

FOR OFFICE USE: SSID: _____ School ID: _____ Start Date: _____ Class: _____

BRINNON SCHOOL DISTRICT #46

46 Schoolhouse Road, Brinnon, WA 98320

Student Enrollment Form

Please **PRINT** all information except where a signature is required.

Child's Name _____
Last First Middle

Grade _____ Date of Birth _____ / _____ / _____ Gender: ☐ Male ☐ Female

Primary Language: _____ Language Spoken in Home: _____

Student received the following services: ☐ Title I/LAP ☐ Speech ☐ Spec. Ed. ☐ Other _____

Child lives with: ☐ Both Parents ☐ Mother only ☐ Father Only ☐ Other _____

Primary Household Name(s) _____

Physical Address _____

Mailing Address _____

Phone: Home _____

M-WK # _____ F-WK _____

M-Cell # _____ F-Cell _____

Email Address _____

*** Secondary Household Name(s) _____

*** Physical Address _____

*** Mailing Address _____

*** Phone: Home _____ Cell _____

*** Email Address _____

Emergency Information

Emergency Contacts – students may also be released to the same emergency contacts:

LOCAL: Name _____ Phone # _____

Name _____ Phone # _____

OTHER: Name _____ Phone # _____

Parent/Guardian Signature _____

Date _____

NOTE: Immunization records are required to complete enrollment.

If a Birth Certificate is not available for age verification, Medical Records and or a Doctor's Note is acceptable.

For Office Use: ☐ CLEO ☐ IT ☐ email ☐ D. Cert ☐ SPED ☐ Fd Svc ☐ Attend. ☐ Health ☐ Transp. ☐ Roster

Rev 2025.07

BRINNON SCHOOL DISTRICT #46
46 Schoolhouse Road
Brinnon, WA 98320
360-796-4646 Office 360-505-4542 Fax

REQUEST FOR EXCHANGE OF STUDENT INFORMATION

Date of Request: ____/____/____

Please send school records for the following student, who has recently enrolled in the Brinnon School District:

Student Name: _____

Date of Birth: _____ Last Grade Attended: _____

Date of Withdrawal from previous school: _____

TO: Previous School Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Please route this form to the proper departments to include the following information:

- ☐ Student Transcripts (grades, report cards, attendance records, immunization records)
- ☐ Group testing and diagnostic data
- ☐ Individual test data
- ☐ Special program placement data
- ☐ Special health history
- ☐ Disciplinary information
- ☐ Other: _____

All materials received will be placed in the student's record and will be available for inspection and review in accordance with the requirements of the Family Educational Rights and Privacy Act of 1974.

School District Representative/Title

360-796-4646
Phone #

Rev. 02.2026



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

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
Right to Translation and Interpretation Services 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.	a) In what language(s) would your family prefer to receive written communication from the school? _____ b) Do you need an interpreter for meetings and phone calls (including ASL)? Parent/Guardian Name #1: _____ Interpreter Needed? ____ Yes ____ No Language _____ Parent/Guardian Name #2: _____ Interpreter Needed? ____ Yes ____ No Language _____		
Eligibility for Language Development Support 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.	2. What language(s) did your child first speak or understand? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____		
Prior Education Your responses about your child's birth country and previous education: • 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. <i>This form is not used to identify students' immigration status.</i>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No If yes: Number of months: _____ Language(s) of instruction: _____ 8. When did your child first attend a school in the United States? (K-12th Grade) _____ Month Day Year		

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



Race/Ethnicity Collection Form

Date : _____

Student Last Name: _____ Student First Name: _____

School: Brinnon School Grade: _____ Gender: M F (circle one)

QUESTION 1. Is your child of Hispanic or Latino origin?

H01 ☐ **NOT HISPANIC/LATINO**

HISPANIC/LATINO (may check categories and use write-in)

- | | | | |
|---|--|---|--|
| H00 ☐ Hispanic | H08 ☐ Costa Rican | H15 ☐ Jamaican | H23 ☐ Puerto Rican |
| H02 ☐ Argentine | H09 ☐ Cuban | H16 ☐ Mexican | H24 ☐ Salvadoran |
| H03 ☐ Bolivian | H10 ☐ Dominican | H17 ☐ Mestizo | H25 ☐ Spaniard |
| H04 ☐ Brazilian | H11 ☐ Ecuadorean | H18 ☐ Native | H26 ☐ Surinamese |
| H05 ☐ Chicano (Mexican American) | H12 ☐ Guatemalan | H19 ☐ Nicaraguan | H27 ☐ Uruguayan |
| H06 ☐ Chilean | H13 ☐ Guyanese | H20 ☐ Panamanian | H28 ☐ Venezuelan |
| H07 ☐ Colombian | H14 ☐ Honduran | H21 ☐ Paraguayan | H29 ☐ Hispanic/Latino Write in: _____ |
| | | H22 ☐ Peruvian | |

