SUPERINTENDENT
DR. NIK BERGMAN

ASSISTANT SUPERINTENDENT
DAVID GARZA JR.

BOARD MEMBERS
BOARD MEMBERS
RITA KEENE | CHAD LOWER
SHANNON DURFEE | KACEY KIEHN
DAYANA RUIZ

Welcome!

Dear Family,

Welcome to Quincy School District, 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 Quincy School district.

Our mission: Together we create a culture of belonging that empowers every student to achieve academic excellence and graduate prepared for a successful future as an engaged and productive citizen.

Registration Checklist

Registration Forms

- **Complete all information on the following pages and sign the forms**

☐ QSD Registration pages 1 & 2
☐ Ethnicity and Race Data collection Form
☐ Home Language Survey
☐ Becca Attendance form
☐ Nurse Alert Form
☐ Military Form
☐ Consent for Mutual Release/Exchange of Information and/or Special Services Release
☐ McKinney Vento Homeless information
☐ Bus Registration
☐ Daycare Form K-5
☐ Documentation of proof of age/legal name: religious, hospital, or physician's certificate showing date of birth; an entry in a family bible; an adoption record; an affidavit from a parent; previously verified school records; or any other documents permitted by law
☐ CIS (Certificate of Immunization Status form)

You can find more Immunization information on the Washington State Department of Health website www.doh.wa.gov/community and Environment/schools/immunization

Tdap Requirement: Attending grades 7-12 must have had one dose of Tdap vaccine:

- 7th grade, the Tdap vaccine must be given at or after age 10 to be accepted for school entry.
- 8th-12th grades, the Tdap vaccine must be given at or after age 7 to be accepted for school entry.

Other forms can be accessed online or from the school office

☐ Free and Reduced Lunch application

Quincy Middle School and Quincy High School please see www.qsd.wednet.edu under the appropriate school for additional information.

STUDENT REGISTRATION
2026-2027

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QUINCY SCHOOL DISTRICT OFFICE | 404 1ST AVE SW | 509-787-7571 | qsd.wednet.edu

Name of School:	Today's Date:

OFFICE USE ONLY	Student ID#:	Entry Date:	Medical Alert ☐ Yes ☐ No	Locker Number	Teacher	Proof of Age ☐ Yes ☐ No	Staff Initials
	QSD Resident ☐ Yes ☐ No	Non-Resident Home District:			Choice Form ☐ Yes ☐ No	Proof of Address ☐ Yes ☐ No	

STUDENT INFORMATION

Has your child or sibling ever been registered in the Quincy School District? ☐ Yes ☐ No

Student Legal Last Name	Student Legal First Name	Student Middle Name	Date of Birth (Month/day/year)

Gender ☐Male ☐Female	Birthplace: (City, State, County, & Country)	Grade	Migrant ☐Yes ☐No	Homeless ☐Yes ☐No

Has Your Child Been Retained? ☐Yes ☐No If yes, what grade?	Name of School/Preschool your child last attended: (Preschool or School District, City, & State)

Has Your Child Received Special Services? ☐Yes ☐No If yes check all that apply: ☐ESL/ELL ☐Gifted/Highly Capable ☐ ESL/ELL ☐Title 1/LAP ☐Behavior Plan ☐Counseling (Inside or Outside of School) ☐Social Worker Services ☐504 ☐ Other:_____

Has Your Child Received Special Education Services? ☐Yes ☐No If yes check all that apply: ☐Special Ed /IEP ☐Speech/Language ☐OT/PT

***REQUIRED SEE FORM: CONSENT FOR MUTUAL RELEASE FOR SEPCIAL EDUCATION EMAIL TO** *speterse@qsd.wednet.edu*

Attendance: Does your child have a Becca Bill Petition ☐Yes ☐No If Yes, name of school: _____
County: _____

Suspension/Expulsion: Has your child been suspended or expelled in the last calendar year? ☐Yes ☐No If yes, Reason:

+ PRIMARY HOUSEHOLD (Student lives with 4 or more days a week)

Student lives with 4 or more nights per week

☐Both Parents
☐Mother Only
☐Father Only
☐Mother & Stepfather
☐Father & Stepmother
☐Grandparents
☐Guardian
☐Self (Student)
☐Foster
☐Agency
☐Other: _____

