

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
360-796-4646 Office 360-796-4113 Fax

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/Title

Phone #



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

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

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.



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 <input type="checkbox"/> Anguillian | B08 <input type="checkbox"/> British Virgin Islander | B12 <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) | B16 <input type="checkbox"/> Jamaican |
| B04 <input type="checkbox"/> Antiguan | B09 <input type="checkbox"/> Caymanian (Cayman Island) | B13 <input type="checkbox"/> Grenadian | B17 <input type="checkbox"/> Martiniquais/Martiniquaise |
| B05 <input type="checkbox"/> Bahamian | B10 <input type="checkbox"/> Cuba Dominican | B14 <input type="checkbox"/> Guadeloupien | B18 <input type="checkbox"/> Montserratian |
| B06 <input type="checkbox"/> Barbadian | B11 <input type="checkbox"/> Dominican (Dominican Republic) | B15 <input type="checkbox"/> Haitian | B19 <input type="checkbox"/> Puerto Rican |
| B07 <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) | | | B20 <input type="checkbox"/> Caribbean Write in: _____ |

Central African

- | | | | |
|--|---|--|---|
| B21 <input type="checkbox"/> Angolan | B24 <input type="checkbox"/> Chadian | B26 <input type="checkbox"/> Congolese (Democratic Republic of the Congo) | B29 <input type="checkbox"/> São Toméan |
| B22 <input type="checkbox"/> Cameroonian | B25 <input type="checkbox"/> Congolese (Republic of the Congo) | B27 <input type="checkbox"/> Equatorial Guinean | B30 <input type="checkbox"/> Principe |
| B23 <input type="checkbox"/> Central African (Central African Republic) | | B28 <input type="checkbox"/> Gabonese | B31 <input type="checkbox"/> Central African Write in: _____ |

East African

- | | | | |
|---|--|---|---|
| B32 <input type="checkbox"/> Burundian | B38 <input type="checkbox"/> Malagasy (Madagascar) | B44 <input type="checkbox"/> Rwandan | B50 <input type="checkbox"/> Tanzanian (United Republic of Tanzania) |
| B33 <input type="checkbox"/> Comoran | B39 <input type="checkbox"/> Malawian | B45 <input type="checkbox"/> Seychellois/Seychelloise | B51 <input type="checkbox"/> Zambian |
| B34 <input type="checkbox"/> Djiboutian | B40 <input type="checkbox"/> Mauritian (Mauritius) | B46 <input type="checkbox"/> Somali | B52 <input type="checkbox"/> Zimbabwean |
| B35 <input type="checkbox"/> Eritrean | B41 <input type="checkbox"/> Mahoran (Mayotte) | B47 <input type="checkbox"/> South Sudanese | B53 <input type="checkbox"/> East African Write in: _____ |
| B36 <input type="checkbox"/> Ethiopian | B42 <input type="checkbox"/> Mozambican | B48 <input type="checkbox"/> Sudanese | |
| B37 <input type="checkbox"/> Kenyan | B43 <input type="checkbox"/> Reunionese | B49 <input type="checkbox"/> Ugandan | |

Latin American

- | | | | |
|--|--|---|--|
| B54 <input type="checkbox"/> Argentine | B60 <input type="checkbox"/> Costa Rican | B66 <input type="checkbox"/> Guyanese | B73 <input type="checkbox"/> South Georgia and the South Sandwich Islands |
| B55 <input type="checkbox"/> Belizean | B61 <input type="checkbox"/> Ecuadorian | B67 <input type="checkbox"/> Honduran | B74 <input type="checkbox"/> Surinamese |
| B56 <input type="checkbox"/> Bolivian | B62 <input type="checkbox"/> El Salvadoran | B68 <input type="checkbox"/> Mexican | B75 <input type="checkbox"/> Uruguayan |
| B57 <input type="checkbox"/> Brazilian | B63 <input type="checkbox"/> Falkland Islander | B69 <input type="checkbox"/> Nicaraguan | B76 <input type="checkbox"/> Venezuelan |
| B58 <input type="checkbox"/> Chilean | B64 <input type="checkbox"/> French Guianese | B70 <input type="checkbox"/> Panamanian | B77 <input type="checkbox"/> Latin American Write in: _____ |
| B59 <input type="checkbox"/> Colombian | B65 <input type="checkbox"/> Guatemalan | B71 <input type="checkbox"/> Paraguayan | |
| | | B72 <input type="checkbox"/> Peruvian | |

