_\_\_

Please share any helpful information for our considerations of classroom and teacher for your child:

**Academic:** Strengths \_\_\_\_\_

Weaknesses \_\_\_\_\_

	Poor		Average		Excellent
Study Habits	1	2	3	4	5
Enjoyment of School	1	2	3	4	5

**Special Programs:** (Please check the ones your child has attended)

Resource Room (Special Education) \_\_\_\_

Title I, Chapter, LAP: Math \_\_\_\_ Reading \_\_\_\_

Physical Therapy \_\_\_\_

Gifted/Talented \_\_\_\_

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

**Medical:** \_\_\_\_\_

Medication: Administered at home \_\_\_\_ Administered at school \_\_\_\_

**Social/Emotional:** \_\_\_\_\_

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

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# Chimacum Elementary School

91 W. Valley Rd., PO Box 278 Chimacum, WA 98325

Telephone: (360) 302-5855 Fax: (360) 732-6859

## REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

To: Registrar or Secretary of: \_\_\_\_\_

Phone: \_\_\_\_\_ City, State: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Request: \_\_\_\_\_

The student listed below has requested enrollment in our school district and we are requesting school records be sent to the school shown below (Please alert us to other special information on file that would help us accommodate this student).

Student's Name

Birth Date

Grade

\_\_\_\_\_

This transfer is provided for in The Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. The regulations no longer require a signed permission form by the student's parent or guardian for release of information on his/her child or children to other educational institutions. (99.34)

Please include the following records:

**Please fax or email Certificate of Immunization and birth certificate to [vanessa\\_clemens@csd49.org](mailto:vanessa_clemens@csd49.org)**

Academic/Report Cards/Progress Reports

Standardized assessment scores and /or score reports (State Testing)

Special Education Services (Evaluations, 504 Plan, IEP, Speech, etc.) if applicable

ELL records/level, if applicable

Discipline Report

Attendance Report

Other educational records listed here: \_\_\_\_\_

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### **RACE AND ETHNICITY FORM**

**Please turn this page over to complete the Race and Ethnicity Survey.** It asks you to tell us the race and ethnic heritage of your child.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

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Name of Student: \_\_\_\_\_

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply.  
Be sure to notice the bold categories prior to selecting the race(s).

Hispanic		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chicano	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	(Mexican American)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Venezuelan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Honduran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mexican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Native	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paraguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Peruvian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	So. Georgia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sandwich Islands	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Spaniard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surinamese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Uruguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Venezuelan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hispanic (Write In)		