Legal parent/Guardian #1 Last Name:	First Name	Date of Birth	Relationship to the student

Primary Phone number ( )_____ Please check if confidential ☐	Secondary Phone Number ( )_____ ☐Home ☐Cell ☐Work	Email Address

Legal parent/Guardian #2 Last Name:	First Name	Date of Birth	Relationship to the student

Primary Phone number ( )_____ Please check if confidential ☐	Secondary Phone Number ( )_____ ☐Home ☐Cell ☐Work	Email Address:

Resident Street Address:	Mailing Address if different than Street Address:

Are there legal situations regarding the student of which QSD needs to be aware of: ☐Yes ☐ No
***Is there a joint-custody or parenting plan in effect? ☐Yes ☐No**
***Is there a restraining order in effect: ☐Yes ☐No If Yes, restraining order is against: _____**
Please provide QSD with Legal Documentation for enforcement

SECONDARY HOUSEHOLD

Please check one:

☐Both Parents
☐Mother Only
☐Father Only
☐Mother & Stepfather
☐Father & Stepmother
☐Grandparents
☐Guardian
☐Other: _____

Legal parent/Guardian #1 Last Name:	First Name	Date of Birth	Relationship to the student

Primary Phone number ( )_____ Please check if confidential ☐	Secondary Phone Number ( )_____ ☐Home ☐Cell ☐Work	Email Address

Legal parent/Guardian #2 Last Name:	First Name	Date of Birth	Relationship to the student

Primary Phone number ( )_____ Please check if confidential ☐	Secondary Phone Number ( )_____ ☐Home ☐Cell ☐Work	Email Address:

Resident Street Address:	Mailing Address if different than Street Address:

Student's Name:	Continue Page 2 of Registration Form

SIBLINGS CURRENTLY ATTENDING QUINCY SCHOOL DIST

Last Name	First Name	School	Grade

EMERGENY CONTACT INFORMATION

When injury, illness or other non-emergency situations occur involving your child we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available locally during the day over the age of 18 to provide care for your child.

1st Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student

Phone #1 ( )_____	Phone #2 ( )_____	Residential Address:

2nd Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student

Phone #1 ( )_____	Phone #2 ( )_____	Residential Address:

3rd Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student

Phone #1 ( )_____	Phone #2 ( )_____	Residential Address:

PARENT RELEASE & PERMISSIONS SIGNATURE

STUDENT INJURIES AND INSURANCE

I understand that the school does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information regarding the program.

☐ **I will enroll my child in the program (Requires return of completed student insurance packet)**

☐ **I will not enroll my child in the program.**

WEAPON FREE/DRUG FREE POLICY AND DISTRICT HARASSMENT POLICY

•Quincy School District's property is a weapon-free zone

•I also understand that Quincy School District must comply with Federal regulations relating to the Drug Free Workplace Act and the Drug free Schools and Communities Act. This means there are no drugs, alcohol or tobacco allowed on school district premises or events by anyone

•The Quincy School District holds a zero-tolerance policy with regards to harassment, intimidation and bulling.

PHOTO AND VIDEO RECORDING 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. The student's image or likeness may be included in recorded videos related to school or classroom activities. Please choose one of the following options for each:

☐**Yes**, I give my permission for photos to be used

☐**Yes**, I give my permission for my student to be included in video video recordings.

☐**No**, I do not give permission for photos to be used

☐**No**, I do not give permission for my student to be included in video recordings.

STUDENT RELEASE AUTHORIZATION/EMERGENCY: ► In the event that the school is unable to contact the parent/guardian, I authorize that my child/children may be released to the person(s) listed above. 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 caused for revocation of the student's enrollment or assignment to a school in the Quincy School District. If I cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child (properly accompanied) for treatment to the hospital or doctor most easily accessible.

Legal Parent/Guardian Signature _____ Date_____

***Only individuals listed on this form or parent approval will be allowed to check out students from school.**

QUINCY SCHOOL DISTRICT

Quincy's Promise: All students graduate from high school and are prepared for the next step in their education, career, and life.

