



**AIM High School**  
525 13th Street  
Snohomish, WA 98290  
Phone: 360-563-3401 Fax: 360-563-3402  
www.sno.wednet.edu/aim  
Doug Plucker, Principal  
Linda Hardy, Registrar/Administrative Assistant

Date: \_\_\_\_\_

Student name: \_\_\_\_\_

**In-district applicants**

- \_\_\_\_\_ 1. Complete all forms in the application packet. Forms begin on page 6.
- \_\_\_\_\_ 2. Return all completed information to AIM High School.

After receiving the completed application, we will contact you when it is processed to schedule an interview. A parent or guardian must attend the interview.

If accepted, AIM High School will contact Snohomish High School or Glacier Peak High School by email, but you will be responsible to return your books and pay any fines. Out of district students must have an approved choice transfer to enroll.

-----  
**For office use only**

**Received date:** \_\_\_\_\_

**IEP: Y N**



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Doug Plucker, Principal

Linda Hardy, Registrar/Administrative Assistant

To Prospective Student,

Thank you for considering AIM High School as a possible option to complete your education. As the principal of AIM High School, I am proud to tell you that our staff is providing an excellent education in a smaller, student-centered environment. I hope you will take the time to read our mission statement and read our policies and procedures.

After completing your application and returning it to AIM High School, an interview will be set up for you and your parents or guardians, where you can learn more about our school. There are possibilities of combining AIM High School with one or more classes at Glacier Peak High School, Snohomish High School, Parent Partnership Program, Sno-Isle TECH Skills Center, and/or high school completion or Running Start classes. Any of these options will be discussed at your interview. Your registration at AIM High School must be your priority and your diploma will be from this high school when you have completed the requirements. AIM High School requires the same number of credits as other schools in the Snohomish School District.

When you submit your application, request a reduced lunch form if you think you might qualify, even if you don't plan to purchase lunch here. This information can also be used for future scholarships or grants for individuals or the school.

Thank you again for your interest. I will look forward to meeting with you and your parents/guardians at your interview.

Sincerely,

Doug Plucker





## Mission Statement

AIM High School promotes the intellectual growth, social/emotional development, and civic responsibility of all our students, within a respectful, supportive, and personalized environment. We know every student by name, their strengths and needs.

## Belief Statement

We believe:

- Community is important: the relationship between staff and student, and the relationships between students.
- People excel in an environment in which they are valued and challenged.
- Education should be personalized and student-centered.
- Curriculum should be relevant, rigorous, and based on district standards.
- We should help students become self-directed and life-long learners.
- Our environment will be inviting and provide for equity and inclusion.
- There should be a balance between direct instruction and individual assistance.
- In maintaining connections that go beyond a student's tenure at AIM High School.
- Students should be able to find teachers with whom they can connect and share problems and successes.

## What is AIM High School?

AIM High School is an excellent school of choice for students seeking a more personalized form of education. AIM High School is an accredited school leading to a high school diploma.

AIM High School offers a quality, contract-based academic program within a respectful, supportive, intimate environment. Through partnerships between our students, staff, parents, and community, we seek to promote the intellectual growth, personal development, and social responsibility of every student.

Opportunities for both credit retrieval and full semester courses are provided. Full semester courses require both class time with peers and individual time to prepare students for college or careers.

The flexibility in our schedule works well for teen parents, working students, and students with personal or health issues. Staff serve as mentors to students and meet with them weekly to review progress and provide time for study and community building time. We participate in Snohomish Kiwanis Student of the Quarter and the Snohomish Education Foundation scholarships and classroom grants. Our graduation ceremony is held every June at the Snohomish High School Performing Arts Center or outdoors weather permitting.

## History of AIM High School

AIM High school began in 1985 and was housed in the Grange Hall in Snohomish. In 2006 AIM High School moved to its current location in the Parkway Campus. The Parkway Campus also houses the district's Transition Center and Parent Partnership Program



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## Declaration of Understanding

The purpose of this declaration is to clarify the three legal choices of education available to children in Washington state: public, private, and home-based (home schooling) instruction. Students are considered either one or the other.

**Home Based Instruction** is authorized under RCW 28A.225. Where the parent has filed an annual Declaration of Intent with the district and is meeting the requirements stated in Chapter 28A.225, the student is eligible to receive Home Based Instruction. Students receiving Home Based Instruction are not enrolled in public education, they do not have to comply with the rules and regulations regarding public schools RCW 28A.200.010 (3). Because the student is not registered or enrolled in the public school, the school district is under no obligation to provide instruction or instructional materials for classes. Home Based Instruction students are not required to participate in any district or State assessments RCW 28A.200.010 (3). Additionally, Home Based Instruction students are not eligible for graduation through a public high school unless they meet all the graduation requirements established by the state, district, and local high school, including earning the Certificate of Academic Achievement.

**Private school students** are students enrolled in an approved private school in the State of Washington. Student receiving private school instruction are not enrolled in public education; they do not have to comply with the rules and regulations regarding public schools. The school district is under no obligation to provide instructor instructional materials for classes the student is not registered or enrolled in public schools. Student enrolled in private schools are not required to participate in all district and State assessment. However, private school students are not eligible for graduation through a public high school until they meet all the graduation requirements established by the state, district, and local high school, including earning the Certificate of Academic Achievement.

Private school or home-based instruction students may have access to ancillary services and may enroll in a public-school course on a **part-time basis** where space is available. Part-time enrollment is defined as being less than full-time enrollment. In these cases, the student is responsible for maintaining acceptable attendance and meeting all course and school requirements. The student is a private school or home-based instruction student, when enrolled part-time in a public-school setting. Public school courses and classes in

which the student is enrolled are under the direct control of the district and the certified teacher supervising the course. Other classes, taught by the parent or the private school, are not part of the public school's responsibility. Therefore, for all classes in which a student is enrolled in a public school, individual class requirements, school and district attendance rules, and school behavior policies, must be followed. For classes taken under home-based instruction or as a private school student, the limitations and restrictions noted in paragraphs one and two above are in force.

Students enrolling in a public school as a **full-time** student are neither private school students nor home-based instruction students - they are considered **public school students** and are subject to the rules and regulations governing the actions of all public-school students. This includes, but is not limited to, attendance, meeting course requirements, graduation requirements, and assessment requirements.

All instructional materials used for public school instruction must meet the standards set forth by the local school district and must be free from sectarian control or influence.





## Student application essay

Please tell us your story! What is your learning style, what works for you and what is hard? Is there anything in your personal story that you think would help us support your success?

Looking forward to meeting you!

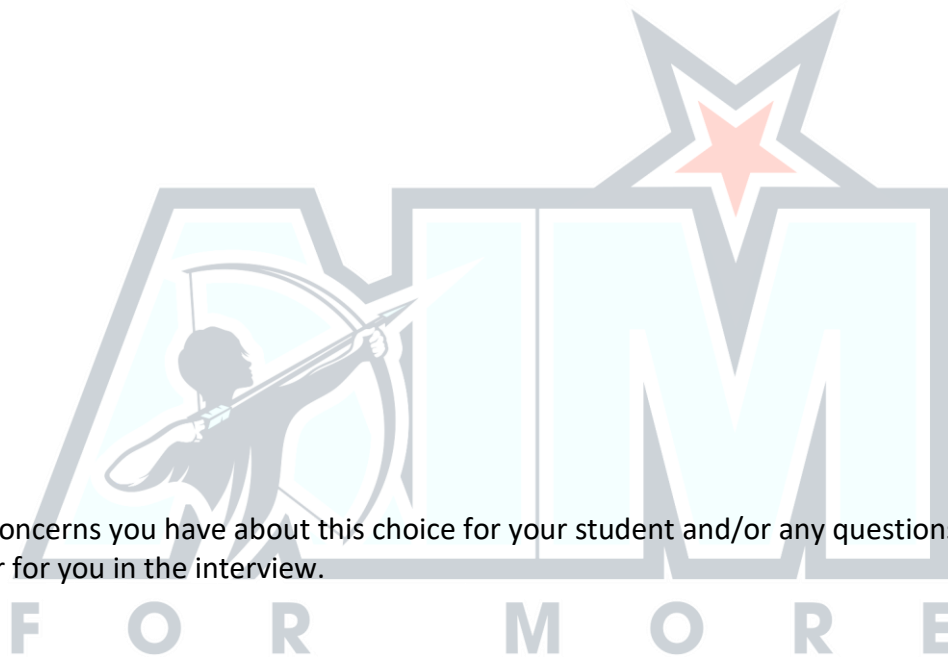


Student cell phone: \_\_\_\_\_

Please provide your cell phone number so we may contact you for homework check-in, scholarship opportunities and other various AIM High School communications.