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

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

Black/ African-American		
<input type="checkbox"/>	African American	
<input type="checkbox"/>	African Canadian	
<input type="checkbox"/>	Caribbean	
<input type="checkbox"/>	Anguillan	
<input type="checkbox"/>	Antiguan	
<input type="checkbox"/>	Bahamian	
<input type="checkbox"/>	Barbadian	
<input type="checkbox"/>	Barthélemois/Barthélemoises (Saint)	
<input type="checkbox"/>	British Virgin Islander	
<input type="checkbox"/>	Caymanian	
<input type="checkbox"/>	(Cayman Island)	
<input type="checkbox"/>	Cuba Dominican	
<input type="checkbox"/>	Dominican (Dominican Republic)	
<input type="checkbox"/>	Dutch Antillean (Netherlands Antilles)	
<input type="checkbox"/>	Grenadian	
<input type="checkbox"/>	Guadeloupian	
<input type="checkbox"/>	Haitian	
<input type="checkbox"/>	Jamaican	
<input type="checkbox"/>	Martiniquais/ Martiniquaise	
<input type="checkbox"/>	Montserratian	
<input type="checkbox"/>	Puerto Rican	
<input type="checkbox"/>	Caribbean (Write In)	
<input type="checkbox"/>	Central African	
<input type="checkbox"/>	Angolan	
<input type="checkbox"/>	Cameroonian	
<input type="checkbox"/>	Central African (Cen. African RC)	
<input type="checkbox"/>	Chadian	
<input type="checkbox"/>	Congolese (RC of the Congo)	
<input type="checkbox"/>	Congolese (Dem. RC of the Congo)	
<input type="checkbox"/>	Equatorial Guinean	
<input type="checkbox"/>	Gabonese	
<input type="checkbox"/>	São Toméan	
<input type="checkbox"/>	Principe	
<input type="checkbox"/>	Central African (Write In)	
<input type="checkbox"/>	East African	
<input type="checkbox"/>	Burundian	
<input type="checkbox"/>	Comoran	
<input type="checkbox"/>	Djiboutian	
<input type="checkbox"/>	Eritrean	
<input type="checkbox"/>	Ethiopian	
<input type="checkbox"/>	Kenyan	
<input type="checkbox"/>	Malagasy (Madagascar)	
<input type="checkbox"/>	Malawian	
<input type="checkbox"/>	Mauritian (Mauritius)	
<input type="checkbox"/>	Mahoran (Mayotte)	
<input type="checkbox"/>	Mozambican	
<input type="checkbox"/>	Reunionese	
<input type="checkbox"/>	Rwandan	
<input type="checkbox"/>	Seychellois	
<input type="checkbox"/>	Seychelloise	
<input type="checkbox"/>	Somali	
<input type="checkbox"/>	South Sudanese	
<input type="checkbox"/>	Sudanese	
<input type="checkbox"/>	Ugandan	
<input type="checkbox"/>	Tanzanian (United RC of Tanzania)	
<input type="checkbox"/>	Zambian	
<input type="checkbox"/>	Zimbabwean	
<input type="checkbox"/>	East African (Write In)	
<input type="checkbox"/>	West African	
<input type="checkbox"/>	Beninese	
<input type="checkbox"/>	Bissau-Guinean	
<input type="checkbox"/>	Burkinabé (Burkina Faso)	
<input type="checkbox"/>	Cabo Verdean	
<input type="checkbox"/>	Ivorian (Cote d'Ivoire)	
<input type="checkbox"/>	Gambian	
<input type="checkbox"/>	Ghanaian	
<input type="checkbox"/>	Liberian	
<input type="checkbox"/>	Malian	
<input type="checkbox"/>	Mauritanian	
<input type="checkbox"/>	Nigerien (Niger)	
<input type="checkbox"/>	Nigerian (Nigeria)	
<input type="checkbox"/>	Saint Helenian	
<input type="checkbox"/>	Senegalese	
<input type="checkbox"/>	Sierra Leonean	
<input type="checkbox"/>	Togolese	
<input type="checkbox"/>	West African (Write In)	

Black/ African-American Continued		
<input type="checkbox"/>	South African	
<input type="checkbox"/>	Botswanan	
<input type="checkbox"/>	Mosotho (Lesotho)	
<input type="checkbox"/>	Namibian	
<input type="checkbox"/>	South African	
<input type="checkbox"/>	Swazi	
<input type="checkbox"/>	South African (Write In)	
<input type="checkbox"/>	Black (Write In)	
<input type="checkbox"/>	Latin American	
<input type="checkbox"/>	Argentine	
<input type="checkbox"/>	Belizean	
<input type="checkbox"/>	Bolivian	
<input type="checkbox"/>	Brazilian	
<input type="checkbox"/>	Chilean	
<input type="checkbox"/>	Colombian	
<input type="checkbox"/>	Costa Rican	
<input type="checkbox"/>	Ecuadorian	
<input type="checkbox"/>	El Salvadoran	
<input type="checkbox"/>	Falkland Islander	
<input type="checkbox"/>	French Guianese	
<input type="checkbox"/>	Guatemalan	
<input type="checkbox"/>	Guyanese	
<input type="checkbox"/>	Honduran	
<input type="checkbox"/>	Mexican	
<input type="checkbox"/>	Nicaraguan	
<input type="checkbox"/>	Panamanian	
<input type="checkbox"/>	Paraguayan	
<input type="checkbox"/>	Peruvian	
<input type="checkbox"/>	So. Georgia/So. Sandwich Islands	
<input type="checkbox"/>	Surinamese	
<input type="checkbox"/>	Uruguayan	
<input type="checkbox"/>	Venezuelan	
<input type="checkbox"/>	Latin American (Write In)	

Native Hawaiian/Other Pacific Islander		
<input type="checkbox"/>	Pacific Islander	
<input type="checkbox"/>	Palauan	
<input type="checkbox"/>	Papuan	
<input type="checkbox"/>	Pohpeian	
<input type="checkbox"/>	Samoan	
<input type="checkbox"/>	Solomon Islander	
<input type="checkbox"/>	Tahitian	
<input type="checkbox"/>	Tokelauan	
<input type="checkbox"/>	Tongan	
<input type="checkbox"/>	Tuvaluan	
<input type="checkbox"/>	Yapese	
<input type="checkbox"/>	Native Hawaiian (Write In)	
<input type="checkbox"/>	Other Pac. Islander (Write In)	