~PLEASE USE IF STUDENT HAS SPECIAL EDUCATION RECORDS~

~Por favor use si el estudiante tiene archivos de educación especial~

CONSENT FOR MUTUAL RELEASE AND/OR EXCHANGE OF INFORMATION

CONSENTIMIENTO PARA LA LIBERACION MUTUA Y/O EL INTERCAMBIO DE INFORMACION

Previous School district/Agency/Distrito Escolar Anterior: _____ To the attention of/a la Atención de _____

Street Address/*Direccion* _____ *Telephone and/or Fax/Telefono* _____

I hereby authorize the release and/or exchange of information between the above school/agency and Quincy School district regarding:
Yo autorizo la divulgación y/o el intercambio de información entre la escuela/agencia y el distrito escolar de Quincy con respecto a:

Student Name _____ *Date of Birth* _____

Parent/Guardians signature/*Firma de los padres/Guardian*: _____

Date/*Fecha* _____ Address/*Direcion* _____ Phone Number/*Telefono* _____

Please send all pertinent information/records for the student, including:/ Por favor envíe toda la información/registros pertinentes para el estudiante, incluyendo:

☒ Special Education Records (Most recent IEP/Evaluation Report) */ Registros de Educación Especial (el más reciente informe del IEP/*evaluación) ☐ Other/*Otro*: _____

***FORWARD RECORDS TO:*/ENVIE LOS REGISTROS A:**

Special Services*/*Servicios Especiales
404 1st AVE SW
Quincy, WA 98848
specialeducationsupport@gsd.wednet.edu
TEL: (509) 787-4571 Ext 3480 FAX: (509) 787-8995

This authorization expires one year from the date of signature unless otherwise specified.
Esta autorización expira un año a partir de la fecha de firma a menos que se especifique lo contrario.

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 it is my right to request a copy of all information and contest any information I feel is incorrect. I understand the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

De acuerdo con la Ley de Derechos Educativos y Privacidad de la Familia, y la Ley del Estado de Washington, autorizo la divulgación de todos los registros con respecto a los estudiantes anteriores. Entiendo que es mi derecho solicitar una copia de toda la información y impugnar cualquier información que considere incorrecta. Entiendo que la información transferida será tratada de manera confidencial v no será transmitida a un tercero sin mi consentimiento.

Purpose: As a parent or guardian you have the right to give permission or not give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the federal Education Rights and Privacy Act (for example, transfer of records from one school district to another). It also provides you the opportunity to talk with the school district and ask for an explanation as to why the information is being requested and by whom.

Propósito: Como padre o guardián, usted tiene derecho a dar permiso o no dar permiso para que se comparten los archivos de su hijo con otras personas o agencias. Esta petición le provee la oportunidad de aprobar o no aprobar tal petición solamente que el compartir de archivos sea permitido bajo una de las excepciones bajo las reglas que implementan el Acto de Derechos y Privacidad de Educación Federal (por ejemplo, transferencia de archivos de un distrito escolar a otro). También le provee la oportunidad de hablar con el distrito escolar y pedir una explicación de por qué se esta pidiendo la información y por quién.

CONSENT FOR MUTUAL RELEASE AND /OR EXCHANGE OF INFORMATION

Today's Date:_____ Student's Name: _____Date of Birth: _____Grade_____

INFORMATION ABOUT LAST SCHOOL ATTENDED

(Please fill out the following information about the school your student last attended):

Previous School District:_____ School: _____

Street Address: _____

Phone:_____ Fax:_____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/Guardians Signature: _____ Date: _____

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

☐ Academic/Transcripts Number of Minutes per period, periods per week, Significance of grade received ☐ Attendance

☐ Health records/Immunizations ☐ Discipline Records ☐ Birth Certificate ☐ Psych./Counseling Reports

☐ Federal Program Information ***FOR SPECIAL EDUCATION SERVICES: PLEASE SEE CONSENT FOR MUTUAL RELEASE FOR SPECIAL EDUCATION SERVICES REGARDING IEP's TO: Shelly Petersen speterse@qsd.wednet.edu***

