

What is Pi?

The Pi Program is a state regulated Alternative Learning Experience (ALE), offered by the Chimacum School District. Scheduled classes are typically multi-age and held 1-3 days a week on campus. Student plans include class work as well as work at home with a parent or guardian.

Application Process

- Obtain an application from the Chimacum Elementary School Office or online
- Return the fully completed application (and accompanying forms) to the Elementary Office
- Applications are processed in the order in which they are received
- You will be contacted by Pi staff on the status of your application
- Applications submitted during summer months will be processed in late August

What You Can Expect from Pi

- An assigned teacher consultant to guide and meet with you for required monthly conference
- Individualized Student Learning Plan that is written by student, parent and teacher together and is supervised, monitored, and evaluated by certificated staff (weekly contact and monthly progress review required)
- Coursework may be delivered in whole, or part, outside the regular classroom using approved curricular materials
- If a student fails to make adequate academic progress, an intervention plan will be developed at monthly conference
- Note: A letter of Non-Compliance will be issued in cases when weekly contact and monthly conference requirements have not been met. Three letters of Non-Compliance will result in the student being exited from the Pi Program

Things to Know for High School PI Students

- Credits earned through Pi apply to a Chimacum HS diploma.
- Limited slots are available for students wishing to take classes at Pi in tandem with another program (ex: CHS, Running Start, West Sound Tech)
- Must have demonstrated successful academic progress within PI and have approval from the Pi staff to be 'part time'

Student Role:

- Participate in the design and creation of your WSLP – which may include class offerings and independent credits
- Complete required course work, realizing that documented progress and productivity in classes will be required in order to earn credits toward a diploma
- Maintain independent credit logs/documentation
- Attend required monthly conferences and maintain substantially successful academic progress
- Maintain regular class attendance and participate respectfully and appropriately

Parent Role:

- Participate in the design and creation of your student's WSLP – which may include class offerings and independent credits
- Support and monitor your student in completing required course work, realizing that documented progress and productivity in classes will be required in order to earn credits toward a diploma
- Attend required monthly conferences and support your student in maintaining documentation and academic progress

Teacher/Stott Role:

- Participate in the design and creation of student WSLP – with guidance toward completion of a CHS diploma
- Assign, monitor and assess required course work
- Schedule and participate in required monthly conferences, providing feedback on student progress
- Support, guide and advocate for students on their educational journey

PI Program
PO Box 278 Chimacum WA 98325
360-302-5855
APPLICATION FOR ADMISSION

The PI Program promotes a partnership between student, parents and teachers. As equal partners, each student, his or her parents and teachers contribute to the design and implementation of a personalized educational program that promotes optimum academic success.

The PI Program supports the School Board Goals; Academic Excellence, Responsible District Governance, Improved District Facilities, address Climate/Learning environment, and Enhance Communications of the Chimacum School District as well as the board approved curriculum, which can be found on the website: csd49.org.

APPLICANT INFORMATION

TODAY'S DATE: _____ School year Applying for: _____

Student's name: _____

Birthdate: _____ Current grade level: _____

Parent/Guardian Name (s): _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

E-mail: _____ E-mail: _____

All students are admitted to the PI Program according to their waiting list date. The answers you give here do not improve or lessen your opportunity to participate in the program. The questions are designed to help the PI staff get to know you and your family's needs better. We also want to encourage you to think about whether PI is the best educational option available for your child and your family.

FOR THE PARENTS TO COMPLETE: Use as many specific examples as you can when answering these questions. You may use additional sheets of paper and attach them to this page.

1. In what ways are child's needs not being met by his or her current educational program?

2. Why have you chosen to apply to the PI Program? In what ways do you anticipate that it can better fill your child's educational needs?

3. What are your long term educational goals for you child? Given what you understand about his/her learning styles and needs, outline what you believe would best possible educational situation that would help you achieve those goals.

4. State your thoughts about your participation in your child's education.

FOR THE STUDENT TO COMPLETE: Please answer these questions after thinking about them carefully. (If the student does not yet write, parents may transcribe what he/she says for this section.)

1. Why do you want to be in the PI Program?
2. List 5 things you are excited about or interested in learning more about.
3. What academic areas would you like to improve upon? As you list each area, tell why you want to be better at those skills.

PARENT AND STUDENT TO INITIAL AND COMPLETE:

The student, the parents and the accredited teacher consultants are partners in facilitating the student's education. As a member of the team, we ask that you commit to these requirements. Please initial each item to indicate your acceptance of the following commitments.

INITIALS Parent	INITIALS Student	
		Attend required monthly progress conference with your Teacher/Consultant.
		Active parent partnership in child's educational program and learning plan/ 27.5 hrs/wk required.
		Documentation: Parent/student provide information, projects, and samples of work-in progress for all subjects on a regular basis.
		We understand and acknowledge that the PI Program participates in required district and state testing.

Failure to comply with the above requirements may result in termination from the program.

	Yes	No
I would like to transfer my child to the PI Program when space becomes available.		
I have spoken with a staff PI member and agree to the program requirements.		
Staff Member:		
Date:		

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

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

Civil Rights and Title IX Coordinator: Stephanie McCleary

stephanie_mccleary@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah_walker@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5823

Chimacum School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services or transitional bilingual education programs.



Student Information and Enrollment Form

Chimacum School District No. 49

PO Box 278, Chimacum, Washington 98325

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

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

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

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

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

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

IS THERE A PARENTING PLAN IN EFFECT? ☐ Yes ☐ 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.)? ☐ Yes ☐ No

If yes, please provide a copy to the office.