## Parent/guardian input

Please explain why you believe AIM High School will be a better option for your student than their current school situation.



Please share any concerns you have about this choice for your student and/or any questions that you want to be sure we answer for you in the interview.

---

Parent/guardian signature



## Expectations contract

The expectations at AIM High School have been created to help students conduct themselves in ways that promote learning and are compatible with success in adult roles. We hope to provide a positive, respectful educational environment for all students and staff, and comply with the Washington state laws and the Snohomish School District policies. Failure to do so will result in student discipline, as minor as a parent conference or as serious as a short or long-term suspension.

### Students will demonstrate:

- Consistent attendance
- On time arrival to school
- Appropriate use of computers
- Language appropriate for school
- Good use of time
- Use of cell phones only before and after school, during breaks, or with permission in an office
- Appropriate dress for school: See Dress Code on page 10-11
- Respect for all staff

### Students will refrain from:

- Possession of a weapon
- Verbal and physical assault, intimidation, or harassment
- Theft or malicious destruction property
- Cheating, forging documents/assignments
- Leaving building/campus without permission
- Operating a vehicle in an unsafe way on or near the campus
- Possession or use of tobacco or vape products on or near the campus, this extends to 1-2 blocks beyond our campus.
- Bringing friends on campus

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian





## Attendance contract

### Attendance contract

- Tardy = arriving later than the designated start time of each session.
- LE = leaving early before school ends (exception bus rides).
- Absence = not attending at all OR missing at least half of the session OR being asked to leave for disciplinary reasons or being suspended.
- Excused Absence=parent and administrator approved. All excused absences must have a **reason** stated.
- 18-year-old students may get parent/guardian approval to write their own notes.
- Excessive excused absences may result in make-up time required.

### Consequences:

Tardies and leaving early need to be made up in a timely manner.

Unexcused absences= 1 make up for every day, possible loss of class, possible no credit.

Make up time on Fridays or make arrangements with the administrator.

Five (5) unexcused absences in one month or seven (7) to 10 in a school year= being placed on a Becca petition (if under 18).

### In addition:

Individual class absences: Four (4) per course if it meets one (1) time per week.

Seven (7) per course if it meets two (2) times per week.

When maximum occurs, student will be dropped from the class. Appeal may be made through administrator.

I understand my responsibilities for attending AIM High School.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student

# Student progress/interventions

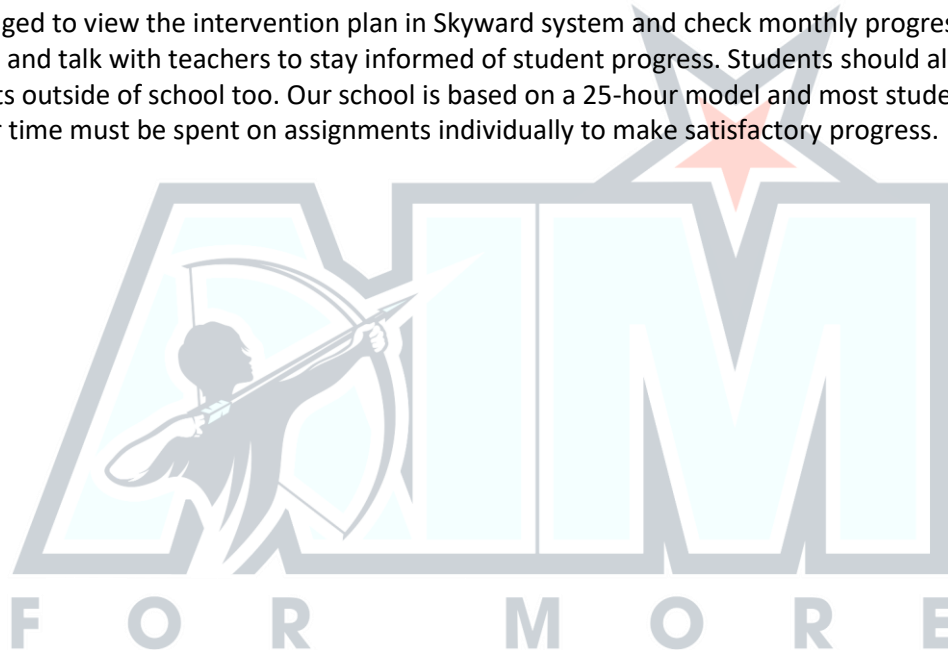
While students at AIM High School must earn an 80% or better in their assignments, they should also be making satisfactory progress in at least half of their classes. If not, they will be required to develop an intervention plan with their mentor.

Intervention plans will be implemented, if needed, after each monthly review. If students are not able to improve or do not follow the plan, they may be counseled into moving to the Re-Entry Program for credit retrieval or research other educational options.

Many options for “self-regulation’ by students are available, including (but not limited to):

- 1. Checking percentages more often than monthly
- 2. Working out a weekly plan for each course
- 3. Spending more time on campus on Fridays (up to 4 hours)
- 4. Seeking individual teacher help during open periods.

Parents are encouraged to view the intervention plan in Skyward system and check monthly progress reports, attend parent conferences, and talk with teachers to stay informed of student progress. Students should also be working on outlined assignments outside of school too. Our school is based on a 25-hour model and most students attend 14 hours per week. The other time must be spent on assignments individually to make satisfactory progress.



Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

## Student dress

Preserving a beneficial learning environment and assuring the safety and well-being of all students are primary concerns of the Snohomish School District. Students' choices in matters of dress should be made in consultation with their parents. Student dress will only be regulated, when, in the judgement of school administration, there is a reasonable expectation that:

1. A health or safety hazard will be presented by the student's dress or appearance.
2. Damage to school property will result from the student's dress; or
3. A material and substantial disruption of the educational process will result from the students' dress.

For the purpose of this policy, a material and substantial disruption of the educational process may be found to exist when a student's dress is inconsistent with the educational mission of the school district. Students must wear:

- Clothing including both a shirt with pants or skirt, or the equivalent and shoes.
- Shirts and dresses must have fabric that covers the front, back, mid-drift and sides.
- Clothing must cover undergarments.
- Fabric covering all private parts must not be see through.
- Clothing must be suitable for all scheduled classroom activities including physical education, science labs, wood shop, and other activities where unique hazards exist.
- Courses that include attire as part of the curriculum (for example, professionalism, public speaking, and job readiness) may include assignment-specific clothing.

### Prohibited dress includes:

- Offensive images or language, including profanity, hate speech and pornography.
- Images or language depicting or advocating violence or the use of tobacco, vaping, alcohol, or drugs.
- Attire that intentionally shows private parts.
- Apparel identified by local law enforcement as belonging to or identifying with of any gang, violent or criminal group.

The uniforms of nationally recognized youth organizations, and clothing worn in observance of a student's religion are not subject to this policy.

### Dress code enforcement will not:

- Create disparities, reinforce, or increase marginalization of any group, nor will it be more strictly enforce against student because of racial identity, ethnicity, gender identity, gender expression, gender nonconformity, sexual orientation, cultural or religious identity, household income, body size/type, or body maturity.
- Result in unnecessary barrier to school attendance. The Superintendent will establish procedures applicable to all district schools providing guidance to students, parents, and staff regarding appropriate student dress in school or while engaging in extracurricular activities.

Cross Reference: Board Policy No. 3220 Freedom of Expression

Legal References: RCW 28A.320.140 Schools with special standards – dress codes

WAC 392-400-215 Student rights

WAC 392-400-225 School district rules defining misconduct – Distribution of Rules

Classification: Discretionary Adoption Date: June 24, 1992. Revised June 17, 1998. Revised March 25, 2020

# Student dress procedures

The student and parent may determine the student's personal dress and grooming standards, provided that the student's dress and grooming does not:

1. Disrupt, interfere with, disturb, or detract from the school environment or activity and/or educational objectives as determined by school officials.
2. Create a health or other hazard to the student's safety or to the safety of others.
3. Create an atmosphere in which a student, staff, or other person's well-being is hindered by undue pressure, behavior, intimidation, overt gesture, or threat of violence; or
4. Display apparel or garments that identify with any gang, violent or criminal group as defined by local law enforcement.

