

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 ____/____/____

Parent/Guardian (s) _____

Mailing Address _____

Physical Address _____

Phone: Home _____
M-Wk # _____ F-Wk # _____
M-Cell # _____ F-Cell # _____

Email Address: _____

Sex: Male Female Primary Language: _____ Language spoken in home: _____

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

Ethnicity: Non-Hispanic Hispanic/Latino _____

Race: White African American/Black American Indian/Alaska Native _____

Asian _____ Native Hawaiian/Other Pacific Islander _____

Student received the following services: Title I/LAP Speech SpEd Other _____

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.

HEALTH/MEDICAL INFORMATION

Medication administered at school must have parent and doctor authorization. Forms may be obtained by contacting the District Office.

Is your child taking medications: No Yes If yes, please describe: _____

Physical activity: Not limited Limited-explain _____

Your child wears: Contact lenses Glasses Other aides _____

Please list other medical conditions or allergies that school personnel should be aware of regarding your child:

Doctor: _____ Phone #: _____

Student Insurance:

Name of Insurance: _____ Type of Coverage: _____

Other instructions:

Custody Alert—Describe restrictions: _____
(Certified copies of court orders of divorce, custody, etc., and parenting plan must be on file in the District Office.)

AUTHORIZATION FOR EMERGENCY PROCEDURE

In case of an emergency (natural disaster, etc.), accident, or illness, and in the event that persons listed on this form cannot be contacted, I hereby authorize the school to take whatever action is necessary to sustain my child's health and welfare. I understand that I will assume full responsibility for the payment of any services rendered.

Signature of Parent/Guardian _____ Date ____ / ____ / ____

Reviewed for compliance by: _____
 Date: _____ Exemption: YES NO
 (see back) Staff Signature



CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name	First Name	Middle Name	Sex	Birthdate
Parent/Guardian Name			Daytime Phone	

Immunization	Type of Vaccine	Dose	Date Given			Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year				Month	Day	Year
HEP B (HBV) Hepatitis B		1				MMR Measles (Rubella), Mumps & Rubella	MMR	1			
		2					MMR	2			
		3					MMR				
		4					MEASLES				
DTaP/DTP/DT Diphtheria, Tetanus, Pertussis		1					RUBELLA				
		2					VARICELLA (Chickenpox)	VACCINE	1		
		3						2			
		4				DISEASE		YES		NO	
		5				Approximate date or age at time of disease					
		6				OTHER VACCINES					
Td/Tdap		1									
		2									
		3									
HIB Haemophilus influenzae B		1									
		2									
		3									
		4									
POLIO OPV (by mouth) IPV (by injection)		1									
		2									
		3									
		4									
		5									

→ I certify that the information provided here is correct and verifiable ←

X _____ Date: _____
 Signature of Parent or Guardian

DOH 348-013(X) Revised January 2006

Exemptions: Medical Personal Religious

Your child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she/ he can be excluded from school until the outbreak is over.

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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."

School Name
School Address

Student Housing Questionnaire

Please use one form per student. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Sex: Male Female

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.

- 1. Is this student's home address a temporary living arrangement? Yes No
- 2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
- 3. Is this student awaiting foster care? Yes No
- 4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to any of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park or campsite
- Transitional Housing
- Other _____

ADDRESS OF CURRENT RESIDENCE: _____

(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____

(OR)

NAME OF "GENERAL AREA" 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)

For School Staff Only: Forward questionnaire (homeless liaison contact information here)



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

Student Name: _____		Date: _____
Birth Date: _____	Gender: _____	Grade: _____
Form Completed by:		
Parent/Guardian Name _____ Relationship to Student _____		
Parent/Guardian Signature _____		
If available, in what language would you prefer to receive communication from the school? _____		
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes__ No__ Don't Know__		

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever received formal education* outside of the United States? (Kindergarten – 12 th grade) ____ Yes ____ No "Formal education" does not include refugee camps or other unaccredited programs for children.	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. When did your child first attend a school in the United States? (Kindergarten – 12 th grade)	_____ Month Day Year
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation? ____ Yes ____ No	

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

Note to district: A response of a language other than English to question #2 OR question #3 triggers ELL placement testing

The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.