



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

REQUEST FOR ANY CONFIDENTIAL, EDUCATIONAL, PSYCHOLOGICAL AND MEDICAL RECORDS

Student's Legal Name

Birth Date

Grade

Student's Legal Name

Birth Date

Grade

Student's Legal Name

Birth Date

Grade

To:

Name of school last attended

Street Address

Phone Number

City, State, Zip Code

Fax Number

Please send a transcript of this student's records showing subjects, grades and amount of credit earned along with the cumulative folder, test scores, medical records, immunizations, and other pertinent data, such as special education or any related services records.

Federal law requires parent or guardian notification of the transfer of pertinent school records on the above student(s).

I hereby acknowledge notification of this transfer of records.

Signed _____
Parent or Guardian

Date

Please email, fax, or mail all information to the school marked below.

Registrar: Stacey Fisk
Liberty Elementary & Junior High School
29818 S. North Pine Creek Road
Spangle, WA 99031
Phone: 509-245-3211
Fax: 509-245-3530
Email: sfisk@libertysd.us

Registrar: Bailey St. John
Liberty High School
6404 E. Spangle Waverly Road
Spangle, WA 99031
Phone: 509-245-3229
Fax: 509-245-3205
Email: bstjohn@libertysd.us

Under Public Law 93-380, now amended in Section 99.34, PL 93-568, no parent signature is required for educational records sent to another educational agency.



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"/> ____Home ____Work ____Cell ()		PHONE #2 Unlisted? <input type="checkbox"/> ____Home ____Work ____Cell ()	
RELATIONSHIP TO STUDENT _____				EMAIL ADDRESS(ES)			
PRIMARY HOUSEHOLD – GUARDIAN 2 Last Name First Name				PHONE #1 Unlisted? <input type="checkbox"/> ____Home ____Work ____Cell ()		PHONE #2 Unlisted? <input type="checkbox"/> ____Home ____Work ____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"/> ____Home ____Work ____Cell ()		PHONE #2 Unlisted? <input type="checkbox"/> ____Home ____Work ____Cell ()	
RELATIONSHIP TO STUDENT _____				EMAIL ADDRESS(ES)			
SECOND HOUSEHOLD – GUARDIAN 2 Last Name First Name				PHONE #1 Unlisted? <input type="checkbox"/> ____Home ____Work ____Cell ()		PHONE #2 Unlisted? <input type="checkbox"/> ____Home ____Work ____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? Yes___ No___ IF YES, GRADE LEVEL(S) OR YEAR(S) ATTENDED:							
IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT? Yes___ No___ (If yes, plan must be on file with the school for enforcement.)							
IS THERE A RESTRAINING ORDER IN EFFECT? Yes___ No___ (If yes, legal papers must be on file with the school for enforcement.) Restraining order is against: Mother___ Father___ Other_____							
HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN SPECIAL EDUCATION? Yes___ No___						HAS STUDENT EVER BEEN RETAINED? Yes___ No___ If yes, at what grade level(s)?	
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN? Yes___ No___							
HAS STUDENT EVER PARTICIPATED IN: Title___ LAP___ Gifted___ ESL___ Other_____							

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION 20__ - __ yr

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.

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

ETHNICITY	<input type="checkbox"/>	Not Hispanic/Latino	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	Salvadoran
	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	Spaniard
	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Native	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	Venezuelan
	<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Paraguayan	Hispanic/Latino (Write In)	
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Honduran	<input type="checkbox"/>	Peruvian		
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	

Question 2: What race(s) do you consider your child? (Please check ALL that apply)

White/Black/African American

RACE	<input type="checkbox"/>	White	<input type="checkbox"/>	African-Canadian
	<input type="checkbox"/>	Black/African-American		
	<input type="checkbox"/>	African-American		

Asian

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

Middle Eastern/North African

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

Washington State Tribes/Alaskan Native

RACE	<input type="checkbox"/>	American Indian/Alaskan Native
	<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)
	<input type="checkbox"/>	American Indian (Write In)

Caribbean

RACE	<input type="checkbox"/>	Anguillan	<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/Barthélemois	<input type="checkbox"/>	Haitian
	<input type="checkbox"/>	British Virgin Islander (Cayman Island)	<input type="checkbox"/>	Jamaican
	<input type="checkbox"/>	Caymanian	<input type="checkbox"/>	Martiniquais/Martiniquaise
	<input type="checkbox"/>	Cuba Dominican	<input type="checkbox"/>	Montserratian
	<input type="checkbox"/>	Caribbean (Write In)	<input type="checkbox"/>	Puerto Rican

