

# 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.



**BRINNON SCHOOL DISTRICT #46**  
**46 Schoolhouse Road**  
**Brinnon, WA 98320**

**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

\_\_\_\_\_  
Phone #

Federal Law 99.31: "No parent signature is required for educational records sent to another educational agency."



Date : \_\_\_\_\_

**Race/Ethnicity Collection Form**

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 <input type="checkbox"/> Hispanic                   | H08 <input type="checkbox"/> Costa Rican | H15 <input type="checkbox"/> Jamaican   | H23 <input type="checkbox"/> Puerto Rican                    |
| H02 <input type="checkbox"/> Argentine                  | H09 <input type="checkbox"/> Cuban       | H16 <input type="checkbox"/> Mexican    | H24 <input type="checkbox"/> Salvadoran                      |
| H03 <input type="checkbox"/> Bolivian                   | H10 <input type="checkbox"/> Dominican   | H17 <input type="checkbox"/> Mestizo    | H25 <input type="checkbox"/> Spaniard                        |
| H04 <input type="checkbox"/> Brazilian                  | H11 <input type="checkbox"/> Ecuadorian  | H18 <input type="checkbox"/> Native     | H26 <input type="checkbox"/> Surinamese                      |
| H05 <input type="checkbox"/> Chicano (Mexican American) | H12 <input type="checkbox"/> Guatemalan  | H19 <input type="checkbox"/> Nicaraguan | H27 <input type="checkbox"/> Uruguayan                       |
| H06 <input type="checkbox"/> Chilean                    | H13 <input type="checkbox"/> Guyanese    | H20 <input type="checkbox"/> Panamanian | H28 <input type="checkbox"/> Venezuelan                      |
| H07 <input type="checkbox"/> Colombian                  | H14 <input type="checkbox"/> Honduran    | H21 <input type="checkbox"/> Paraguayan | H29 <input type="checkbox"/> Hispanic/Latino Write in: _____ |
|   |  | H22 <input type="checkbox"/> 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 <input type="checkbox"/> Chinook Tribe   | N13 <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | N24 <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N02 <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation    | N14 <input type="checkbox"/> Marietta Band of Nooksack Tribe                    | N25 <input type="checkbox"/> Skokomish Indian Tribe   |
| N03 <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation       | N15 <input type="checkbox"/> Muckleshoot Indian Tribe                           | N26 <input type="checkbox"/> Snohomish Tribe  |
| N04 <input type="checkbox"/> Confederated Tribes of the Colville Reservation       | N16 <input type="checkbox"/> Nisqually Indian Tribe                             | N27 <input type="checkbox"/> Snoqualmie Indian Tribe  |
| N05 <input type="checkbox"/> Cowlitz Indian Tribe                                  | N17 <input type="checkbox"/> Nooksack Indian Tribe of Washington                | N28 <input type="checkbox"/> Snoqualmoo Tribe   |
| N06 <input type="checkbox"/> Duwamish Tribe  | N18 <input type="checkbox"/> Port Gamble S'Klallam Tribe                        | N29 <input type="checkbox"/> Spokane Tribe of the Spokane Reservation                             |
| N07 <input type="checkbox"/> Hoh Indian Tribe                                      | N19 <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation         | N30 <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation               |
| N08 <input type="checkbox"/> Jamestown S'Klallam Tribe                             | N20 <input type="checkbox"/> Quileute Tribe of the Quileute Reservation         | N31 <input type="checkbox"/> Steilacoom Tribe   |
| N09 <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | N21 <input type="checkbox"/> Quinault Indian Nation                             | N32 <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington                         |
| N10 <input type="checkbox"/> Kikiallus Indian Nation                               | N22 <input type="checkbox"/> Samish Indian Nation                               | N33 <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation               |
| N11 <input type="checkbox"/> Lower Elwha Tribal Community                          | N23 <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington           | N34 <input type="checkbox"/> Swinomish Indian Tribal Community                                    |
| N12 <input type="checkbox"/> Lummi Tribe of the Lummi Reservation                  |   | N35 <input type="checkbox"/> Tulalip Tribes of Washington   |
- N36  Alaska Native Write in: \_\_\_\_\_
- N37  American Indian Write in: \_\_\_\_\_

**ASIAN** (may check categories and use write-in)

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



**Office of Superintendent of Public Instruction (OSPI)  
Home Language Survey**

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

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p><b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
<p><b>Eligibility for Language Development Support</b> 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 did your child learn first? _____</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><b>Prior Education</b> Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <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? (Kindergarten - 12<sup>th</sup> grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12<sup>th</sup> grade) _____ 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.

