

GOLDENDALE PRIMARY SCHOOL

Today's Date: _____ Is your child going to be a: Walker _____ Bus & #: _____ Car rider _____

Student's Legal Name _____ M/F _____
(Last) (First) (Middle) (Sex) (Birthdate) (Grade)

Address _____ Mailing _____
(Street) (City/State) (Zip Code) (P.O. Box)

Parent(s) or Guardian(s) who reside at the same address as student:

1. _____
(Parent Name) (Relationship) (Home #) (Cell #)

Place of Work _____ Work Phone _____

2. _____
(Parent Name) (Relationship) (Home #) (Cell #)

Place of Work _____ Work Phone _____

Parent or Parent(s) E-mail address _____

Other Legal Parent/Guardian _____
(Name) (Relationship) (Phone)

If requested, non-custodial parents have the right to receive information about student grades, attendance records and other school notices. If you wish to make arrangements at this time for the non-custodial parent to receive school mailings, please list name and address here. _____

Household Language: _____

Special Education Services? Yes/No (*please circle one*)

Who can we contact in case of an emergency if you are not available? (*Please secure person's consent*)

Name _____ Phone _____
(Relationship)

Name _____ Phone _____
(Relationship)

In case of an emergency, accident or illness, and in the event that persons listed above cannot be reached, the undersigned hereby gives consent to surgical or medical treatment deemed necessary for my child to be seen by any licensed physician or hospital. In addition, I give authority to school personnel to exercise necessary judgment in obtaining medical care. **Parent /Guardian X** _____

Child's Insurance Information _____
(Include Group Name, ID number, Group Number, and Subscriber)

Brothers and sisters in Goldendale Schools:

Names: _____ Age/Grade _____

Names: _____ Age/Grade _____

Names: _____ Age/Grade _____

CONTINUED ON BACK.....

Name _____
(Last)

(First)

(Middle)

Teacher _____

Grade _____

**GOLDENDALE PRIMARY SCHOOL
STUDENT EMERGENCY INFORMATION/HEALTH INFO UPDATE**

Student Name _____ Birth date _____ M / F Grade _____

Health Care Provider/Doctor _____ Phone _____ (please provide if student is not a GOLDENDALE FAMILY PRACTICE CLINIC patient)

Preferred Hospital _____ Phone _____ (student will be taken to KCLICKITAT VALLEY HEALTH or closest facility in the event of an emergency)

Does your child have health insurance? Yes or No (please circle one)

Life-Threatening Health Conditions

WA state law requires a medication and/or treatment order from a licensed health professional if your child's health condition can put him/her in danger of death during the school day. Life threatening health conditions can include severe allergies, asthma, diabetes, seizures, or other significant health problems. Those children must have orders in place before they can attend school. Contact the school if your child has or might have a life-threatening condition.

Student Health Conditions _____

Current medications or treatments _____

Medications needed at school* _____

Is medication (inhaler) needed during sports activities?* _____

Medications needed for overnight school trips* _____

Allergies _____

Activity or Physical Education restriction _____

Other Notes / Accommodations needed _____

Any changes in health condition or treatment should be reported to the school immediately.

*WA state law requires new orders for medications at school every school year – for prescription and over-the-counter drugs. The orders must be signed by a licensed health care provider and the parent or guardian. Medications must be current (not expired), and in the original container. Forms are available at the school.

I understand that physician/HCP orders are needed for my student to use any medication at school, and that without needed paperwork in place my student may not be allowed to participate in sports or school activities.

If the parents/guardians or authorized persons listed cannot be reached, I authorize the Goldendale School District to contact emergency services for transport via ambulance, and give my permission for the provision of emergency medical care.

Parent/Guardian Signature _____ Date _____



Goldendale School District

Student Name: _____

School Year: _____

Ethnicity and Race Data Collection Form

Each year, school districts in Washington are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). OSPI is required to report the total number of students in various categories in each school to the federal government, but it does NOT report individual student data. Ethnicity and Race codes are determined by the federal government, the Washington State Legislature and OSPI.

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"/> Brazilian	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Ecuadorain	<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"/> Guatamalan	<input type="checkbox"/> Mexican	<input type="checkbox"/> Panamanian	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Venezuelan	

Write In: _____

Part II: What race 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:
 Native American Indian/Alaskan Native **Support for: Native American Students (Title VI Program)**

Native American Indian Write In: _____ Alaska Native Write In: _____

Washington State Tribes:

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

<p><u>ASIAN:</u></p> <input type="checkbox"/> 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"/> Asian Write In: _____ <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"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Tibetan <input type="checkbox"/> Vietnamese	<p><u>NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER:</u></p> <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Carolinian <input type="checkbox"/> Chamorro <input type="checkbox"/> Chuukese <input type="checkbox"/> Fijian <input type="checkbox"/> i-Kiribati/Gilbertese <input type="checkbox"/> Kosraean <input type="checkbox"/> Maori <input type="checkbox"/> Marshallese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Ni-Vanuatu <input type="checkbox"/> Palauan <input type="checkbox"/> Papuan <input type="checkbox"/> Polpeian <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"/> Write In: _____
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Part II: What race do you consider your student? You may check categories and use write-in (check all that apply)