If the student's dress or grooming is objectionable under these provisions and staff involvement is necessary:

- Intervention should be done in a way that is the least restrictive and disruptive to the student's school day.
- Any school dress code enforcement actions should not be done publicly in front of other students and should minimize the potential loss of educational time. Students should not be forced to wear clothing that is not their own when they are in violation of the dress code.
- The principal will request that the student make appropriate corrections. For dress code violations:
- The student can either remove the item immediately if it is not a primary piece of clothing (i.e.: hat, sweatshirt, jewelry); or
- If the student has appropriate clothing available to change into, the student may change and return to class; or
- The student may call their parent/guardian to bring them appropriate clothing to change into.

If the student refuses, the principal will notify the parents/guardians, if reasonably possible, and request that the parent/guardian make the necessary correction. If both the student and parent/guardian refuse, the principal will take appropriate disciplinary action according to policy 3241 and procedure 3241P. 3224P

Students who violate provisions of the dress code relating to extracurricular activities may be removed or excluded from the extracurricular activity for such period as the principal may determine. All students will be afforded due process safeguards before any corrective action may be taken.

Revised: June 24, 1992  
March 25, 2020

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian



# SNOHOMISH SCHOOL DISTRICT 201 NEW STUDENT REGISTRATION FORM

**SCHOOL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY**

STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE
					AM      PM

**Has any member of your family ever been enrolled in the Snohomish School District?**     Yes     No

STUDENT NAME: <b>Legal Last Name</b>		<b>Legal First Name</b>		<b>Legal Middle Name</b>		Also Known As:	
BIRTHDATE (Month/Day/Year)	GENDER F <input type="checkbox"/> M <input type="checkbox"/>	BIRTHPLACE: City		County	State	Country	Grade Level:
DISTRICT RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Family Status (circle)			PRIMARY LANGUAGE SPOKEN AT HOME		
Resident District:		<input type="checkbox"/> A – U.S. Armed Forces active duty <input type="checkbox"/> G – National Guard member <input type="checkbox"/> M – More than one member of Armed Forces/National Guard <input type="checkbox"/> N – No affiliation <input type="checkbox"/> R – U.S. Armed Forces reserves <input type="checkbox"/> Z – Do not wish to state			<input type="checkbox"/> English <input type="checkbox"/> Other		

<b>PRIMARY HOUSEHOLD</b> (primary parent/guardian where student resides)			<b>PRIMARY CONTACT #</b> (include area code)			<b>PRIMARY CONTACT PH #2</b> (area code)		
<b>Legal Last Name (of primary contact)</b> <b>Legal First Name</b> <b>Middle Name</b>  RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted		
<b>Legal Last Name</b> <b>Legal First Name</b> <b>Middle Name</b>  RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted			PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted		
FAMILY EMAIL ADDRESS			ADDITIONAL EMAIL ADDRESS					
RESIDENT ADDRESS	Street		Apt #	City		State	ZIP	
MAILING ADDRESS (if different from above)	Street		Apt #	P O Box	City	State	ZIP	

<b>SECOND HOUSEHOLD</b> (Non-custodial parent/guardian not residing with student)			PHONE #1 (include area code)			PHONE #2 (include area code)		
<b>Legal Last Name</b> <b>Legal First Name</b> <b>Middle Name</b>  RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted		
<b>Legal Last Name</b> <b>Legal First Name</b> <b>Middle Name</b>  RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted			PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted		
FAMILY EMAIL ADDRESS			RELATIONSHIP TO STUDENT: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self					
SECOND HOUSEHOLD MAILING ADDRESS						(Street/PO Box, City, State, ZIP)  ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED SNOHOMISH PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE ATTENDED (Month/Year)
IF YES, NAME OF SCHOOL(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) <input type="checkbox"/> Copy Attached		
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) <input type="checkbox"/> Copy Attached		
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father    Other		

**Please complete additional registration information on back...**

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?  Yes  No Date: \_\_\_\_\_

<p>HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER BEEN ON AN IEP? (Individualized Education Program) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER PARTICPATED IN:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Title – Title 1 Services</li> <li><input type="checkbox"/> LAP – Learning Assistance Program</li> <li><input type="checkbox"/> Gifted – Accelerated Learning Program</li> <li><input type="checkbox"/> ELL – English Language Learner</li> </ul>	<p>HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, at what grade level(s) _____</p>
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<p>DOES STUDENT ATTEND CHILD CARE?  <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">CHILD CARE PROVIDER</th> <th style="width:20%;">Name</th> <th style="width:20%;">Address</th> <th style="width:30%;">Phone Number</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="height: 40px;"> </td> </tr> </tbody> </table>	CHILD CARE PROVIDER	Name	Address	Phone Number				
CHILD CARE PROVIDER	Name	Address	Phone Number						
<p>ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)</p>									

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

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

**STUDENT RELEASE AUTHORIZATION**

When injury, illness or other non-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 you trust who are available during the day to provide care for your child.

<p>PRIMARY EMERGENCY CONTACT (after parent/guardian contact)  <i>Legal Last Name</i>                      <i>Legal First Name</i></p>	<p>RELATIONSHIP TO CHILD</p>	<p>PHONE #1 (include area code)  <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>	<p>PHONE #2 (include area code)  <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>
<p>PRIMARY CONTACT ADDRESS                      <i>Street</i>                      <i>City</i>                      <i>State</i>                      <i>ZIP</i></p>			
<p>SECONDARY EMERGENCY CONTACT (after parent/guardian contact)  <i>Legal Last Name</i>                      <i>Legal First Name</i></p>	<p>RELATIONSHIP TO CHILD</p>	<p>PHONE #1 (include area code)  <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>	<p>PHONE #2 (include area code)  <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>
<p>SECONDARY CONTACT ADDRESS                      <i>Street</i>                      <i>City</i>                      <i>State</i>                      <i>ZIP</i></p>			

**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* \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Continue to next page for Ethnicity & Race Information**

# ETHNICITY AND RACE COLLECTION FORM – STATE AND FEDERALLY REQUIRED INFORMATION

## QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> H00 Hispanic                   | <input type="checkbox"/> H08 Costa Rican | <input type="checkbox"/> H16 Mexican      | <input type="checkbox"/> H24 Salvadoran                |
| <input type="checkbox"/> H01 Not Hispanic/Latino        | <input type="checkbox"/> H09 Cuban       | <input type="checkbox"/> H17 Mestizo      | <input type="checkbox"/> H25 Spaniard                  |
| <input type="checkbox"/> H02 Argentine                  | <input type="checkbox"/> H10 Dominican   | <input type="checkbox"/> H18 Native       | <input type="checkbox"/> H26 Surinamese                |
| <input type="checkbox"/> H03 Bolivian                   | <input type="checkbox"/> H11 Ecuadorian  | <input type="checkbox"/> H19 Nicaraguan   | <input type="checkbox"/> H27 Uruguayan                 |
| <input type="checkbox"/> H04 Brazilian                  | <input type="checkbox"/> H12 Guatemalan  | <input type="checkbox"/> H20 Panamanian   | <input type="checkbox"/> H28 Venezuelan                |
| <input type="checkbox"/> H05 Chicano (Mexican American) | <input type="checkbox"/> H13 Guyanese    | <input type="checkbox"/> H21 Paraguayan   | <input type="checkbox"/> H29 Hispanic/Latino Write In* |
| <input type="checkbox"/> H06 Chilean                    | <input type="checkbox"/> H14 Honduran    | <input type="checkbox"/> H22 Peruvian     |  |
| <input type="checkbox"/> H07 Colombian                  | <input type="checkbox"/> H15 Jamaican    | <input type="checkbox"/> H23 Puerto Rican |  |

