



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

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

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 _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		Relation to Student: <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 _____	PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		Relation to Student: <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)		Active Military, Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian #2 Work Phone (include area code)		Active Military Reserves or N.G.? <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)		Active Military Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No	SECOND HOUSEHOLD EMAIL	

IS THERE A PARENTING PLAN IN EFFECT?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy to the office.
Court order limits	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	

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

PLEASE LIST SIBLINGS ATTENDING CHIMACUM SCHOOL DISTRICT			
Last Name	First Name	School	Grade

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.	

HAS YOUR CHILD EVER ATTENDED A PRESCHOOL(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preschool Name	Preschool Address

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN: Special Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No 504 plan <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 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 _____			HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____	
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)			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.

EMERGENCY CONTACT INFORMATION

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.

Legal Parent/Guardian Signature _____ **Date** _____

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.

Legal Parent/Guardian Signature _____ **Date** _____



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.

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical 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 employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary
stephanie_mccleary@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5894

Section 504/ADA Coordinator: Sarah Walker
sarah_walker@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5823

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

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

R A C E	Asian Indian	Lao
	Bangladeshi	Malaysian
	Bhutanese	Mien
	Burmese/Myanmar	Mongolian
	Cambodian/Khmer	Nepali
	Cham	Okinawan
	Chinese	Pakistani
	Filipino	Punjabi
	Hmong	Singaporean
	Indonesian	Sri Lankan
	Japanese	Taiwanese
	Korean	Thai
	Asian (Write In)	Tibetan
	Vietnamese	

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

South African		Black	
<input type="checkbox"/>	Botswanan	<input type="checkbox"/>	South African
<input type="checkbox"/>	Mosotho (Lesotho)	<input type="checkbox"/>	Swazi
<input type="checkbox"/>	Namibian		

Latin American		Black	
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Guatemalan
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Guyanese
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Panaguyan
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	So. Georgia/So. Sandwich Islands
<input type="checkbox"/>	Falkland Islander		
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Surinamese
<input type="checkbox"/>		<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>		<input type="checkbox"/>	Venezuelan

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

White		
	White	
Eastern European		
	Bosnian	
	Herzegovinian	
	Polish	
		Romanian
		Russian
		Ukrainian
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)



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

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
Right to Translation and Interpretation Services All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	1. a) In what language(s) would your family prefer to receive written communication from the school? _____ b) Do you need an interpreter for meetings and phone calls (including ASL)? Parent/Guardian Name #1: _____ Interpreter Needed? ____ Yes ____ No Language _____ Parent/Guardian Name #2: _____ Interpreter Needed? ____ Yes ____ No Language _____	
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) did your child first speak or understand? _____ 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 ____	
Prior Education Your responses about your child's birth country and previous education: <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>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (K-12 th Grade) ____ Yes ____ No If yes: Number of months: _____ Language(s) of instruction: _____ 8. When did your child first attend a school in the United States? (K-12 th 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.



CHIMACUM

SCHOOL DISTRICT



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

CHIMACUM SCHOOL DISTRICT STUDENT MEDICAL ALERT UPDATE School Year 2024-25

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)

Parent Signature

Date

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stephanie_mccleary@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah_walker@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5823

CHIMACUM
SCHOOL DISTRICT



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

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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360.302.5823



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.) | |

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):

☐ Backpacks for Kids (weekend food bags)

☐ Smile Mobile

☐ Birth certificate

☐ Transportation

☐ Clothing/Uniform/PE shoes (clothing bank)

☐ Vision referral

☐ Enrollment

☐ Other _____

☐ Food Bank

☐ Free meals at school (breakfast/lunch)

☐ Health Clinic (CHS M&W 9-3)

☐ Medicaid/DSHS services – food stamps/TANF

☐ Medical/dental referral – medical coupons

☐ School supplies

☐ Shower needs

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.

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PO Box 278, Chimacum, WA 98325

360.302.5823

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

☐ ASB, lab fees, etc.

☐ Immunizations

☐ Birth certificate

☐ Immunization/medical records

☐ College/FAFSA

☐ LEP/Bilingual program

☐ Counseling

☐ Missing enrollment records

☐ Credit Recovery

☐ Music/Fine Arts

☐ Early Childhood program

☐ Preschool enrollment records

☐ Extra-curricular clubs/activities

☐ Special Education

☐ Fees

☐ Sports/Athletics

☐ Gifted/talented

☐ Tutoring

☐ Graduation (On track? Supports? Tutoring?)

☐ Vocational/technical

☐ Other _____

Notes

CHIMACUM
SCHOOL DISTRICT



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

PHOTO OPT-OUT FORM

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

Throughout the school year, the Chimacum Creek Primary School 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 Creek Primary School Office.

Request Not To Publish Child's Photo:

Please list the students name and grade level:

Chimacum Creek Primary School

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Parent's/Guardian's Names: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Comments/additional information: _____

PARENT/GUARDIAN SIGNATURE

DATE

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical 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 employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary

stephanie.mccleary@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah.walker@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5823



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.			
X			X
Parent/Guardian Signature		Date	
Parent/Guardian Signature Required if Starting in Conditional Status		Date	

Required Vaccines for School or Child Care Entry						
▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
▲ DT or Td (Tetanus, Diphtheria)						
▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae</i> type b)						
▲ IPV (Polio) (any combination of IPV/OPV)						
▲ OPV (Polio)						
▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
▲ Varicella (Chickenpox)						
<input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

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: <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.myr.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

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

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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

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

CHIMACUM SCHOOL DISTRICT

NONDISCRIMINATION AND SEXUAL HARASSMENT

DISCRIMINATION

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(s) has been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary
stephanie_mccleary@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5894

Section 504/ADA Coordinator: Sarah Walker
sarah_walker@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5823

You can report discrimination and discriminatory harassment to any school staff member or to the district's Civil Rights Coordinator, listed above. You also have the right to file a complaint (see below). For a copy of your district's nondiscrimination policy and procedure, contact your school or district office or view it online: <http://www.csd49.org/Content2/372>

SEXUAL HARASSMENT

Students and staff are protected against sexual harassment by anyone in any school program or activity, including on the school campus, on the school bus, or off-campus during a school-sponsored activity.