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

AMERICAN INDIAN/ALASKA NATIVE (may check categories and use write-in)

N00 ☐ American Indian/Alaskan Native

- | | | |
|--|---|---|
| N01 ☐ Chinook Tribe | N13 ☐ Makah Indian Tribe of the Makah Indian Reservation | N24 ☐ Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N02 ☐ Confederated Tribes and Bands of the Yakama Nation | N14 ☐ Marietta Band of Nooksack Tribe | N25 ☐ Skokomish Indian Tribe |
| N03 ☐ Confederated Tribes of the Chehalis Reservation | N15 ☐ Muckleshoot Indian Tribe | N26 ☐ Snohomish Tribe |
| N04 ☐ Confederated Tribes of the Colville Reservation | N16 ☐ Nisqually Indian Tribe | N27 ☐ Snoqualmie Indian Tribe |
| N05 ☐ Cowlitz Indian Tribe | N17 ☐ Nooksack Indian Tribe of Washington | N28 ☐ Snoqualmoo Tribe |
| N06 ☐ Duwamish Tribe | N18 ☐ Port Gamble S'Klallam Tribe | N29 ☐ Spokane Tribe of the Spokane Reservation |
| N07 ☐ Hoh Indian Tribe | N19 ☐ Puyallup Tribe of the Puyallup Reservation | N30 ☐ Squaxin Island Tribe of the Squaxin Island Reservation |
| N08 ☐ Jamestown S'Klallam Tribe | N20 ☐ Quileute Tribe of the Quileute Reservation | N31 ☐ Steilacoom Tribe |
| N09 ☐ Kalispel Indian Community of the Kalispel Reservation | N21 ☐ Quinault Indian Nation | N32 ☐ Stillaguamish Tribe of Indians of Washington |
| N10 ☐ Kikiallus Indian Nation | N22 ☐ Samish Indian Nation | N33 ☐ Suquamish Indian Tribe of the Port Madison Reservation |
| N11 ☐ Lower Elwha Tribal Community | N23 ☐ Sauk-Suiattle Indian Tribe of Washington | N34 ☐ Swinomish Indian Tribal Community |
| N12 ☐ Lummi Tribe of the Lummi Reservation | | N35 ☐ Tulalip Tribes of Washington |

N36 ☐ Alaska Native Write in: _____

N37 ☐ American Indian Write in: _____

ASIAN (may check categories and use write-in)

- | | | | |
|--|---|--|--|
| A00 ☐ Asian | A08 ☐ Filipino | A15 ☐ Mien | A22 ☐ Sri Lankan |
| A01 ☐ Asian Indian | A09 ☐ Hmong | A16 ☐ Mongolian | A23 ☐ Taiwanese |
| A02 ☐ Bangladeshi | A10 ☐ Indonesian | A17 ☐ Nepali | A24 ☐ Thai |
| A03 ☐ Bhutanese | A11 ☐ Japanese | A18 ☐ Okinawan | A25 ☐ Tibetan |
| A04 ☐ Burmese/Myanmar | A12 ☐ Korean | A19 ☐ Pakistani | A26 ☐ Vietnamese |
| A05 ☐ Cambodian/Khmer | A13 ☐ Lao | A20 ☐ Punjabi | A27 ☐ Asian Write in: _____ |
| A06 ☐ Cham | A14 ☐ Malaysian | A21 ☐ Singaporean | |
| A07 ☐ Chinese | | | |

BLACK (may check categories and use write-in)

- B00 ☐ Black/African American B01 ☐ African American B02 ☐ African Canadian B02

More on back.