PLEASE SEND RECORDS TO THE SCHOOL INDICATED BELOW

☐ Quincy High School (9-12)
Attn. Kelli McKay
403 Jackrabbit ST NE
Quincy, WA 98848
(509)787-3501 Fax (509)7878988
Email: kmckay@qsd.wednet.edu

☐ Ancient Lakes (PreK-5)
Attn. Christina Morales
417 C ST SE
Quincy, WA 98848
(509)787-8950
Email: CMorales@qsd.wednet.edu

☐ Mtn. View Elementary (K-5)
Attn. Cathie Wind
119 D ST NW
Quincy, WA 98848
(509)7874548 Fax: (509)787-9025
Email: cwind@qsd.wednet.edu

☐ Quincy Middle School (6-8)
Attn. Kenya Castillo
16 Sixth Avenue SE
Quincy, WA 98848
(509)7874435 Fax: (509)787-8949
Email: kcastill@qsd.wednet.edu

☐ George Elementary (K-5)
Attn. Sonja Arizmendi
401 S. Washington Way
Quincy, WA 98848
(509)787-8760
Email:sarizmen@qsd.wednet.edu

☐ Monument Elementary (K-5)
Attn. Vanessa Ibarra
1400 13th Ave. SW
Quincy, WA 98848
(509)787-9826 Fax: (509)787-8974
Email:vibarra@qsd.wedne**K-5**

☐ Quincy Innovation Academy & Big Picture
Attn. Alicia Infante
1804 13th Ave. SW
Quincy, WA 98848
(509)787-1678 Fax (509)7871680
Email: ainfante@qsd.wednet.edu

☐ Pioneer Elementary (K-5)
Attn. Ana Espinoza
224 J ST SE
Quincy, WA 98848
(509)787-1595 Fax: (509)787-2583
Email: aespinoz@qsd.wednet.edu

Elementary Neighborhood schools
To find your school go to our district website http://www.qsd.wednet.edu
Choose Parents & Students scroll down to School Search ENG or SPN and type in your address.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

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.

1. 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.

This form is not used to identify students' immigration status.

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.

Forms and Translated Material from the Multilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a Creative Commons Attribution 4.0 International License.

QUINCY SCHOOL DISTRICT
SUCCESSFUL STUDENTS TODAY, BRIGHT FUTURES TOMORROW

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UNDERSTANDING THE BECCA BILL

Truancy and understanding the "Becca Bill"

This year, Quincy School District is working hard to ensure every student can learn and grow by being at school regularly. Being at school is important for learning, building friendships, and participating in the school community. We want to support your students' success through attendance and engagement in school.

Why Attendance Matters:

- Missing just 2 days a month (or 10% of school) can impact on your student's chances of reading at grade level by the third grade (elementary) or graduating on time (middle and high school).
- School is also essential for students to build friendships and learn how to be in community with their peers and adults.
- Absences can signal problems like disengagement, academic struggles, or bullying, and therefore it is important for us to pay attention to.

What We Need from You:

- Follow health guidelines so that you know when to keep your child home due to illness and when to send them to school. Too Sick for School.docx
- If your student is absent, contact your school office
- Reach out to us if your student is struggling to come to school or if you are having challenges getting your child to school. We are here to help.

Follow our school policies or expectations qsd.wednet.edu

What You Can Do:

- Set a consistent bedtime and morning routine.
- Prepare for school the night before, ensuring homework is done and your child gets enough rest.
- Talk to your child about the importance of school and attendance.
- Keep track of the number of days your child has missed on a calendar in a visible location in the home.
    - Ask your child to assist with tracking the days.
    - Days can add up quickly. Aim to keep absences to 9 days or less in a year.
- Schedule appointments before or after school, or at the very beginning or end of the day to minimize the amount of time your student will be out of school.
- Schedule your vacations during district scheduled holidays.
- Have backup plans for transportation. Consider using My Family's Help Bank resource to make a plan.
- Communicate with your child's teacher, the front office or the school counselor, about any concerns.
- Encourage after school activities.

Our Promise to You:

- We understand challenges that affect attendance and are here to help.
- Use our resources, like the nurse or counselor for support.
- We will take attendance daily (as required by state law), communicate when your student has an unexcused absence, and help overcome barriers.

