



Student Information and Enrollment Form

Chimacum School District No. 49
 PO Box 278, Chimacum, Washington 98325

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

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

STUDENT NAME Legal Last Name		Legal First Name	Legal Middle Name	Previous Name (if applicable)
BIRTHDATE (Month/Day/Year)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE LEVEL
BIRTHPLACE City State Country		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Agency <input type="checkbox"/> Other _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.			Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other			PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.			Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other		
RESIDENT ADDRESS	Street	Apt #	City	State	ZIP						
MAILING ADDRESS (If different)	Street	Apt #	PO Box	City	State	ZIP					
PRIMARY (HOME) Phone: (Include area code)				Please check if unlisted <input type="checkbox"/>							
				Please check if cell number <input type="checkbox"/>							
Guardian #1 Work Phone (include area code)		Active Military, Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Guardian #2 Work Phone (include area code)							
Guardian #1 Cell Phone (include area code)		Guardian #2 Cell Phone (include area code)									
GUARDIAN #1 EMAIL ADDRESS:			GUARDIAN #2 EMAIL ADDRESS:								

FILL OUT THIS SECTION ONLY IF STUDENT HAS A PARENT/LEGAL GUARDIAN NOT LIVING AT THE ADDRESS ABOVE

SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)		Active Military Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No	SECOND HOUSEHOLD EMAIL

IS THERE A PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy to the office.
IS THERE A COURT ORDER IN EFFECT THAT LIMITS EDUCATIONAL DECISION MAKING OR CONTACT WITH THE STUDENT OR SCHOOL (RESTRAINING ORDER, PROTECTION ORDER, NO CONTACT ORDER, ANTI-HARRASSMENT ORDER, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy to the office.
Court order limits <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

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



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

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</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>Eligibility for Language Development Support</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>Prior Education</p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th 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-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>	

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





RACE AND ETHNICITY FORM

Please turn this page over to complete the Race and Ethnicity Survey. It asks you to tell us the race and ethnic heritage of your child.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

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

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

Name of Student: _____

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

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

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

Black/ African-American Continued	
<input type="checkbox"/>	South African
<input type="checkbox"/>	Botswanan
<input type="checkbox"/>	Mosotho (Lesotho)
<input type="checkbox"/>	Namibian
<input type="checkbox"/>	South African
<input type="checkbox"/>	Swazi
<input type="checkbox"/>	South African (Write In)
<input type="checkbox"/>	Black (Write In)
<input type="checkbox"/>	Latin American
<input type="checkbox"/>	Argentine
<input type="checkbox"/>	Belizean
<input type="checkbox"/>	Bolivian
<input type="checkbox"/>	Brazilian
<input type="checkbox"/>	Chilean
<input type="checkbox"/>	Colombian
<input type="checkbox"/>	Costa Rican
<input type="checkbox"/>	Ecuadorian
<input type="checkbox"/>	El Salvadoran
<input type="checkbox"/>	Falkland Islander
<input type="checkbox"/>	French Guianese
<input type="checkbox"/>	Guatemalan
<input type="checkbox"/>	Guyanese
<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	So. Georgia/So. Sandwich Islands
<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Venezuelan
<input type="checkbox"/>	Latin American (Write In)

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

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

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

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

CHIMACUM SCHOOL DISTRICT STUDENT MEDICAL ALERT UPDATE

DATE: _____

Student Name: _____
(Last) (First) (MI)

Health History: Please complete this form. This information is considered CONFIDENTIAL and will be available to health room staff, your child's teacher(s), building administrators and others as needed to ensure your child's safety and protection at school.

Health Concerns (please list concern/specify dates and add any pertinent details)

Allergies (i.e. Bees, food, medications): _____

Health conditions (for example asthma, Seizure disorder, physician confirmed Migraine headaches, diabetes): _____

Medications (currently taking): _____

Other: _____

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360.302.5823



Food and Nutrition Department
91 West Valley Rd, PO Box 278
Chimacum, WA 98325



P: 360.302.5807
F: 360.732.4336



WWW.CSD49.ORG



To the Parent of Guardian of _____
Allergy _____
Self-Monitors _____

USDA Child Nutrition Programs support access to healthy meals to all children, including children with disabilities who have special dietary needs. A disability is defined as an impairment that substantially limits a major life activity. This can include allergies and digestive conditions. However, it does not include personal diet preferences.

Please be advised that the USDA Child and Nutrition Program must follow certain guidelines when accommodating a student with allergies and digestive conditions. Our office (Chimacum School Food and Nutrition Department) is in the process of updating our records and have enclosed the form "Request for Special Dietary Accommodations" that will need to be filled out and signed by a State Recognized Medical Authority in order for us to provide food to be substituted or omitted/avoided from your student's diet.

