

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."



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

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Number of months: _____</p> <p style="padding-left: 40px;">Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">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.



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 <input type="checkbox"/> Black/African American | B01 <input type="checkbox"/> African American | B02 <input type="checkbox"/> African Canadian | B02 |
|---|---|---|-----|

More on back.

Caribbean

- B03 Anguillian
- B04 Antiguan
- B05 Bahamian
- B06 Barbadian
- B07 Barthélemois/Barthélemoises (Saint Barthélemy)

- B08 British Virgin Islander
- B09 Caymanian (Cayman Island)
- B10 Cuba Dominican
- B11 Dominican (Dominican Republic)

- B12 Dutch Antillean (Netherlands Antilles)
- B13 Grenadian
- B14 Guadeloupian
- B15 Haitian

- B16 Jamaican
- B17 Martiniquais/Martiniquaise
- B18 Montserratian
- B19 Puerto Rican
- B20 Caribbean Write in: _____

Central African

- B21 Angolan
- B22 Cameroonian
- B23 Central African (Central African Republic)

- B24 Chadian
- B25 Congolese (Republic of the Congo)

- B26 Congolese (Democratic Republic of the Congo)
- B27 Equatorial Guinean
- B28 Gabonese

- B29 São Toméan
- B30 Príncipe
- B31 Central African Write in: _____

East African

- B32 Burundian
- B33 Comoran
- B34 Djiboutian
- B35 Eritrean
- B36 Ethiopian
- B37 Kenyan

- B38 Malagasy (Madagascar)
- B39 Malawian
- B40 Mauritian (Mauritius)
- B41 Mahoran (Mayotte)
- B42 Mozambican
- B43 Reunionese

- B44 Rwandan
- B45 Seychellois/Seychelloise
- B46 Somali
- B47 South Sudanese
- B48 Sudanese
- B49 Ugandan

- B50 Tanzanian (United Republic of Tanzania)
- B51 Zambian
- B52 Zimbabwean
- B53 East African Write in: _____

Latin American

- B54 Argentine
- B55 Belizean
- B56 Bolivian
- B57 Brazilian
- B58 Chilean
- B59 Colombian

- B60 Costa Rican
- B61 Ecuadorian
- B62 El Salvadoran
- B63 Falkland Islander
- B64 French Guianese
- B65 Guatemalan

- B66 Guyanese
- B67 Honduran
- B68 Mexican
- B69 Nicaraguan
- B70 Panamanian
- B71 Paraguayan
- B72 Peruvian

- B73 South Georgia and the South Sandwich Islands
- B74 Surinamese
- B75 Uruguayan
- B76 Venezuelan
- B77 Latin American Write in: _____

South African

- B78 Botswanan

- B79 Mosotho (Lesotho)
- B80 Namibian

- B81 South African
- B82 Swazi

- B83 South African Write in: _____

West African

- B84 Beninese
- B85 Bissau-Guinean
- B86 Burkinabé (Burkina Faso)
- B87 Cabo Verdean

- B88 Ivorian (Cote d'Ivoire)
- B89 Gambian
- B90 Ghanaian
- B91 Liberian

- B92 Malian
- B93 Mauritanian
- B94 Nigerien (Niger)
- B95 Nigerian (Nigeria)
- B96 Saint Helenian

- B97 Senegalese
- B98 Sierra Leonean
- B99 Togolese
- C01 West African Write in: _____

- C02 Black Write in: _____

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

- W08 Algerian
- W09 Amazigh or Berber
- W10 Arab or Arabic
- W11 Assyrian
- W12 Bahraini
- W13 Bedouin
- W14 Chaldean
- W34 Middle Eastern Write in: _____
- W35 North African Write in: _____

- W15 Copt
- W16 Druze
- W17 Egyptian
- W18 Emirati
- W19 Iranian
- W20 Iraqi
- W21 Israeli

- W22 Jordanian
- W23 Kurdish Kuwaiti
- W24 Lebanese
- W25 Libyan
- W26 Moroccan
- W27 Omani

- W28 Palestinian
- W29 Qatari
- W30 Saudi Arabian
- W31 Syrian
- W32 Tunisian
- W33 Yemeni

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

- P00 Native Hawaiian/Other Pacific Islander
- P01 Carolinian
- P02 Chamorro
- P03 Chuukese
- P04 Fijian

- P05 i-Kiribati / Gilbertese
- P06 Kosraean
- P07 Maori
- P08 Marshallese
- P09 Native Hawaiian
- P10 Ni-Vanuatu

- P11 Palauan
- P12 Papuan
- P13 Pohpeian
- P14 Samoan
- P15 Solomon Islander
- P16 Tahitian

- P17 Tokelauan
- P18 Tongan
- P19 Tuvaluan
- P20 Yapese
- P21 Pacific Islander Write in: _____

WHITE (may check categories and use write-in)

- W00 White

Eastern European

- W01 Bosnian
- W02 Herzegovinian

- W03 Polish
- W04 Romanian

- W05 Russian
- W06 Ukrainian

- W07 Eastern European Write in: _____

- W36 White Write in: _____

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:

Patricia Beathard

360-796-4646

Brinnon School

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 \(NAEH CY\)](#)

[SchoolHouse Connection](#)



Washington Office of Superintendent of
PUBLIC INSTRUCTION

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 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 _____



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):** _____

Parent/Guardian Signature _____ **Date** _____

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

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.

		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							
<input checked="" type="checkbox"/> Required for School	<input checked="" type="checkbox"/> Required Child Care/Preschool						
• DTaP (Diphtheria, Tetanus, Pertussis)							
• Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
• DT or Td (Tetanus, Diphtheria)							
• Hepatitis B							
• Hib (<i>Haemophilus influenzae type b</i>)							
• IPV (Polio) (any combination of IPV/OPV)							
• OPV (Polio)							
• MMR (Measles, Mumps, Rubella)							
• PCV/PPSV (Pneumococcal)							
• Varicella (Chickenpox)							
<input type="checkbox"/> History of disease verified by IIS							

		MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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.

<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

Polio (all 3 serotypes must show immunity)

▲ _____

Licensed Health Care Provider Signature Date

▲ _____

Printed Name

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

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____

If verified by school or child care staff the medical immunization records must be attached to this document.

Instructions for completing the Certificate of Immunization Status (CIS): Print the form from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

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

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order 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 CLEO Students

School _____

Grade _____

Advisor _____

WHO CAN GET A CARD:

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

PERSONAL INFORMATION OF STUDENT APPLICANT:

Name (Last, First, Middle): _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

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

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

PARENT/GUARDIAN INFORMATION:

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

Parents/guardians, please choose ONE for your child:

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

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

SIGNATURE(S):

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

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

Adult (18 and over) or Parent Signature

Child or Teen Signature (optional)

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