Sexual harassment is unwelcome behavior or communication that is sexual in nature when:

- A student or employee is led to believe that he or she must submit to unwelcome sexual conduct or communications in order to gain something in return, such as a grade, a promotion, a place on a sports team, or any educational or employment decision, or
- The conduct substantially interferes with a student's educational performance, or creates an intimidating or hostile educational or employment environment.

Examples of Sexual Harassment:

- Pressuring a person for sexual favors
- Unwelcome touching of a sexual nature
- Writing graffiti of a sexual nature
- Distributing sexually explicit texts, e-mails, or pictures
- Making sexual jokes, rumors, or suggestive remarks
- Physical violence, including rape and sexual assault

You can report sexual harassment to any school staff member or to the district's Title IX Officer, who is listed above. You also have the right to file a complaint (see below). For a copy of your district's sexual harassment policy and procedure, contact your school or district office, or view it online here: <http://www.csd49.org/Content2/372>

COMPLAINT OPTIONS: DISCRIMINATION AND SEXUAL HARASSMENT

If you believe that you or your child have experienced unlawful discrimination, discriminatory harassment, or sexual harassment at school, you have the right to file a complaint.

[https://csd49-my.sharepoint.com/personal/lee_stampfler_csd49_org/Documents/Desktop/Desktop Files/Registration Forms/Registration Forms 2024-25/Discrimination and SexualHarassment Complaint Procedures.docx](https://csd49-my.sharepoint.com/personal/lee_stampfler_csd49_org/Documents/Desktop/Desktop%20Files/Registration%20Forms/Registration%20Forms%202024-25/Discrimination%20and%20Sexual%20Harassment%20Complaint%20Procedures.docx)

Before filing a complaint, you can discuss your concerns with your child's principal or with the school district's Section 504 Coordinator, Title IX Officer, or Civil Rights Coordinator, who are listed above. This is often the fastest way to revolve your concerns.

Complaint to the School District

Step 1. Write Our Your Complaint

In most cases, complaints must be filed within one year from the date of the incident or conduct that is the subject of the complaint. A complaint must be in writing. Be sure to describe the conduct or incident, explain why you believe discrimination, discriminatory harassment, or sexual harassment has taken place, and describe what actions you believe the district should take to resolve the problem. Send your written complaint—by mail, fax, email, or hand delivery—to the district superintendent or civil rights compliance coordinator. <http://www.csd49.org/harassment-bullying-report>

Step 2: School District Investigates Your Complaint

Once the district receives your written complaint, the coordinator will give you a copy of the complaint procedure and make sure a prompt and thorough investigation takes place. The superintendent or designee will respond to you in writing within 30 calendar days—unless you agree on a different time period. If your complaint involves exceptional circumstances that demand a lengthier investigation, the district will notify you in writing to explain why staff need a time extension and the new date for their written response.

Step 3: School District Responds to Your Complaint

In its written response, the district will include a summary of the results of the investigation, a determination of whether or not the district failed to comply with civil rights laws, notification that you can appeal this determination, and any measures necessary to bring the district into compliance with civil rights laws. Corrective measures will be put into effect within 30 calendar days after this written response—unless you agree to a different time period.

Appeal to the School District

If you disagree with the school district's decision, you may appeal to the school district's board of directors. You must file a notice of appeal in writing to the secretary of the school board within 10 calendar days after you received the school district's response to your complaint. The school board will schedule a hearing within 20 calendar days after they received your appeal, unless you agree on a different timeline. The school board will send you a written decision within 30 calendar days after the district received your notice of appeal. The school board's decision will include information about how to file a complaint with the Office of Superintendent of Public Instruction (OSPI).

Complaint to OSPI

If you do not agree with the school district's appeal decision, state law provides the option to file a formal complaint with the Office of Superintendent of Public Instruction (OSPI). This is a separate complaint process that can take place if one of these two conditions has occurred: (1) you have completed the district's complaint and appeal process, or (2) the district has not followed the complaint and appeal process correctly.

You have 20 calendar days to file a complaint to OSPI from the day you received the decision on your appeal. You can send your written complaint to the Equity and Civil Rights Office at OSPI:

Email: Equity@k12.wa.us | **Fax:** 360-664-2967

Mail or hand deliver: PO Box 47200, 600 Washington St. S.E., Olympia, WA 98504-7200

For more information, visit www.k12.wa.us/Equity/Complaints.aspx, or contact OSPI's Equity and Civil Rights Office at 360-725-6162/TTY: 360-664-3631 or by e-mail at equity@k12.wa.us.

Other Discrimination Complaint Options

Office for Civil Rights, U.S. Department of Education

206-607-1600 | TDD: 1-800-877-8339 | OCR.Seattle@ed.gov | www.ed.gov/ocr

Washington State Human Rights Commission

1-800-233-3247 | TTY: 13-800-300-7525 | www.hum.wa.gov

