



Welcome to the Goldendale School District Student Enrollment Packet

STUDENT INFORMATION				
Legal Last Name:	Legal First Name:	Middle Name:	Entering Grade:	
Birthdate (Month/Day/Year):	Gender (M/F):	Transportation (circle): Walker Bus Car	Primary Phone:	
Physical Address:		Mailing Address:		
City:	State:		Zip Code:	
Language:	Native Language:		Home Language:	
Birth City:	Birth State:		Birth Country:	
School Experience Data:				
Previously Attended GSD?	Yes	No	If yes, school:	Year:
Has an Individual Education Plan (IEP)?	Yes	No	If yes, school:	Year:
Enrolled in ELL programs?	Yes	No	If yes, school:	Year:
Had a 504 Plan?	Yes	No	If yes, school:	Year:
Had an IHP to address medical issues?	Yes	No	If yes, school:	Year:
School Previously Attended:	School District Previously Attended:		Previous School City/State:	
PARENT/GUARDIAN INFORMATION				
The Contact Information Provided Will Be Used In Case of Emergency				
Legal Parent/Guardian #1 <i>(Where the student resides)</i>				
Last Name:	First Name:	Relationship:	Cell Phone:	Phone #2:
Email:				
Legal Parent/Guardian #2 <i>(Where the student resides)</i>				
Last Name:	First Name:	Relationship:	Cell Phone:	Phone #2:
Email:				
Last Name:	First Name:	Relationship:	Cell Phone:	Phone #2:



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SECONDARY HOUSEHOLD <i>(For families with shared custody. Ex: divorced, separated)</i>				
Address:		City/State:		Zip:
Secondary Household Parent/Guardian #1				
Last Name:	First Name:	Relationship:	Cell Phone:	Phone #2:
Email:				
Secondary Household Parent/Guardian #2				
Last Name:	First Name:	Relationship:	Cell Phone:	Phone #2:
Email:				
EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)				
<i>In the case of an emergency if you cannot be reached, please prioritize below the persons who are authorized to pick up your student.</i>				
Full Name:		Phone:	Relationship:	
Full 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 license physician or hospital. In addition, I give authority to school personnel to exercise necessary judgement in obtaining medical care.

Parent/Guardian X _____

Siblings in Goldendale School:	
Name:	Age/Grade:
Name:	Age/Grade:
Name:	Age/Grade:



Student Emergency/Health Information 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 **KLICKITAT 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/Treatments _____

Medications Needed at School* _____

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

Medications Needed for Overnight School Trips * _____

Allergies _____

Activity or Physical Education Restrictions _____

(Must have written note from doctor to be excused from participating in Physical Education classes)

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/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 parent/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 _____



GOLDENDALE HIGH SCHOOL
REQUEST FOR RECORDS
 Attention: Registrar / Counseling Office

DATE: _ _ _ _ _ Student Name and Birthdate: _ _ _ _ _
 Releasing School: _ _ _ _ _ School Phone: _ _ _ _ _
 City, State, and Zip _ _ _ _ _
 Email Address: _ _ _ _ _ School Fax: _ _ _ _ _
 Parent signature: _ _ _ _ _

Please send **TRANSCRIPT** and **THIS FORM AS SOON AS POSSIBLE** to:
 Andrea Armstrong, Counseling Center and Career Center
 andrea.armstrong@gsd404.org
 FAX: (509) 773-3194

- Official Transcript - including completion of final semester of attendance or withdrawal grades (including percentages)

▶ Please indicate if there are debts that prevent sending an official transcript

- High School and Beyond Plan
- Washington State History - or other state history course completion
- Community Service hours , if applicable
- Immunization/ Health Records
- Test scores, including: SBAC, HSPE, EOC, (Washington), or your state standardized test results
- Safety Sheet (with Attendance History/Becca records and Discipline History records
- ELL records, if Applicable
- 504 Plan, if applicable
- Special Education records, if applicable - or information on how to request them

if o best meet the needs of the student and determine eligibility for enrollment, we also request the following information:

Date student **enrolled** with _ _ _ _ _ or **transferred** from _____ your school

Has he/she been enrolled in any special programs? ____ If yes, please specify _ _ _ _ _

Date student **withdrew** from your school _ _ _ _ _

Reason for withdrawal _ _ _ _ _

He/she ____ left voluntarily ____ was suspended /expelled

Number of pages (including this cover page): _ _ _ _ _

Please, mail the cumulative file to:

Andrea Armstrong, Counseling and Career Center
 Goldendale High School
 525 Simcoe Dr.
 Goldendale, WA 98620 Phone: (509)773 -5846 Ext.255

RELEASE OF INFORMATION

Schools are permitted to disclose information on students if it has been properly designated as directory information. By law, **directory information** includes things that would generally not be considered harmful or an invasion of privacy if disclosed such as **name, address, photograph, and date of birth**. Directory information may not include things such as a student's social security number or grades. If a school has a policy of disclosing directory information, it is required to give public notice to parents of the types of information designated as directory information, and of the right to opt out of having your student's information so designated and disclosed. Also, secondary school students' names, addresses and telephone numbers may be released to military recruiters or institutions of higher education. Parents and adult students have the right to deny release of directory information.