## QUESTION 2. What race(s) do you consider your child? (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> B00 Black/African-American                         | <input type="checkbox"/> B46 Somali                                       | <input type="checkbox"/> B92 Malian                     |
| <input type="checkbox"/> B01 African American                               | <input type="checkbox"/> B47 South Sudanese                               | <input type="checkbox"/> B93 Mauritanian                |
| <input type="checkbox"/> B02 African Canadian                               | <input type="checkbox"/> B48 Sudanese                                     | <input type="checkbox"/> B94 Nigerien (Niger)           |
| <input type="checkbox"/> B03 Anguillian                                     | <input type="checkbox"/> B49 Ugandan                                      | <input type="checkbox"/> B95 Nigerian (Nigeria)         |
| <input type="checkbox"/> B04 Antiguan                                       | <input type="checkbox"/> B50 Tanzanian (United Republic of Tanzania)      | <input type="checkbox"/> B96 Saint Helenian             |
| <input type="checkbox"/> B05 Bahamian                                       | <input type="checkbox"/> B51 Zambian                                      | <input type="checkbox"/> B97 Senegalese                 |
| <input type="checkbox"/> B06 Barbadian                                      | <input type="checkbox"/> B52 Zimbabwean                                   | <input type="checkbox"/> B98 Sierra Leonean             |
| <input type="checkbox"/> B07 Barthélemois/Barthélemoises (Saint Barthélemy) | <input type="checkbox"/> B53 East African Write In*                       | <input type="checkbox"/> B99 Togolese                   |
| <input type="checkbox"/> B08 British Virgin Islander                        | <input type="checkbox"/> B54 Argentine                                    | <input type="checkbox"/> C01 West African Write In*     |
| <input type="checkbox"/> B09 Caymanian (Cayman Island)                      | <input type="checkbox"/> B55 Belizean                                     | <input type="checkbox"/> C02 Black Write In*            |
| <input type="checkbox"/> B10 Cuba Dominican                                 | <input type="checkbox"/> B56 Bolivian                                     | <input type="checkbox"/> W00 White                      |
| <input type="checkbox"/> B11 Dominican (Dominican Republic)                 | <input type="checkbox"/> B57 Brazilian                                    | <input type="checkbox"/> W01 Bosnian                    |
| <input type="checkbox"/> B12 Dutch Antillean (Netherlands Antilles)         | <input type="checkbox"/> B58 Chilean                                      | <input type="checkbox"/> W02 Herzegovinian              |
| <input type="checkbox"/> B13 Grenadian                                      | <input type="checkbox"/> B59 Colombian                                    | <input type="checkbox"/> W03 Polish                     |
| <input type="checkbox"/> B14 Guadeloupian                                   | <input type="checkbox"/> B60 Costa Rican                                  | <input type="checkbox"/> W04 Romanian                   |
| <input type="checkbox"/> B15 Haitian  | <input type="checkbox"/> B61 Ecuadorian                                   | <input type="checkbox"/> W05 Russian                    |
| <input type="checkbox"/> B16 Jamaican                                       | <input type="checkbox"/> B62 El Salvadoran                                | <input type="checkbox"/> W06 Ukrainian                  |
| <input type="checkbox"/> B17 Martiniquais/Martiniquaise                     | <input type="checkbox"/> B63 Falkland Islander                            | <input type="checkbox"/> W07 Eastern European Write In* |
| <input type="checkbox"/> B18 Montserratian                                  | <input type="checkbox"/> B64 French Guianese                              | <input type="checkbox"/> W08 Algerian                   |
| <input type="checkbox"/> B19 Puerto Rican                                   | <input type="checkbox"/> B65 Guatemalan                                   | <input type="checkbox"/> W09 Amazigh or Berber          |
| <input type="checkbox"/> B20 Caribbean Write In*                            | <input type="checkbox"/> B66 Guyanese                                     | <input type="checkbox"/> W10 Arab or Arabic             |
| <input type="checkbox"/> B21 Angolan  | <input type="checkbox"/> B67 Honduran                                     | <input type="checkbox"/> W11 Assyrian                   |
| <input type="checkbox"/> B22 Cameroonian                                    | <input type="checkbox"/> B68 Mexican                                      | <input type="checkbox"/> W12 Bahraini                   |
| <input type="checkbox"/> B23 Central African (Central African Republic)     | <input type="checkbox"/> B69 Nicaraguan                                   | <input type="checkbox"/> W13 Bedouin                    |
| <input type="checkbox"/> B24 Chadian  | <input type="checkbox"/> B70 Panamanian                                   | <input type="checkbox"/> W14 Chaldean                   |
| <input type="checkbox"/> B25 Congolese (Republic of the Congo)              | <input type="checkbox"/> B71 Paraguayan                                   | <input type="checkbox"/> W15 Copt                       |
| <input type="checkbox"/> B26 Congolese (Democratic Republic of the Congo)   | <input type="checkbox"/> B72 Peruvian                                     | <input type="checkbox"/> W16 Druze                      |
| <input type="checkbox"/> B27 Equatorial Guinean                             | <input type="checkbox"/> B73 South Georgia and the South Sandwich Islands | <input type="checkbox"/> W17 Egyptian                   |
| <input type="checkbox"/> B28 Gabonese                                       | <input type="checkbox"/> B74 Surinamese                                   | <input type="checkbox"/> W18 Emirati                    |
| <input type="checkbox"/> B29 São Toméan                                     | <input type="checkbox"/> B75 Uruguayan                                    | <input type="checkbox"/> W19 Iranian                    |
| <input type="checkbox"/> B30 Principe                                       | <input type="checkbox"/> B76 Venezuelan                                   | <input type="checkbox"/> W20 Iraqi                      |
| <input type="checkbox"/> B31 Central African Write In*                      | <input type="checkbox"/> B77 Latin American Write In*                     | <input type="checkbox"/> W21 Israeli                    |
| <input type="checkbox"/> B32 Burundian                                      | <input type="checkbox"/> B78 Botswanan                                    | <input type="checkbox"/> W22 Jordanian                  |
| <input type="checkbox"/> B33 Comoran  | <input type="checkbox"/> B79 Mosotho (Lesotho)                            | <input type="checkbox"/> W23 Kurdish                    |
| <input type="checkbox"/> B34 Djiboutian                                     | <input type="checkbox"/> B80 Namibian                                     | <input type="checkbox"/> W24 Lebanese                   |
| <input type="checkbox"/> B35 Eritrean                                       | <input type="checkbox"/> B81 South African                                | <input type="checkbox"/> W25 Libyan                     |
| <input type="checkbox"/> B36 Ethiopian                                      | <input type="checkbox"/> B82 Swazi  | <input type="checkbox"/> W26 Moroccan                   |
| <input type="checkbox"/> B37 Kenyan   | <input type="checkbox"/> B83 South African Write In*                      | <input type="checkbox"/> W27 Omani                      |
| <input type="checkbox"/> B38 Malagasy (Madagascar)                          | <input type="checkbox"/> B84 Beninese                                     | <input type="checkbox"/> W28 Palestinian                |
| <input type="checkbox"/> B39 Malawian                                       | <input type="checkbox"/> B85 Bissau-Guinean                               | <input type="checkbox"/> W29 Qatari                     |
| <input type="checkbox"/> B40 Mauritian (Mauritius)                          | <input type="checkbox"/> B86 Burkinabé (Burkina Faso)                     | <input type="checkbox"/> W30 Saudi Arabian              |
| <input type="checkbox"/> B41 Mahoran (Mayotte)                              | <input type="checkbox"/> B87 Cabo Verdean                                 | <input type="checkbox"/> W31 Syrian                     |
| <input type="checkbox"/> B42 Mozambican                                     | <input type="checkbox"/> B88 Ivorian (Cote d'Ivoire)                      | <input type="checkbox"/> W32 Tunisian                   |
| <input type="checkbox"/> B43 Reunionese                                     | <input type="checkbox"/> B89 Gambian                                      | <input type="checkbox"/> W33 Yemeni                     |
| <input type="checkbox"/> B44 Rwandan  | <input type="checkbox"/> B90 Ghanaian                                     | <input type="checkbox"/> W34 Middle Eastern Write In*   |
| <input type="checkbox"/> B45 Seychellois/Seychelloise                       | <input type="checkbox"/> B91 Liberian                                     | <input type="checkbox"/> W35 North African Write In*    |

Please see reverse for additional options.