White		
<input type="checkbox"/>	White	
<input type="checkbox"/>	Eastern European	
<input type="checkbox"/>	Bosnian	
<input type="checkbox"/>	Herzegovinian	
<input type="checkbox"/>	Polish	
<input type="checkbox"/>	Romanian	
<input type="checkbox"/>	Russian	
<input type="checkbox"/>	Ukrainian	
<input type="checkbox"/>	Middle Eastern and North African	
<input type="checkbox"/>	Algerian	
<input type="checkbox"/>	Amazigh or Berber	
<input type="checkbox"/>	Arab or Arabic	
<input type="checkbox"/>	Assyrian	
<input type="checkbox"/>	Bahraini	
<input type="checkbox"/>	Bedouin	
<input type="checkbox"/>	Chaldean	
<input type="checkbox"/>	Copt	
<input type="checkbox"/>	Druze	
<input type="checkbox"/>	Egyptian	
<input type="checkbox"/>	Emirati	
<input type="checkbox"/>	Iranian	
<input type="checkbox"/>	Iraqi	
<input type="checkbox"/>	Israeli	
<input type="checkbox"/>	Jordanian	
<input type="checkbox"/>	Kurdish Kuwaiti	
<input type="checkbox"/>	Lebanese	
<input type="checkbox"/>	Libyan	
<input type="checkbox"/>	Moroccan	
<input type="checkbox"/>	Omani	
<input type="checkbox"/>	Palestinian	
<input type="checkbox"/>	Qatari	
<input type="checkbox"/>	Saudi Arabian	
<input type="checkbox"/>	Syrian	
<input type="checkbox"/>	Tunisian	
<input type="checkbox"/>	Yemeni	
<input type="checkbox"/>	Middle Eastern (Write In)	
<input type="checkbox"/>	North African (Write In)	



# Office of Superintendent of Public Instruction (OSPI) Home Language Survey

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

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.		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? _____	
<b>Eligibility for Language Development Support</b> 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? _____  3. What language does your child use the most at home? _____  4. What is the primary language used in the home, regardless of the language spoken by your child? _____  5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___	
<b>Prior Education</b> Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><i>This form is not used to identify students' immigration status.</i></p>		6. In what country was your child born? _____  7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 <sup>th</sup> grade) ___Yes ___No  If yes: Number of months: _____ Language of instruction: _____  8. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade) _____ Month                      Day                      Year	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

**Note to district:** This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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Dear Families,

Date \_\_\_\_\_

Cedars (State/Federal) reporting is requiring school districts report on military family status.

Please complete the following information:

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Student/Family has member currently active in the military
2. Current member of Reserves
3. Current member of WA National Guard
4. More than one parent/guardian in the above
5. No parent/guardian is serving

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Civil Rights, Title IX, and Section 504 Coordinator

Melinda Miller

PO Box 278, Chimacum, WA 98325

[melinda\\_miller@csd49.org](mailto:melinda_miller@csd49.org)

360-302-5886







## CHIMACUM SCHOOL DISTRICT STUDENT MEDICAL ALERT UPDATE

DATE: \_\_\_\_\_

Student Name:

\_\_\_\_\_  
(Last) (First) (MI)

**Health History:** Please complete this form. This information is considered **CONFIDENTIAL** and will be available to health room staff, your child's teacher(s), building administrators and others as needed to ensure your child's safety and protection at school.

**Health Concerns** (please list concern/specify dates and add any pertinent details):

\_\_\_\_\_  
\_\_\_\_\_

**Allergies (i.e. Bees, food, medications):**

\_\_\_\_\_  
\_\_\_\_\_

**Health conditions** (for example asthma, Seizure disorder, physician confirmed migraine headaches, diabetes):

\_\_\_\_\_  
\_\_\_\_\_

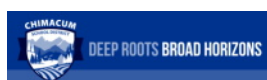
**Medications:**

Administered at home \_\_\_\_\_

Administered at school \_\_\_\_\_

(Authorization for Administration of Medication Form is required)

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# 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
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 _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

▲ 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
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ 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						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
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: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> 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: [waiisrecords@doh.wa.gov](mailto: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



## CHIMACUM SCHOOL DISTRICT TRANSPORTATION REQUEST

360-302-5811

### Do You Want To Ride The Bus?



Student Name \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Contact Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_

Do you need an alternate stop? YES \_\_\_\_\_ NO \_\_\_\_\_

Daycare, Grandparent, Second Household, Other. (Drop off with prior arrangements.)

