



STUDENT REGISTRATION FORM

DATE: _____

Do not write in shaded area – for office use only

Student Other ID	School	Homeroom #	Locker #	Bus Route AM	PM
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Check here if you have recently registered students at another school or have/will have other students attending another school within our district.

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	BIRTHDAY (MM/DD/YYYY)
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	PREVIOUSLY USED NAME IN A DISTRICT (if applicable)		GRADE	BIRTH PLACE/BIRTH COUNTRY
DISTRICT RESIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____		
Has your student ever qualified for or been enrolled in a special education program (IEP)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your student ever qualified for or had a 504 Plan?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your student ever participated in an academic support program (ie. Title, LAP)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your student ever participated in Advanced Academics, Gifted and Talented, or Highly Capable programs?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your student ever been enrolled in a Multilingual Language (ML) program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your student ever been retained?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you rent/own your own home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

HOUSEHOLD 1 (Primary Guardian - parent/guardian where student resides) <i>Last Name</i> <i>First Name</i> Email: Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD 1 - Primary Telephone <i>Include area code</i> Primary Guardian - 2nd phone <input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	STUDENT LIVES WITH: <i>(check one per guardian)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	
	HOUSEHOLD 1 (Secondary Guardian - parent/guardian where student resides) <i>Last Name</i> <i>First Name</i> Email: Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO		Secondary Guardian - 2nd phone <input type="checkbox"/> cell _____ <input type="checkbox"/> work _____

RESIDENT ADDRESS (physical address)	<i>Street/PO Box</i>	<i>Apt.#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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MAILING ADDRESS (if different from physical address)	<i>Street/PO Box</i>	<i>Apt.#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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HOUSEHOLD 2 (Primary Guardian - parent/guardian where student resides) <i>Last Name</i> <i>First Name</i> Email: Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD 1 - Primary Telephone <i>Include area code</i> Primary Guardian - 2nd phone <input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	STUDENT LIVES WITH: <i>(check one per guardian)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	
	HOUSEHOLD 2 (Secondary Guardian- parent/guardian where student resides) <i>Last Name</i> <i>First Name</i> Email: Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO		Secondary Guardian - 2nd phone <input type="checkbox"/> cell _____ <input type="checkbox"/> work _____

RESIDENT ADDRESS (physical address)	<i>Street/PO Box</i>	<i>Apt.#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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MAILING ADDRESS (if different from physical address)	<i>Street/PO Box</i>	<i>Apt.#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Is there a Joint-custody or Parent Plan in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If YES, plan must be on file with the school for enforcement)
Is there a Restraining Order in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If YES, legal papers must be on file with school for enforcement)
Restraining Order is against	<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Other:

Has your student <u>ever</u> attended a Washington state school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, list name of school (s) and district(s))	
Has student <u>ever</u> attended Yelm Community Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Name of School(s) Attended)	Date Attended:
Last School Previously Attended (Name of School)	Previous District Name
Previous School Address Street/PO Box City State Zip	
Has your student <u>ever</u> been referred under the Washington State BECCA Law for Truancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list other siblings				
Last Name	First Name	School	Grade	Age

When injury, illness or other non-emergency situations occur involving your student, 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 in the local area during the day to provide care for your student.

Emergency Contact #1 (other than parent/guardian) Legal Last Legal First	Emergency Contact #2 (other than parent/guardian) Legal Last Legal First
Relationship to Student:	Relationship to Student:
Phone #1 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #1 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Phone #2 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #2 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Did this person attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	Did this person attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO

POLICY AWARENESS & CONSENTS

HANDBOOKS: I am aware the Rights and Responsibility Student Handbook is published on the district website (<https://www.ycs.wednet.edu/family-resources/forms>) and understand that each school has a Student Handbook posted on the school website. I understand these documents are subject to change throughout the year based on board policy, OSPI Guidelines or State & Federal Laws. I have reviewed the district and school handbooks that are available on the district website.

DISTRICT PHONE COMMUNICATION: I understand that the district will use the guardian(s) phone contact for automated school announcements and emergency information.