\*Write In \_\_\_\_\_

**What race(s) do you consider your child? (Check all that apply) Continued**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> W36 White Write In*  | <input type="checkbox"/> N25 Skokomish Indian Tribe                                 | <input type="checkbox"/> A18 Okinawan                               |
| <input type="checkbox"/> W37 Kuwaiti  | <input type="checkbox"/> N26 Snohomish Tribe  | <input type="checkbox"/> A19 Pakistani                              |
| <input type="checkbox"/> N00 American Indian/Alaskan Native                                       | <input type="checkbox"/> N27 Snoqualmie Indian Tribe                                | <input type="checkbox"/> A20 Punjabi                                |
| <input type="checkbox"/> N01 Chinook Tribe  | <input type="checkbox"/> N28 Snoqualmoo Tribe                                       | <input type="checkbox"/> A21 Singaporean                            |
| <input type="checkbox"/> N02 Confederated Tribes and Bands of the Yakama Nation                   | <input type="checkbox"/> N29 Spokane Tribe of the Spokane Reservation               | <input type="checkbox"/> A22 Sri Lankan                             |
| <input type="checkbox"/> N03 Confederated Tribes of the Chehalis Reservation                      | <input type="checkbox"/> N30 Squaxin Island Tribe of the Squaxin Island Reservation | <input type="checkbox"/> A23 Taiwanese                              |
| <input type="checkbox"/> N04 Confederated Tribes of the Colville Reservation                      | <input type="checkbox"/> N31 Steilacoom Tribe                                       | <input type="checkbox"/> A24 Thai                                   |
| <input type="checkbox"/> N05 Cowlitz Indian Tribe   | <input type="checkbox"/> N32 Stillaguamish Tribe of Indians of Washington           | <input type="checkbox"/> A25 Tibetan                                |
| <input type="checkbox"/> N06 Duwamish Tribe   | <input type="checkbox"/> N33 Suquamish Indian Tribe of the Port Madison Reservation | <input type="checkbox"/> A26 Vietnamese                             |
| <input type="checkbox"/> N07 Hoh Indian Tribe   | <input type="checkbox"/> N34 Swinomish Indian Tribal Community                      | <input type="checkbox"/> A27 Asian Write In*                        |
| <input type="checkbox"/> N08 Jamestown S'Klallam Tribe  | <input type="checkbox"/> N35 Tulalip Tribes of Washington                           | <input type="checkbox"/> P00 Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> N09 Kalispel Indian Community of the Kalispel Reservation                | <input type="checkbox"/> N37 American Indian Write In*                              | <input type="checkbox"/> P01 Carolinian                             |
| <input type="checkbox"/> N10 Kikiallus Indian Nation  | <input type="checkbox"/> N38 Upper Skagit   | <input type="checkbox"/> P02 Chamorro                               |
| <input type="checkbox"/> N11 Lower Elwha Tribal Community   | <input type="checkbox"/> A00 Asian  | <input type="checkbox"/> P03 Chuukese                               |
| <input type="checkbox"/> N12 Lummi Tribe of the Lummi Reservation                                 | <input type="checkbox"/> A01 Asian Indian   | <input type="checkbox"/> P04 Fijian                                 |
| <input type="checkbox"/> N13 Makah Indian Tribe of the Makah Indian Reservation                   | <input type="checkbox"/> A02 Bangladeshi  | <input type="checkbox"/> P05 i-Kiribati/Gilbertese                  |
| <input type="checkbox"/> N14 Marietta Band of Nooksack Tribe                                      | <input type="checkbox"/> A03 Bhutanese  | <input type="checkbox"/> P06 Kosraean                               |
| <input type="checkbox"/> N15 Muckleshoot Indian Tribe   | <input type="checkbox"/> A04 Burmese/Myanmar  | <input type="checkbox"/> P07 Maori                                  |
| <input type="checkbox"/> N16 Nisqually Indian Tribe   | <input type="checkbox"/> A05 Cambodian/Khmer  | <input type="checkbox"/> P08 Marshallese                            |
| <input type="checkbox"/> N17 Nooksack Indian Tribe of Washington                                  | <input type="checkbox"/> A06 Cham   | <input type="checkbox"/> P09 Native Hawaiian                        |
| <input type="checkbox"/> N18 Port Gamble S'Klallam Tribe  | <input type="checkbox"/> A07 Chinese  | <input type="checkbox"/> P10 Ni-Vanuatu                             |
| <input type="checkbox"/> N19 Puyallup Tribe of Puyallup Reservation                               | <input type="checkbox"/> A08 Filipino   | <input type="checkbox"/> P11 Palauan                                |
| <input type="checkbox"/> N20 Quileute Tribe of the Quileute Reservation                           | <input type="checkbox"/> A09 Hmong  | <input type="checkbox"/> P12 Papuan                                 |
| <input type="checkbox"/> N21 Quinault Indian Nation   | <input type="checkbox"/> A10 Indonesian   | <input type="checkbox"/> P13 Pohpeian                               |
| <input type="checkbox"/> N22 Samish Indian Nation   | <input type="checkbox"/> A11 Japanese   | <input type="checkbox"/> P14 Samoan                                 |
| <input type="checkbox"/> N23 Sauk-Suiattle Indian Tribe of Washington                             | <input type="checkbox"/> A12 Korean   | <input type="checkbox"/> P15 Solomon Islander                       |
| <input type="checkbox"/> N24 Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation | <input type="checkbox"/> A13 Lao  | <input type="checkbox"/> P16 Tahitian                               |
|   | <input type="checkbox"/> A14 Malaysian  | <input type="checkbox"/> P17 Tokelauan                              |
|   | <input type="checkbox"/> A15 Mien   | <input type="checkbox"/> P18 Tongan                                 |
|   | <input type="checkbox"/> A16 Mongolian  | <input type="checkbox"/> P19 Tuvaluan                               |
|   | <input type="checkbox"/> A17 Nepali   | <input type="checkbox"/> P20 Yapese                                 |
|   |   | <input type="checkbox"/> P21 Pacific Islander Write In*             |

\*Write In \_\_\_\_\_

**REQUIRED INFORMATION: If born in a country other than the United States, please answer these questions:**

How many months have you been in the United States? \_\_\_\_\_ How many years? \_\_\_\_\_

Has your child had any formal education outside the United States?  Yes  No

Where and how long? \_\_\_\_\_

Date: \_\_\_\_\_ Legal Parent/Guardian Signature of Verification: \_\_\_\_\_





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

<b>Student Name:</b>	<b>Grade:</b>	<b>Date:</b>
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p><b>Right to Translation and Interpretation Services</b></p> <p>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.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p>	
<p><b>Eligibility for Language Development Support</b></p> <p>Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don’t Know ____</p>	
<p><b>Prior Education</b></p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><b><i>This form is not used to identify students’ immigration status.</i></b></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12<sup>th</sup> Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12<sup>th</sup> Grade)</p> <p>_____</p> <p>Month      Day      Year</p>	

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





SNOHOMISH  
SCHOOL  
DISTRICT

1601 Avenue D, Snohomish, WA 98290

# 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 see reverse side for more information.)

If you own/rent your own home, you do not need to complete this form (unless there are inadequate facilities, i.e. no water, heat, electricity, etc.).

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).

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional housing
- Other

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Month/Day/Year)

- Student is unaccompanied (not living with a parent or legal guardian)
- Student is living with a parent or legal guardian

Address or 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:

District Liaison: **Nina Hoffar**

Phone Number: **360-563-7284**

Location: **Resource and Service Center**

**FOR SCHOOL PERSONNEL ONLY:** For data collection purposes and student information system coding

- (N) Not Homeless
- (A) Shelters
- (B) Doubled-Up
- (C) Unsheltered
- (D) Hotels/Motels

## **MCKINNEY-VENTO ACT 42 U.S.C. 11435**

### **SEC. 725. DEFINITIONS.**

For purposes of this subtitle:

- (1) The terms “enroll and enrollment” include attending classes and participating fully in school activities.
- (2) The term “homeless children and youths” –
  - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
  - (B) includes –
    - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
    - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
    - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
    - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term “unaccompanied youth” includes a youth not in the physical custody of a parent or guardian.