South African

- | | | | |
|--|--|--|---|
| B78 <input type="checkbox"/> Botswanan | B79 <input type="checkbox"/> Mosotho (Lesotho) | B81 <input type="checkbox"/> South African | B83 <input type="checkbox"/> South African Write in: _____ |
| | B80 <input type="checkbox"/> Namibian | B82 <input type="checkbox"/> Swazi | |

West African

- | | | | |
|---|--|---|--|
| B84 <input type="checkbox"/> Beninese | B88 <input type="checkbox"/> Ivorian (Cote d'Ivoire) | B92 <input type="checkbox"/> Malian | B97 <input type="checkbox"/> Senegalese |
| B85 <input type="checkbox"/> Bissau-Guinean | B89 <input type="checkbox"/> Gambian | B93 <input type="checkbox"/> Mauritanian | B98 <input type="checkbox"/> Sierra Leonean |
| B86 <input type="checkbox"/> Burkinabé (Burkina Faso) | B90 <input type="checkbox"/> Ghanaian | B94 <input type="checkbox"/> Nigerien (Niger) | B99 <input type="checkbox"/> Togolese |
| B87 <input type="checkbox"/> Cabo Verdean | B91 <input type="checkbox"/> Liberian | B95 <input type="checkbox"/> Nigerian (Nigeria) | C01 <input type="checkbox"/> West African Write in: _____ |
| | | B96 <input type="checkbox"/> Saint Helenian | |

C02 Black Write in: _____

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

- | | | | |
|---|---------------------------------------|--|--|
| W08 <input type="checkbox"/> Algerian | W15 <input type="checkbox"/> Copt | W22 <input type="checkbox"/> Jordanian | W28 <input type="checkbox"/> Palestinian |
| W09 <input type="checkbox"/> Amazigh or Berber | W16 <input type="checkbox"/> Druze | W23 <input type="checkbox"/> Kurdish Kuwaiti | W29 <input type="checkbox"/> Qatari |
| W10 <input type="checkbox"/> Arab or Arabic | W17 <input type="checkbox"/> Egyptian | W24 <input type="checkbox"/> Lebanese | W30 <input type="checkbox"/> Saudi Arabian |
| W11 <input type="checkbox"/> Assyrian | W18 <input type="checkbox"/> Emirati | W25 <input type="checkbox"/> Libyan | W31 <input type="checkbox"/> Syrian |
| W12 <input type="checkbox"/> Bahraini | W19 <input type="checkbox"/> Iranian | W26 <input type="checkbox"/> Moroccan | W32 <input type="checkbox"/> Tunisian |
| W13 <input type="checkbox"/> Bedouin | W20 <input type="checkbox"/> Iraqi | W27 <input type="checkbox"/> Omani | W33 <input type="checkbox"/> Yemeni |
| W14 <input type="checkbox"/> Chaldean | W21 <input type="checkbox"/> Israeli | | |
| W34 <input type="checkbox"/> Middle Eastern Write in: _____ | | | |
| W35 <input type="checkbox"/> North African Write in: _____ | | | |

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

- | | | | |
|--|--|---|--|
| P00 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | P05 <input type="checkbox"/> i-Kiribati / Gilbertese | P11 <input type="checkbox"/> Palauan | P17 <input type="checkbox"/> Tokelauan |
| P01 <input type="checkbox"/> Carolinian | P06 <input type="checkbox"/> Kosraean | P12 <input type="checkbox"/> Papuan | P18 <input type="checkbox"/> Tongan |
| P02 <input type="checkbox"/> Chamorro | P07 <input type="checkbox"/> Maori | P13 <input type="checkbox"/> Pohpeian | P19 <input type="checkbox"/> Tuvaluan |
| P03 <input type="checkbox"/> Chuukese | P08 <input type="checkbox"/> Marshallese | P14 <input type="checkbox"/> Samoan | P20 <input type="checkbox"/> Yapese |
| P04 <input type="checkbox"/> Fijian | P09 <input type="checkbox"/> Native Hawaiian | P15 <input type="checkbox"/> Solomon Islander | P21 <input type="checkbox"/> Pacific Islander Write in: _____ |
| | P10 <input type="checkbox"/> Ni-Vanuatu | P16 <input type="checkbox"/> Tahitian | |