Alternate Contact Person Name \_\_\_\_\_

Alternate Contact Person Phone \_\_\_\_\_

Address \_\_\_\_\_

Alternate pick up and drop off instructions:

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Students will only be dropped at alternate location on regularly scheduled days. Please communicate daily with your student the drop off location when using alternate stops.



School Year: \_\_\_\_\_

## Chimacum School District Student Housing Questionnaire

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 COMPLETE AND TURN THIS FORM IN TO THE ADMINISTRATIVE ASSISTANT FOR YOUR SCHOOL BUILDING, THE CHIMACUM SCHOOL DISTRICT OFFICE OR THE SPECIAL SERVICES OFFICE. Thank you.**

**If you own/rent your own home, you do not need to complete this form.**

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

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

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Is your living arrangement due to the loss of housing or economic hardship? Y / N

Name of Student: \_\_\_\_\_  
First Middle Last

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month/Day/Year

Please list all children (Birth through 21) in your care: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

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 student's school office, Chimacum District Office or the Special Services Office, Chimacum Schools, 360-302-5885.**

**District Liaison Signature:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**For School Personnel Only:** For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

**Please check the following services that are needed or desired (not all services are available):**

- |                                                                    |                                          |
|--------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Backpacks for Kids (weekend food bags)    | <input type="checkbox"/> Smile Mobile    |
| <input type="checkbox"/> Birth certificate                         | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Clothing/Uniform/PE shoes (clothing bank) | <input type="checkbox"/> Vision referral |
| <input type="checkbox"/> Enrollment                                | <input type="checkbox"/> Other_____      |
| <input type="checkbox"/> Food Bank                                 |                                          |
| <input type="checkbox"/> Free meals at school (breakfast/lunch)    |                                          |
| <input type="checkbox"/> Health Clinic (CHS M&W 9-3)               |                                          |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps/TANF |                                          |
| <input type="checkbox"/> Medical/dental referral – medical coupons |                                          |
| <input type="checkbox"/> School supplies                           |                                          |
| <input type="checkbox"/> Shower needs                              |                                          |

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Civil Rights, Title IX, and Section 504 Coordinator  
Melinda Miller  
PO Box 278, Chimacum, WA 98325  
[melinda\\_miller@csd49.org](mailto:melinda_miller@csd49.org)  
360-302-5886

**Building services that are needed or desired (not all services are available):**

- |                                                                     |                                                       |
|---------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ASB, lab fees, etc.                        | <input type="checkbox"/> Immunizations                |
| <input type="checkbox"/> Birth certificate                          | <input type="checkbox"/> Immunization/medical records |
| <input type="checkbox"/> College/FAFSA                              | <input type="checkbox"/> LEP/Bilingual program        |
| <input type="checkbox"/> Counseling                                 | <input type="checkbox"/> Missing enrollment records   |
| <input type="checkbox"/> Credit Recovery                            | <input type="checkbox"/> Music/Fine Arts              |
| <input type="checkbox"/> Early Childhood program                    | <input type="checkbox"/> Preschool enrollment records |
| <input type="checkbox"/> Extra-curricular clubs/activities          | <input type="checkbox"/> Special Education            |
| <input type="checkbox"/> Fees                                       | <input type="checkbox"/> Sports/Athletics             |
| <input type="checkbox"/> Gifted/talented                            | <input type="checkbox"/> Tutoring                     |
| <input type="checkbox"/> Graduation (On track? Supports? Tutoring?) | <input type="checkbox"/> Vocational/technical         |
|                                                                     | <input type="checkbox"/> Other_____                   |

**Notes**

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## PHOTO OPT-OUT FORM

Fill out if you **DO NOT** want your child's photograph published

Throughout the school year, the Chimacum Elementary teachers and other staff take photographs of students participating in school activities. These photographs may appear in local newspapers or be used in the School District's newsletter and other publications, or may appear on the Chimacum School District's Website.

If you **DO NOT** want your child's photo to be published in district publications including school yearbook, our Student of the Month Wall, on the website or in local newspapers or television, please fill out the form below and return it to the Chimacum Elementary School Office.

### **Request Not To Publish Child's Photo:**

Please list the students name and grade level:

Chimacum Elementary School:

Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

Parent's/Guardian's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments/additional information: \_\_\_\_\_

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PARENT/GUARDIAN SIGNATURE DATE

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