Court order limits ☐ Mother ☐ Father ☐ Other _____

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

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

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
Please provide additional childcare arrangements to the school in writing.	

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

<u>HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN:</u> Special Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No Title <input type="checkbox"/> Yes <input type="checkbox"/> No LAP <input type="checkbox"/> Yes <input type="checkbox"/> No Highly Capable <input type="checkbox"/> Yes <input type="checkbox"/> No English as a Second Language (ELL/ESL) <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____		<u>HAS YOUR CHILD EVER BEEN RETAINED?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
LAST SCHOOL ATTENDED	SCHOOL DISTRICT	SCHOOL INFORMATION (Phone, FAX, City and State)
HAS YOUR CHILD EVER ATTENDED A SCHOOL IN <u>WASHINGTON STATE</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S)		DATE LAST ATTENDED (Month/Year)
HAS YOUR CHILD EVER ATTENDED THE <u>CHIMACUM SCHOOL DISTRICT</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED		DATE LAST ATTENDED (Month/Year)
HAS YOUR CHILD EVER BEEN SUSPENDED/EXPELLED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) _____		

When an emergency situation occurs involving your child, we want to be able to quickly reach responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

EMERGENCY CONTACT INFORMATION

FIRST CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact the parents or legal guardian, I authorize my child to be released to the person(s) listed above.

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

EMERGENCY MEDICAL AUTHORIZATION: If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

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



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.

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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

No

<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mestizo
<input type="checkbox"/>	Chicano	<input type="checkbox"/>	Native
<input type="checkbox"/>	(Mexican American)	<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Salvadoran
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	So. Georgia
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	Sandwich Islands
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	Spaniard
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Venezuelan
Hispanic (Write In)			
<input type="text"/>			

American Indian/Alaskan Native

Washington State Tribes

<input type="checkbox"/>	Chinook Tribe
<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation
<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation
<input type="checkbox"/>	Confederated Tribes of the Colville Reservation
<input type="checkbox"/>	Cowlitz Indian Tribe
<input type="checkbox"/>	Duwamish Tribe
<input type="checkbox"/>	Hoh Indian Tribe
<input type="checkbox"/>	Jamestown S'Klallam Tribe
<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation
<input type="checkbox"/>	Kikiallus Indian Nation
<input type="checkbox"/>	Lower Elwha Tribal Community
<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation
<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation
<input type="checkbox"/>	Marietta Band of Nooksack Tribe
<input type="checkbox"/>	Muckleshoot Indian Tribe
<input type="checkbox"/>	Nisqually Indian Tribe
<input type="checkbox"/>	Nooksack Indian Tribe of Washington
<input type="checkbox"/>	Port Gamble S'Klallam Tribe
<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation
<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation
<input type="checkbox"/>	Quinalt 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
Alaskan Native (Write In)	
<input type="text"/>	
American Indian (Write In)	
<input type="text"/>	

Asian

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

Black/ African-American

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

Black/ African-American Continued

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

Native Hawaiian/Other Pacific Islander

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

White

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

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

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

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

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:

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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

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

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

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.

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 _____

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 ►

#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:

- 1) ☐ 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).
- 2) ☐ 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.
- 3) ☐ 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	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

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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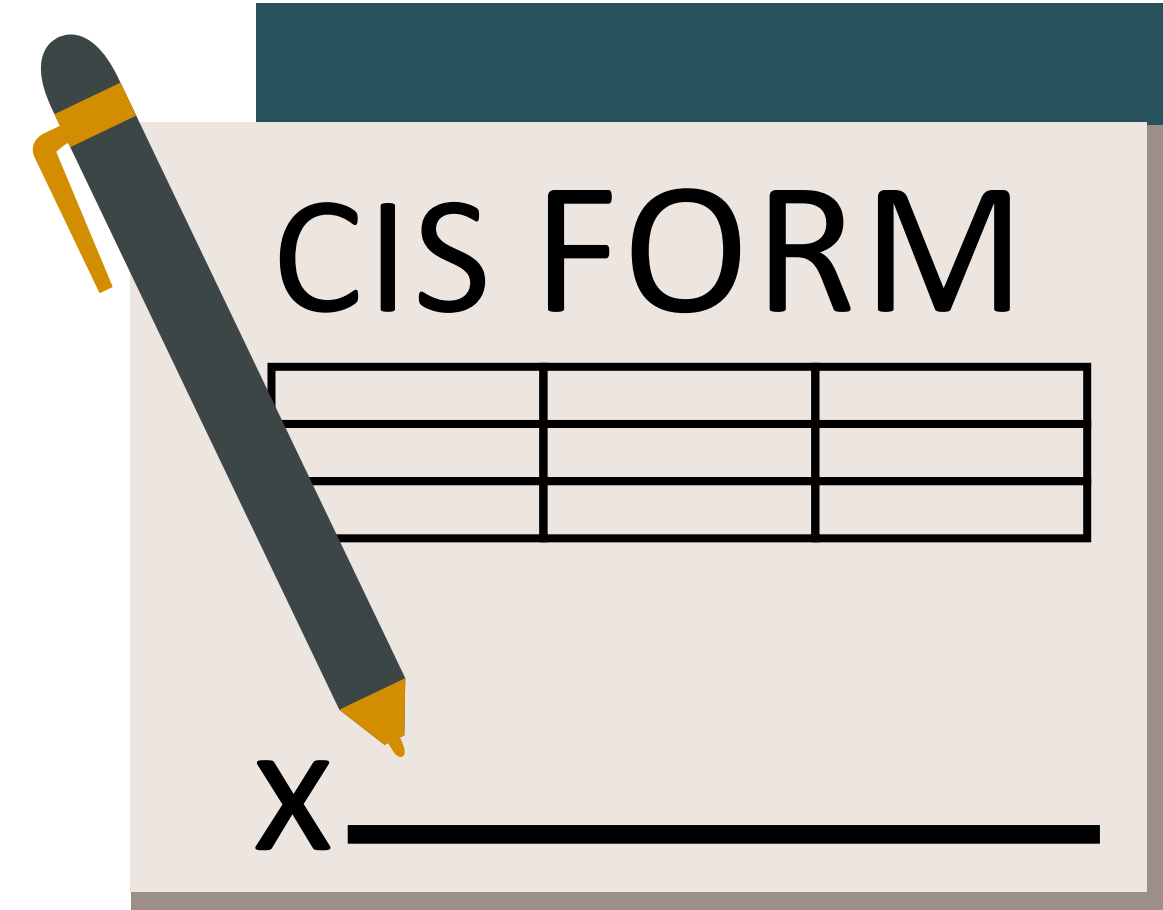
sarah_walker@csd49.org