**Note to district:** This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Brinnon School, Brinnon, WA \_\_\_\_\_ Grade \_\_\_\_\_  
 Physician \_\_\_\_\_ Preferred Hospital \_\_\_\_\_ Health Insurance Co. \_\_\_\_\_

Health history: **Please complete both sides of this form.** This information is considered CONFIDENTIAL and is for use by the nurse, health room staff, teacher(s), building administrators, and others as needed to ensure your child's safety and protection at school.

**Indicate below the medical conditions that may affect the student's school program or school performance.**

STAFF: Notify school nurse immediately if parent/guardian lists condition in grey area.

Computer Code	Health History/Condition	Current		Medications <i>"Medication at School" form must be completed for school administration</i>	Check (✓) if needed at school	Comments
		Yes	No			
EG & OB (staff enter both codes and list allergy type)	Anaphylactic allergy (life threatening) Insect _____ Bee _____ Food _____ Environmental _____			(service animals may be in buildings)		Specify source of allergy ie- peanuts, smoke, dogs etc
EK	Diabetes- Type 1					
NP	Seizure Disorder					Indicate type of seizure
RD	Asthma Severe					Specify factors contributing to flair-ups:
RB	Asthma- Mild _____					Specify factors contributing to flair-ups:
RC	Moderate _____					
RE	Reactive Airway Dis. _____					
EE	Allergy- mild/localized					
ED	Insect _____ Bee _____ Food _____			(service animals may be in buildings)		Specify source of allergy ie- peanuts, smoke, dogs etc.
EC	Environmental _____					
AN	Medicine Allergy _____					
EJ	Cystic Fibrosis					
GG	Food Intolerance _____					
CA	Cardiac Disorder _____					Specify condition if "Cardio-vascular - other":
CD	Heart Murmur _____					
CE	Hypertension _____					
BB	Hemophilia _____					

**COMPLETE BACK SIDE AND SIGN/DATE- RETURN TO STUDENT'S SCHOOL OFFICE**

Computer Code	Health History/Condition	Current Yes No	Medications "Medication at School" form must be completed for school administration	Check (✓) if needed at school	Comments
EA	Adrenal Disorder _____				Specify condition if "Endo/Metabol. – other":
EU	Thyroid Disorder _____				
EO	Endocrine and/or metabolic disorder				
NU	Traumatic Brain Injury				Indicate date of last injury:
PA	Anxiety Disorder				
YB	Hearing Impaired - R ___ L ___				Exam date/results: Exam date/results:
YD	Visually impaired- R ___ L ___				
MD	Muscular dystrophy _____				Specify condition if "Musculo/skeletl – other":
MC	Juvenile Rheum Arthritis _____				
ECC	Eczema				
NE	Cerebral Palsy				
UA	Chronic Renal Failure _____				Specify condition if "Genito/Urinary- other":
UE	Incontinence—bladder				
GF	Encopresis - bowel				
TA	Neoplasm (cancer) blood and or circulatory _____				Specify condition if "Neoplasm (cancer) – other":
TI	Neoplasm (cancer) other _____				
NS	Spina Bifida				
NB	ADD/ADHD				
NC	Autism				

Other Conditions or Comments: \_\_\_\_\_

No child may take medication (prescription or over-the-counter) at school without a completed medication administration form (s) including signature by Health Care Provider and/or parent/guardian. Forms may be picked up in the office or at your provider's. **Please provide information to school in writing if you have special instructions regarding religious beliefs.**

Do you need **health insurance** for your child? **Apply faster** online at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or you may request a paper form application from the school office.

**AUTHORIZATION FOR EMERGENCY PROCEDURE:** If the parent(s)/guardian named above 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 contact emergency medical aide and send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility of the payment of any services rendered.

