

Welcome to the Edmonds School District. We are now accepting new student enrollment packets for the 2022-23 school year. Please complete this enrollment packet and return to your student's school with any additional required paperwork. If you enrolled your student online in Skyward, please do not complete this packet. We are looking forward to working with you and your child.

**Step 1:** Complete the following required forms

- ☐ P-134 Student Enrollment Form
- ☐ P-135 Student Residency Verification Form and attach proof of residency

If you are unable to provide proof of residency, complete one of these documents and attach to this form.

- P-160 Student Housing Questionnaire (McKinney -Vento Act eligibility)
- P-110 Affidavit of Residency (contact your school)

- ☐ HS-534 Student Health Enrollment Form

- ☐ HS-518 Immunization records downloaded from MyIR

- If you do not have records in MyIR, fill out the Certification of Immunization Status and attach medically verifiable immunization records

Eligible families are encouraged to apply for the Free and Reduced Meal Program. The application process is simple and confidential. Applications are available at the link below, Skyward Family Access or at any school.

- ☐ Free and Reduced Lunch Application (if applicable) – information may be found at [https://www.edmonds.wednet.edu/departments/food\\_nutrition\\_services](https://www.edmonds.wednet.edu/departments/food_nutrition_services)  
(Note: There is (3) three “\_” underscores between “food” and “nutrition” in the url above.)

| Grade Level Assignments |                       |                        |                       |
|-------------------------|-----------------------|------------------------|-----------------------|
| Elementary              |                       | Secondary              |                       |
| Kindergarten            | 9/1/2016 to 8/31/2017 | 7 <sup>th</sup> Grade  | 9/1/2009 to 8/31/2010 |
| 1 <sup>st</sup> Grade   | 9/1/2015 to 8/31/2016 | 8 <sup>th</sup> Grade  | 9/1/2008 to 8/31/2009 |
| 2 <sup>nd</sup> Grade   | 9/1/2014 to 8/31/2015 | 9 <sup>th</sup> Grade  | 9/1/2007 to 8/31/2008 |
| 3 <sup>rd</sup> Grade   | 9/1/2013 to 8/31/2014 | 10 <sup>th</sup> Grade | 9/1/2006 to 8/31/2007 |
| 4 <sup>th</sup> Grade   | 9/1/2012 to 8/31/2013 | 11 <sup>th</sup> Grade | 9/1/2005 to 8/31/2006 |
| 5 <sup>th</sup> Grade   | 9/1/2011 to 8/31/2012 | 12 <sup>th</sup> Grade | 9/1/2004 to 8/31/2005 |
| 6 <sup>th</sup> Grade   | 9/1/2010 to 8/31/2011 |                        |                       |

**Step 2:** Return this completed packet with all required additional documentation to your student's school

A school official will contact you to finalize your application, and if needed, request any additional documentation from you. The school official will give you a start date upon packet completion. Incomplete paperwork may delay a student's start date.

**IMPORTANT:**

**Proof of Birth:**

For student entering Kindergarten and first grade, are new to the United States, or have no previous school experience, parents must submit a document to establish a student's age which include, but is not limited to, a religious, hospital, or physician's certificate showing date of birth; an adoption record; a birth certificate, previously verified school records; Department of Social and Health Services paperwork, or any other document permitted by law.

**Life Threatening Conditions, Medications, and Immunizations:**

Students with life threatening conditions (examples: severe allergies, severe asthma, diabetes, epilepsy, etc.) require health plans; if the condition requires medication—the plan and medications MUST be on site by the Tuesday 2 weeks before the week school starts to guarantee your student can start on the first day. Immunizations are required for student attendance.

If you have additional questions, you may contact:

Elementary – Kari McGie at 425-431-7176 or [mcgiek280@edmonds.wednet.edu](mailto:mcgiek280@edmonds.wednet.edu)  
Secondary - Leslie Anderson at 425-431-7094 or [andersonl@edmonds.wednet.edu](mailto:andersonl@edmonds.wednet.edu)

### Verification of Residency Statement

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

In order to verify residency within the district, ONE current documentation from the following list MUST be provided. The document must be dated within the last sixty days showing parent/guardian name and address (P.O. Box numbers are not acceptable as a residential address).

- ☐ Escrow papers, mortgage book or statement
- ☐ Residence insurance statement
- ☐ Lease/Rental Agreement with current rent receipt
- ☐ Gas Bill
- ☐ Electric Bill
- ☐ Water Bill
- ☐ Cable TV and internet bill
- ☐ Garbage bill
- ☐ Phone bill for a land line at the stated address
- ☐ If you are part of the **Washington State Address Confidentiality Program**, official documentation from the Address Confidentiality Program stating the attendance area school fulfills the requirement to establish residency in the Edmonds School District. You must submit a renewed letter to the school each year.
- ☐ Verification of living with \_\_\_\_\_. **Must complete the P-110 Affidavit of Residency Form,** available upon request at the school.