ACCESS TO TECHNOLOGY: I understand the district's policy on internet usage and understand my child will be allowed internet access.

ARTIFICIAL INTELLIGENCE: I understand the district's policy on artificial intelligence (AI) tools and that my child will be granted access to AI usage.

EMERGENCY RELEASE: 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 student.

I give permission for Yelm Community Schools to transport/allow my student to be transported and given medical treatment in the event of an emergency.

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

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Yelm Community Schools.

Legal Parent/Guardian Signature _____ Date _____

PLEASE ANSWER ALL QUESTIONS:
Question 1: Is your child of Hispanic or Latino origin? (Please check all that apply)

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

Question 2: What race group(s) do you consider your child? (Please check all that apply)

AFRICAN AMERICAN	AFRICAN CANADIAN	ALASKAN NATIVE	AMERICAN INDIAN
AMERICAN INDIAN/ALASKAN NATIVE	ASIAN	BLACK	BLACK/AFRICAN AMERICAN
CARIBBEAN	CENTRAL AFRICAN	EAST AFRICAN	EASTERN EUROPEAN
LATIN AMERICAN	MIDDLE EASTERN AND NORTH AFRICAN	NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	PACIFIC ISLANDER
SOUTH AFRICAN	WA STATE TRIBES	WEST AFRICAN	WHITE

Question 3: What state race(s) within the race group(s) in Question 2 do you consider your child? (Please check all that apply)

A00	Asian	Asian	B02	African Canadian	African Canadian
A01	Asian Indian	Asian	B03	Anguillian	Caribbean
A02	Bangladeshi	Asian	B04	Antiguan	Caribbean
A03	Bhutanese	Asian	B05	Bahamian	Caribbean
A04	Burmese/Myanmar	Asian	B06	Barbadian	Caribbean
A05	Cambodian/Khmer	Asian	B07	Barthélemois/Barthélemoises (Saint Barthélemy)	Caribbean
A06	Cham	Asian	B08	British Virgin Islander	Caribbean
A07	Chinese	Asian	B09	Caymanian (Cayman Island)	Caribbean
A08	Filipino	Asian	B10	Cuba Dominican	Caribbean
A09	Hmong	Asian	B11	Dominican (Dominican Republic)	Caribbean
A10	Indonesian	Asian	B12	Dutch Antillean (Netherlands Antilles)	Caribbean
A11	Japanese	Asian	B13	Grenadian	Caribbean
A12	Korean	Asian	B14	Guadeloupien	Caribbean
A13	Lao	Asian	B15	Haitian	Caribbean
A14	Malaysian	Asian	B16	Jamaican	Caribbean
A15	Mien	Asian	B17	Martiniquais/Martiniquaise	Caribbean
A16	Mongolian	Asian	B18	Montserratian	Caribbean
A17	Nepali	Asian	B19	Puerto Rican	Caribbean
A18	Okinawan	Asian	B20	Caribbean Write in	Caribbean
A19	Pakistani	Asian			
A20	Punjabi	Asian			
A21	Singaporean	Asian	B21	Angolan	Central African
A22	Sri Lankan	Asian	B22	Cameroonian	Central African
A23	Taiwanese	Asian	B23	Central African (Central African Republic)	Central African
A24	Thai	Asian	B24	Chadian	Central African
A25	Tibetan	Asian	B25	Congolese (Republic of the Congo)	Central African
A26	Vietnamese	Asian	B26	Congolese (Democratic Republic of the Congo)	Central African
A27	Asian Write in	Asian	B27	Equatorial Guinean	Central African
			B28	Gabonese	Central African
			B29	São Toméan	Central African
B00	Black/African-American	Black/African-American	B30	Principe	Central African
B01	African American	African American	B31	Central African Write in	Central African

Question 3: What state race(s) within the race group(s) in Question 2 do you consider your child? (Please check all that apply)