PO Box 278, Chimacum, WA 98325-0278

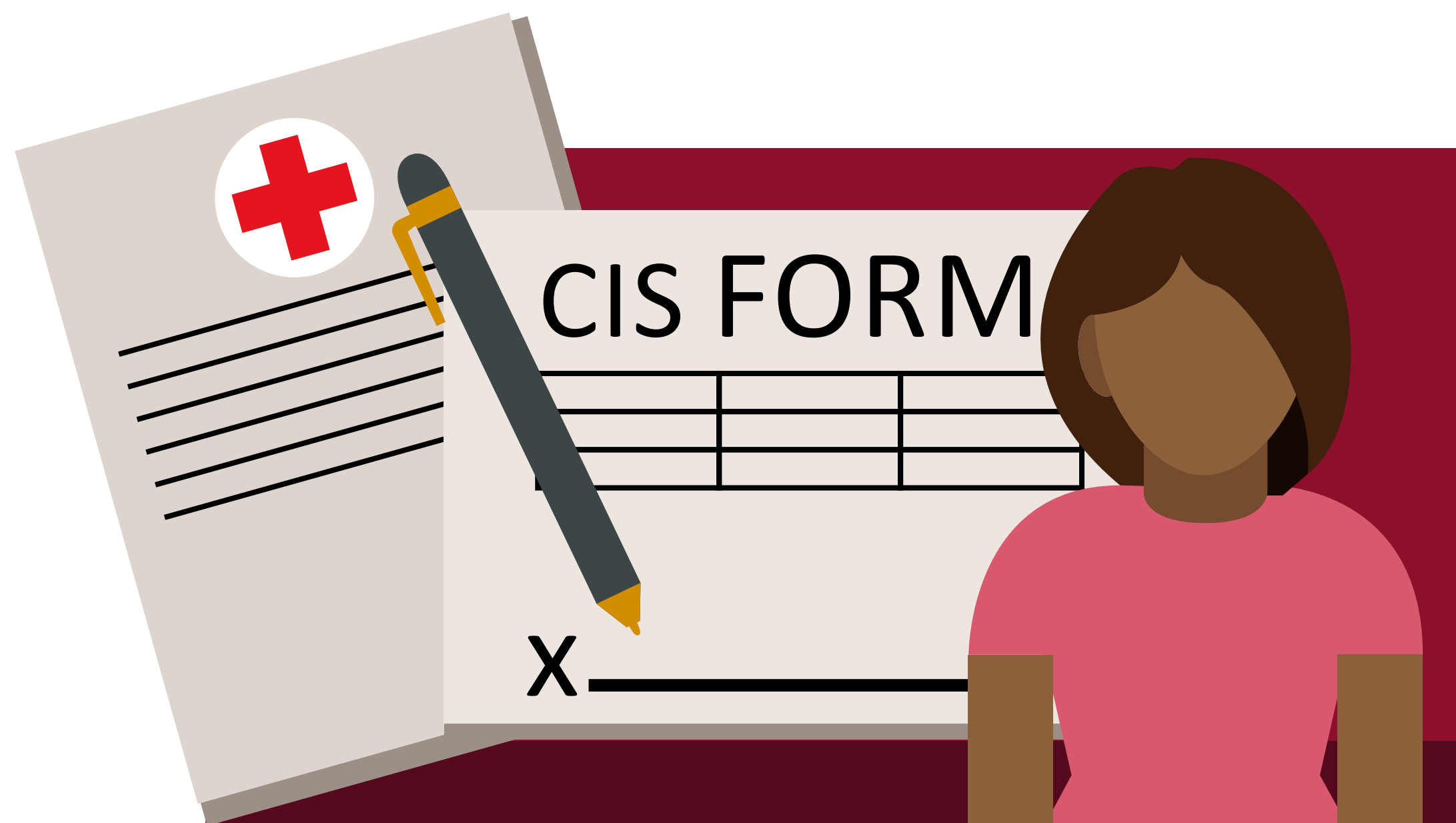
360.302.5823

Reference Guide

