



Lind-Ritzville Cooperative Schools

"Achieving success together"



507 North E Street
Lind WA 99341

209 E Wellsandt Ave
Ritzville WA 99169

Welcome to the Lind-Ritzville Cooperative Schools, we are very excited for you to join us. Please help us serve you better by using this Registration Checklist below as you collect the information and documents necessary to enroll your child in the Lind-Ritzville Cooperative Schools!

Registration Checklist

Registration Forms - please complete all information on the following pages and don't forget to sign the forms.

- LRCS Registration Forms
- Consent for Release of Information
- Ethnicity & Race Data Collection Form
- Home Language Survey
- Health Information Form
- Student Housing Questionnaire
- Completed Certificate of Immunization Status (CIS)
- Free and Reduced Meal Application (will be available soon)

Parents/Guardian must provide documentation of proof of age/legal name. Examples include: certified birth certificate, adoption records, or any other documents permitted by law.

Buildings will have additional documents and forms for you to complete. Please return all completed forms to your child's school.

If you have additional questions, please contact your students' school office.

Lind Elementary School Secretary Tammy Doyle tdoyle@lrschools.org 509-677-3481

Ritzville Grade School Secretary Stephanie Stokoe sstokoe@lrschools.org 509-659-0232

Lind-Ritzville Middle School Secretary Karissa Labes klabes@lrschools.org 509-677-3408

Lind-Ritzville High School Secretary Michelle Keefer mbkeefer@lrschools.org 509-659-1720

Lind-Ritzville Cooperative Schools New Student Registration Form

SCHOOL: _____
TODAY'S DATE: _____
START DATE: _____

STUDENT INFORMATION

Last Name		First Name		Middle Name	
Gender	M F	Birth Date		Place of Birth	
Student Lives With:		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father/Stepmother
		<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Agency	<input type="checkbox"/> Foster Parent(s)
		<input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other: _____			
Are there legal situations regarding the student of which the school should be aware? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____					

PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1 Last Name		Parent/Guardian #2 Last Name	
First Name		First Name	
Primary ()Cell ()Work ()Other Phone		Primary ()Cell ()Work ()Other Phone	
Third ()Cell ()Work ()Other Phone		Third ()Cell ()Work ()Other Phone	
Relationship To Student		Relationship To Student	
Parent/Guardian #1 E-mail Address		Parent/Guardian #2 E-mail Address	

FAMILY #2 INFORMATION (WHERE STUDENT DOES NOT RESIDE) (If applicable)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1 Last Name		Parent/Guardian #2 Last Name	
First Name		First Name	
Primary ()Cell ()Work ()Other Phone		Primary ()Cell ()Work ()Other Phone	
Second ()Cell ()Work ()Other Phone		Second ()Cell ()Work ()Other Phone	
Third ()Cell ()Work ()Other Phone		Third ()Cell ()Work ()Other Phone	
Relationship To Student		Relationship To Student	
Parent/Guardian #1 E-mail Address		Parent/Guardian #2 E-mail Address	

PREVIOUS SCHOOL INFORMATION

Has the student attended Lind-Ritzville schools?
 No Yes If yes, please list:
 Name of School(s):

SIBLING INFORMATION

Does the student have siblings enrolled in the Lind-Ritzville School District? No Yes If yes, please list:
 Sibling Name: _____ School: _____
 Sibling Name: _____ School: _____
 Sibling Name: _____ School: _____

HEALTH ALERT INFORMATION

Does the student have any current health concerns of which the school should be made aware? No Yes If yes, please indicate on the **Student Health Form**.

HOME LANGUAGE INFORMATION

SEE HOME LANGUAGE SURVEY FOR THIS INFORMATION

EMERGENCY CONTACT AUTHORIZATION

The following individuals may pick up the student from school with written permission from the legal parent/guardian **OR** when contacted by school personnel in an emergency. In the event of an accident or illness, every effort will be made to contact the student's legal parent/guardian **first**.

Parent/Guardian Initials: _____

#1 EMERGENCY CONTACT INFORMATION

(Other than Parent/Guardian)

Last
Name

First
Name

Primary () Cell () Work () Other
Phone

Second () Cell () Work () Other
Phone

Third () Cell () Work () Other
Phone

Relationship
To Student

#2 EMERGENCY CONTACT INFORMATION

(Other than Parent/Guardian)

Last
Name

First
Name

Primary () Cell () Work () Other
Phone

Second () Cell () Work () Other
Phone

Third () Cell () Work () Other
Phone

Relationship
To Student

#3 EMERGENCY CONTACT INFORMATION

(Other than Parent/Guardian)

Last
Name

First
Name

Primary () Cell () Work () Other
Phone

Second () Cell () Work () Other
Phone

Third () Cell () Work () Other
Phone

Relationship
To Student

SPECIAL PROGRAMS/SERVICES

Has the student received special classes/special education services within the last year? No Yes If yes, please mark all that apply below:

ESL/ELL Gifted OT/PT Self-Contained Special Ed. Resource Room Speech Title I Math Title I Reading 504 Care Plan
 Other: _____

PHOTO RELEASE AUTHORIZATION

The student's photo may be taken for inclusion in: District publications, District websites, and/or other District-related websites; local newspaper articles, magazine articles, and/or letters relating to school activities. Please choose one of the following options:

Yes, I give my permission for photos to be used. No, I do not give permission for photos to be used.