	B32	Burundian	East African		B80	Namibian	South African
	B33	Comoran	East African		B81	South African	South African
	B34	Djiboutian	East African		B82	Swazi	South African
	B35	Eritrean	East African		B83	South African Write in	South African
	B36	Ethiopian	East African				
	B37	Kenyan	East African				
	B38	Malagasy (Madagascar)	East African		B84	Beninese	West African
	B39	Malawian	East African		B85	Bissau-Guinean	West African
	B40	Mauritian (Mauritius)	East African		B86	Burkinabé (Burkina Faso)	West African
	B41	Mahoran (Mayotte)	East African		B87	Cabo Verdean	West African
	B42	Mozambican	East African		B88	Ivorian (Cote d'Ivoire)	West African
	B43	Reunionese	East African		B89	Gambian	West African
	B44	Rwandan	East African		B90	Ghanaian	West African
	B45	Seychellois/Seychelloise	East African		B91	Liberian	West African
	B46	Somali	East African		B92	Malian	West African
	B47	South Sudanese	East African		B93	Mauritanian	West African
	B48	Sudanese	East African		B94	Nigerien (Niger)	West African
	B49	Ugandan	East African		B95	Nigerian (Nigeria)	West African
	B50	Tanzanian (United Republic of Tanzania)	East African		B96	Saint Helenian	West African
	B51	Zambian	East African		B97	Senegalese	West African
	B52	Zimbabwean	East African		B98	Sierra Leonean	West African
	B53	East African Write in	East African		B99	Togolese	West African
					C01	West African Write in	West African
	B54	Argentine	Latin American				
	B55	Belizean	Latin American		C02	Black Write in	Black
	B56	Bolivian	Latin American				
	B57	Brazilian	Latin American				
	B58	Chilean	Latin American		N00	American Indian/Alaskan Native	American Indian/Alaskan Native
	B59	Colombian	Latin American		N01	Chinook Tribe	WA State Tribes
	B60	Costa Rican	Latin American		N02	Confederated Tribes and Bands of the Yakama Nation	WA State Tribes
	B61	Ecuadorian	Latin American		N03	Confederated Tribes of the Chehalis Reservation	WA State Tribes
	B62	El Salvadoran	Latin American		N04	Confederated Tribes of the Colville Reservation	WA State Tribes
	B63	Falkland Islander	Latin American		N05	Cowlitz Indian Tribe	WA State Tribes
	B64	French Guianese	Latin American		N06	Duwamish Tribe	WA State Tribes
	B65	Guatemalan	Latin American		N07	Hoh Indian Tribe	WA State Tribes
	B66	Guyanese	Latin American		N08	Jamestown S'Klallam Tribe	WA State Tribes
	B67	Honduran	Latin American		N09	Kalispel Indian Community of the Kalispel Reservation	WA State Tribes
	B68	Mexican	Latin American		N10	Kikiallus Indian Nation	WA State Tribes
	B69	Nicaraguan	Latin American		N11	Lower Elwha Tribal Community	WA State Tribes
	B70	Panamanian	Latin American		N12	Lummi Tribe of the Lummi Reservation	WA State Tribes
	B71	Paraguayan	Latin American		N13	Makah Indian Tribe of the Makah Indian Reservation	WA State Tribes
	B72	Peruvian	Latin American		N14	Marietta Band of Nooksack Tribe	WA State Tribes
	B73	South Georgia and the South Sandwich Islands	Latin American		N15	Muckleshoot Indian Tribe	WA State Tribes
	B74	Surinamese	Latin American		N16	Nisqually Indian Tribe	WA State Tribes
	B75	Uruguayan	Latin American		N17	Nooksack Indian Tribe of WA	WA State Tribes
	B76	Venezuelan	Latin American		N18	Port Gamble S'Klallam Tribe	WA State Tribes
	B77	Latin American Write in	Latin American		N19	Puyallup Tribe of Puyallup Reservation	WA State Tribes
					N20	Quileute Tribe of the Quileute Reservation	WA State Tribes
					N21	Quinault Indian Nation	WA State Tribes
	B78	N22	Samish Indian Nation		N22	Samish Indian Nation	WA State Tribes
	B79	Mosotho (Lesotho)	South African		N23	Sauk-Suiattle Indian Tribe of WA	WA State Tribes

Question 3: What state race(s) within the race group(s) in Question 2 do you consider your child? (Please check all that apply)