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What Families Need to Know about Washington State's Compulsory Attendance Laws:
Washington state requires parents and school districts to follow these steps when students are absent:

Parents:

- Parents of children ages 8 – 18 must ensure their children attend full-time public school, private school, or receive home-based instruction (district-approved).
- If parents enroll their 6- or 7-year-old, the student must attend school full-time.

School Districts:

- notify parents of the attendance rules and get a signature to show they received the notice
- notify parents every time a student is absent without notification
- meet with parents and students to find out why students are absent
- try different strategies to improve attendance, and in some cases
- refer a student and/or parent to a Community Engagement Board or to court

Please review our school attendance procedures policies here qsd.wednet.edu for more detailed information. You can also read more about the Washington State Compulsory Attendance Laws here (Chapter 28A.225 RCW).
Your signature indicates you have read and understood our attendance policies.

ACKNOWLEDGEMENT OF INFORMATION

I, _____, read and understand the Truancy Law (Becca Bill)
Parent/Guardian

STUDENT NAME_____ DATE: _____

SCHOOL_____

Quincy School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator: Nik Bergman, Superintendent, nbergman@qsd.wednet.edu, 404 1st Ave SW, Quincy, WA 98848, (509) 787-4571. Section 504/ADA Coordinator: Victoria Hodge, Special Programs Director, vhodge@qsd.wednet.edu, 404 1st AVE SW, Quincy, WA 98848, (509) 787-4571. Civil Rights Compliance Coordinator: David Garza Jr, Assistant Superintendent, dgarza@qsd.wednet.edu, 119 J Street SW, Quincy, WA 98848, (509) 787-4571.

QUINCY SCHOOL DISTRICT
MILITARY PARENT/LEGAL GUARDIAN
AFFILIATION FORM

Date/*Fecha:* _____
Student's Name/*Nombre de Estudiante:* _____ Grade/*Grado:* _____

Neighborhood School/*Escuela de vecindario*: _____

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW 28A.300.507/*La Legislatura del Estado de Washington ha ordenado que se recopilen datos sobre estudiantes de familias militares como se indica en RCW 28A.300.507*

FOR THE PURPOSE OF COLLECTING THE DATA, PLEASE MARK ALL THAT APPLY:
CON EL PRÓPOSITO DE RECOGER LOS DATOS, MARQUE TODO LO QUE CORRESPONDA:

☐ NO

No parent/legal guardian of the above-named student is currently serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard. /*Ningún padre/tutor legal del estudiante mencionado anteriormente se desempeña actualmente como miembro de las Fuerzas Armadas de los EE. UU., las Reservas de las Fuerzas Armadas de los EE. UU. o la Guardia Nacional de Washington.*

If you checked "NO" above, please skip to the bottom of the page to print and sign your name and date. /*Si marcó "NO" arriba, continuar hasta el final de la página para imprimir y firmar su nombre y fecha.*

☐ Yes/Si

The parent/legal guardian of the above-named student is currently serving as a member on active duty of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard. If you checked 'YES' please indicate which branch(es) you are serving in:/ *El padre/tutor legal del estudiante mencionado anteriormente se desempeña actualmente como miembro en servicio activo de las Fuerzas Armadas de los EE. UU., las Reservas de las Fuerzas Armadas de los EE. UU. o la Guardia Nacional de Washington. Si marcó 'SÍ', indique en qué sucursal (es) está sirviendo:*

☐Active duty U.S. Armed Forces/*U.S. Fuerzas Armadas en servicio activo*
☐Reserves of the U.S. Armed Forces/Reservas de las Fuerzas Armadas de los EE.UU.
☐Washington National Guard/*Guardia Nacional de Washington*

☐ No Response/refused to state/ *Sin Respuesta/Se Negó Declara*

_____
Parent/Legal Guardian's Name (please print) /*Firma legal del padre/tutor (Por favor imprimir)*

_____ _____
Parent/Legal Guardian's Signature/*Firma legal del padre/tutor* *Date/Fecha*

Note: If at any time thought the school year your military status changes, pleas contact the Quincy School District office or your child's school to report the changes. */ Nota: Si en algún momento durante el año escolar cambia su estado militar, comuníquese con la oficina del Distrito Escolar de Quincy o la escuela de su hijo para informar los cambios.*

01/02/24

2026-2027
QUINCY SCHOOL DISTRICT
NURSE ALERT FORM

Nurse initial _____
504___ ECP ____

This form must be completed for each new school year.