### **ADDITIONAL RESOURCES**

Information and resources can be found at the following:

- National Center for Homeless Education - <https://nche.ed.gov>
- National Association for the Education of Homeless Children and Youth (NAEHCY) - <https://naehcy.org/resources>
- SchoolHouse Connection - <https://www.schoolhouseconnection.org>

(Last, First): \_\_\_\_\_ DOB: \_\_\_\_\_  M  F Grade: \_\_\_\_\_ ID #: \_\_\_\_\_  
Student Name

This information is needed to plan an appropriate program for your student and to prepare for any emergency situation if one should arise. **\*Washington state law requires that LIFE-THREATENING CONDITIONS such as ANAPHYLAXIS, DIABETES, SEIZURES or ASTHMA have a health plan completed prior to the first day of school. Please contact the building nurse as soon as possible to ensure all paper work is complete.**

### Congenital /Genetic Conditions

AG  Other \_\_\_\_\_  
AJ  Fetal Alcohol Spectrum Disorder \_\_\_\_\_

### Hematology (Blood)

BB  \*Hemophilia \_\_\_\_\_  
BC  Sickle Cell Anemia \_\_\_\_\_  
BD  Other Blood Condition \_\_\_\_\_

### Cardiovascular/Heart Conditions

CG  Other \_\_\_\_\_

### Endocrine, Allergy, Immune System, Metabolic, and Nutritional

EB  Other Allergy \_\_\_\_\_  
ED  Allergy-Food \_\_\_\_\_  
EE  Allergy-Insect \_\_\_\_\_  
EG  \*Anaphylactic Condition (EpiPen) \_\_\_\_\_  
EJ  Cystic Fibrosis \_\_\_\_\_  
EK/L  \*Diabetes Type 1  \*Diabetes Type 2  
EM  Allergy to Medication(s) \_\_\_\_\_  
EN  Eating Disorder \_\_\_\_\_  
EO  Other Endocrine, Immune, or Metabolic Disorder \_\_\_\_\_  
EU  Thyroid Disorder \_\_\_\_\_

### Gastrointestinal, Dental, and Oral Conditions

GA/J/K  Celiac Disease  Crohn's  Irritable Bowel  
GD  Dental Condition \_\_\_\_\_  
GG  Food Intolerance \_\_\_\_\_  
GH/L  Gastroesophageal Reflux  Lactose Intolerance  
GI  Other \_\_\_\_\_  
GM  Liver Disease \_\_\_\_\_  
GN  Oral Condition \_\_\_\_\_

### Musculoskeletal and Connective Tissue

MB  Other \_\_\_\_\_  
MC  Juvenile Rheumatoid Arthritis \_\_\_\_\_  
MD  Muscular Dystrophy \_\_\_\_\_  
MF  Osgood-Schlatter \_\_\_\_\_  
MH  Scoliosis \_\_\_\_\_

### Skin and Subcutaneous Tissue

SB  Contact Dermatitis (Eczema) \_\_\_\_\_  
SH  Other \_\_\_\_\_

Is medication needed at home?  No  Yes Please list: \_\_\_\_\_  
Is medication needed at school?  No  Yes Please list: \_\_\_\_\_  
Hospital preference: \_\_\_\_\_

**Medical History (check all that apply) or  No health condition at this time (please sign below).**

If parent/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities. I authorize and direct the school authorities to send the student to the hospital or doctor most accessible. I understand that I will assume full responsibility for the payment of any services rendered. I understand that the information given above will be shared with appropriate school staff that needs to know in order to provide for the health and safety of my student. I give my consent for Snohomish School District staff to obtain and enter vaccine dates and information into the WAIS to maintain my student's immunization record.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

### Nervous System

ADHD-Inattentive  ADHD-Hyperactive/Impulsive  
NB  ADHD-Combined, Diagnosed by: \_\_\_\_\_  
NC  Autism Spectrum Disorder \_\_\_\_\_  
ND  Central Nervous System Condition Other \_\_\_\_\_  
NE  Cerebral Palsy \_\_\_\_\_  
NF  Developmental Disability \_\_\_\_\_  
NH/I/J  Migraines  Headaches  Shunt  
NN  Paralysis \_\_\_\_\_  
NP  \*Seizure Disorder \_\_\_\_\_  
NQ  Sensory Condition \_\_\_\_\_  
NS  Spina Bifida \_\_\_\_\_  
NT  Spinal Cord Injury \_\_\_\_\_  
NU  Traumatic Brain Injury \_\_\_\_\_

### Behavioral Health Conditions

PA  Anxiety \_\_\_\_\_  
PC  Depression \_\_\_\_\_  
PH  Sleep Disorder \_\_\_\_\_  
PI  Tourette Syndrome \_\_\_\_\_  
PJ  Other \_\_\_\_\_

### Respiratory

RA  Exercise-Induced Bronchospasm  \*Inhaler  
RE  Reactive Airway Disease \_\_\_\_\_  
RF  Other \_\_\_\_\_  
RG  \*Asthma – current  \*Inhaler  
RH  Asthma – ever-diagnosed

### Neoplasms (Cancer/Tumors)

TI  Other \_\_\_\_\_

### Renal and Genitourinary

UB  Chronic Urinary Tract Infection \_\_\_\_\_  
UC  Dysmenorrhea (painful menstrual periods) \_\_\_\_\_  
UD  Genito-Urinary Condition Other \_\_\_\_\_  
UH  Renal Condition Other \_\_\_\_\_

### Eye and Ear

YB  Hearing Impaired \_\_\_\_\_  
YA/YC  Chronic Ear Infections  Ear Condition \_\_\_\_\_  
YD  Visually Impaired \_\_\_\_\_  
YE  Eye Condition \_\_\_\_\_  
YF  Wears Glasses \_\_\_\_\_ Last Eye Eval: \_\_\_\_\_

# EMERGENCY INFORMATION

Please print student's last name: \_\_\_\_\_ Bus #: \_\_\_\_\_

*In order to provide immediate and safe care for your child and carry out your wishes in case of injury or illness at school, we require the following information. Please fill out completely. **Please Print.***

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grad Year: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip

Lives with:  Parents  Mother only  Mother/Stepfather  Guardian  Father only  Father/Stepmother

Other: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary language spoken at home:  English  Spanish  Other: \_\_\_\_\_

Day Care Provider (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**Please complete the following if student has a non-custodial parent who can make emergency decisions for the student and receive copies of records involving this student, including newsletters, grade reports, correspondence, etc.**

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip

Parent/Guardian Name 1: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In addition to the parent/guardian, if you cannot be reached, the school may call and release your child to any of the following:**

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

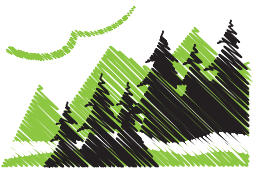
**Please list all children in Snohomish School District this year. (Please list students in this school first.)**

Last Name	First Name	School	Grade

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please check here if any information on this form is new.

**\*\*\*THIS FORM MUST BE RETURNED AT REGISTRATION**



# School Attendance *form*

## School attendance is required by state law.

- State law requires children from age 8 to 17 to attend school.
- Children that are 6- or 7-years-old, who are enrolled in school, must also attend school.
- Youth who are 16 or older may be excused from attending school if they meet certain requirements per state law (RCW 28A.225.010).
- If your child is going to be absent, please contact the school office.

## School's duties upon a student's absences:

- If your child has three unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your child.
- In elementary school after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference. A conference is not required if your child has provided a doctor's note, or pre-arranged the absence in writing, and plans are in place so your child does not fall behind academically.
- If your child has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. You and your child may need to appear in juvenile court.

## Did you know?

- Attending school on-time, all day, every day will give your child the best chance of graduating from high school.
- Starting in kindergarten, missing on average just two days a month, whether excused or unexcused, makes it more likely that your child will not meet academic standards in math and reading by third grade.

- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.
- By 9th grade, regular attendance is a better predictor of high school graduation rates than 8th grade test scores.

## What you can do:

- Don't let your child stay home unless they are truly sick, such as fever, vomiting, diarrhea, or a contagious rash.
- Avoid appointments and travel when school is in session.
- Keep track of your child's attendance. Missing more than nine days, excused or unexcused, could put your child at risk of falling behind.
- Set a regular bedtime and morning routine as well as finishing homework and packing backpacks the night before.
- Have a back-up plan in place with family members, neighbors, or other parents for getting your child to school in case something comes up.

If you are struggling to get your child to school for any reason, we are here to support you and work with you towards possible solutions. Please do not hesitate to contact the school office to schedule an appointment to discuss your child's attendance.

I acknowledge that I have read (or I have had someone read this to me) and I understand this document.