We will be requiring the form to be on file in our office for the school year 2021/2022 and beyond. Please have the enclosed dietary accommodation form filled out and turned back in at your earliest convenience and no later than September 11th, 2021. Continued communication is necessary for the most up to date care. Please communicate with our office if there are: 1. New special dietary needs 2. Updated restrictions (for example: your child was not able to eat tomatoes, but now they can). 3. Questions or concerns about your child's care.

We realize that some students have some diet sensitivities which do not need the request form. These are "Self Monitored" cases. We would still like to have you turn in a letter to our department that states this fact so that we can still have on file in our office. If your child has had an allergy in the past that is no longer valid, please send a signed statement regarding that fact and send to our office at the above address.

Thank you for your continued support and please remember that we will need the "Request for Dietary Accommodations" as soon as possible. If you have any questions, please feel free to call Margaret Garrett, Food Services Director at 360-302-5807

Chimacum School District
Food and Nutrition Department

DEEP ROOTS BROAD HORIZONS

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

Dear Families,

Date _____

Cedars (state/Federal) reporting is requiring school districts report on military family status.

Please complete the following information:

Student name: _____ Grade: _____

1. Student/Family has member currently active in the military
2. Current member of Reserves
3. Current member of WA National Guard
4. More than one parent/guardian in the above
5. No parent/guardian is serving

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sarah_walker@csd49.org

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Chimacum School District

Request to Prevent Disclosure of Directory Information

Student records are private by law

Federal law prohibits school districts from releasing information found in student files without parent/guardian permission, **except for what is called directory information.**

Parents can tell the school and district to keep directory information private as well, with this form

The district does not release directory information for commercial purposes. Directory information may be released under the Family Educational Rights and Privacy Act of 1974 (FERPA). However, parents of students under age 18 and students themselves who are over 18 have the right to tell the school district and its schools to keep directory information private.

What is directory information? Directory information includes:

- Name
- Home address
- Photographs
- E-mail addresses, including personal and school-assigned
- Date and place of birth
- Participation in officially recognized activities and sports
- Dates of enrollment
- Enrollment status
- Telephone number(s)
- Degrees and awards received
- Most recent/previous school attended
- Weight and height of members of athletic teams

Options for keeping directory information private

The district provides three options for withholding directory information, which means keeping it private. Each option concerns how widely the information might be communicated.

Public use: Your student's directory information **would not be used in any communication that could reach the public.** That includes, for example:

- The school's web site or district web site, which can be reached by anyone
- A press release or media story (newspaper, radio or television) on an award, play or class project
- Graduation program
- District newsletter to all parents or district calendar
- School video shown at a school board meeting open to the public

District internal use: Your student's directory information **would not be used in any communication within the school district.** That includes, for example:

- A district newsletter that goes to all staff
- A secure internal district web site that cannot be accessed from outside the district
- Any other publications directed at district staff members
- A video shown to teachers from other schools within the district

Local/school use: Your student's directory information **would not be used in any communication by his or her school.** That includes, for example:

- Student or PTSA directory
- School yearbook
- School newsletter
- School web site open only to classmates

Students in Grades 9-12 Have Three Additional Options

Military: Your student's directory information **would not be released to any branch of the armed services.** The military is entitled to the names, telephone numbers, and addresses of high school students unless the parent, guardian, or student (even if under the age of 18) checks the box on this form. The military does have other sources for names and addresses, so checking this box does not guarantee that the military will not contact your child.

Higher education: Your student's directory information **would not be released to any institution of higher education.** Again, colleges and universities may get lists of students from other sources such as educational testing groups. Students may still ask for their information and records to be supplied to specific colleges or universities even if parents check this box. This option would only mean that responses to requests for the names and addresses of all juniors at a high school, for example, would not include your student's information.

OSPI: Your student's directory information **would not be released to OSPI** for the purpose of sharing with institutions of higher education. Students may still ask for their information and records to be supplied to specific colleges or universities even if parents check this box. This option would only mean that the students' directory information would not be shared with OSPI.

Chimacum School District
Request to Prevent Disclosure of Directory Information

Directory Information Withhold Form

If you want the school and district to keep your student's directory information private, submit this form to your student's school office on or before October 1 of the current school year, even if you submitted a form last year. If you do not return the form by October 1 of the current school year or do not check any of the boxes on this form, directory information may be released. Please use one form for each student in your household. Additional forms are available at your student's school.

Please consider carefully the consequences of a decision to withhold directory information. Should you decide to ask the district to withhold information from public, district internal and local/school use, the district will not be able to release any information on your student for any reason.