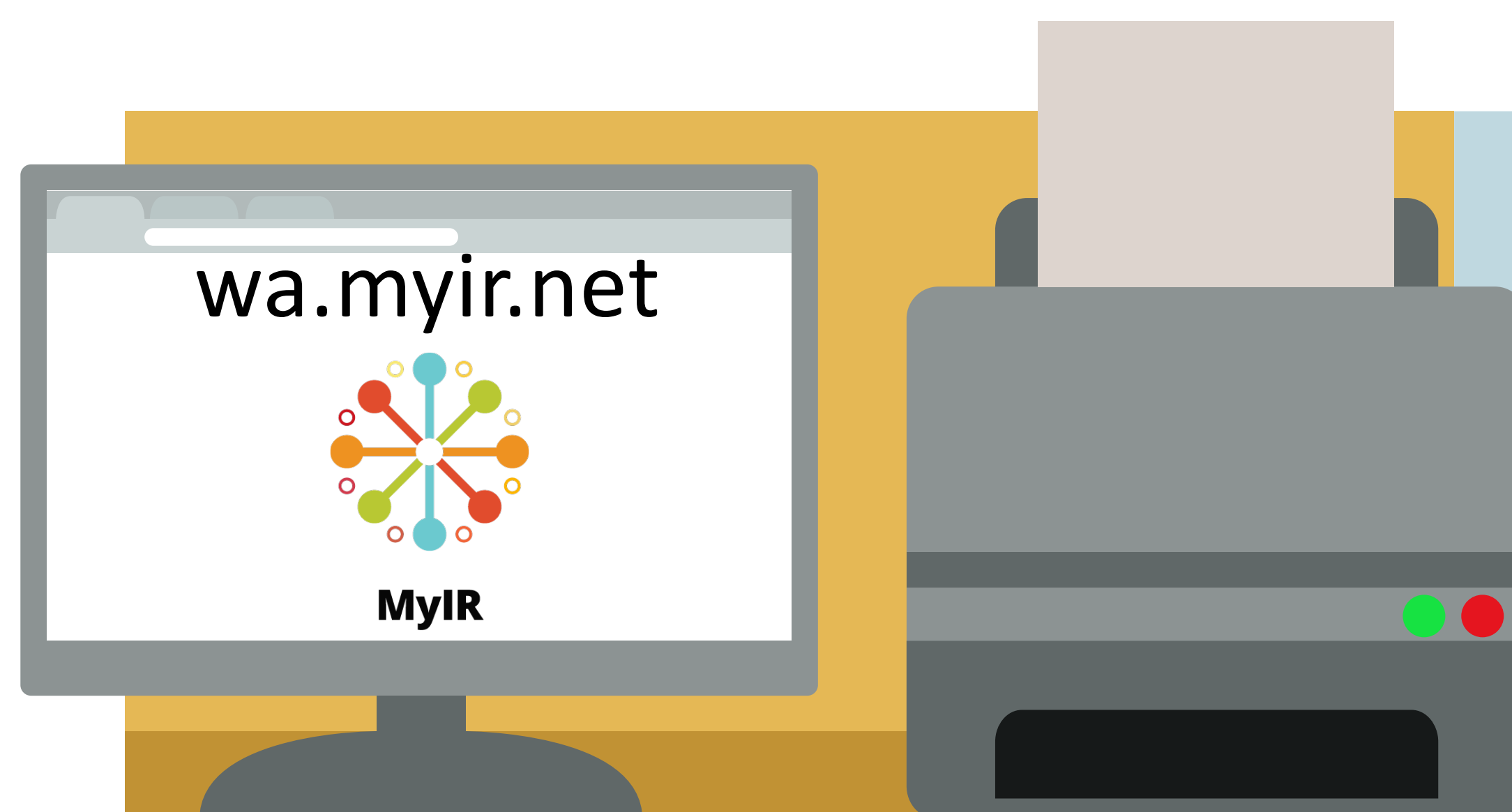
What vaccine records will my school accept starting on August 1, 2020?