Name: _____ Birthdate: _____ Sex: M/ F
Last First MI (circle)

School: _____ Grade: _____ Date: _____

Doctor: _____ Clinic: _____

___**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**
What triggers the asthma: ☐ Exercise ☐ Illness ☐ Allergies ☐ Other: _____

☐ **Anaphylaxis (Life-Threatening Allergy) and requiring emergency medication:** ☐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:** _____

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

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.qsd.wednet.edu**

AUTHORIZATION FOR SHARING HEALTH INFORMATION/ACCESSING MEDICAL CARE

As parent/guardian, I agree to notify the school about any significant change in my child's health status. I also understand that this information will be accessible to the following people: School nurses, teachers, specialists, office staff and emergency medical personnel.

If I cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child (properly accompanied) for treatment to the hospital or doctor most easily accessible.

_____ _____
Date **Parent or legal guardian signature**

03/14/23

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** (*Haemophilus influenzae* 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

Ethnicity and Race Data Collection Form

Name of Student/Nombre de Estudiante: _____DOB/*Fecha de nacimiento*_____

Please select ***BOTH RACE & ETHNICITY***. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s). *Por favor, seleccione tanto la etnia como la raza. Hispano Sí o No, si sí seleccione cuál(s). A continuación, seleccione las razas que puedan aplicarse. Asegúrese de notar las categorías en negrita antes de seleccionar las carreras.*

1. **ETHNICITY-ETNICOS Is your child of Hispanic or Latino origin? ¿Es su hijo/a de origen hispano o latino**
   - ☐ **No, my child is not Hispanic or Latino/ No, mi hijo/a no es de origen hispano o latino**
   - ☐ **Yes, my child is Hispanic or Latino/Si, mi hijo/a es de origen hispano o latino**

(Check all that apply) (Marque abajo todos que apliquen):

Hispanic/Latino	☐ Colombian	☐ Guatemalan	☐ Native	☐ Spaniard
☐ Hispanic	☐ Costa Rican	☐ Guyanese	☐ Nicaraguan	☐ Surinamese
☐ Argentine	☐ Cuban	☐ Honduran	☐ Panamanian	☐ Salvadorian
☐ Bolivian	☐ Dominican	☐ Jamaican	☐ Paraguayan	☐ Uruguayan
☐ Brazilian	☐ Ecuadorian	☐ Mexican	☐ Peruvian	☐ Venezuelan
☐ Chicano (Mexican American)	☐ El Salvadorian	☐ Mestizo	☐ Puerto Rican	☐ Other: Hispanic/Latino write in:
☐ Chilean				

2. **RACE-RAZA**: Select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s*). Por favor, seleccione tanto la etnia como la raza. Hispano Si or No, si seleccione cual(s). A continuación, seleccione las razas que puedan aplicarse. Asegúrese de notar las categorías en negrita antes de seleccionar las carreras.*

AMERICAN INDIAN/ALASKAN NATIVE (RACE)