Allow student name and other directory information in the student directory, approved mailing lists, school newspapers, commencement programs, honor rolls, and other similar purposes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allow student photo or school work in GSD publications/news media/district/teacher affiliate websites.	<input type="checkbox"/>	<input type="checkbox"/>
All student name and photo in the school yearbook.	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian signature _____

FIELD TRIP PRIVILEGES

Each year we continue to emphasize the importance of respect, responsibility, and resourcefulness for our students. Your student's behavior during the school year is vital to her/his academic success and the school's overall climate. Therefore, an individual's opportunity to participate in a field trip may be eliminated if that student has a pattern of behavior that indicates s/he disregards school rules regularly, or if that student poses a safety risk.

In order to attend any field trip, students will be required to have this form on file in the building office. Grade level teams will determine who attends, and this decision will be based heavily on safety/disruption issues and student discipline records. School suspensions of more than two days and more than three assigned Academies will very likely keep a student from attending field trips. Also, if a student received three academies in the weeks just prior to the trip, s/he may lose the privilege to attend.

Students need to be aware that part of our good standing policy says they must be in good standing the week of the field trip. Please call the office if you have any questions.

Parent/Guardian signature _____

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?						<input type="checkbox"/> Yes	<input type="checkbox"/> 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"/> Ecuatorian	<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		
Write In: _____							

Part II: What race do you consider your student? You may check categories and use write-in (check all that apply)	
<u>NATIVE AMERICAN INDIAN or ALASKAN NATIVE:</u> If you select any of these please also complete this form:	
<input type="checkbox"/> Native American Indian/Alaskan Native	Support for: Native American Students (Title VI Program)
<input type="checkbox"/> Native American Indian Write In: _____	<input type="checkbox"/> Alaska Native Write In: _____
<u>Washington State Tribes:</u>	
<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

<u>ASIAN:</u>			<u>NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER:</u>		
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian Write In: _____	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Carolinian	<input type="checkbox"/> Ni-Vanuatu	<input type="checkbox"/> Tongan
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Palauan	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Papuan	<input type="checkbox"/> Yapese
<input type="checkbox"/> Burmese/Myanmar	<input type="checkbox"/> Korean	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Fijian	<input type="checkbox"/> i-Kiribati/Gilbertese	<input type="checkbox"/> Pohpeian
<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Lao	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Solomon Islander
<input type="checkbox"/> Cham	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Thai	<input type="checkbox"/> Maori	<input type="checkbox"/> Tahitian	Write In: _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Mien	<input type="checkbox"/> Tibetan	<input type="checkbox"/> Marshallese		
<input type="checkbox"/> Filipino	<input type="checkbox"/> Mongolian	<input type="checkbox"/> Vietnamese			
	<input type="checkbox"/> Nepali				



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
- Gabonese
- São Toméan
- Principe
- Central African Write In: _____

South African:

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

East African:

- Burunidan
- 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:

- Algerian
- Amazigh or Berber
- Arab or Arabic
- Assyrian
- Bahraini
- Bedouin
- Chaldean
- Copt
- Druze
- Egyptian
- Emirati
- Iranian
- Iraqi
- Israeli
- Jordanian
- Kurdish Kuwaiti
- Lebanese
- Libyan
- Moroccan
- Omani
- Palestinian
- Qatari
- Saudi Arabian
- Syrian
- Tunisian
- Yemeni

Middle Eastern Write In: _____

North African Write In: _____

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.



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

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:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



**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)</p> <p>_____</p> <p>Month Day Year</p>		

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



**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 _____			
<p>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.</p>	<p>Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan.</p> <p>9. ¿En qué idioma prefiere su familia comunicarse con la escuela? _____</p>		
<p>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.</p>	<p>10. ¿Qué idioma aprendió su hijo primero? _____</p> <p>11. ¿Qué idioma utiliza más su hijo en casa? _____</p> <p>12. ¿Cuál es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____</p> <p>13. ¿Ha recibido su hijo apoyo en capacitación del idioma inglés en una escuela anterior? Sí ___ No ___ No sé ___</p>		
<p>Educación previa Sus respuestas sobre el país de nacimiento de su hijo y su educación previa:</p> <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. <p><i>Este formulario no se utiliza para identificar la situación migratoria de los alumnos.</i></p>	<p>14. ¿En qué país nació su hijo? _____</p> <p>15. ¿Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten – 12.º grado) ___ Sí ___ No</p> <p>Si la respuesta es Sí: Número de meses: _____ Idioma de formación: _____</p> <p>16. ¿Cuándo asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten – 12.º grado)</p> <p>_____</p> <p>Mes Día Año</p>		

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.