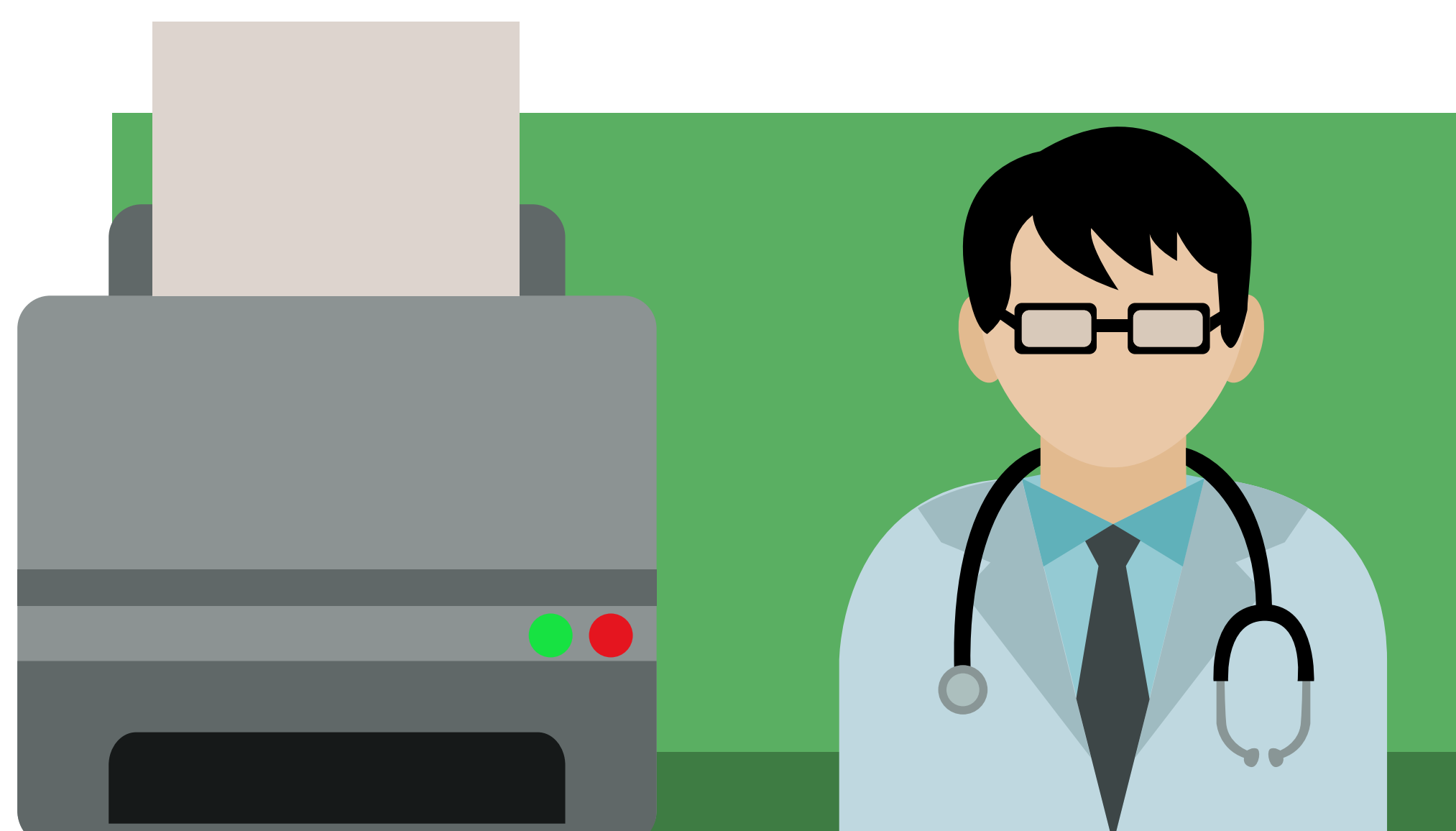
A Certificate of Immunization Status (CIS) signed by a doctor or health care provider.



A CIS filled out by a parent or guardian with medical records attached.

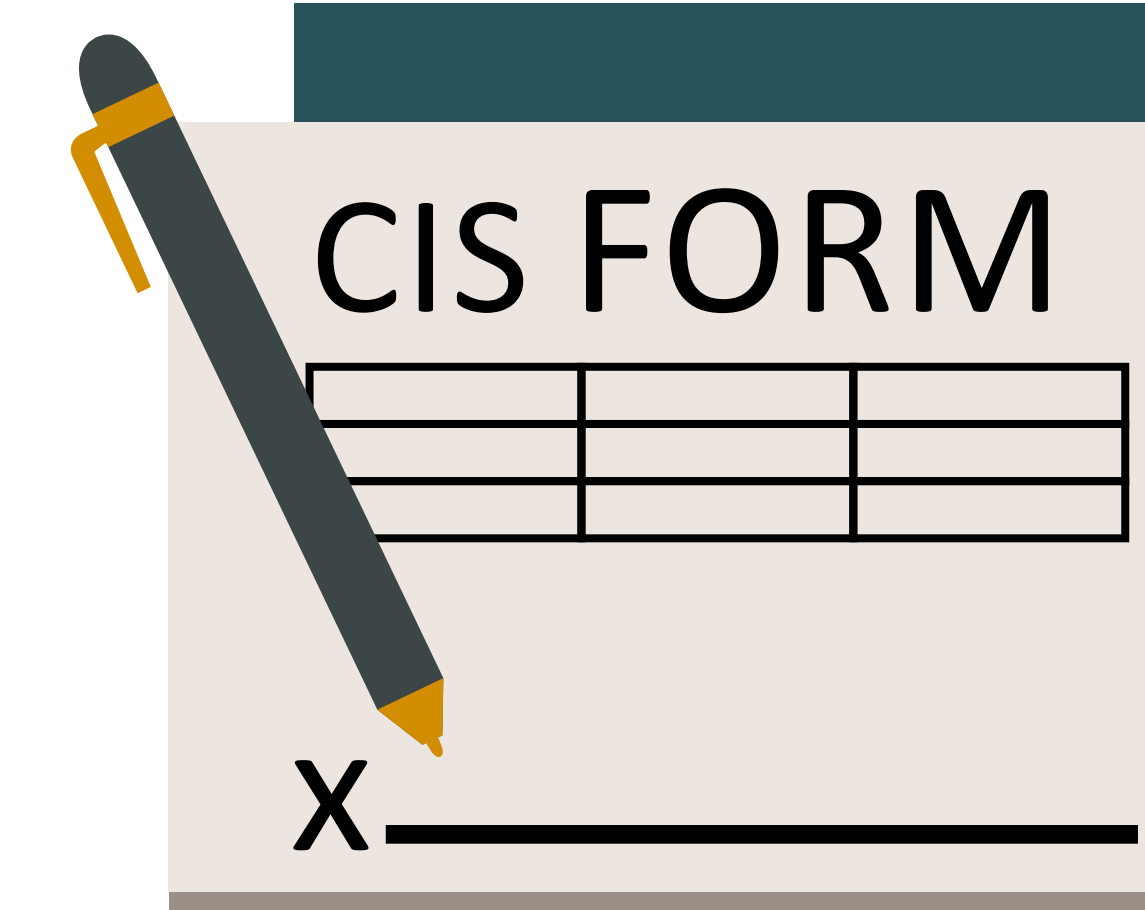


A CIS from MyIR.net. Print your family's official vaccine records from any device.