Please print:

Student's First Name _____ Last Name _____

Student's School _____ Grade _____

I want the school district to keep my student's directory information private by withholding it from:

Public use. I want my student's directory information kept private from any outside entity or any communication that may reach the public, including event announcements, press releases or media coverage of any school events or programs, announcements of awards or achievements, **graduation announcement supply companies**, unrestricted school or district Web sites, or publications that are distributed to all parents in the district or to the community. **Note: by checking this box, a student's name cannot be announced at graduation or printed in the graduation program.**

District internal use. I want my student's directory information withheld from internal district communication, including district staff newsletters or secure internal web sites.

Local/school use. I want my student's directory information withheld from any school-specific communication, including school newsletters or restricted-access class Web sites. **Note: By checking this box, your student's name and photo cannot be printed in the school yearbook or a school directory.**

Signature _____ Date _____
Parent/guardian must sign unless the student is 18 years or older

Students in Grades 9-12 Only:

- OSPI:** I want my/my student's directory information to be withheld from OSPI.
- Military:** I want my/my student's directory information to be withheld from the military.
- Higher education:** I want my/my student's directory information to be withheld from higher education institutions.

Signature _____ Date _____
Parent/guardian/student. - Students under 18 can sign this section.

**National School Lunch Program/School Breakfast Program
2024–25 Letter to Households**

Dear Parent/Guardian:

Chimacum School District will serve meals each school day at no charge. It is important that you still complete the Child Nutrition Eligibility & Education Benefit application though as it may qualify you for: Summer EBT benefits, reduced fees for other programs and activities, and/or help secure funding for your school district.

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to your school office.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at 360-302-5807.

USDA Child Nutrition Program Income Guidelines Effective July 1, 2024–June 30, 2025					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each add'l family member, add:	\$9,953	\$830	\$415	\$383	\$192

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5*; Part 6 is optional.

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
- Enter a case number
- Adult household member's signature

Complete *Parts 1, 2, 4, and 5*. Part 6 is optional.

Last 4 digits of SSN are not required for C.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1 and 5*. Part 6 is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "A. For households not getting any assistance:" and include the foster child's personal use income.

National School Lunch Program/School Breakfast Program
2024–25 Letter to Households

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

My child's application was approved last year. Do I need to fill out a new one?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

What if some household members have no income to report?

Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Justin Oas the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 360-302-5807.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDIPIR, you may be eligible for benefits and may fill out an application at that time.

USDA Non-Discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

National School Lunch Program/School Breakfast Program
2024–25 Letter to Households

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Nondiscrimination Statement: Chimaicum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary

stephanie_mccleary@csd49.org

PO Box 278, Chimaicum, WA 98325-0278

360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah_walker@csd49.org

PO Box 278, Chimaicum, WA 98325-0278

360.302.5823

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: Your child's School Office, Complete one application per household

Check here if you received meal benefits last year: Homeless Migrant

1. List all students living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food TANF Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)		Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed	Monthly											
	Foster	Other				Weekly	Bi-weekly	2 X Month	Monthly	Weekly	Bi-weekly	2 X Month					
	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): _____ Last Four Digits of Social Security Number (SSN) of _____ (Check if no SSN:)

(total listed must equal number of household members listed above)

5. Contact Information & Signature – Complete, sign, and return this application to:

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member _____

Adult Household Member Signature _____

E-mail Address _____

Mailing Address _____

City, State & Zip Code _____

Daytime Phone _____

Date _____

6. Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities: American Indian or Alaska Native Asian Black, or African American Native Hawaiian or Other Pacific Islander Hispanic or Latino White Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or
- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3. email: Program.intake@usda.gov

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size Weekly Bi-Weekly 2x per Month Monthly Annual Income Household Total Household Income \$ Other: _____

APPLICATION APPROVED FOR: Free Eligible Income Over Allowed Amount Other: _____ Reduced-Price Eligible Incomplete/Missing Information

Date Notice Sent _____ Signature of Approving Official _____ Date _____

**CONSENT TO SHARE CHILD NUTRITION ELIGIBILITY & EDUCATION
BENEFIT APPLICATION INFORMATION FOR OTHER SCHOOL
PROGRAMS 2024-25 School Year**

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits. Fees will be waived based on Income Eligibility Guidelines on the 2024-25 Child Nutrition Eligibility & Education Benefit Application.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	ASB Card	100% Fees Waived
<input type="checkbox"/>	Athletic/Sports Fees	100% Fees Waived
<input type="checkbox"/>	Activity Fees	100% Fees Waived
<input type="checkbox"/>	Dance Tickets	100% Fees Waived
<input type="checkbox"/>	Test Fees	100% Fees Waived
<input type="checkbox"/>	Course Fees	100% Fees Waived
<input type="checkbox"/>	Gate Fees	100% Fees Waived

