



LIBERTY SCHOOL DISTRICT #362

Liberty School District will provide a safe, nurturing, and rigorous learning environment, maximizing each student's potential today, with tomorrow in mind.

29818 S. North Pine Creek Rd., Spangle, Washington 99031
www.LibertySD.us

FAX: 509-245-3530
Elementary/Junior High: 509-245-3211
Transportation: 509-245-3217

Liberty Elementary School Kindergarten Registration Checklist

The following paperwork must be completed in full and returned to the school office for your registration to be processed.

- Documentation Verifying Student's Age
Acceptable records include the following:
 - birth certificate;*
 - hospital, physician, or religious certificate showing date of birth;*
 - an entry in a family Bible;*
 - adoption record;*
 - affidavit from a parent;*
 - previously verified school records, etc.*

- Student Registration Form

- Developmental Information for Kindergarten Students (optional)

- Student Health Update

- Medically verified Certificate of Immunization Status (CIS)
Acceptable vaccine records include the following:
 - a CIS signed by a doctor or health care provider;*
 - a CIS filled out by a parent or guardian with medical records attached;*
 - a CIS from MyIR.net. Print your family's official vaccine records from any device;*
 - a CIS printed from the state immunization system by a health care provider or school.*

- School Bus Enrollment Form

If you have any questions, please contact the school office at (509) 245-3211 ext. 2.



SCHOOL BUS ENROLLMENT

Date _____

STUDENT'S NAME _____ GRADE _____

STUDENT'S NAME _____ GRADE _____

STUDENT'S NAME _____ GRADE _____

OTHER SIBLINGS CURRENTLY ATTENDING LIBERTY (FULL NAME/GRADE):

STREET ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

FATHER'S NAME _____ WORK PHONE _____

CELL PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

CELL PHONE _____

EMERGENCY CONTACT _____ PHONE _____

PARENT E-MAIL ADDRESS _____

PHYSICAL DESCRIPTION OF HOME'S LOCATION (CROSSROADS, NEIGHBORS, LANDMARKS):

SPECIAL MEDICAL CONCERNS DRIVERS SHOULD BE AWARE OF: _____

IS IT PERMISSABLE TO LET YOUR CHILD(REN) OFF AT THE BUS STOP IF YOU ARE NOT THERE? ____ YES ____ NO *If no, please contact the school to arrange an alternate drop location.

If your child(ren) will be riding the activity bus (5:30 bus for after-school activities), please contact Transportation at 245-3217 to determine the closest stop and time. ***THIS BUS DOES NOT TAKE CHILDREN TO THEIR HOMES.*** Transportation Department hours are 8:00 a.m.- 2:30 p.m.

PLEASE NOTE: If at any time you need to make different transportation arrangements, please call the Elementary/Jr. High office at 245-3211 ext. 2. A dispatcher is available to communicate with the bus drivers between the hours of 7:00 a.m. & 4:15 p.m.

FOR OFFICE USE ONLY:
BUS # _____ ROUTE _____ STOP TIME A.M. _____ STOP TIME P.M. _____

LIBERTY SCHOOL DISTRICT #362 STUDENT REGISTRATION FORM

STUDENT NAME Legal Last Name		Legal First Name		Legal Middle Name		Also known as:	
BIRTHDATE (Month/Day/Year)		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		BIRTHPLACE City State County		Country (if other than USA) GRADE LEVEL	
STUDENT LIVES WITH (Primary Household) <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Mother only <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other _____				HOME LANGUAGE SURVEY 1. What language does the student primarily speak? <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2. What was the <u>first</u> language spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Other _____ 3. What language(s) does the student speak at home? <input type="checkbox"/> English <input type="checkbox"/> Other _____			
PRIMARY HOUSEHOLD – GUARDIAN 1 Last Name First Name				PHONE #1 Unlisted? <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		PHONE #2 Unlisted? <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	
RELATIONSHIP TO STUDENT _____				EMAIL ADDRESS(ES)			
PRIMARY HOUSEHOLD – GUARDIAN 2 Last Name First Name				PHONE #1 Unlisted? <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		PHONE #2 Unlisted? <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	
RELATIONSHIP TO STUDENT _____				EMAIL ADDRESS(ES) (If different from Guardian 1)			
PRIMARY HOUSEHOLD ADDRESS Street		Apt#		City		State ZIP	
MAILING ADDRESS (if different) Street		Apt #		City		State ZIP	
PRIMARY GUARDIAN 1 EMPLOYER				PRIMARY GUARDIAN 2 EMPLOYER			
SECOND HOUSEHOLD – GUARDIAN 1 (Noncustodial parent not residing with student) Last Name First Name				PHONE #1 Unlisted? <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		PHONE #2 Unlisted? <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	
RELATIONSHIP TO STUDENT _____				EMAIL ADDRESS(ES)			
SECOND HOUSEHOLD – GUARDIAN 2 Last Name First Name				PHONE #1 Unlisted? <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		PHONE #2 Unlisted? <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	
RELATIONSHIP TO STUDENT _____				EMAIL ADDRESS(ES)			
SECOND HOUSEHOLD ADDRESS Street/PO Box		Apt #		City		State ZIP	
						MAILINGS REQUESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SCHOOL PREVIOUSLY ATTENDED			SCHOOL DISTRICT PREVIOUSLY ATTENDED			PREVIOUS SCHOOL LOCATION (City & State)	
HAS STUDENT EVER ATTENDED LIBERTY PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GRADE LEVEL(S) OR YEAR(S) ATTENDED:							
IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school for enforcement.)							
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement.) Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____							
HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN SPECIAL EDUCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No						HAS STUDENT EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s)?	
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No							
HAS STUDENT EVER PARTICIPATED IN <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____							