STUDENT DISCIPLINE INFORMATION

Has the student been suspended or expelled from school in the past 12 months? No Yes If yes, please explain below:

Date(s): _____ Reason(s): _____

MILITARY FAMILY INFORMATION (Please mark appropriate box)

- Student has parent/guardian who is a member of active duty U.S. Armed Forces (A)
 Student has parent/guardian who is a member of the Reserves of the U.S. Armed Forces (R)
 Student has parent/guardian who is a member of the Washington National Guard (G)
 Student has more than one parent/guardian who is a member of any of the above (M)
 No affiliation (N) No Response/Refuse to State (Z)

PARENTAR/GUARDIAN SIGNATURE

Signature: _____

Today's Date: _____

OFFICE USE ONLY

Proof of Birth Date on file Immunizations on file

Updated 6/7/2022



Lind-Ritzville Cooperative Schools



CONSENT FOR MUTUAL RELEASE AND/OR EXCHANGE OF INFORMATION

Today's Date: _____

Student's Name: _____ Date of Birth: _____ Grade: _____

INFORMATION ABOUT LAST SCHOOL ATTENDED

Previous School District: _____ School: _____

Street Address: _____ City: _____ State: _____

Phone Number: _____ Withdraw Date from Last School: _____

In accordance with the Family Educational Rights and Privacy Act, and Washington State Law, I hereby authorize the release of all records regarding the above student(s). I understand that I have a right to receive a copy of my own expense, if requested, and have an opportunity for a hearing to change the content of the records. I understand the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent

Parent/Guardian Signature: _____ Date: _____

Please send all pertinent information/records for the student, including:

- Transcript of Grades and Credits
- Withdrawal Grades
- Health Records/Immunizations
- Discipline Records
- Birth Certificate
- Behavior Records
- Attendance
- Special Education Records
- All of the Above Listed Items

Please Send Records to the School Indicated Below

Lind Elementary School (K-5)
 PO Box 340
 Lind, WA 99341
 (509) 677-3481 fax (509) 677-3463
 Attn: Tammy Doyle
 Email: tdoyle@lrschools.org

Lind-Ritzville High School (9-12)
 209 E Wellsandt Ave
 Ritzville, WA 99169
 (509) 659-1720 fax (888) 974-3546
 Attn: Michelle Keefer
 Email: mbkeefer@lrschools.org

Ritzville Grade School (K-5)
 401 E 6th Ave
 Ritzville, WA 99169
 (509) 659-0232 fax (888) 974-3546
 Attn: Stephanie Stokoe
 Email: stokoe@lrschools.org

Lind-Ritzville Academy
 209 E Wellsandt Ave
 Ritzville, WA 99169
 (509) 660-9059 fax (888) 974-3546
 Attn: Paul McAnally
 Email: pmcanally@lrschools.org

Lind-Ritzville Middle School (6-8)
 PO Box 340
 Lind, WA 99341
 (509) 677-3408 fax (509) 677-3420
 Attn: Karissa Labes
 Email: klabes@lrschools.org

Student Name: _____

Lind-Ritzville Cooperative Schools Race/Ethnicity Collection Form

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part 1 and Part 2

Part 1: HISPANIC OR LATINO Is your student of Hispanic or Latino origin? yes no (If "yes" please check all that apply)

- | | | | | | | |
|----------------------------|-------------|------------|----------|------------|--------------|------------|
| Argentine | Chilean | Cuban | Guyanese | Mestizo | Paraguayan | Spaniard |
| Bolivian | Colombian | Dominican | Honduran | Native | Peruvian | Surinamese |
| Brazilian | Costa Rican | Ecuadorian | Jamaican | Nicaraguan | Puerto Rican | Uruguayan |
| Chicano (Mexican American) | | Guatemalan | Mexican | Panamanian | Salvadoran | Venezuelan |

Hispanic or Latino Write in: _____

****Please also complete Part 2 (Race Category)**

Please note: These race and ethnicity categories are provided by the State of Washington and the Lind-Ritzville Cooperative Schools is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

Part 2: What race(s) do you consider your student? You may check categories and/or use write-in - Check all that apply