BLACK or AFRICAN AMERICAN:

- Black/ African American
- African American
- African Canadian

Caribbean:

- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/Barthélemoises
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)
- Dutch Antillean
- Grenadian
- Guadeloupian
- Haitian
- Jamaican
- Martiniquais/Martiniquaise
- Montserratian
- Puerto Rican

Caribbean Write In: _____

Black Write In: _____

Central African:

- Angolan
- Cameroonian
- Central African
- Chadian
- Congolese
- Equatorial Guinean
- Gabononese
- São Toméan
- Principe
- Central African Write In: _____

South African:

- Botswanan
- Mosotho (Lesotho)
- Namibian
- South African
- Swazi
- South African Write In: _____

East African:

- Burundian
- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy
- Malawian
- Mauritian
- Mahoran
- Mozambican
- Reunionese
- Rwandan
- Seychellois/Seychelloise
- Somali
- South Sudanese
- Sudanese
- Ugandan
- Tanzanian
- Zambian
- Zimbabwean

East African Write In: _____

Latin American:

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

West African:

- Beninese
- Bissau-Guinean
- Burkinabé
- Cabo Verdean
- Ivorian
- Gambian
- Ghanaian
- Liberian
- Malian
- Mauritanian
- Nigerien
- Nigerian
- Saint Helenian
- Senegalese
- Sierra Leonean
- Togolese
- West African Write In: _____

WHITE:

- White

Eastern European:

- Bosnian
- Herzegovinian
- Polish
- Romanian
- Russian
- Ukrainian

Eastern European Write In: _____

White Write In: _____

Middle Eastern and North African:

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Algerian | <input type="checkbox"/> Copt | <input type="checkbox"/> Jordanian | <input type="checkbox"/> Qatari |
| <input type="checkbox"/> Amazigh or Berber | <input type="checkbox"/> Druze | <input type="checkbox"/> Kurdish Kuwaiti | <input type="checkbox"/> Saudi Arabian |
| <input type="checkbox"/> Arab or Arabic | <input type="checkbox"/> Egyptian | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Assyrian | <input type="checkbox"/> Emirati | <input type="checkbox"/> Libyan | <input type="checkbox"/> Tunisian |
| <input type="checkbox"/> Bahraini | <input type="checkbox"/> Iranian | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Yemeni |
| <input type="checkbox"/> Bedouin | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Omani | |
| <input type="checkbox"/> Chaldean | <input type="checkbox"/> Israeli | <input type="checkbox"/> Palestinian | |

Middle Eastern Write In: _____

North 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.



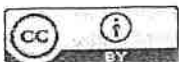
Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

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 Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</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 communicate with the school? _____</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 learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>		
<p>Prior Education 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? (Kindergarten - 12th grade) ___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? (Kindergarten - 12th grade) _____ Month Day Year</p>		

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

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.





**Oficina del Superintendente de Instrucción Pública (OSPI, por sus siglas en inglés)
Encuesta de Idiomas en el Hogar**

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

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

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

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.



**GOLDENDALE SCHOOL DISTRICT
MILITARY STATUS SURVEY**

According to RCW 28A.300.505(2)(b) school districts are required to report parent or guardian military status no later than the 2016-17 school year.

RCW 28A.300.505(2)(b)

School data systems—Standards—Reporting format.

(2)(b) Starting no later than the 2016-17 school year, data on students from military families. The K-12 data governance group established in RCW 28A.300.507 must develop best practice guidelines for the collection and regular updating of this data on students from military families.

Please check the appropriate box for parent/guardian information

Student Name: _____

Parent/Guardian Name: _____

Check	Code	Description
<input type="checkbox"/>	N	No parent/guardian is currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard
<input type="checkbox"/>	A	Parent/guardian is a current member of the active duty U.S. Armed Forces
<input type="checkbox"/>	R	Parent /guardian is a current member of the reserves of the U.S. Armed Forces
<input type="checkbox"/>	G	Parent/guardian is a current member of the Washington National Guard
<input type="checkbox"/>	M	More than one parent/guardian is a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard
<input type="checkbox"/>	Z	No response/refused to state

Parent/Guardian Name: _____

Check	Code	Description
<input type="checkbox"/>	N	No parent/guardian is currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard
<input type="checkbox"/>	A	Parent/guardian is a current member of the active duty U.S. Armed Forces
<input type="checkbox"/>	R	Parent /guardian is a current member of the reserves of the U.S. Armed Forces
<input type="checkbox"/>	G	Parent/guardian is a current member of the Washington National Guard
<input type="checkbox"/>	M	More than one parent/guardian is a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard
<input type="checkbox"/>	Z	No response/refused to state

**GOLDENDALE SCHOOL DISTRICT
MILITARY STATUS SURVEY**

De acuerdo con RCW 28A.300.505(2)(b) se requiere que los distritos escolares reportar el padre o tutor estado militar a más tardar el año escolar 2016-17.