	N24	ShoalwaterBay Indian Tribe of the Shoalwater Bay Indian Reservation	WA State Tribes		W00	White	White
	N25	Skokomish Indian Tribe	WA State Tribes		W01	Bosnian	Eastern European
	N25	Skokomish Indian Tribe	WA State Tribes		W02	Herzegovinian	Eastern European
	N26	Snohomish Tribe	WA State Tribes		W03	Polish	Eastern European
	N27	Snoqualmie Indian Tribe	WA State Tribes		W04	Romanian	Eastern European
	N28	Snoqualmoo Tribe	WA State Tribes		W05	Russian	Eastern European
	N29	Spokane Tribe of the Spokane Reservation	WA State Tribes		W06	Ukrainian	Eastern European
	N30	Squaxin Island Tribe of the Squaxin Island Reservation	WA State Tribes		W07	Eastern European Write in	Eastern European
	N31	Steilacoom Tribe	WA State Tribes				
	N32	Stillaguamish Tribe of Indians of WA	WA State Tribes				
	N33	Suquamish Indian Tribe of the Port Madison Reservation	WA State Tribes		W08	Algerian	Middle Eastern and North African
				W09	Amazigh or Berber	Middle Eastern and North African	
	N34	Swinomish Indian Tribal Community	WA State Tribes		W10	Arab or Arabic	Middle Eastern and North African
	N35	Tulalip Tribes of WA	WA State Tribes		W11	Assyrian	Middle Eastern and North African
	N38	Upper Skagit Tribe	WA State Tribes				
	N36	Alaska Native Write in	Alaskan Native		W12	Bahraini	Middle Eastern and North African
					W13	Bedouin	Middle Eastern and North African
					W14	Chaldean	Middle Eastern and North African
	N37	American Indian Write in	American Indian		W15	Copt	Middle Eastern and North African
					W16	Druze	Middle Eastern and North African
					W17	Egyptian	Middle Eastern and North African
	P00	Native Hawaiian/Other Pacific Islander	Native Hawaiian/Other Pacific Islander		W18	Emirati	Middle Eastern and North African
	P01	Carolinian	Pacific Islander		W19	Iranian	Middle Eastern and North African
	P02	Chamorro	Pacific Islander		W20	Iraqi	Middle Eastern and North African
	P03	Chuukese	Pacific Islander		W21	Israeli	Middle Eastern and North African
	P04	Fijian	Pacific Islander		W22	Jordanian	Middle Eastern and North African
	P05	i-Kiribati/Gilbertese	Pacific Islander		W23	Kurdish Kuwaiti	Middle Eastern and North African
	P06	Kosraean	Pacific Islander		W24	Lebanese	Middle Eastern and North African
	P07	Maori	Pacific Islander		W25	Libyan	Middle Eastern and North African
	P08	Marshallese	Pacific Islander		W26	Moroccan	Middle Eastern and North African
	P09	Native Hawaiian	Pacific Islander		W27	Omani	Middle Eastern and North African
	P10	Ni-Vanuatu	Pacific Islander		W28	Palestinian	Middle Eastern and North African
	P11	Palauan	Pacific Islander		W29	Qatari	Middle Eastern and North African
	P12	Papuan	Pacific Islander		W30	Saudi Arabian	Middle Eastern and North African
	P13	Pohpeian	Pacific Islander		W31	Syrian	Middle Eastern and North African
	P14	Samoaan	Pacific Islander		W32	Tunisian	Middle Eastern and North African
	P15	Solomon Islander	Pacific Islander		W33	Yemeni	Middle Eastern and North African
	P16	Tahitian	Pacific Islander		W34	Middle Eastern and North African	Middle Eastern and North African
	P17	Tokelauan	Pacific Islander		W35	North African Write in	Middle Eastern and North African
	P18	Tongan	Pacific Islander		W37	Kuwaiti	Middle Eastern and North African
	P19	Tuvaluan	Pacific Islander				
	P20	Yapese	Pacific Islander		W36	White Write in	White
	P21	Pacific Islander Write in	Pacific Islander				



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.