- ☐ Chinook Tribe
- ☐ Confederated Tribes & Bands of the Yakima Tribe
- ☐ Confederated Tribes of Chehalis
- ☐ Confederated Tribes of the Colville
- ☐ Cowlitz Indian Tribe
- ☐ Duwamish Tribe
- ☐ Hoh Indian Tribe
- ☐ Jamestown S'Klallam Tribe
- ☐ Kalispell Indian Community of Kalispell Reservation
- ☐ Kikiallus Indian Nation
- ☐ Lower Elwha Tribal Community
- ☐ Lummi Tribe of Lummi Res.
- ☐ Makah Indian Tribe of Makah Res
- ☐ Marietta Band of Nooksack Tribe
- ☐ Muckleshoot Indian Tribe
- ☐ Nisqually Indian Tribe
- ☐ Nooksack Indian Tribe of WA
- ☐ Port Gamble S'Klallam Tribe
- ☐ Puyallup Tribe of Puyallup Res.
- ☐ Quileute Tribe of Quileute Res.
- ☐ Quinault Indian Nation
- ☐ Samish Indian Nation
- ☐ Sauk-Suiattle Indian Tribe of WA
- ☐ Shoalwater Bay Indian Tribe
- ☐ Skokomish Indian Tribe
- ☐ Snohomish Tribe
- ☐ Snoqualmie Indian Tribe
- ☐ Snoqualmoo Tribe
- ☐ Spokane Tribe of Spokane Res.
- ☐ Squaxin Island Tribe of Squaxin Res.
- ☐ Steilacoom Tribe
- ☐ Stillaguamish Tribe of Indians of WA
- ☐ Suquamish Indian Tribe of Port Madison
- ☐ Swinomish Indian Tribe Community
- ☐ Tulalip Tribes of WA
- ☐ Alaskan Native (Write in)
- ☐ American Indian (Write in)

ASIAN (RACE)

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

BLACK/AFRICAN-AMERICAN (RACE)

African American	***African Canadian***
☐ Caribbean	☐ Dominican Republic
☐ Anguillan	☐ Dutch Antillean
☐ Antiguan	☐ Grenadian
☐ Bahamian	☐ Guadeloupian
☐ Barbadian	☐ Haitian
☐ British Virgen Island	☐ Jamaican
☐ Caymanian	☐ Martiniquais
☐ Cuba Dominican	☐ Montserratian
☐ Caribbean (write in)	☐ Puerto Rican
	East African
Central African	☐ Burundian
☐ Angolan	☐ Comoran
☐ Cameroonian	☐ Ethiopian
☐ Central Africa	☐ Kenyan
☐ Chadian	☐ Malagasy
☐ Congolese Dem. RC of the Congo	☐ Mayaotte
☐ Equatorial Guinean	☐ Mozambican
☐ Gabonese	☐ Rwandan
☐ Sao Tomean	☐ Seychellois
☐ Principe	☐ Somali
☐ Central African (Write in)	☐ Zambian
	☐ East African (Write in)

BLACK/AFRICAN-AMERICAN Cont. (RACE)

West African

- ☐ Beninese
- ☐ Burkinabe (Burkina Faso)
- ☐ Cabo Verdean
- ☐ Ivorian
- ☐ Gambian
- ☐ Ghanaian
- ☐ Liberian
- ☐ Malian
- ☐ Nigerien
- ☐ Nigerian
- ☐ Saint Helenian
- ☐ West African (write In)

South African

- ☐ Botswanan
- ☐ Mosotho (Lesotho)
- ☐ Namibian
- ☐ South African
- ☐ Swazi
- ☐ Black (Write In)

Latin American

☐ Argentine	☐ Panamanian
☐ Belizean	☐ Paraguayan
☐ Brazilian	☐ Peruvian
☐ Chilean	☐ So Georgia
☐ Colombian	☐ Surinamese
☐ Coastal Rican	☐ Uruguayan
☐ Ecuadorian	☐ Venezuelan
☐ El Salvadorian	
☐ Falkland Isl.	
☐ French Guianese	
☐ Guatemalan	
☐ Guyanese	
☐ Honduran	
☐ Mexican	
☐ Nicaraguan	

- ☐ Latin American (Write In)

NATIVE HAWAIIAN (RACE)

Pacific Islander

- ☐ Carolinian
- ☐ Chamorro
- ☐ Chuukese
- ☐ Fijian
- ☐ Kosraean
- ☐ Marshallese
- ☐ Native Hawaiian
- ☐ Ni-Vanuatu
- ☐ Palauan
- ☐ Solomon Islander
- ☐ Tahitian
- ☐ Hawaiian (Write in)

White/Blanco

- ☐ White

Eastern European

- ☐ Bosnia
- ☐ Herzegovinian
- ☐ Polish
- ☐ Romanian
- ☐ Russian
- ☐ Ukrainian

Middle-Eastern and North African

- ☐ Algerian
- ☐ Amazigh or Berger
- ☐ Arab or Arabic
- ☐ Assyrian
- ☐ Bahraini
- ☐ Bedouin
- ☐ Chaldean
- ☐ Copt
- ☐ Druze
- ☐ Egyptian
- ☐ Israeli
- ☐ Jordanian
- ☐ Lebanese
- ☐ Saudi Arabian
- ☐ Other: (write in)

Parent Signature/Firma de padre; _____ Date: _____

01/05/23

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: waiisrecords@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		

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

Documentation of Disease Immunity (Health care provider use only)

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

I certify that the child named on this CIS has:
□ A verified history of varicella (chickenpox) disease.
□ Laboratory evidence of immunity (titer) to disease(s) marked below.