Parent/guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# 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.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Transitional Housing  | <input type="checkbox"/> In a motel                               | <input type="checkbox"/> In a shelter                               |
| <input type="checkbox"/> In someone else's house or apartment with another person/family               | <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | <input type="checkbox"/> 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:**

\_\_\_\_\_  
District McKinney-Vento Liaison Phone Number 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](#)





# 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.

<b>Child's Last Name:</b> _____	<b>First Name:</b> _____	<b>Middle Initial:</b> _____	<b>Birthdate (MM/DD/YYYY):</b> _____
<p>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.</p>			
<b>X</b>	<b>X</b>	<p>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.</p>	
<b>Parent/Guardian Signature</b> _____		<b>Parent/Guardian Signature Required if Starting in Conditional Status</b> _____	
<b>Date</b> _____		<b>Date</b> _____	

Required Vaccines for School or Child Care Entry						
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<ul style="list-style-type: none"> <li>● <b>DTaP</b> (Diphtheria, Tetanus, Pertussis)</li> <li>● <b>Tdap</b> (Tetanus, Diphtheria, Pertussis) (grade 7+)</li> <li>● <b>DT or Td</b> (Tetanus, Diphtheria)</li> <li>● <b>Hepatitis B</b></li> <li>● <b>Hib</b> (<i>Haemophilus influenzae type b</i>)</li> <li>● <b>IPV</b> (Polio) (any combination of IPV/OPV)</li> <li>● <b>OPV</b> (Polio)</li> <li>● <b>MMR</b> (Measles, Mumps, Rubella)</li> <li>● <b>PCV/PPSV</b> (Pneumococcal)</li> <li>● <b>Varicella</b> (Chickenpox)</li> <li><input type="checkbox"/> History of disease verified by IIS</li> </ul>						
Recommended Vaccines (Not Required for School or Child Care Entry)						
<ul style="list-style-type: none"> <li>COVID-19</li> <li>Flu (Influenza)</li> <li>Hepatitis A</li> <li>HPV (Human Papillomavirus)</li> <li>MCV/MPSV (Meningococcal Disease types A, C, W, Y)</li> <li>MenB (Meningococcal Disease type B)</li> <li>Rotavirus</li> </ul>						

<b>Documentation of Disease Immunity (Health care provider use only)</b>										
<p>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.</p> <p>I certify that the child named on this CIS has:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A verified history of varicella (chickenpox) disease.</li> <li><input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.</li> </ul> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Diphtheria</td> <td style="width: 33%;"><input type="checkbox"/> Hepatitis A</td> <td style="width: 33%;"><input type="checkbox"/> Hepatitis B</td> </tr> <tr> <td><input type="checkbox"/> Hib</td> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Rubella</td> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Varicella</td> </tr> </table> <p><input type="checkbox"/> Polio (all 3 serotypes must show immunity)</p>	<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	<p style="text-align: center;">▲</p> <p>Licensed Health Care Provider Signature</p> <p style="text-align: center;">▲</p> <p>Printed Name</p>
<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								

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

Health Care Provider or School Official Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 If verified by school or child care staff the medical immunization records must be attached to this document. Date: \_\_\_\_\_

## 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.myr.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](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

### To fill out the form by hand:

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

### Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

### Conditional Status

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

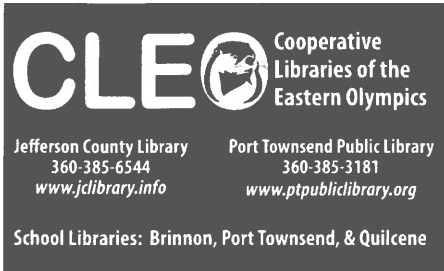
Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the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

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

**Reference guide for vaccine trade names in alphabetical order** For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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

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 Kids, Teens, and Adults

### WHO CAN GET A CARD:

Any resident of the Jefferson County Rural Library District or the City of Port Townsend is eligible to get a library card. Visitors may be issued a library card with limited privileges. Minors under 18 years of age may receive a library card with a parent or guardian signature.

### PERSONAL INFORMATION OF CARD APPLICANT:

Name (Last, First, Middle): \_\_\_\_\_

Birthdate: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ M  
                  M    D    D        Y   Y   Y   Y

Residential Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hold notice by (choose one):  Email  Text  Phone      Service Provider (if text): \_\_\_\_\_

The library periodically sends email notifications about upcoming programs and events. **To opt out, check here:**

### FOR MINORS:

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

\_\_\_\_\_

Parents/guardians, please choose ONE for your child under 18, when at the Jefferson County or Port Townsend Public Libraries:

Full access card    NO Public Computer Use (materials checkout only)    Public Computer Use ONLY (no materials checkout)

### LIST INDIVIDUALS THAT MAY PICK UP ITEMS ON HOLD FOR YOU:

\_\_\_\_\_

### 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 public library policies may result in loss of borrowing privileges. **Parents/guardians are responsible for their children's selection and checkout of library materials.**

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

\_\_\_\_\_ Adult (18 and over) or Parent Signature

\_\_\_\_\_ Child or Teen Signature (optional)