RCW 28A.300.505(2)(b)

Sistemas de datos de la escuela —Normas—Formato de notificación.

(2)(b) Empezarán a más tardar el año escolar 2016-17, los datos sobre los estudiantes de familias de militares. El grupo de gobierno de datos K-12 establecido en RCW 28A.300.507 debe desarrollar guías de buenas prácticas para la colección y actualización periódica de estos datos sobre los estudiantes de familias de militares.

Por favor marque la casilla apropiada para los padres / tutores información

Nombre del estudiante: _____

Nombre del Padre/Tutor: _____

Marque	Código	información
<input type="checkbox"/>	N	Ningún padre/tutor está sirviendo actualmente como miembro del servicio activo de las Fuerzas Armadas de Estados Unidos, las Reservas de las Fuerzas de Estados Unidos o la Guardia Nacional de Washington
<input type="checkbox"/>	A	Padre/tutor es un miembro actual del servicio activo de las Fuerzas Armadas de EE.UU.
<input type="checkbox"/>	R	Padre/tutor es un miembro actual de las reservas de las Fuerzas Armadas de EE.UU.
<input type="checkbox"/>	G	Padre/tutor es un miembro actual de la Guardia Nacional de Washington
<input type="checkbox"/>	M	Más de un padre/tutor es un miembro del servicio activo Armado EE.UU. Fuerzas, las Reservas de la Fuerzas de EE.UU. o la Guardia Nacional de Washington
<input type="checkbox"/>	Z	No respuesta/niego a responder

Nombre del Padre/Tutor: _____

Marque	Código	información
<input type="checkbox"/>	N	Ningún padre/tutor está sirviendo actualmente como miembro del servicio activo de las Fuerzas Armadas de Estados Unidos, las Reservas de las Fuerzas de Estados Unidos o la Guardia Nacional de Washington
<input type="checkbox"/>	A	Padre/tutor es un miembro actual del servicio activo de las Fuerzas Armadas de EE.UU.
<input type="checkbox"/>	R	Padre/tutor es un miembro actual de las reservas de las Fuerzas Armadas de EE.UU.
<input type="checkbox"/>	G	Padre/tutor es un miembro actual de la Guardia Nacional de Washington
<input type="checkbox"/>	M	Más de un padre/tutor es un miembro del servicio activo Armado EE.UU. Fuerzas, las Reservas de la Fuerzas de EE.UU. o la Guardia Nacional de Washington
<input type="checkbox"/>	Z	No respuesta/niego a responder



Angie Hedges, Principal
Karla Hootor, Secretary
Kelli Kayser-Reed, Secretary

Goldendale Primary School

820 South Schuster
Goldendale, WA 98620 (509) 773-4665 Office | (509) 773-6602 Fax

REQUEST FOR STUDENT RECORDS

Date of request: _____

Name of Student

Date of Birth

Grade

I hereby give my permission for ALL EDUCATIONAL RECORDS (achievement, behavioral, special education, and immunization) of the above named child to be transmitted to the above school.

I understand my right to receive a copy of the records at my own expense, if requested, and to have an opportunity for a hearing to challenge the content of the records. The information transferred will be treated in confidence and will not be transmitted to a third party without my consent as provided for in the Family Educational Rights and Privacy Act of 1974, as amended June 17, 1976.

Signature of Parent or Legal Guardian

Records Requested From:

Name of School: _____

Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

Please fax us student's shot records (509-773-6602). Thank you!



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.

Parent/Guardian Signature

Date

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

Required Vaccines for School or Child Care Entry

•▲ DTaP (Diphtheria, Tetanus, Pertussis)

▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)

•▲ DT or Td (Tetanus, Diphtheria)

•▲ Hepatitis B

• Hib (*Haemophilus influenzae* type b)

•▲ IPV (Polio) (any combination of IPV/OPV)

•▲ OPV (Polio)

•▲ MMR (Measles, Mumps, Rubella)

• PCV/PPSV (Pneumococcal)

•▲ Varicella (Chickenpox)

History of disease verified by IIS

Recommended Vaccines (Not Required for School or Child Care Entry)

COVID-19

Flu (Influenza)

Hepatitis A

HPV (Human Papillomavirus)

MCV/MPSV (Meningococcal Disease types A, C, W, Y)

MenB (Meningococcal Disease type B)

Rotavirus

Documentation of Disease Immunity (Health care provider use only)

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

I certify that the child named on this CIS has:
 A verified history of varicella (chickenpox) disease.

Laboratory evidence of immunity (titer) to disease(s) marked below.

Diphtheria Hepatitis A Hepatitis B

Hib Measles Mumps

Rubella Tetanus Varicella

Polio (all 3 serotypes must show immunity)

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

Health Care Provider or School Official Name: _____

If verified by school or child care staff the medical immunization records must be attached to this document.

Signature: _____

Date: _____

Licensed Health Care Provider Signature Date

Printed Name

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	Twinnix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Pprevnar	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).