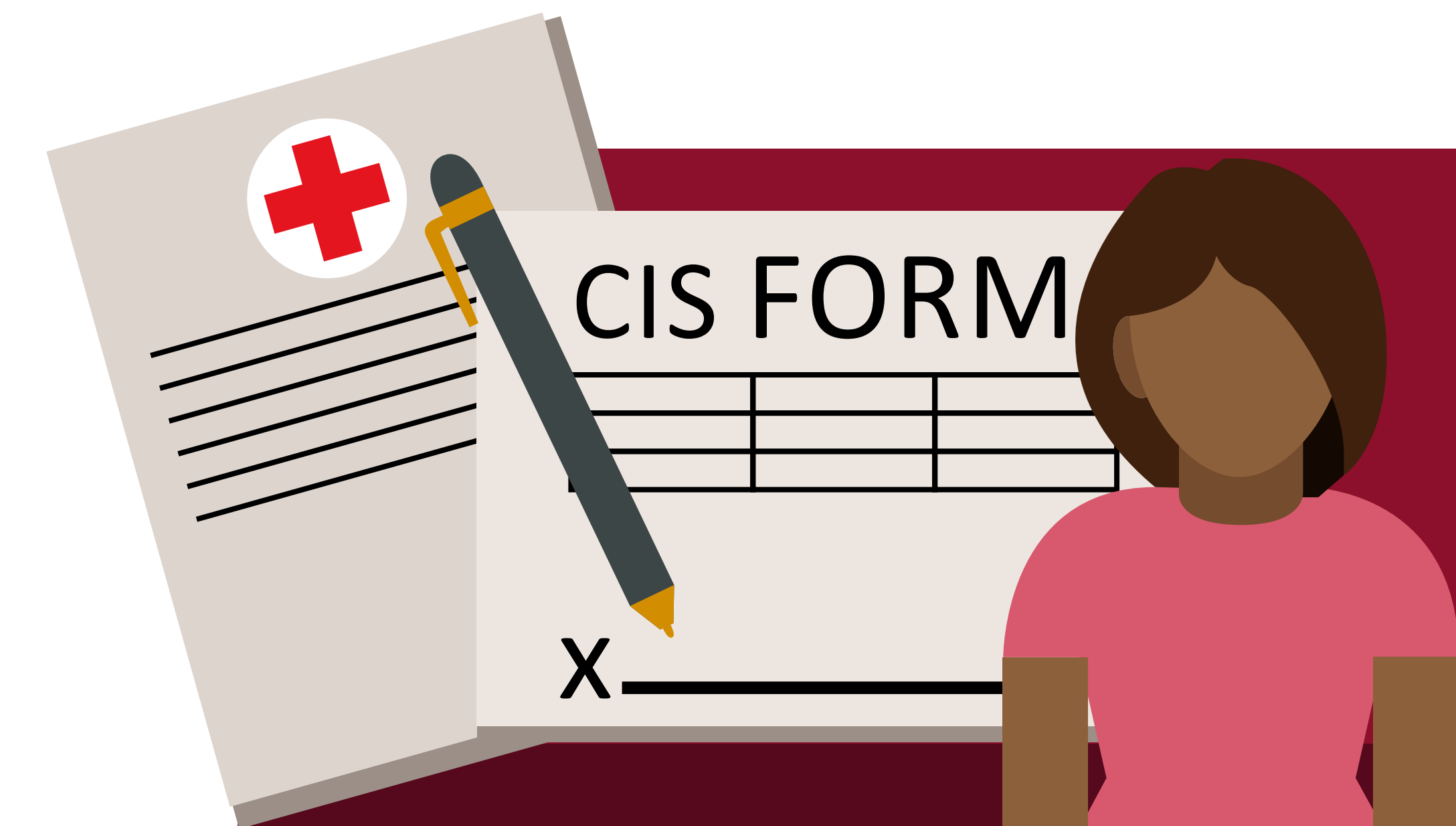


A CIS printed from the state immunization system by a health care provider or school.