Family Military Status

Washington State Legislature has mandated that school districts gather information from each student in our schools regarding military service as stated in RCW **28A.300.505**. This may require a family to fill out the form more than once.

Please select one:

- Yes, a parent/guardian is a current member of the active duty U.S. Armed Forces.
- Yes, a parent/guardian is a current member of the Washington National Guard.
- 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.
- Yes, a parent/guardian is a current member of the reserves of the U.S. Armed Forces.
- No parent or guardian is currently serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces, or Washington National Guard.
- No Response/Refused to state.

Student Name (please print): _____ Grade: _____

Parent/Guardian: _____ Date: _____

Please return the completed form to your child's school at time of enrollment. Thank you!

This information can also be entered or updated at any time via Skyward Family Access.

Please ask your school's office staff for access to your account if you have not received your password



Request for Release of Student Records

Student Name: _____

Birth Date: _____ Grade: _____

Has student ever attended Yelm Community Schools? Yes No

If yes, which school(s)? _____

Previous School Attended:

School Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Parent/Guardian Signature: _____

Items below to be completed by the Yelm Community Schools

Registrar of Previous School: Please send the complete permanent file records including the items listed below to:

Yelm Community Schools Attn: _____ PO Box 476 Yelm, WA 98597	Phone: _____ FAX: _____
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- Transcript/Report Cards/Withdrawal Grades
- Test Scores (State Individual Score Reports)
- High School and Beyond Plan – export digital portfolio pdf file
- Health/Immunization Records
- Attendance Records
- Discipline Records
- 504 Records (if applicable)
- Special Education Records (if applicable)
 - IEP and Evaluation
(IEP Online File Transfer Available)
 - Functional Behavior Assessments
 - Behavior Intervention Plans

Per RCW 28A.225.330 Subsection(2) also include the above named student's confidential discipline records that include history of disciplinary action, history of violent behavior, or behavior listed in RCW 13.04.155. According to the Family Educational Rights and Privacy Act (FERPA) (U.S. Code: Title20, Section123g, 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.

For Office Use:

Date Request Sent: (mail) _____ (fax) _____ (electronic request) _____

Date Records Received: _____



Verification of Residency

In order to verify residency within Yelm Community Schools District, a copy of one of the documents listed below must be provided.

Please attach the requested copy to this document showing parent/guardian/caregiver name and address, and return it to our office:

- Deed, escrow papers, mortgage book or statement, or property tax form
- Lease Agreement/Rental Contract and current rent receipt (for military, a copy of housing assignment)
- Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian/caregiver lives there
- Utility Bill: Gas & Electric Bill, Cable Bill, Water Bill, or Garbage Bill

I, _____ the parent guardian caregiver of
(Please Print Your Name) (Please Circle One)

_____ declare, under penalty of perjury, this student resides at the
(Please Print Student's Name)

following address: _____

Falsification of any information or document required for residency verification, or the use of the address of another person, may result in the revocation of student enrollment.

Signature of Parent/Guardian/Caregiver

Date

For Office Use:

The attached document(s) show(s) the name and address of the person(s) enrolling the student named below:

Student Name: _____ School Year: _____

Signature of School Official: _____ Date: _____



Health Information

Student Name _____ Date of Birth: _____

Teacher _____ Grade: _____

Medical History:

Allergy

Nuts Bees Food (specify _____) Seasonal Other _____

Did you seek medical attention for this allergy? Yes No

Epi Pen required? Yes No

Asthma

Medications: Inhaler Nebulizer Other (specify _____)

Hospitalization for asthma? Yes No

If yes? When: _____

Diabetic

Date of diagnosis: _____ Insulin dependent Yes No

Insulin administration by: Pen Pump Syringe

Current HCP orders for students in WA state completed? Yes No

Please check if you have been diagnosed by a health care provided for:

- | | | |
|--|--|--|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraines | <input type="checkbox"/> Orthopedic conditions |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Frequent ear infections/tubes | <input type="checkbox"/> Speech issues | |

Is medication needed for any condition: At home? Yes No At school? Yes No

Name of medication: _____

All medications, OTC and prescription (i.e. Tylenol, Advil, cough drops), require a doctor's order to be used at school.