WHITE (may check categories and use write-in)

- | | | | |
|--|---------------------------------------|--|--|
| W00 <input type="checkbox"/> White | | | |
| Eastern European | | | |
| W01 <input type="checkbox"/> Bosnian | W03 <input type="checkbox"/> Polish | W05 <input type="checkbox"/> Russian | W07 <input type="checkbox"/> Eastern European Write in: _____ |
| W02 <input type="checkbox"/> Herzegovinian | W04 <input type="checkbox"/> Romanian | W06 <input type="checkbox"/> Ukrainian | |
| W36 <input type="checkbox"/> 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



BRINNON SCHOOL DISTRICT

46 Schoolhouse Rd.
Brinnon, WA 98320
(360) 796-4646
www.bsd46.org

Student: _____ Birthdate: _____ School Year: _____ Grade: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: _____ Phone: _____

If your child has a life-threatening condition. An Individual Health Plan and any medication or treatment orders must be in place before starting school. Call your school nurse as soon as possible.

HISTORY: Check all conditions that apply. Use "Other/Explain" to provide additional information. Notify your school nurse of changes that occur throughout the school year. To provide a safe and healthy environment for your child, this information will be accessible to staff who may be called upon to assist with care.

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Kidney/Urinary Condition |
| <input type="checkbox"/> Allergic Reaction* | <input type="checkbox"/> Congenital Condition | <input type="checkbox"/> Mental/Behavioral Health |
| <input type="checkbox"/> Allergies – Seasonal/Environ* | <input type="checkbox"/> Developmental Condition | <input type="checkbox"/> Migraine/Headaches |
| <input type="checkbox"/> Anaphylactic Condition* | <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 | <input type="checkbox"/> Neurological Condition |
| <input type="checkbox"/> Anxiety/Panic Attack | <input type="checkbox"/> Gastrointestinal Condition | <input type="checkbox"/> Orthopedic Condition |
| <input type="checkbox"/> Asthma/Respiratory Condition | <input type="checkbox"/> Hearing Condition | <input type="checkbox"/> Seizure Condition |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Blood Condition | <input type="checkbox"/> Immune Condition | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Joint Instability | <input type="checkbox"/> Vision Condition |

Other/Explain: _____

***ALLERGY:** does your child have an epinephrine auto-injector (EpiPen)? Yes No

Allergic to: _____ Describe reaction: _____

Treatment: _____

My child requires medication at school. A medication authorization form must be submitted to the school. Forms and additional information are available through your school office or office staff.

Medication name: _____

My child requires a medical treatment at school (blood sugar check, tube feed, oxygen, etc). For medical treatments to be performed at school, a treatment authorization is required. Forms and additional information are available through your school nurse or office staff

My child has a compromised immune system.

My child requires an assistive device to move around.

My child has food or fluid restrictions. Explain: _____

Printed Name of Parent/Guardian Completing Form

Today's Date



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

| | | | |
|---|--------------------|--|--------------------------------|
| Child's Last Name: | First Name: | Middle Initial: | Birthdate (MM/DD/YYYY): |
| I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. | | Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status. | |
| X _____ Parent/Guardian Signature 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 (<i>Haemophilus influenzae type b</i>) | | | | | | |
| ●▲ IPV (Polio) (any combination of IPV/OPV) | | | | | | |
| ●▲ OPV (Polio) | | | | | | |
| ●▲ MMR (Measles, Mumps, Rubella) | | | | | | |
| ● PCV/PPSV (Pneumococcal) | | | | | | |
| ●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS | | | | | | |
| Recommended Vaccines (Not Required for School or Child Care Entry) | | | | | | |
| 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. |
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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: 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 | | |