AMERICAN INDIAN or ALASKAN NATIVE

American Indian/Alaskan Native

American Indian (Write in): _____

Alaska Native (Write in): _____

Washington State Tribes:

- Chinook Tribe
- Confederated Tribes and Bands of the Yakama Nation
- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Cowlitz Indian Tribe
- Duwamish Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Indian Community of the Kalispel Reservation
- Kikiallus Indian Nation
- Lower Elwha Tribal Community
- Lummi Tribe of the Lummi Reservation
- Makah Indian Tribe of the Makah Indian Reservation
- Marietta Band of the Nooksack Tribe
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe of Washington
- Port Gamble S'Klallam Tribe

- Puyallup Tribe of the Puyallup Reservation
- Quileute Tribe of the Quileute Reservation
- Quinault Indian Nation
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe of Washington
- Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
- Skokomish Indian Tribe
- Snohomish Tribe
- Snoqualmie Indian Tribe
- Snoqualmoo Tribe
- Spokane Tribe of the Spokane Reservation
- Squaxin Island Tribe of the Squaxin Island Reservation
- Steilacoom Tribe
- Stillaguamish Tribe of Indians of Washington
- Suquamish Indian Tribe of the Port Madison Reservation
- Swinomish Indian Tribal Community
- Tulalip Tribes of Washington

ASIAN

- | | |
|-----------------|-------------|
| Asian | |
| Asian Indian | Malaysian |
| Bangladeshi | Mien |
| Bhutanese | Mongolian |
| Burmese/Myanmar | Nepali |
| Cambodian/Khmer | Okinawan |
| Cham | Pakistani |
| Chinese | Punjabi |
| Filipino | Singaporean |
| Hmong | Sri Lankan |
| Indonesian | Taiwanese |
| Japanese | Thai |
| Korean | Tibetan |
| Lao | Vietnamese |

Asian Write in: _____

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

- | | |
|--|------------------|
| Native Hawaiian/Other Pacific Islander | |
| Carolinian | Palauan |
| Chamorro | Papuan |
| Chuukese | Pohpeian |
| Fijian | Samoa |
| i-Kiribati / Gilbertese | Solomon Islander |
| Kosraean | Tahitian |
| Maori | Tokelauan |
| Marshallese | Tongan |
| Native Hawaiian | Tuvaluan |
| Ni-Vanuatu | Yapese |

Pacific Islander Write in: _____

Lind-Ritzville Cooperative Schools Race/Ethnicity Collection Form

Part 2 Continued - What race(s) do you consider your student?

You may check categories and/or use write-in -- Check all that apply

Black or African American

Black/ African American
African American
African Canadian

Caribbean

Anguillian
Antiguan
Bahamian
Barbadian
Barthélemois/Barthélemoises
(Saint Barthélemy)
British Virgin Islander
Caymanian (Cayman Island)
Cuba Dominican
Dominican (Dominican Republic)
Dutch Antillean
(Netherlands Antilles)
Grenadian
Guadeloupean
Haitian
Jamaican
Martiniquais/Martiniquaise
Montserratian
Puerto Rican

Caribbean Write in:

Black (Write in): _____

Central African

Angolan
Cameroonian
Central African
(Central African Republic)
Chadian
Congolese (Republic of the
Congo)
Congolese (Democratic
Republic of the Congo)
Equatorial Guinean
Gabononese
São Toméan
Principe

Central African Write in:

South African

Botswanan
Mosotho (Lesotho)
Namibian
South African
Swazi

South African Write in:

East African

Burundian
Comoran
Djiboutian
Eritrean
Ethiopian
Kenyan
Malagasy (Madagascar)
Malawian
Mauritian (Mauritius)
Mahoran (Mayotte)
Mozambican
Reunionese
Rwandan
Seychellois/Seychelloise
Somali
South Sudanese
Sudanese
Ugandan
Tanzanian (United
Republic of Tanzania)
Zambian
Zimbabwean

East African Write in:

Latin American

Argentine
Belizean
Bolivian
Brazilian
Chilean
Colombian
Costa Rican
Ecuadorian
El Salvadoran
Falkland Islander
French Guianese
Guatemalan
Guyanese
Honduran
Mexican
Nicaraguan
Panamanian
Paraguayan
Peruvian
South Georgia and the
South Sandwich Islands
Surinamese
Uruguayan
Venezuelan

Latin American (Write in):

West African

Beninese
Bissau-Guinean
Burkinabé (Burkina Faso)
Cabo Verdean
Ivorian (Cote d'Ivoire)
Gambian
Ghanaian
Liberian
Malian
Mauritanian
Nigerien (Niger)
Nigerian (Nigeria)
Saint Helenian
Senegalese
Sierra Leonean
Togolese

West African Write in:

WHITE

White

Eastern European

Bosnian
Herzegovinian
Polish
Romanian
Russian
Ukrainian

Eastern European Write in:

White (Write in): _____

Middle Eastern and North African

Algerian	Copt	Jordanian	Qatari
Amazigh or Berber	Druze	Kurdish Kuwaiti	Saudi Arabian
Arab or Arabic	Egyptian	Lebanese	Syrian
Assyrian	Emirati	Libyan	Tunisian
Bahraini	Iranian	Moroccan	Yemeni
Bedouin	Iraqi	Omani	
Chaldean	Israeli	Palestinian	

Middle Eastern Write in:

North African Write in:

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.



