



SNOHOMISH SCHOOL DISTRICT 201 NEW STUDENT REGISTRATION FORM

SCHOOL: _____

DATE: _____

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

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

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

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

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

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

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED SNOHOMISH PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, NAME OF SCHOOL(S) ATTENDED
		DATE ATTENDED (Month/Year)

 IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school) Copy Attached

 IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school) Copy Attached

 Restraining order is against: Mother Father Other

Please complete additional registration information on back

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

<p>HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER BEEN ON AN IEP? (Individualized Education Program) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER PARTICIPATED IN:</p> <p><input type="checkbox"/> Title – Title 1 Services</p> <p><input type="checkbox"/> LAP – Learning Assistance Program</p> <p><input type="checkbox"/> Gifted – Accelerated Learning Program</p> <p><input type="checkbox"/> ELL – English Language Learner</p>	<p>HAS YOUR CHILD EVER BEEN RETAINED?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, at what grade level(s) _____</p>
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<p>DOES STUDENT ATTEND CHILD CARE?</p> <p><input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school</p>	<p>CHILD CARE PROVIDER</p> <p><i>Name</i> <i>Address</i> <i>Phone Number</i></p>
<p>ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)</p>	

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

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

STUDENT RELEASE AUTHORIZATION

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

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

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

Legal Parent/Guardian Signature _____ *Date* _____

<p>EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.</p> <p><i>Legal Parent/Guardian Signature</i> _____ <i>Date</i> _____</p>

ETHNICITY AND RACE COLLECTION FORM – STATE AND FEDERALLY REQUIRED INFORMATION

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

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

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

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

Please see reverse for additional options.

*Write In _____

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

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

*Write In _____

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

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

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

Where and how long? _____

Date: _____ Legal Parent/Guardian Signature of Verification: _____



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

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.



EMERGENCY INFORMATION

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

Please check box if any information in this section is new.

Student last name: _____

Student name: _____ DOB: _____ Grad year: _____
Last First Middle Initial

Home address: _____ Primary phone: _____
Street City Zip

Lives with: Parents Mother only Mother/stepfather Guardian Father only Father/stepmother

Other: _____

Parent/guardian name 1: _____ E-mail address: _____

Employer: _____ Work phone: _____ Cell phone: _____

Parent/guardian name 2: _____ E-mail address: _____

Employer: _____ Work phone: _____ Cell phone: _____

Primary language spoken at home: English Spanish Other: _____

Day care provider (if applicable): _____ Phone: _____

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

Please check box if any information in this section is new.

Home address: _____ Primary phone: _____
Street City Zip

Parent/guardian name 1: _____ E-mail address: _____

Employer: _____ Work phone: _____ Cell phone: _____

Parent/guardian name 2: _____ E-mail address: _____

Employer: _____ Work phone: _____ Cell phone: _____

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

Please check box if any information in this section is new.

Name 1: _____ Relationship: _____

Phone: _____ Work phone: _____ Cell phone: _____

Name 2: _____ Relationship: _____

Phone: _____ Work phone: _____ Cell phone: _____

Name 3: _____ Relationship: _____

Phone: _____ Work phone: _____ Cell phone: _____

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

Please check box if any information in this section is new.

Last Name	First Name	School	Grade

Signature of parent/guardian _____ Date: _____

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

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

Congenital /Genetic Conditions

AG Other _____
AJ Fetal Alcohol Spectrum Disorder _____

Hematology (Blood)

BB *Hemophilia _____
BC Sickle Cell Anemia _____
BD Other Blood Condition _____

Cardiovascular/Heart Conditions

CG Other _____

Endocrine, Allergy, Immune System, Metabolic, and Nutritional

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

Gastrointestinal, Dental, and Oral Conditions

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

Musculoskeletal and Connective Tissue

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

Skin and Subcutaneous Tissue

SB Contact Dermatitis (Eczema) _____
SH Other _____

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

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

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

Date: _____ Parent/Guardian Signature: _____ Phone: _____

Nervous System

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

Behavioral Health Conditions

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

Respiratory

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

Neoplasms (Cancer/Tumors)

TI Other _____

Renal and Genitourinary

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

Eye and Ear

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

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. Definitions

For purposes of this subtitle:

(1) The terms “enroll and enrollment” include attending classes and participating fully in school activities.