List of operations, injuries, hospitalizations or prolonged illness	Dates

Recommended physical activity (please check one): Full Activity Modified/Restricted Activity

If restrictions, please explain: _____

Check all that apply to your child: Glasses Contact lenses Hearing aids

Signature of Parent/Guardian

Phone

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

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date 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)						
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.
---	---

Instructions for completing the Certificate of Immunization Status (CIS): Print the form 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 Pediatix 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/terminology/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		



Student Housing Questionnaire

Yelm Community Schools

107 First St N - PO Box 476 - Yelm, WA 98597

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

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

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

Name of Student: _____

First
Middle
Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____

Month/Day/Year

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 NUMBER: _____ NAME OF CONTACT: _____

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

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

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

Please return completed form to:

Shannon Powell
District Liaison

(360)458-6320
Phone Number

Department of Student Support
 PO Box 476, Yelm WA 98597
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

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 websites:

[National Center for Homeless Education](http://nche.ed.gov) (nche.ed.gov)

[National Association for the Education of Homeless Children and Youth](http://naehcy.org/resources) (naehcy.org/resources)

[School House Connections](http://www.schoolhouseconnection.org) (www.schoolhouseconnection.org)

New Student Transportation Registration

New to the district or registering a Kindergartner and need transportation to and from your home?

THINGS TO KNOW:

- Transportation is provided to and from based on
 - primary guardian address
 - parenting plan if both parents are in the same school boundary
 - student attending an approved day cares in the school boundary (see list on our website)
 - walking routes outlined on the district website
- Students will be routed within 3-5 business days **after** the student is active in Family Access.
- Set up a My Ride K-12 account and/or download the APP to access route number, time, track student(s) and receive communication if changes occur.
- Kinder parents must complete a Release Waiver Form.
- If students have special transportation needs based on an IEP or 504 plan, families need to work with their case manager.
- All students receive a Transportation Card to swipe on and off the bus. Replacement fee is \$5. Help your student be ready to use the card every day.

NEXT STEPS:

- Visit the Transportation website at ycs.wednet.edu/transportation or scan the QR code for links to
 - Register to Ride
 - Complete Kinder Release Waiver - If applicable
 - Set up My Ride K-12 Account
 - Review Rider Expectation on the back of this handout
 - Review full Transportation Student Handbook on the website





New Student Transportation Registration

SUMMARY OF TRANSPORTATION PROCEDURES & RIDER EXPECTATIONS:

In order to ensure the safety of each child, students must abide by behavior guidelines. Students violating these rules may receive discipline or forfeit riding privileges.

Bus Stop Procedures

- Be at the assigned bus stop five minutes before the bus is scheduled to arrive.
- Stay off the road when waiting so the driver has room to stop.
- Line up in an orderly fashion and wait for the bus to come to a complete stop before boarding. Do not crowd or push.
- Use the handrail when getting on the bus.
- Walk up the steps one at a time.
- A parent, guardian or older sibling must be present at the bus stop to receive kinders.

Seating Procedures

- Students entering the bus should go immediately to a seat without crowding, shoving or disturbing others. They need to share seats with others; be seated at all times when the vehicle is moving; sit facing the front of the bus; and remain seated until the bus comes to a complete stop and the driver opens the door.
- Drivers may assign seats based on ability, age and/or to avoid misconduct.

Bus Behavior

- The driver is in full charge of the bus and passengers.
- Passengers must obey the driver promptly and willingly.
- Students need to remain in their seats at all times, face forward, keep their hands and feet to themselves and keep voices at a moderate level.
- Aisles need to remain clear at all times.

Bringing Items on the Bus

- All items need to be stored in a student's bag or pockets to include toys and food.
- Buses are not designed to transport heavy, sharp, bulky and/or other articles, which may be hazardous in the event of an accident or an emergency stop. Items should be stored in a bag/backpack or easily fit on the student's lap or between their legs. Items that may break, cause injury to others, distract the driver or have value will not be allowed.

Review the Transportation Student Handbook for Full Guidelines