**If you are unable to provide any of the above items, please contact the school to discuss your circumstances and discuss next steps.**

Please list below the names of additional student at this address who attend a school in the Edmonds School District.

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

I declare that the above named student(s) reside at the address shown on one of the documents indicated above and attached to this enrollment packet. I will notify the school within two weeks of residency changes and agree to provide a new proof of residency and updated signed statement at that time. If I move outside of the school district boundaries, I understand a Choice Transfer Application must be filed and approved in order to continue attendance at the school listed above.

Falsification of any information or document required for residency verification, or the use of the address of another person without actually residing there, may result in revocation of student's enrollment in the Edmonds School District (see Policy 3131).

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only: Current Student – Recently Moved has NEW Address

Student(s) Request:

Transfer to new school assigned to address: ☐ Immediately or ☐ Date: \_\_\_\_\_

Continue to attend current school through Grade 6 \_\_\_\_\_ Grade 8 \_\_\_\_\_ Grade 12 \_\_\_\_\_  
(Students not approved to remain in path, must apply for school change when changing schools)

**School:** Email a copy of this form to Kari McGie (elementary) or Leslie Anderson (secondary)



**Complete this form ONLY IF your housing situation is transitional or unstable.**  
**If you own, rent, or lease your home, please DO NOT complete this form.**

**Completa este formulario SOLAMENTE SI su situación de vivienda es transitoria o inestable.**  
**Si es propietario, alquila o arrienda su hogar, NO complete este formulario.**

**Điền vào mẫu này CHỈ KHI tình trạng nhà ở của bạn là chuyển tiếp hoặc không ổn định.**  
**Nếu bạn đang sở hữu, thuê hoặc cho thuê nhà, vui lòng KHÔNG điền vào mẫu này.**

”برجاء ملئ هذا النموذج فقط إذا كان وضعك السكني انتقالي أو غير مستقر.

اما إذا كنت مالك منزل أو تاجر أو مستأجر، فيرجى عدم ملئ هذا النموذج“

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 you do not own/rent your own home, please check all that apply below. (Return this form to your school. If you need assistance, please contact the District Homeless Liaison (contact information can be found at the bottom of the page).

- ☐ In a motel
- ☐ In a shelter
- ☐ Moving from place to place/couch surfing
- ☐ In someone else's house or apartment with another family
- ☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
- ☐ A car, park, campsite, or similar location
- ☐ Transitional Housing
- ☐ Other \_\_\_\_\_

|            |        |                |   |
|------------|--------|----------------|---|
| Student 1: | Grade: | Birthdate: / / | Gender: <input type="radio"/> M <input type="radio"/> F |
| Student 2: | Grade: | Birthdate: / / | Gender: <input type="radio"/> M <input type="radio"/> F |
| Student 3: | Grade: | Birthdate: / / | Gender: <input type="radio"/> M <input type="radio"/> F |
| Student 4: | Grade: | Birthdate: / / | Gender: <input type="radio"/> M <input type="radio"/> F |

Name of school(s): \_\_\_\_\_

- ☐ Student is unaccompanied (not living with a parent or legal guardian)
- ☐ Student is living with a parent or legal guardian

Students require transportation to/from school: ☐ Yes ☐ No

ADDRESS 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)

\*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

**Please return completed form to your school. School will scan info to the District Homeless Liaison**

**For District Homeless Liaison Only:** For data collection purposes and student information system coding

- ☐ (N) Not Homeless
- ☐ (A) Shelters
- ☐ (B) Doubled-Up
- ☐ (C) Unsheltered
- ☐ (D) Hotels/Motels
- ☐ (E) Unaccompanied Youth

**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:

[http://center.serve.org/nche/ibt/parent\\_res.php](http://center.serve.org/nche/ibt/parent_res.php)

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>

For Office Use Only

Received:

Time:

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT INFORMATION

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Previous Name (if applicable) \_\_\_\_\_ Student Cell Phone Number \_\_\_\_\_

Gender: ☐ M ☐ F ☐ X Grade Entering: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Has this student ever been enrolled in the Edmonds School District? ☐ Yes ☐ No List last school attended: \_\_\_\_\_

Will the student be SIMULTANEOUSLY attending another school while enrolled in the Edmonds School District? ☐ Yes ☐ No