Caribbean

- B03 ☐ Anguillian
B04 ☐ Antiguan
B05 ☐ Bahamian
B06 ☐ Barbadian
B07 ☐ Barthélemois/Barthélemoises
(Saint Barthélemy)
- B08 ☐ British Virgin Islander
B09 ☐ Caymanian
(Cayman Island)
B10 ☐ Cuba Dominican
B11 ☐ Dominican
(Dominican Republic)
- B12 ☐ Dutch Antillean
(Netherlands Antilles)
B13 ☐ Grenadian
B14 ☐ Guadeloupian
B15 ☐ Haitian
- B16 ☐ Jamaican
B17 ☐ Martiniquais/Martiniquaise
B18 ☐ Montserratian
B19 ☐ Puerto Rican
B20 ☐ Caribbean Write in: _____

Central African

- B21 ☐ Angolan
B22 ☐ Cameroonian
B23 ☐ Central African
(Central African Republic)
- B24 ☐ Chadian
B25 ☐ Congolese
(Republic of the Congo)
- B26 ☐ Congolese (Democratic
Republic of the Congo)
B27 ☐ Equatorial Guinean
B28 ☐ Gabonese
- B29 ☐ São Toméan
B30 ☐ Príncipe
B31 ☐ Central African Write in: _____

East African

- B32 ☐ Burundian
B33 ☐ Comoran
B34 ☐ Djiboutian
B35 ☐ Eritrean
B36 ☐ Ethiopian
B37 ☐ Kenyan
- B38 ☐ Malagasy (Madagascar)
B39 ☐ Malawian
B40 ☐ Mauritian (Mauritius)
B41 ☐ Mahoran (Mayotte)
B42 ☐ Mozambican
B43 ☐ Reunionese
- B44 ☐ Rwandan
B45 ☐ Seychellois/Seychelloise
B46 ☐ Somali
B47 ☐ South Sudanese
B48 ☐ Sudanese
B49 ☐ Ugandan
- B50 ☐ Tanzanian (United Republic
of Tanzania)
B51 ☐ Zambian
B52 ☐ Zimbabwean
B53 ☐ East African Write in: _____

Latin American

- B54 ☐ Argentine
B55 ☐ Belizean
B56 ☐ Bolivian
B57 ☐ Brazilian
B58 ☐ Chilean
B59 ☐ Colombian
- B60 ☐ Costa Rican
B61 ☐ Ecuadorian
B62 ☐ El Salvadoran
B63 ☐ Falkland Islander
B64 ☐ French Guianese
B65 ☐ Guatemalan
- B66 ☐ Guyanese
B67 ☐ Honduran
B68 ☐ Mexican
B69 ☐ Nicaraguan
B70 ☐ Panamanian
B71 ☐ Paraguayan
B72 ☐ Peruvian
- B73 ☐ South Georgia and the
South Sandwich Islands
B74 ☐ Surinamese
B75 ☐ Uruguayan
B76 ☐ Venezuelan
B77 ☐ Latin American Write in: _____

South African

- B78 ☐ Botswanan
- B79 ☐ Mosotho (Lesotho)
B80 ☐ Namibian
- B81 ☐ South African
B82 ☐ Swazi
- B83 ☐ South African Write in: _____

West African

- B84 ☐ Beninese
B85 ☐ Bissau-Guinean
B86 ☐ Burkinabé (Burkina Faso)
B87 ☐ Cabo Verdean
- B88 ☐ Ivorian (Cote d'Ivoire)
B89 ☐ Gambian
B90 ☐ Ghanaian
B91 ☐ Liberian
- B92 ☐ Malian
B93 ☐ Mauritanian
B94 ☐ Nigerien (Niger)
B95 ☐ Nigerian (Nigeria)
B96 ☐ Saint Helenian
- B97 ☐ Senegalese
B98 ☐ Sierra Leonean
B99 ☐ Togolese
C01 ☐ West African Write in: _____

C02 ☐ Black Write in: _____

MIDDLE EASTERN and NORTH AFRICAN (may check categories and use write-in)

- W08 ☐ Algerian
W09 ☐ Amazigh or Berber
W10 ☐ Arab or Arabic
W11 ☐ Assyrian
W12 ☐ Bahraini
W13 ☐ Bedouin
W14 ☐ Chaldean
W34 ☐ Middle Eastern Write in: _____
W35 ☐ North African Write in: _____
- W15 ☐ Copt
W16 ☐ Druze
W17 ☐ Egyptian
W18 ☐ Emirati
W19 ☐ Iranian
W20 ☐ Iraqi
W21 ☐ Israeli
- W22 ☐ Jordanian
W23 ☐ Kurdish Kuwaiti
W24 ☐ Lebanese
W25 ☐ Libyan
W26 ☐ Moroccan
W27 ☐ Omani
- W28 ☐ Palestinian
W29 ☐ Qatari
W30 ☐ Saudi Arabian
W31 ☐ Syrian
W32 ☐ Tunisian
W33 ☐ Yemeni

PACIFIC ISLANDER (may check categories and use write-in)