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 style="padding-left: 40px;">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 style="padding-left: 40px;">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.



2025-26
Lind-Ritzville Cooperative Schools
Student Health & Annual Update

**This form must be completed for each new school year.*

Nurse Initial _____
504 ____ ECP ____

Name: _____ Birthdate: _____ Gender: _____
Last First

School: _____ Grade: _____

Doctor: _____ Clinic: _____

Student Lives with: Both Parents Mother Father Mother & Stepfather Father & Stepmother
 Agency Legal Guardian Self Other: _____

Father's Name: _____ Mother's Name: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Emergency Contact: _____

Name	Relationship to Child	Phone
------	-----------------------	-------

___ Yes, my child has a life-threatening health condition - **Please complete Section 1 and 2**

___ No, my child does not have a life-threatening health condition - **Please skip to Section 2**

Section 1 – LIFE-THREATENING HEALTH CONDITIONS **

Asthma and requires rescue inhaler at school: (Only Grade 6-12) has permission to self-carry Yes No

What triggers the asthma: Exercise Illness Allergies Other:

Anaphylaxis (Life-Threatening Allergy) and requiring emergency medication: EpiPen: Yes No

(Only Grade 6-12) Student has permission to self-carry EpiPen Yes No

What causes the allergic reaction? Bee sting Food: Other:

Diabetes: Age of diagnosis: _____ Type I Type II Uses Insulin Oral Medication

Seizure disorder: Type _____ Date of Last Seizure: _____ Uses Seizure Medication

V/P Shunt (in brain) Cardiac arrhythmia or other cardiac problems which require activity restrictions?

Hemophilia/Other blood disorder

Other Life-Threatening Health Condition: _____

****For students with life threatening health conditions, RCW 28A.210.320, requires that a licensed health care provider (LHP) order, medication and a nursing care plan be in place before the student attends school.**

Please complete back of form

Section 2 - NON-LIFE-THREATENING HEALTH CONDITIONS

- Vision Concerns? Glasses Contacts Other: _____
- Hearing Concerns? Wears hearing aids
- History of Concussion(s): Age(s) _____ Was a doctor seen? _____ Lasting Effects: _____
- Other _____

Please list any other significant health concerns that the school nurse should know about (allergies, surgeries, hospitalizations, disorders, mental health disorders such as ADHD, autism, depression, anxiety, etc.)

MEDICATION (Prescription or Non-Prescription)

Does your child take any medication? No Yes, name of medication: _____

Will medication be needed at school? No *Yes, name of medication: _____

***If your child needs medication at school, a “Medication Authorization” form is required every year before any medication may be given. This form is available from the school office or on the district website at www.lrschools.org**

AUTHORIZATION FOR SHARING HEALTH INFORMATION/ACCESSING MEDICAL CARE

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Lind-Ritzville Cooperative Schools staff to contact health care professionals, including 911, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that Lind-Ritzville Cooperative Schools, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I give permission to my child’s school to add immunization information into the Immunization Information System to help the school maintain my child’s record.

***IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD’S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR. ***

Date

Parent or Legal Guardian Signature

Parent or Legal Guardian Name (Please Print)

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

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

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education \(NCHE\)](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



Washington Office of Superintendent of
PUBLIC INSTRUCTION



Lind-Ritzville Cooperative Schools

Lind-Ritzville GRIT



507 North E Street
Lind WA 99341

209 E Wellsandt Ave
Ritzville WA 99169

Immunization Record Requirements

Your child cannot attend school until you provide these records.

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned into schools or child care centers are required by state law to be medically verified. **Immunization records must be turned into the school on or before the first day of attendance.** This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. **Your child cannot attend school until you provide these records.**

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a healthcare provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact your child's school.

Superintendent: Don Vanderholm

Lind School District Phone: 509-677-3499; FAX: 509-677-3463 | Ritzville School District Phone: 509-659-1660; FAX: 888-974-3546

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2025-2026



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 September 1st	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 September 1st	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 12th	5 doses DTaP* Plus Tdap at age ≥10 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 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 doh.information@doh.wa.gov

DOH 348-295 Dec. 2024





Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> 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
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

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

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		