Print Student Name(s):

Print School Building:

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian: _____ Date: _____

Email Address: _____ Phone: _____

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary

stephanie_mccleary@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah_walker@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5823



School Year: _____

Chimacum School District Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

PLEASE COMPLETE AND TURN THIS FORM IN TO THE ADMINISTRATIVE ASSISTANT FOR YOUR SCHOOL BUILDING, THE CHIMACUM SCHOOL DISTRICT OFFICE OR THE SPECIAL SERVICES OFFICE. Thank you.

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- 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 _____

Is your living arrangement due to the loss of housing or economic hardship? Y / N

Name of Student: _____
First Middle Last

Grade: _____ Birthdate: _____ Age: _____ Gender: _____
Month/Day/Year

Please list all children (Birth through 21) in your care: _____

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

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

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

Please return completed form to your student's school office, Chimacum District Office or the Special Services Office, Chimacum Schools, 360-302-5885.

District Liaison Signature:

Name Date

For School Personnel Only: For data collection purposes and student information system coding

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

Please check the following services that are needed or desired (not all services are available):

- | | |
|--|--|
| <input type="checkbox"/> Backpacks for Kids (weekend food bags) | <input type="checkbox"/> Smile Mobile |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothing/Uniform/PE shoes (clothing bank) | <input type="checkbox"/> Vision referral |
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food Bank | |
| <input type="checkbox"/> Free meals at school (breakfast/lunch) | |
| <input type="checkbox"/> Health Clinic (CHS M&W 9-3) | |
| <input type="checkbox"/> Medicaid/DSHS services – food stamps/TANF | |
| <input type="checkbox"/> Medical/dental referral – medical coupons | |
| <input type="checkbox"/> School supplies | |
| <input type="checkbox"/> Shower needs | |

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary stephanie_mccleary@csd49.org PO Box 278, Chimacum, WA 98325-0278 360.302.5894	Section 504/ADA Coordinator: Sarah Walker sarah_walker@csd49.org PO Box 278, Chimacum, WA 98325-0278 360.302.5823
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Building services that are needed or desired (not all services are available):

- | | |
|---|---|
| <input type="checkbox"/> ASB, lab fees, etc. | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Immunization/medical records |
| <input type="checkbox"/> College/FAFSA | <input type="checkbox"/> LEP/Bilingual program |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Missing enrollment records |
| <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> Music/Fine Arts |
| <input type="checkbox"/> Early Childhood program | <input type="checkbox"/> Preschool enrollment records |
| <input type="checkbox"/> Extra-curricular clubs/activities | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Fees | <input type="checkbox"/> Sports/Athletics |
| <input type="checkbox"/> Gifted/talented | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Graduation (On track? Supports? Tutoring?) | <input type="checkbox"/> Vocational/technical |
| | <input type="checkbox"/> Other _____ |

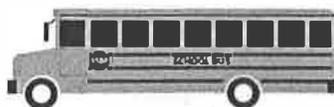
Notes



DEEP ROOTS BROAD HORIZONS

CHIMACUM SCHOOL DISTRICT TRANSPORTATION REQUEST
360-302-5811

Do You Want To Ride The Bus?



Student Name _____ School Year _____ Grade _____

Parent/Guardian _____ Contact Phone _____

Parent/Guardian _____ Contact Phone _____

Address _____

Do you need an alternate stop? YES _____ NO _____

Daycare, Grandparent, Second Household, Other. (Drop off with prior arrangements.)

Alternate Contact Person Name _____

Alternate Contact Person Phone _____

Address _____

Alternate pick up and drop off instructions:

Students will only be dropped at alternate location on regularly scheduled days. Please communicate daily with your student the drop off location when using alternate stops.

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stephanie_mccleary@csd49.org
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sarah_walker@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5823



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:
 Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

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

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (mm/dd/yyyy):** _____ **Sex:** _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

 Parent/Guardian Signature Required Date

- Symbols below:
- ◆ Required for School and Child Care/Preschool
 - Required for Child Care/Preschool Only
 - Recommended, but not required

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

 Parent/Guardian Signature Required Date

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.

Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS)
 Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP)
 If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

 Licensed healthcare provider signature Date
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	-
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	-
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	-

 Licensed healthcare provider signature Date
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.
#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child had chickenpox (varicella) disease and not the vaccine, **use only one** of these three options to record this on the CIS:

- If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS**, and return to the school or child care.