- P00 ☐ Native Hawaiian/Other
Pacific Islander
P01 ☐ Carolinian
P02 ☐ Chamorro
P03 ☐ Chuukese
P04 ☐ Fijian
- P05 ☐ i-Kiribati / Gilbertese
P06 ☐ Kosraean
P07 ☐ Maori
P08 ☐ Marshallese
P09 ☐ Native Hawaiian
P10 ☐ Ni-Vanuatu
- P11 ☐ Palauan
P12 ☐ Papuan
P13 ☐ Pohpeian
P14 ☐ Samoan
P15 ☐ Solomon Islander
P16 ☐ Tahitian
- P17 ☐ Tokelauan
P18 ☐ Tongan
P19 ☐ Tuvaluan
P20 ☐ Yapese
P21 ☐ Pacific Islander Write in: _____

WHITE (may check categories and use write-in)

- W00 ☐ White
- Eastern European**
- W01 ☐ Bosnian
W02 ☐ Herzegovinian
- W03 ☐ Polish
W04 ☐ Romanian
- W05 ☐ Russian
W06 ☐ Ukrainian
- W07 ☐ Eastern European Write in: _____
- W36 ☐ White Write in: _____

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW **28A.300.507.**

For the purpose of collecting the data please mark all that apply:

- ☐ No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard. **(N)**
- ☐ Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces. **(A)**
- ☐ Yes a parent/guardian is a current member of the **reserves** of the U.S. Armed Forces. **(R)**
- ☐ Yes a parent/guardian is a current member of the **Washington National Guard**. **(G)**
- ☐ Yes more than one parent or guardian is **currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard**. **(M)**
- ☐ No Response/Refused to state. **(Z)**

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

(Note: If at any time throughout the school year the military status changes please contact your student's school to report the change.)

Student Housing Questionnaire

Brinnon School, 46 Schoolhouse Rd, Brinnon, WA 98320

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

If the student lives in a home owned or rented by the parent or guardian, you do not need to complete this form unless there are inadequate facilities (no water, heat, electricity, etc.)

If the student does not live in a home owned or rented by the parent or guardian, please check all that apply below. (Submit form to the district's designated McKinney-Vento liaison. Contact information can be found at the bottom of the page.)

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

Name of student: _____
First Middle Last

Name of school: Brinnon School Grade: _____ Birthdate (Month/Day/Year): _____ Age: _____

Gender: _____ ☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian

Address of current residence: _____

Phone number or contact phone number: _____ Name of contact: _____

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

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

☐ The student(s) named above have younger siblings/children (not yet school age) who are in need of developmental screening, community support, or referrals to early childhood services. The district's McKinney-Vento liaison may be able to assist you with age-appropriate resources.

Please return completed form to:

Patricia Beathard

District McKinney-Vento Liaison

360-796-4646

Phone Number

Brinnon School

Location

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



Washington Office of Superintendent of
PUBLIC INSTRUCTION

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

Brinnon School District

2025-2026

STUDENT'S Name: _____ Grade: _____

PUBLICITY CONSENT FORM – Publicity Consent

May we publish your child's name and photograph/video? YES NO

Throughout the school year, the Brinnon School District photographs and/or records students participating in school and classroom activities. These photographs/videos may appear in local newspapers or be used in the Brinnon School District's newsletter, social media, and other publications, or may appear on the Brinnon School District's website (www.bsd46.org).

Print Parent's/Guardian's name: _____

Signature of Parent/Guardian: _____ Date: _____

INFORMED CONSENT FORM – Evacuation Drills

Brinnon School Students will be trained to evacuate to the Brinnon Fire Department or to wooded areas surrounding the school in an emergency, including an active shooter,

I give permission for my student to practice these evacuation drills.

Print Parent's/Guardian's name: _____

Signature of Parent/Guardian: _____ Date: _____



BRINNON SCHOOL DISTRICT

46 Schoolhouse Rd.
Brinnon, WA 98320
(360) 796-4646
www.bsd46.org

Student: _____ Birthdate: _____ School Year: _____ Grade: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: _____ Phone: _____

If your child has a life-threatening condition. An Individual Health Plan and any medication or treatment orders must be in place before starting school. Call your school nurse as soon as possible.

HISTORY: Check all conditions that apply. Use "Other/Explain" to provide additional information. Notify your school nurse of changes that occur throughout the school year. To provide a safe and healthy environment for your child, this information will be accessible to staff who may be called upon to assist with care.