East African

RACE	<input type="checkbox"/>	Burundian	<input type="checkbox"/>	Reunionesse
	<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
	<input type="checkbox"/>	Mauritian (Mauritius)	<input type="checkbox"/>	Tanzanian (United RC of Tanzania)
	<input type="checkbox"/>	Mahoran (Mayotte)	<input type="checkbox"/>	Zambian
	<input type="checkbox"/>	Mozambican	<input type="checkbox"/>	Zimbabwean
	<input type="checkbox"/>	East African (Write In)		

Latin American

RACE	<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"/>	Paraguayan
	<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"/>	Surinamese
	<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Latin American (Write In)	<input type="checkbox"/>	Venezuelan

West African

RACE	<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"/>	West African (Write In)	<input type="checkbox"/>	Sierra Leonean
	<input type="checkbox"/>		<input type="checkbox"/>	Togolese

Pacific Islander/Native Hawaiian

RACE	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Palauan
	<input type="checkbox"/>	Carolinian	<input type="checkbox"/>	Papuan
	<input type="checkbox"/>	Chamorro	<input type="checkbox"/>	Pohpeian
	<input type="checkbox"/>	Chuukese	<input type="checkbox"/>	Samoan
	<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	<input type="checkbox"/>	
	<input type="checkbox"/>	Pacific Islander (Write In)	<input type="checkbox"/>	Other Pac. Islander (Write In)

Central African

RACE	<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
	<input type="checkbox"/>	Central African (Write In)		

Eastern European

RACE	<input type="checkbox"/>	Bosnian	<input type="checkbox"/>	Romanian
	<input type="checkbox"/>	Herzegovinian	<input type="checkbox"/>	Russian
	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Ukrainian
	<input type="checkbox"/>	Eastern European (Write In)		

South African

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



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

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<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)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

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

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<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

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 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		



EMERGENCY RELEASE PROCEDURES 2023-24

Dear Liberty Parents and Guardians:

In the event of an emergency such as a power outage, snow storm, etc., it may be necessary for us to send our entire school population home in a very timely manner. In case of an emergency where students need to be sent home early, Liberty School District will follow these procedures:

1. Contact local media stations to get the word out that school is being closed.
2. The district's Blackboard Connect system will be activated and all parents will be called at home, work, and on cell phones.
3. Teachers will review emergency release forms and prepare students for departure.
4. Students will be placed on appropriate buses.
5. Students who are waiting for rides will be kept at the office.
6. The office will attempt to locate only those parents whose children are confused about where they are to go. Because we will be extremely busy making sure students get to the appropriate places, we ask that you only call us if it is an emergency or you are certain your child might be stranded.

Because many of you work and are not able to pick up your children or be at home when your children arrive, we ask that you help us by following these steps and being prepared:

1. Arrange an alternative destination within your neighborhood for your child to go to in the event school closes and you are not at home, OR make sure your child can get into the house if you aren't there. **(It is important to plan ahead, so we ask that you do this immediately.)**
2. Fill out the Emergency Release Form on the back of this letter and send it back to school with your child right away.
3. Discuss the arrangements clearly with your children so they know what they are to do if they are sent home early. **(When you fill out the form, review that same information with your child.)**
4. Make a copy of these procedures and write down and make a note of the information that you have written on the emergency release form.

Thank you for following through with these procedures. In the event that we do have to send our students home early, this will help greatly in the process. Your child's safety is our number one concern.

Sincerely,

Alex Saywers

EMERGENCY RELEASE FORM

2023-2024

Student Name: _____

Teacher Name (or Junior High Homeroom Teacher): _____

Student is to go to: _____
(Indicate address and whose home: yours, a friend's, relative's, etc. ****Must be an existing bus stop.****)

Child is to take bus #: _____
(Please call 245-3211 ext. 2 if you need to verify this information.)

Is this a DIFFERENT bus than the one your child normally rides? Yes No
If yes, what is your child's regular bus number? _____

Child is to go with: _____
(Include older siblings and designated junior or senior high student's name(s).)

If child is to ride in a car with a high school student, please indicate below:

(Whose car?)

Parent Signature: _____

Date: _____



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

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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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