Vaccine Trade Names in alphabetical order									
(For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)									
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	FluLaval	Flu	Ipol	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Hep A
Afluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order							
(For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)							
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

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

DOH 348-013 January 2015

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 stephanie_mccleary@csd49.org
 PO Box 278, Chimumac, WA 98325-0278
 360.302.5894

Section 504/ADA Coordinator: Sarah Walker
 sarah_walker@csd49.org
 PO Box 278, Chimumac, WA 98325-0278
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2015-01-13 09:51:50 AM

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2023-2024



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2023	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on 09/01/2023	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 10th	5 doses DTaP* Plus Tdap at age ≥ 10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
11th through 12th	5 doses DTaP* Plus Tdap at age ≥ 7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

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.

WHERE TO GET IMMUNIZATIONS

- ❖ JEFFERSON COUNTY PUBLIC HEALTH 615 Sheridan, Port Townsend (next to QFC) 360.385.9400
Walk-in immunization clinics Tuesday & Thursday 1:00 – 4:00pm
Private insurance billing, Washington Apple Health accepted, sliding scale www.jeffersoncountypublichealth.org
-

- ❖ JEFFERSON HEALTHCARE FAMILY MEDICINE 1010 Sheridan, Suite 101, Port Townsend 360.385.3500
 - ❖ JEFFERSON HEALTHCARE PRIMARY CARE 915 Sheridan, Suite B-103, Port Townsend 360.379.8031
 - ❖ JEFFERSON HEALTHCARE INTERNAL MEDICINE 1010 Sheridan, Suite 202, Port Townsend 360.385.5388
Well-child exams plus immunizations or Nurse-only visits for immunizations. Call for Appointment
Private insurance billing, Washington Apple Health accepted, sliding scale for low income clients denied Medicaid
-

COST

- ❖ Insurance: Medicaid/Apple Health and most other insurance policies in Washington cover immunizations as preventative care – usually no deductible.
 - ❖ Need help getting health insurance? Call 360.385.2200 ext. 2267 for a free appointment with a Jefferson Healthcare financial helper. For help enrolling in Washington Apple Health or other qualified plans go to www.wahealthplanfinder.org.
 - ❖ No Insurance? There is no cost for the vaccines. There may be a visit fee plus a vaccine administration charge. Sliding scale is available at the above Jefferson County clinics offering immunization. Call your clinic for more information.
-

WHERE TO FIND IMMUNIZATION RECORDS

- ❖ Contact your doctor's office.
 - ❖ Each state has an immunization registry to which many doctors and clinics upload immunization records. Parents can get copies of their children's records in their state's registry through their doctor's office, through a local health department, or directly, (in Washington) by signing up MyIR.net at www.WA.MyIR.net.
 - ❖ For other tips on locating records: www.cdc.gov/vaccines/parents/record-reqs/immuniz-records-child
-

WHERE TO GET MORE INFORMATION ON IMMUNIZATIONS

- ❖ <http://www.vaxnorthwest.org/>
 - ❖ <http://www.vaccineinformation.org/>
 - ❖ http://www.chop.edu/centers-programs/vaccine-education-center#.VxkakE_2a70
-



Chimacum Jr./Sr. High School

91 West Valley Road, P.O. Box 278, Chimacum WA 98325
Telephone: (360) 302-5900 Fax: (360)732-7359

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

To: Registrar or Counseling Secretary of: _____

Phone: _____ City, State: _____

Fax: _____ Email: _____

Date of Request: _____

The student listed below has requested enrollment in our school district and we are requesting school records be sent to the school shown below (Please alert us to other special information on file that would help us accommodate this student).

<i>Student(s) Name</i>	<i>Birthdate</i>	<i>Grade</i>
_____	_____	_____

Federal regulations governing the Family Educational Rights and Privacy Act of 1974 no longer require parent/guardian/adult pupil signed permission for transfer of educational records.

Please include the following records:

- Please fax or email an unofficial transcript, current schedule, immunizations and withdrawal form or most recent record of courses with grades at time of withdrawal ASAP and mail the rest.**
- Official Transcript and/or Academic History (please alert us if this is not possible due to outstanding fines)
- Certificate of Immunization
- Standardized assessment scores and / or score reports **(State Testing)**
- Special Education Services (504 Plan, IEP, Speech, etc.) if applicable
- ELL records/level, if applicable
- Discipline Report
- Attendance Report
- Graduation Requirement Report
- Verification of completion of WA State History or other state history equivalent (middle or high school only)
- Community Service Hours
- Sports Physical if available
- Waivers
- Other educational records listed here: _____

Registrar

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