Continued on other side

PLEASE LIST OTHER SIBLINGS ATTENDING LIBERTY PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

EMERGENCY CONTACTS: When injury, illness or other emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons that you trust who are available during the day to provide care for your child (local area only please).

PRIMARY CONTACT (Other than parent/guardian) Last Name	First Name	RELATIONSHIP TO CHILD	PHONE #1 Unlisted? <input type="checkbox"/> __Home __Work __Cell ()	PHONE #2 Unlisted? <input type="checkbox"/> __Home __Work __Cell ()
PRIMARY CONTACT ADDRESS		Street	City	State ZIP
SECOND CONTACT (Other than parent/guardian) Last Name	First Name	RELATIONSHIP TO CHILD	PHONE #1 Unlisted? <input type="checkbox"/> __Home __Work __Cell ()	PHONE #2 Unlisted? <input type="checkbox"/> __Home __Work __Cell ()
SECOND CONTACT ADDRESS		Street	City	State ZIP
THIRD CONTACT (Other than parent/guardian) Last Name	First Name	RELATIONSHIP TO CHILD	PHONE #1 Unlisted? <input type="checkbox"/> __Home __Work __Cell ()	PHONE #2 Unlisted? <input type="checkbox"/> __Home __Work __Cell ()
THIRD CONTACT ADDRESS		Street	City	State ZIP

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ Date _____

MILIARY AFFILIATION SURVEY (Required for Washington State public schools.)		
1. PARENT/GUARDIAN MILITARY STATUS:		
<input type="checkbox"/> N- No affiliation	<input type="checkbox"/> A- U.S. Armed Forces active duty	<input type="checkbox"/> M- More than one member of Armed Forces/National Guard
<input type="checkbox"/> G- National Guard Member	<input type="checkbox"/> R- U.S. Armed Forces Reserves	

ETHNICITY/RACE VERIFICATION (Required by the U.S. Department of Education)				
1. IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN? (Check all that apply.)				
<input type="checkbox"/> No – Not Hispanic/Latino	<input type="checkbox"/> Mexican/ Mexican American/ Chicano	<input type="checkbox"/> Central American	<input type="checkbox"/> Other Hispanic/Latino	
<input type="checkbox"/> Cuban	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Latin American		
<input type="checkbox"/> Dominican	<input type="checkbox"/> Spaniard	<input type="checkbox"/> South American		
2. WHAT RACE(S) DO YOU CONSIDER YOUR CHILD? (Check all that apply.)				
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Lummi	<input type="checkbox"/> Snoqualmie
<input type="checkbox"/> White	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Samoan	<input type="checkbox"/> Makah	<input type="checkbox"/> Spokane
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Tongan	<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Squaxin Island
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Nisqually	<input type="checkbox"/> Stillaguamish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Thai	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Nooksack	<input type="checkbox"/> Suquamish
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Port Gamble Klallam	<input type="checkbox"/> Swinomish
<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Colville	<input type="checkbox"/> Puyallup	<input type="checkbox"/> Tulalip
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Quileute	<input type="checkbox"/> Yakama
<input type="checkbox"/> Japanese	<input type="checkbox"/> Fijian	<input type="checkbox"/> Hoh	<input type="checkbox"/> Quinault	<input type="checkbox"/> Other Washington Indian
<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Samish	<input type="checkbox"/> Other American Indian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Sauk-Suiattle	
	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Shoalwater	
			<input type="checkbox"/> Skokomish	

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Liberty School District.

Legal Parent/Guardian Signature _____ Date _____

Liberty Elementary School

Developmental Information for Kindergarten Students



Dear Parents:

Every child entering kindergarten is a unique person. Your child's life up to this time has been different from that of any other child. Everything that has happened has been a learning experience. The more we know about your child, the better we can help with learning in school.

Will you share some information with us by answering the questions below? Completion of this questionnaire or any specific question(s) is entirely voluntary.