Student Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Current address: \_\_\_\_\_  
Street City Zip

Phone/Contact Number: \_\_\_\_\_

**Do you have other children that attend a school in the Snohomish School District?**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

*I declare under penalty of perjury under the laws of the State of Washington  
that the information provided here is true and accurate.*

**Print name of person completing form:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Relationship to student(s):  Parent  Guardian  Self  Other \_\_\_\_\_

Please read and complete this form and return to your child's school office by the end of September.

# Vaccines Required for School: Preschool -12th

August 1, 2024 to July 31, 2025



	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
<b>Preschool</b> Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
<b>Preschool/Kindergarten (including Transitional Kindergarten)</b> Age =4 * years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses
<b>Kindergarten through 6th</b> Age ≥5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
<b>Grade 7 through 11</b>	5 doses DTaP** <i>Plus</i> Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
<b>Grade 12</b>	5 doses DTaP** <i>Plus</i> Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

\*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

\*\*Vaccine doses may be acceptable with fewer than listed depending on when they were given.

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: [www.immunize.org/cdc/schedules](http://www.immunize.org/cdc/schedules).

Review the Individual Vaccine Requirements Summary for more detailed information. Find it on our web page: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

DOH 348-051 Dec. 2023





Vaccine	Dose #	Minimum Age	Minimum Interval* Between Doses	Notes
Hepatitis B (Hep B)	Dose 1	Birth	4 weeks between dose 1 & 2	2 doses are acceptable if both doses are documented as adult doses of Recombivax HB* given at age 11 through 15 years. The doses must be separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP and Tdap)	Dose 1	6 weeks	4 weeks between dose 1 & 2	A 6 month interval is recommended between dose 3 and dose 4, but a minimum interval of 4 months is acceptable. Dose 5 not needed if dose 4 on or after the 4th birthday and at least 6 months after dose 3  DTaP can be given to children through age 6. If catch-up doses are needed at age 7 and older, Tdap is used followed by additional doses of Tdap or Td if needed.  A Tdap booster dose is required for all students in grades 7-12.  For students in 7th –11th grade, Tdap dose is acceptable if given on or after 10 years of age. For students in 12th grade, Tdap dose is acceptable if given on or after 7 years of age.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	
	Dose 5	4 years	—	
Haemophilus influenzae type B (Hib)	Booster	10 years	—	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be ≥12 months of age.  Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: <a href="https://www.doh.wa.gov/SCCI">https://www.doh.wa.gov/SCCI</a> page 12.
	Dose 1	6 weeks	4 weeks between dose 1 & 2	
Pneumococcal Conjugate (PCV13, PCV15 or PCV20)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: <a href="https://www.doh.wa.gov/SCCI">https://www.doh.wa.gov/SCCI</a> page 17.  Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Polio vaccine is required for all students, even those 18+ years old  Dose 4 not needed if dose 3 on or after the 4th birthday and at least 6 months after dose 2.  OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	4 years	—	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between dose 1 & 2	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see* footnote.
	Dose 2	13 months	—	
Varicella (Chickenpox) (VAR or MMRV)	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years) 4 weeks between dose 1 & 2 (13 years and older)	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable. Must be given the same day as MMR OR at least 28 days apart, see* footnote.  Healthcare provider verification of disease history is acceptable to document immunity.
	Dose 2	15 months	—	

\*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist).

See the Individual Vaccine Requirements Summary for more details about the schedules. Visit: <https://www.doh.wa.gov/SCCI>



# 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

X

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature Required if Starting in Conditional Status \_\_\_\_\_

Date \_\_\_\_\_

- ▲ Required for School
- Required Child Care/Preschool

Date	Date	Date	Date	Date	Date
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)

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)

Printed Name \_\_\_\_\_

Licensed Health Care Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Health Care Provider or School Official Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_

**NOTICE:** A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

## Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

### PERSONAL/PHILOSOPHICAL EXEMPTION\*

- |                                     |   |                                  |   |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B                | <input type="checkbox"/> Hib     | <input type="checkbox"/> Pneumococcal           |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

*\*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law*

### RELIGIOUS EXEMPTION

- |                                     |   |                                  |   |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B                | <input type="checkbox"/> Hib     | <input type="checkbox"/> Pneumococcal           |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles    | <input type="checkbox"/> Mumps                      | <input type="checkbox"/> Rubella |   |

## Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X \_\_\_\_\_  
Parent/Guardian Name (print) Parent/Guardian Signature Date

## Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X \_\_\_\_\_  
Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date

MD  ND  DO  ARNP  PA Washington License # \_\_\_\_\_

## RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

## Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X \_\_\_\_\_  
Parent/Guardian Name (print) Parent/Guardian Signature Date



# Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate (MM/DD/YYYY):** \_\_\_\_\_

**NOTICE:** This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

## Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

*Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."*

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

  X   \_\_\_\_\_  
Licensed Health Care Practitioner Name (print)      Licensed Health Care Practitioner Signature      Date

MD    ND    DO    ARNP    PA      Washington License # \_\_\_\_\_

## Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

  X   \_\_\_\_\_  
Parent/Guardian Name (print)      Parent/Guardian Signature      Date



## Exemptions to School and Child Care Immunization Requirements Quick Reference Guide

A child can have an exemption from one or more of the required immunizations for school or child care entry ([RCW 28A.210.090](#)). To request an exemption, a parent or guardian must complete and sign the Certificate of Exemption form (COE) **and turn it in to the child's school or child care center.**

For all exemptions except Religious Membership exemptions, the COE must be signed by a health care practitioner saying they have given the parent or guardian information about the benefits and risks of immunizations. Instead of signing the COE the health care practitioner can write and sign a letter saying the same thing. The letter should be attached to the COE signed by the parent or guardian. A health care practitioner who is allowed to sign the COE must be a physician (MD), physician assistant (PA), osteopath (DO), naturopath (ND), or advanced registered nurse practitioner (ARNP) licensed in Washington State ([WAC 246-105-020](#)).

If a child has an exemption in place and then gets a dose of that vaccine, the exemption for that vaccine requirement is no longer valid. If a child with an exemption has had all of the required doses of a vaccine the exemption is not needed and immunization status of the child for that vaccine is complete.

### Four Types of Exemptions:

**Medical Exemption:** A health care practitioner may grant a medical exemption to a vaccine requirement only if in their judgment, the vaccine is not advisable for the child. When the reason for the medical exemption is no longer valid the child must get the vaccine. Guidance on medical exemptions can be found in the Advisory Committee on Immunization Practices (ACIP) **publication, "Guide to Vaccine Contraindications and Precautions,"** [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html). Information is also in **the manufacturer's** vaccine package insert.

Medical exemptions may be permanent or temporary.

- **Permanent medical exemption:** This exemption does not have an expiration date and is used when the reason for the medical exemption is not expected to change.
- **Temporary medical exemption:** This exemption has an expiration date and is used when the reason for the exemption is temporary. Health care practitioners must put the date that the temporary exemption ends on the COE. School, preschool, and child care staff should monitor temporary exemptions. When the temporary exemption ends the child can stay in school or child care in conditional status for up to 30 days to get the missing immunization or another exemption.

**Philosophical/Personal Exemption:** This is used when the parent or guardian has a personal or philosophical objection to the immunization of their child. A philosophical/personal exemption cannot be used to exempt a child from measles, mumps or rubella vaccine requirements.

**Religious Exemption:** This is used when the parent or guardian has a religious belief that is against giving the vaccine to their child. The parent or guardian does not need to explain their religious belief. The health care practitioner, school, preschool and child care staff do not need to verify the religious beliefs of the parent or guardian.

**Religious Membership Exemption:** This is used when the parent or guardian belongs to a church or religious group that does not allow their child to get medical treatment by health care practitioners. School, preschool and child care staff do not need to verify the religious beliefs of the parent or guardian. This exemption does not need a healthcare practitioner signature. If the parent or guardian takes their child to see a health care practitioner for things like well-child, illness, and injury care they cannot use this exemption. They need to use the Religious Exemption area of the COE which must have a healthcare practitioner signature.

COE Form and Frequently Asked Questions: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

**Instructions for completing the Certificate of Immunization Status (CIS): Print the form 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: [waitrecords@doh.wa.gov](mailto:waitrecords@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
AectHB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediatrix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinnix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	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	MP5V4	Recombinax 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).