(2) The term “homeless children and youths” -

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes –

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

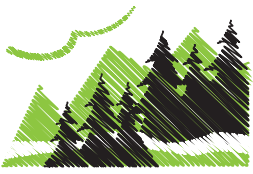
(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term “unaccompanied youth” includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Information and resources can be found at the following:

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



School Attendance *form*

School attendance is required by state law.

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

School's duties upon a student's absences:

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

Did you know?

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

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

What you can do:

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

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



Consent to Release Educational Records

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

Student _____ Birthdate: _____ Grade: _____
Last First Middle

Student _____ Birthdate: _____ Grade: _____
Last First Middle

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

Name/Agency/School _____ Phone _____
(agency or former school)

Address _____ City/State _____ Zip _____

Please mail official school records including the following:

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

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

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

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

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

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

Signature _____ Date _____

Parent, guardian, or adult student
*Please let us know if you are unable to forward records due to unpaid fines/fees.

2025-2026 Student Transportation Input Form

Will your student ride the school bus during the 2025-2026 school year? Yes _____ No _____

Student's name (first and last) _____

Student's ID number (please provide if known) _____

Student address (home address and city) _____

School student will attend during the 2025-2026 school year:

- | | |
|----------------------------------|--|
| Cathcart Elementary _____ | Seattle Hill Elementary _____ |
| Central Emerson Elementary _____ | Totem Falls Elementary _____ |
| Cascade View Elementary _____ | Centennial Middle School _____ |
| Dutch Hill Elementary _____ | Valley View Middle School _____ |
| Little Cedars Elementary _____ | AIM High School (no bus service is provided) _____ |
| Machias Elementary _____ | Glacier Peak High School _____ |
| Riverview Elementary _____ | Snohomish High School _____ |
| | PPP (no bus service is provided) _____ |

Grade student will be in during the 2025-2026 school year:

- | | |
|--------------------|------------------|
| Kindergarten _____ | 7th grade _____ |
| 1st grade _____ | 8th grade _____ |
| 2nd grade _____ | 9th grade _____ |
| 3rd grade _____ | 10th grade _____ |
| 4th grade _____ | 11th grade _____ |
| 5th grade _____ | 12th grade _____ |
| 6th grade _____ | |

A.M. pick-up location Home _____ Student does not plan to ride the bus _____ Other _____

P.M. drop-off location Home _____ Student does not plan to ride the bus _____ Other _____

Will student be making a request for a permanent bus pass at the beginning of the year for alternative pick-up or drop-off location? If so, to where? _____

Parent's/guardian's name (printed) _____

Parent's/guardian's signature _____

E-mail address _____

Contact phone number _____

The form will need to be completed for every student in your household who will attend a Snohomish School District School in the 2025-2026 school year. Please return this completed form to your student's school. Please contact the Transportation Dept. at (360) 563-3525 if you have any questions or concerns. **Transportation is not provided or guaranteed to students on variance.**

Washington State Title I Migrant Education Program
Eligibility Survey

Dear Parents/Guardians:

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

- Agriculture
- Poultry
- Dairy
- Warehouses/packing
- Forestry
- Commercial fishing
- Beef
- Shellfish

We would appreciate your cooperation in answering the following questions.

1. Have you and your family moved recently within the last three years?

Yes No

2. Have you and your family relocated to an area that lies in the boundaries of a different school district, even temporarily, within the last three years?

Yes No

3. Was the purpose of the move or relocation to work in any of the previously mentioned activities (or other related activities)?