Child's full name: _____

Child likes to be called: _____

Birthdate: _____

Sex: Female Male

Circle One

1. Is your child an independent dresser? Yes No
2. Can your child: fasten own coat? Yes No
tie own shoes? Yes No
3. Does your child use (check one): Right hand Left hand Both
4. Can an unfamiliar person understand your child's speech?..... Yes No
5. Is your child reluctant to talk: at home? Yes No
in the presence of strangers?..... Yes No
6. Is any language other than English spoken in your home? Yes No
If yes, what language? _____ Primary language spoken at home: _____
7. Has your child attended preschool? Yes No
8. Is your child interested in being read to? Yes No

How much time would you estimate is spent with your child in reading activities weekly (i.e. being read to, looking at books)? _____

9. What are your child's favorite activities? _____

10. Do you think your child learns (check one): average may need extra help

11. How does your child respond when asked to follow simple directions? _____

12. How does your child respond when plans and/or routines are changed? _____

13. Does your child play with other children?..... Yes No

14. Circle the word(s) best describing your child's play:

active alone show-off quiet energetic passive

15. Are your child's feelings easily hurt?..... Yes No

16. Does your child have temper tantrums?..... Yes No

If yes, what approach works best for handling them? _____

17. Does your child have any particular fears (i.e. animals, water, heights, etc.)? _____

18. Are there others who frequently take care of your child? Yes No

19. What are your child's strengths? _____

20. In kindergarten, I would like my child to: _____

21. List brothers and sisters, beginning with the youngest: _____

22. Is there any additional information you want us to know about your child or family? _____



LIBERTY SCHOOL DISTRICT #362

Student Health Information

Last Name:		First Name:		Birthdate:	
School:	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	Teacher (if known):	
				Grade:	

Parent/Guardian:		Phone:	
Emergency Contact:		Phone:	

Allergies (foods/meds)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> EpiPen <input type="checkbox"/> Food intolerance
Allergies (bee sting)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Notes:	<input type="checkbox"/> Local reaction <input type="checkbox"/> EpiPen
Allergies (seasonal)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Symptoms:	<input type="checkbox"/> Takes medication
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes	Notes:	<input type="checkbox"/> Inhaler needed at school
Blood/bleeding disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> medications needed at school
Cancer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Cardiac	<input type="checkbox"/> No <input type="checkbox"/> Yes	Condition/Type:	
Developmental concern	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Type:	<input type="checkbox"/> Insulin needed at school
Epilepsy or seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date/type of last seizure:	<input type="checkbox"/> Takes medication
Gastrointestinal concern	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Headaches	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> Migraines
Hearing concern	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> Wears hearing aid(s)
Heart Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Mental health diagnosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify: <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> ADHD	<input type="checkbox"/> Medication needed at school
Musculoskeletal concern	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Physical restrictions	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Previous concussion	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cause and Date:	
Seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes	Type:	
Serious injury/illness	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Urinary system concern	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Vision concern	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> Wears corrective lenses
An IEP or 504 plan	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	
Other conditions or meds	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify:	

*****IF ANY OF THE ABOVE HEALTH CONDITIONS ARE LIFE-THREATENING, RCW28A.210.320 requires that licensed healthcare provider orders, medications, and/or treatments and a nursing care plan MUST be in place before a student attends school.*****

*****Also, any medications (prescription or over-the-counter) will require a completed medication authorization form on file signed by the physician and parent. Blank forms are available in the school offices or can be downloaded www.libertysd.us*****

Release Statement

- I understand that the information given herein may be shared with appropriate school staff to provide for the health and safety of my child.
- I authorize Liberty School District staff to contact health care professionals, including 911, if necessary, and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense.
- I understand that Liberty School District, its employees and Board of Directors assume no liability of any nature in relationship to transporting or treatment of my child.
- I give permission to my child's school to add immunization information into the Washington State Immunization Information System (IIS) to help maintain my child's lifetime immunization record.
- To my knowledge the above information is correct and complete and I understand to notify school officials immediately for any changes to any/all information.

Parent/Guardian Signature: _____ Date: _____

Office Use Reviewed by: _____ Date: _____ Notes: _____



Certificate of Immunization Status (CIS)

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

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature Date		X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
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.
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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 Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order

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

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



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Notice for Directory Information

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that Liberty School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Liberty School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Liberty School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets, such as for wrestling, showing weight and height of team members

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Liberty School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 30. Liberty School District has designated the following information as directory information:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- The most recent educational agency or institution attended



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Transportation: 509-245-3217

CHILD FIND

Liberty School District participates in CHILD FIND, a federally mandated nationwide program whose purpose is to locate and identify children from birth through 21 years of age who have disabilities that require special education and/or related services. Early identification and intervention has proven to help children become more independent and to achieve at higher levels.

If your family is living in a temporary situation, you may contact the district where you are staying to attend a screening. Eligible students between 3-21 years of age who reside within Liberty School District, including those in transitional/temporary housing, may receive special education and related services. Children birth through two years old are referred to their physicians and community agencies.

Who may refer?

Any person who observes a child they suspect may have a disability may refer the child to the district for screening and possible assessment to determine eligibility.

What is the process?

- The CHILD FIND referral is given to the assessment coordinator.
- The parent is invited to review the information.
- If the team, including the parent, determines assessment is required, parent written permission will be required.
- The assessment is conducted when parent permission is received.
- Parents meet with members of the assessment team to discuss the assessment results.
- If the team, including the parent, determines the child qualifies, an appropriate Individualized Education Plan is developed.

Please contact:

Special Services Department
509-245-3211 ext. 2231
or
509-245-3211 ext. 2215