□ Diphtheria	□ Hepatitis A	□ Hepatitis B
□ Hib	□ Measles	□ Mumps
□ Rubella	□ Tetanus	□ Varicella

□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.

Quincy School District # 144
404 1ST AVE SW
Quincy, WA 98848
509-787-4571
Website: qsd.wednet.edu

SUPERINTENDENT
Dr. Nik Bergman
ASST. SUPERINTENDENT
David J. Garza
BOARD MEMBERS
Rita Keene | Chad Lower
Shannon Durfee | Kacey Kiehn
Dayana Ruiz

Family Questionnaire

Student Name: _____ School: _____
Address: _____ Phone:_____

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire

1. Select current living situation:

- ☐ Rent/Own my own home
- ☐ Temporarily staying in someone else's house or apartment with another family
- ☐ Student living with an adult that is not a parent or legal guardian
- ☐ Student living alone without an adult
- ☐ In a hotel/motel
- ☐ Emergency Housing
- ☐ In a vehicle/RV or campground
- ☐ In a residence without water, heat, or electricity, ect
- ☐ Other

2. Are you living in these circumstances due to loss of housing or economic hardship?

- ☐ Yes
- ☐ No

3. Have you or an immediate family moved and engaged in AGRICULTURAL or FISHING work within the last 36 months?

- ☐ Yes
- ☐ No

***If you have any questions about this form please contact the district McKinney Vento Liaison: Tessa Poortinga at 787-1678**

_____

Print Parent/Guardian Name Date

_____

Signature of Parent/Guardian Date

01/20/25

QUINCY SCHOOL DISTRICT #144
DAYCARE INFORMATION
Información de Guarderia y Arreglos de Antes y Despues de Escuela

STUDENT & SCHOOL INFORMATION	*INFORMACIÓN DEL ESTUDIANTE Y ESCUELA*
Student Name/*Nombre de niño/a:*	School/*Escuela*:
Home Address/*Domicilio:*	Primary Phone/*teléfono*:

DAYCARE INFORMATION	*INFORMACIÓN DE GUARDERIA*
Daycare providers Last Name/*Apellido de niñera*	First Name/*Nombre*
Address/Domicilio:	Phone Number/Número de teléfono principal

MORNING & AFTERSCHOOL TRANSPORTATION ***INFORMACIÓN DE TRANSPORTE***

Please check the appropriate boxes that indicate arrangements.
Por favor de marcar las cajas apropiadas para arreglos de transportación

Morning Location/*ubicación por la mañana* ☐Home/*Casa* ☐Daycare/Niñera	☐Walk/*Caminando* ☐Bus/*Autobús* ☐ParentTransportation/Padre/Madre lo recogerá de la escuela
After School Location/ubicación por la mañana ☐Home/*Casa* ☐Daycare/Niñera	☐Walk/*Caminando* ☐Bus/*Autobús* ☐Parent Transportation/Padre/Madre lo recogerá de la escuela

CHANGES IN TRANSPORTATION ***CAMBIOS EN EL TRANSPORTE***

Any changes to after-school arrangements must be communicated to your child's school office before 2:30 p.m.

If your student receives specialized education transportation services and needs to change or cancel pick up, please contact the Transportation Department at 509-787-2915

Cualquier cambio en los arreglos para después del día escolar deben comunicarse con la secretaría de la escuela de su hijo antes de la 1:30 p.m.

Si su hijo recibe servicios de transporte escolar especializado y necesita cambiar o cancelar la recogida, póngase en contacto con el departamento de transportación a 509-787-2915

01/07/2026