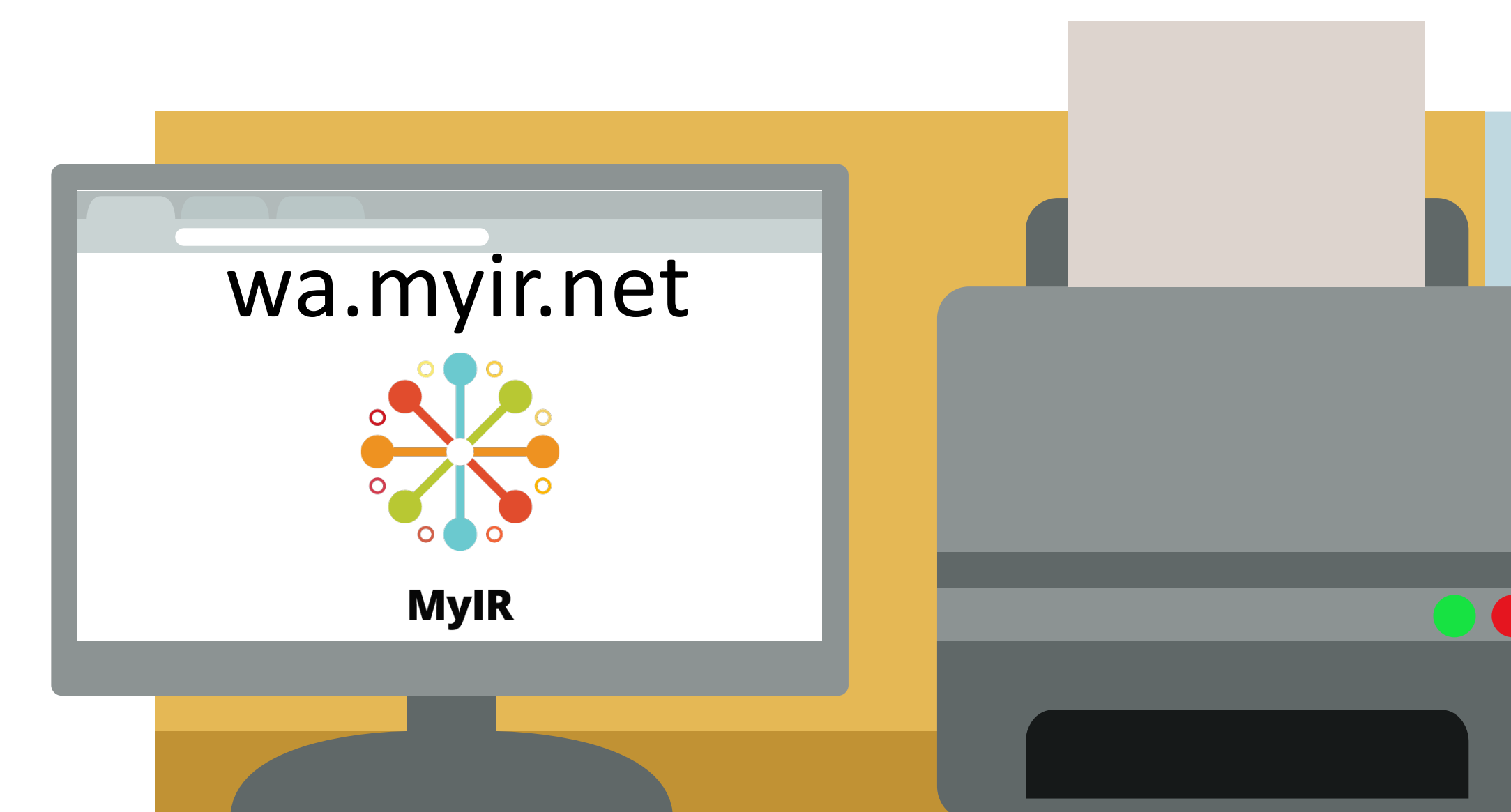
What vaccine records will my school accept starting on August 1, 2020?



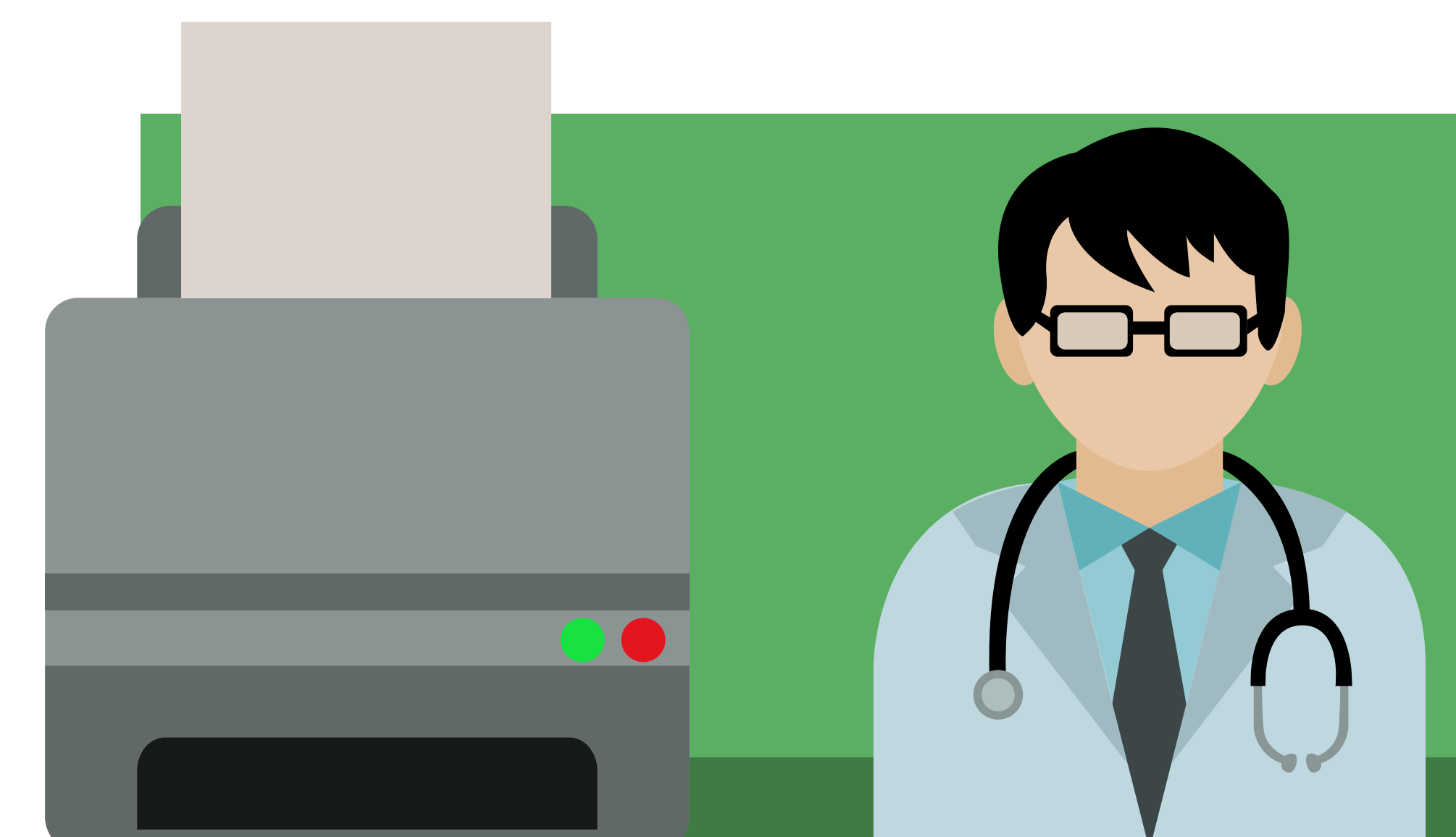
A Certificate of Immunization Status (CIS) signed by a doctor or health care provider.