## **Military Recruiter Opt-Out Form**

Section 9528 of the No Child Left Behind Act of 2001 requires schools to release our family's private information to military recruiters unless we "opt out" in writing.

As a parent/guardian, I am exercising the right to "opt-out" and request that you do not release the name, address and telephone number of the following student to military recruiters.

As a student, I am exercising the right to "opt-out" and request that you do not release the name, address and telephone number of the following student to military recruiters.

*Federal public law 107-110, section 9528 of the ESEA, "No Child Left Behind Act" requires school districts to release student names, addresses, and phone numbers to military recruiters upon request. The law also requires the school district to notify students and parents/guardians of the right to opt-out from this by requesting that the district not release students' information to military recruiters. This form is intended to serve as a request to withhold this information.*

***Please note – Opt-out restrictions must be renewed at the beginning of each school year.***

*Student Name*

\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

*Signature of Student*

\_\_\_\_\_

*Parent/Guardian Name*

\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

*Signature of Parent/Guardian*

\_\_\_\_\_

*Date Signed*

\_\_\_\_\_

**For Office Use Only**

- 1. Enter opt-out date in Skyward student record – Custom Forms/Military Opt Out.**
- 2. From WS/ST/TB/CF – Web Student/Student Tabs/Custom Forms.**
- 3. Check military opt-out box and enter date of military opt out.**
- 4. Retain this signed form at the school for the current school year.**





**Photos/Recordings Opt-Out Form**

There are times during the year when photographs or audio-visual recordings of students may be taken for school or district use. When possible, we will alert parents/guardians in advance, but this is not always possible.

It is important that you know that student family members, community members, and attendees at school events may take and publish photos and other recordings of students without coordinating such with school district personnel, and it is possible that your student could appear in a third party's photos and other recordings. Snohomish School District is not responsible for the use of any of your student's likeness (photo, voice, etc.) that appears in those photos and recordings.

You may choose to opt out of allowing your student to appear in photos or other recordings taken by or on behalf of your child's school and/or the Snohomish School District by checking and signing below.

I do NOT want my student to appear in photos or audio-visual recordings taken by or on behalf of the Snohomish School District. **(By checking this box your student will NOT appear in ANY photos and recordings taken for yearbook, classroom/school/district presentations, parent club/classroom/school/district newsletters, media, etc.)**

***Please note – Opt-out restrictions must be renewed at the beginning of each school year.***

*Student*

\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

*Parent/Guardian*

\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Contact Phone*

**For Office Use Only**

- 1. Enter opt-out date in Skyward student record – Custom Forms/Internet Opt Out**
- 2. From WS/ST/TB/CF – Web Student/Student Tabs/Custom Forms**
- 3. Check photo opt-out box and enter date of Photo Opt Out.**
- 4. Retain this signed form at the school for the current school year**



**Washington State Title I Migrant Education Program**  
**Eligibility Survey**

Dear Parents/ Legal Guardians:

The Washington State Office of Superintendent of Public Instruction funds programs designed to help children ages 0 through 21 who have moved on their own or with their parents within the past three years to seek or obtain temporary or seasonal work as a principal means of livelihood in activities related to:

- Agriculture
- Poultry
- Dairy
- Warehouses/Packing
- Forestry
- Commercial Fishing
- Beef
- Shellfish

**We would appreciate your cooperation in answering the following questions.**

1. Have you and your family moved recently within the last three years?  
 Yes  No
2. Have you and your family relocated to an area that lies in the boundaries of a different school district, even temporarily, within the last three years?  
 Yes  No
3. Was the purpose of the move or relocation to work in any of the previously mentioned activities (or other related activities)?  
 Yes  No
4. Have you participated in traditional American Indian harvesting activities, if it is part of your cultural heritage?  
 Yes  No
5. If you answered "yes" to two or more of the previous questions, can we contact you for more information?  
 Yes  No

Comments: \_\_\_\_\_

If you or your children moved to seek or obtain temporary or seasonal work, you or your children may qualify to receive the following services:

- Transfer of Educational and Health Information (nationwide)
- Educational/Health Services
- Free Breakfast and Lunch

**Please provide the following necessary information below:**

Names of Parent(s) or Legal Guardians(s): \_\_\_\_\_

Address (Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (if applicable): \_\_\_\_\_

**Please send this form to:**  
Snohomish School District  
c/o Teaching & Learning Services  
1601 Avenue D  
Snohomish, WA 98290

**Questions? Please contact:**  
Karla Reyes, Migrant and MLL Family Liaison  
karla.reyessanchez@sno.wednet.edu  
Phone: 360-563-7290

**Thank you. Let's work together to improve our children's education.**



**Consent to Release Educational Records**

The following student/s has/have enrolled in the Snohomish School District:

Student \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Student \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

For the purpose of gathering data relevant to educational programming, we request the transfer of records for the above-named student(s) between the Snohomish School District and:

Name/Agency/School \_\_\_\_\_ Phone \_\_\_\_\_  
(agency or former school)

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Please mail official school records including the following:

*(Special programs include International Baccalaureate, ELL/MLL, Honors, etc.)*

- All State Assessment Scores
- Attendance Records
- Discipline Records
- Unpaid Fine/Fees\*
- Transcript/Academic Record
- Washington State History Status =  Met  Not Met  Other \_\_\_\_\_
- Standardized Test Information
- Educational Cumulative File
- Special Programs Placement
- 504 Plan
- Current Year/and or Future Year Class Schedule (High School only)
- Immunization Records
- Withdrawal Form and Grades
- Report Cards
- Verification of Birth Date

**Responding agency/school please address information regarding this student to:**

- Cascade View Elementary – Fax: 360-563-7004 – PH: 360-563-7000 – 2401 Park Ave., Snohomish, WA 98290
- Cathcart Elementary – Fax: 360-563-7078 – PH: 360-563-7075 – 8201 188th St. SE, Snohomish, WA 98296
- Central Emerson Elementary (Central Campus) – Fax: 360-563-4604 – PH: 360-563-4600 – 221 Union Ave., Snohomish, WA 98290
- Dutch Hill Elementary – Fax: 360-563-4455 – PH: 360-563-4450 – 8231 131st Ave. SE, Snohomish, WA 98290
- Central Emerson Elementary (Emerson Campus) – Fax: 360-563-7157 – PH: 360-563-7150 – 1103 Pine Ave., Snohomish, WA 98290
- Little Cedars Elementary – Fax: 360-563-2902 – PH: 360-563-2900 – 7408 144th Place SE, Snohomish, WA 98296
- Machias Elementary – Fax: 360-563-4828 – PH: 360-563-4825 – 231 147th Ave. SE, Snohomish, WA 98290
- Riverview Elementary – Fax: 360-563-4378 – PH: 360-563-4375 – 7322 64th St., SE, Snohomish, WA 98290
- Parent Partnership Program – Fax: 360-563-3439 – PH: 360-563-3423 – 525 13th St., Snohomish, WA 98290
- Seattle Hill Elementary – Fax: 360-563-4680 – PH: 360-563-4675 – 12711 51st Ave. SE, Everett, WA 98208
- Totem Falls Elementary – Fax: 360-563-4756 – PH: 360-563-4756 – 14211 Sno-Cascade Drive, Snohomish, WA 98296
- Centennial Middle School – Fax: 360-563-4585 – PH: 360-563-4528 – 3000 South Machias Rd., Snohomish, WA 98290
- Valley View Middle School – Fax: 360-563-4236 – PH: 360-563-4239 – 14308 Broadway Ave. SE, Snohomish, WA 98296
- AIM High School – Fax: 360-563-3402 – PH: 360-563-3400 – 525 13th St., Snohomish, WA 98290
- Glacier Peak High School – Fax: 360-563-7630 – PH: 360-563-7600 – 7401 144th Place SE, Snohomish, WA 98296
- Snohomish High School – Fax: 360-563-4197 – PH: 360-563-4059 – 1316 Fifth St., Snohomish, WA 98290

According to the Family Educational Rights and Privacy Act [U.S. Code: Title 20, Section 123g, a(6) 1B], it is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll, may receive a student’s record without written consent for such release.

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent, except as allowed by WAC 392-171-631.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent, guardian or adult student

\*Please let us know if you are unable to forward records due to unpaid fines/fees.