Yes No

4. Have you participated in traditional American Indian harvesting activities, if it is part of your cultural heritage?

Yes No

5. If you answered "yes" to two or more of the previous questions, can we contact you for more information?

Yes No

Comments: _____

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

- Transfer of educational and health information (nationwide)
- Educational/health services
- Free breakfast and lunch

Please provide the following necessary information below:

Names of Parent(s) or Legal Guardians(s): _____

Address (Street): _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Email (if applicable): _____

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

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

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



Photos/Recordings Opt-Out Form

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

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

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

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

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

Student

_____ *Last Name*

_____ *First Name*

Parent/Guardian

_____ *Last Name*

_____ *First Name*

_____ *Date*

_____ *Contact Phone*

For Office Use Only

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

Vaccines Required for School: Preschool -12th

August 1, 2025 to July 31, 2026



	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 September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses
Kindergarten through 6th Age ≥5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
Grade 7 through 12	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

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

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

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

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

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

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

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

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



Certificate of Immunization Status (CIS)

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

Reviewed by: _____	Date: _____
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for information.

X _____
Parent/Guardian Signature **Date**

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

Required Vaccines for School or Child Care Entry						
▲ Required School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
•▲ DTaP (<i>Diphtheria, Tetanus, Pertussis</i>)						
▲ Tdap (<i>Tetanus, Diphtheria, Pertussis</i>) grade 7+						
•▲ DT or Td (<i>Tetanus, Diphtheria</i>)						
•▲ Hepatitis B						
• Hib (<i>Haemophilus influenzae type b</i>)						
•▲ IPV (<i>Polio</i>)						
•▲ OPV (<i>Polio</i>)						
•▲ MMR (<i>Measles, Mumps, Rubella</i>)						
• PCV (<i>Pneumococcal</i>)						
•▲ Varicella (<i>Chickenpox</i>) <input type="checkbox"/> History of disease verified by IIS						

Documentation of Disease Immunity (Health care provider use only)

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

I certify that the child named on this CIS has:

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

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

Polio (all 3 serotypes must show immunity)

Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (<i>Influenza</i>)						
Hepatitis A						
HPV (<i>Human Papillomavirus</i>)						
Meningococcal Disease types A, C, W, Y						
Meningococcal Disease type B						
Rotavirus						

Licensed Health Care Provider Signature _____ Date _____

Printed Name _____

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

Health Care Provider or School Official Name: _____ **Signature:** _____ **Date:** _____

Handwritten forms must have medical immunization records attached for school or child care staff verification.

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

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically.

You can also print a CIS at home by signing up and logging into MyIR at <https://myirmobile.com/>

If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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



CHILD'S LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____ **BIRTHDATE (MM/DD/YYYY):** _____

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

PERSONAL/PHILOSOPHICAL OR RELIGIOUS EXEMPTION

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

PERSONAL/PHILOSOPHICAL EXEMPTION*			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pertussis (whooping cough)
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<i>*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law.</i>			
RELIGIOUS EXEMPTION			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)	

PARENT/GUARDIAN DECLARATION

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

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

HEALTHCARE PRACTITIONER DECLARATION

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington state. My signature does not necessarily mean I endorse this decision.

Licensed Health Care Practitioner Name (Print)

Licensed Health Care Practitioner Signature

Date

MD ND DO ARNP PA

Washington License #: _____

RELIGIOUS MEMBERSHIP EXEMPTION (do not use this section if using the Religious Exemption section above)

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

PARENT/GUARDIAN DECLARATION

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

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



CHILD'S LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____ **BIRTHDATE (MM/DD/YYYY):** _____

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

MEDICAL EXEMPTION

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

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

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

HEALTHCARE PRACTITIONER DECLARATION

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

Licensed Health Care Practitioner Name (Print) Licensed Health Care Practitioner Signature Date

MD ND DO ARNP PA Washington License #: _____

PARENT/GUARDIAN DECLARATION

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

Parent/Guardian Name (Print) Parent/Guardian Signature Date