A CIS filled out by a parent or guardian with medical records attached.



A CIS from MyIR.net. Print your family's official vaccine records from any device.



A CIS printed from the state immunization system by a health care provider or school.

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.

DOH 348-295 Dec. 2022

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
-

**National School Lunch Program/School Breakfast Program
2024–25 Letter to Households (Non-pricing/Provision Schools)**

Dear Parent/Guardian:

_____ School/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 _____.

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 _____.

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.

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.

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.

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 (Non-pricing/Provision Schools)**

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 _____, 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 _____.
_____.

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 FDPIR, 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 (Non-pricing/Provision Schools)

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, audiotope, 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.

2024–25 Child Nutrition Eligibility & Education Benefit Application –

Apply online: _____

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: _____

Check here if you received meal benefits last year: ☐

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. ☐ Homeless ☐ Migrant

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)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	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"/>	<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) Primary Wage Earner or Other Household Member (Optional if only applying for Summer EBT)

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

☐ White

Mark one ethnic identity:

☐ Hispanic or Latino

☐ 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

This institution is an equal opportunity provider.

INSERT DISTRICT NAME School District's Non-Discrimination Statement

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
☐ Income Household

Total Household Size	_____	Weekly	_____	Bi-Weekly	_____	2x per Month	_____	Monthly	_____	Annual	_____
Total Household Income	\$ _____	<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"/>

APPLICATION APPROVED FOR: ☐ Free Eligible
☐ Reduced-Price Eligible

APPLICATION DENIED BECAUSE: ☐ Income Over Allowed Amount ☐ Other: _____
☐ 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).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

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

Name of Student: _____
First Middle Last

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

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

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

ADDRESS OF CURRENT RESIDENCE: _____

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

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

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

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

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

District Liaison Signature:

Name

Date

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

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

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

☐ Backpacks for Kids (weekend food bags)

☐ Smile Mobile

☐ Birth certificate

☐ Transportation

☐ Clothing/Uniform/PE shoes (clothing bank)

☐ Vision referral

☐ Enrollment

☐ Other _____

☐ Food Bank

☐ Free meals at school (breakfast/lunch)

☐ Health Clinic (CHS M&W 9-3)

☐ Medicaid/DSHS services – food stamps/TANF

☐ Medical/dental referral – medical coupons

☐ School supplies

☐ Shower needs

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

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

☐ ASB, lab fees, etc.

☐ Immunizations

☐ Birth certificate

☐ Immunization/medical records

☐ College/FAFSA

☐ LEP/Bilingual program

☐ Counseling

☐ Missing enrollment records

☐ Credit Recovery

☐ Music/Fine Arts

☐ Early Childhood program

☐ Preschool enrollment records

☐ Extra-curricular clubs/activities

☐ Special Education

☐ Fees

☐ Sports/Athletics

☐ Gifted/talented

☐ Tutoring

☐ Graduation (On track? Supports? Tutoring?)

☐ Vocational/technical

☐ Other _____

Notes

π Chimacum Pi Program

91 W. Valley Rd., PO Box 278 Chimacum, WA 98325

Telephone: (360) 302-5855 Fax: (360) 732-6859

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

To: Registrar/Secretary of: _____

Phone: _____ City, State: _____

Fax: _____ E-mail: _____

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).

Student's Name

Birth Date

Grade

This transfer is provided for in The Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. The regulations no longer require a signed permission form by the student's parent or guardian for release of information on his/her child or children to other educational institutions. (99.34)

Please include the following records:

Please fax or email to cindy.brown@csd49.org

Academic/Report Cards/Progress Reports

Standardized assessment scores and /or score reports (State Testing)

Special Education Services (Evaluations, 504 Plan, IEP, Speech, etc.) if applicable

ELL records/level, if applicable

Discipline Report

Attendance Report

Other educational records listed here: _____

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