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.	
<input checked="" type="checkbox"/> _____ Parent/Guardian Signature		<input checked="" type="checkbox"/> _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

	Date	Date	Date	Date	Date	Date
Required Vaccines for School or Child Care Entry	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
• A DTaP (Diphtheria, Tetanus, Pertussis)						
• A Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
• A DT or Td (Tetanus, Diphtheria)						
• A Hepatitis B						
• Hib (<i>Haemophilus influenzae type b</i>)						
• A !PY (Polio) (any combination of IPV/OPV)						
• A OPY (Polio)						
• A MMR (Measles, Mumps, Rubella)						
• PCV/PPSV (Pneumococcal)						
• A Varicella (Chickenpox) D History of disease verified by US						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type 8)						
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.

<input type="checkbox"/> <u>Diphtheria</u>	<input type="checkbox"/> <u>Hepatitis A</u>	<input type="checkbox"/> <u>D Hepatitis 8</u>
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> <u>Rubella</u>	<input type="checkbox"/> <u>Tetanus</u>	<input type="checkbox"/> <u>Varicella</u>

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 : _____ If verified by school or child care staff the medical immunization records must be attached to this document.	Signature : _____	Date: _____
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Instructions for completing the Certificate of Immunization Status (CIS): Print the form from the Immunization Information System (HS) 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 US 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 BS, 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.
 - D 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.
 - D 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/imz/downloads/us/vaccines.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 (RVI)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Bib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PVS)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Pol	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-8	HepB	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).

GOLDENDALE SCHOOL DISTRICT

MILITARY STATUS SURVEY

Student Name:

School Year:

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 all students from military families. The K-12 data governance group established in RCW 2R.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

Student Use of Technology Systems

Dear Parents:

Your child has the opportunity to receive an electronic network account or access, and needs your permission to do so. Among other advantages, your child will be able to communicate with other schools, colleges, organizations and individuals around the world through Internet and other electronic information systems and networks. Internet is a system, which links smaller computer networks, creating a large and diverse network. Internet allows your child to reach out to many other people to share information, learn concepts and research subjects. These are significant learning opportunities to prepare your child for the future. With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed informed consent form, school district procedures and other material, and discuss it together. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of the privilege to use this educational tool, and other disciplinary action if appropriate. Parents, remember that you are legally responsible for your child's actions. Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

We have established procedures and rules regulating the materials that students may search for on the network, but please be aware that there is unacceptable and controversial material and communications on the Internet that your child could access. It is not possible for us to always provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the informed consent form. We also reserve the right to review e-mail sent or received on the district system to improve student safety and system integrity, and you and your child must waive the copyright on any material posted through the network.

The Goldendale School District maintains a website and on occasion, may use pictures of various student activities that include but is not limited to, athletics, extra-curricular activities, honor roll, etc. Parent permission is requested by signing and returning the attached Consent Form so the school district can use a picture that may include your child(ren).

Goldendale School District Student Guidelines Acceptable Use Policy for Technology Systems

1. Use of technology shall be in support of education and research and consistent with the purposes of Goldendale School District.
2. Any use of technology to facilitate illegal activity is prohibited.
3. Any use of technology for commercial or for-profit purposes is prohibited.
4. Use of technology for non-education related communication is prohibited.
5. Any use of technology for product advertisement or political lobbying is prohibited. Personal information should only be sent to individuals or personal groups as appropriate for class work under staff direction.
6. Network accounts are to be used only by the authorized owner of the account for the authorized purpose.
7. Users shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
8. All communications and information accessible via the network should **not** be assumed to be private property.
9. No use of technology shall serve to disrupt the use of the technology by others; hardware or software shall not be destroyed, modified, or abused in any way.
10. Malicious use of technology to develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system is prohibited.
11. Hate mail, harassment, discriminatory remarks, and other anti-social behaviors are prohibited.
12. The illegal installation of copyrighted software for use on district computers is prohibited.
13. Use of technology to access obscene or pornographic material is prohibited.
14. Use of technology to transmit material likely to be offensive or objectionable to recipients is prohibited.
15. Unauthorized use of WIFI Systems (Outside of School Devices) is prohibited.

Goldendale School District will make determinations on whether specific uses of technology are consistent with the acceptable use practice. Goldendale School District reserves the right to log Internet use and to monitor fileserver space utilization by users while respecting the privacy of user accounts. Goldendale School District reserves the right to remove a user account on the network to prevent further unauthorized activity.

Student Use of Technology Systems

Technology Systems Individual User Access Informed Consent Form

In consideration for the privilege of using technology and in consideration for having access to the public networks and or email, I hereby release Goldendale School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Goldendale School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Goldendale School District has the right to review, edit or *remove* any materials installed, used, stored or distributed on or through the network or District's system including email and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the Internet through the school district's system is waived.

The Goldendale School District maintains a website and on occasion, may use pictures of various student activities that include but is not limited to, athletics, extra-curricular activities, honor roll, etc. Parent permission is requested by signing and returning the attached Consent Form so the school district can use a picture that may include your child(ren).

Signature of User

Signature of Parent/Guardian
Required if user is under 18)

Printed Name

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed

Students over eighteen do not need a parent's signature.