- | | | |
|--|---|---|
| ☐ ADD/ADHD | ☐ Cerebral Palsy | ☐ Kidney/Urinary Condition |
| ☐ Allergic Reaction* | ☐ Congenital Condition | ☐ Mental/Behavioral Health |
| ☐ Allergies – Seasonal/Environ* | ☐ Developmental Condition | ☐ Migraine/Headaches |
| ☐ Anaphylactic Condition* | ☐ Diabetes ☐ Type 1 ☐ Type 2 | ☐ Neurological Condition |
| ☐ Anxiety/Panic Attack | ☐ Gastrointestinal Condition | ☐ Orthopedic Condition |
| ☐ Asthma/Respiratory Condition | ☐ Hearing Condition | ☐ Seizure Condition |
| ☐ Autism | ☐ Heart Condition | ☐ Skin Condition |
| ☐ Blood Condition | ☐ Immune Condition | ☐ Traumatic Brain Injury (TBI) |
| ☐ Cancer | ☐ Joint Instability | ☐ Vision Condition |

Other/Explain: _____

***ALLERGY:** does your child have an epinephrine auto-injector (EpiPen)? ☐ Yes ☐ No

Allergic to: _____ Describe reaction: _____

Treatment: _____

- ☐ **My child requires medication at school.** A medication authorization form must be submitted to the school. Forms and additional information are available through your school office or office staff.

Medication name: _____

- ☐ **My child requires a medical treatment at school (blood sugar check, tube feed, oxygen, etc).** For medical treatments to be performed at school, a treatment authorization is required. Forms and additional information are available through your school nurse or office staff
- ☐ **My child has a compromised immune system.**
- ☐ **My child requires an assistive device to move around.**
- ☐ **My child has food or fluid restrictions.** Explain: _____

Printed Name of Parent/Guardian Completing Form

Today's Date



Certificate of Immunization Status (CIS)

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

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

Child's Last Name:		First Name:		Middle Initial:		Birthdate (MM/DD/YYYY):	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.					
X		X		Parent/Guardian Signature Required if Starting in Conditional Status		Date	
Parent/Guardian Signature		Date		Documentation of Disease Immunity (Health care provider use only)			
▲ 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 (Haemophilus influenzae type b)							
•▲ IPV (Polio) (any combination of IPV/OPV)							
•▲ OPV (Polio)							
•▲ MMR (Measles, Mumps, Rubella)							
• PCV/PPSV (Pneumococcal)							
•▲ Varicella (Chickenpox)							
☐ 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							
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

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/YYYY). 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

Trade Name	Vaccine	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				

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



Library Card Application for CLEO Students

School _____
Grade _____
Advisor _____

WHO CAN GET A CARD:

The Cooperative Libraries of the Eastern Olympics (CLEO) is a consortium of libraries throughout East Jefferson County that includes public, school, and special libraries. All students of CLEO member institutions are issued library cards upon registration at their respective schools to provide equitable access to materials and information across East Jefferson County. Parents/guardians determine the level of access for their children by completing this application form. For more information, contact your school librarian or the Jefferson County Library District at information@jclibrary.info

PERSONAL INFORMATION OF STUDENT APPLICANT:

Name (Last, First, Middle): _____

Birthdate: ____ - ____ - ____
 M M D D Y Y Y Y

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Hold notice by (choose one): ☐ Email ☐ Text ☐ Phone Service Provider (if text): _____

The Library District may send email notifications about events to cardholders ages 18 and up. To opt in, check here: ☐

PARENT/GUARDIAN INFORMATION:

Please print the names of parents or guardians who will be responsible for this account:

Parents/guardians, please choose ONE for your child:

- ☐ Full access card (checkout materials from any CLEO library and use computers at student's school and public libraries)
- ☐ Student access card (checkout materials from any CLEO library and use computers at student's school ONLY – no public library computer access)

LIST INDIVIDUALS THAT MAY PICK UP ITEMS ON HOLD FOR THE STUDENT:

SIGNATURE(S):

I agree to assume full responsibility for all materials checked out to me or my dependents, to promptly pay charges for lost or damaged materials, and to give immediate notice if my card is lost or my address changes. I understand that failure to comply with these policies may result in loss of borrowing privileges.

I also agree to abide by all Internet Acceptable Use Policies when using public library computers and/or wireless internet access. Parents/guardians are responsible for monitoring their children's computer and Internet use at any public library.

Adult (18 and over) or Parent Signature

Child or Teen Signature (optional)

Office Use Only: Card #2352 _____ Date: _____ Initials: _____