If Yes, what other school will the student be enrolled in? \_\_\_\_\_

FAMILY INFORMATION

**PRIMARY HOUSEHOLD INFORMATION**

**Parent/Guardian 1 - Relationship to Student** \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

**Parent/Guardian 2 - Relationship to Student** \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

**Please use** \_\_\_\_\_ **as our primary contact number** ☐ Cell ☐ Home ☐ Work ☐ Confidential

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

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

**SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)**

**Parent/Guardian 1 - Relationship to Student** \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

**Parent/Guardian 2 - Relationship to Student** \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

**Please use** \_\_\_\_\_ **as our primary contact number** ☐ Cell ☐ Home ☐ Work ☐ Confidential

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

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

Has any parent or guardian listed above been employed by or currently employed the Edmonds School District? ☐ Yes ☐ No  
 If yes, under what name? \_\_\_\_\_  
 Has any parent or guardian listed above been a student of the Edmonds School District? ☐ Yes ☐ No  
 If yes, which parent or guardian and under what name? \_\_\_\_\_

Does your student attend childcare? ☐ Yes ☐ No *If Yes, please provide the following information.*  
 Should daycare be listed as an emergency contact? ☐ Yes ☐ No

|                         |                          |              |
|-------------------------|--------------------------|--------------|
| Childcare Provider Name | Provider Address Contact | Phone Number |
|-------------------------|--------------------------|--------------|

|                         |                          |              |
|-------------------------|--------------------------|--------------|
| Childcare Provider Name | Provider Address Contact | Phone Number |
|-------------------------|--------------------------|--------------|

In case of an emergency with your student, or they become ill or injured and we are unable to reach a parent or guardian first. Please list the persons, other than yourself, who have agreed to care for and provide transportation for your student.

**Contact 1:**

|                           |  |   |
|---------------------------|--|---|
| Last Name                 | First Name   | Relationship to Student   |
| Phone Number (____) _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Home<br><input type="checkbox"/> Work | Phone Number (____) _____<br><input type="checkbox"/> Cell <input type="checkbox"/> Home<br><input type="checkbox"/> Work |

**Contact 2:**

|                           |  |   |
|---------------------------|--|---|
| Last Name                 | First Name   | Relationship to Student   |
| Phone Number (____) _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Home<br><input type="checkbox"/> Work | Phone Number (____) _____<br><input type="checkbox"/> Cell <input type="checkbox"/> Home<br><input type="checkbox"/> Work |

**Contact 3:**

|                           |  |   |
|---------------------------|--|---|
| Last Name                 | First Name   | Relationship to Student   |
| Phone Number (____) _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Home<br><input type="checkbox"/> Work | Phone Number (____) _____<br><input type="checkbox"/> Cell <input type="checkbox"/> Home<br><input type="checkbox"/> Work |

**List ALL schools the student has attended, beginning with the most recent school.**

**Has your student ever attended public school in Washington State?** ☐ Yes ☐ No

|                            |                 |                 |
|----------------------------|-----------------|-----------------|
| <b>Most Current School</b> | Grades Attended | Withdrawal Date |
|----------------------------|-----------------|-----------------|

|      |                  |              |            |
|------|------------------|--------------|------------|
| City | State or Country | Phone Number | Fax Number |
|------|------------------|--------------|------------|

|               |                 |                 |
|---------------|-----------------|-----------------|
| <b>School</b> | Grades Attended | Withdrawal Date |
|---------------|-----------------|-----------------|

|      |                  |              |            |
|------|------------------|--------------|------------|
| City | State or Country | Phone Number | Fax Number |
|------|------------------|--------------|------------|

|               |                 |                 |
|---------------|-----------------|-----------------|
| <b>School</b> | Grades Attended | Withdrawal Date |
|---------------|-----------------|-----------------|

|      |                  |              |            |
|------|------------------|--------------|------------|
| City | State or Country | Phone Number | Fax Number |
|------|------------------|--------------|------------|

Has your child ever been Retained? ☐ Yes ☐ No If yes, at what grade level(s) \_\_\_\_\_

Has your child ever been Advanced? ☐ Yes ☐ No If yes, at what grade level(s) \_\_\_\_\_

**HAS YOUR STUDENT EVER QUALIFIED OR BEEN ENROLLED IN**A special education program\*? ☐ Yes ☐ No Type of special education program(s): \_\_\_\_\_*\*If Yes, provide a copy of the IEP to the school.*☐ EL/ML ☐ Special Education (IEP) ☐ 504 Plan ☐ Highly Capable/Gifted Program ☐ Running Start  
☐ Alternative School/Program ☐ Title III (NA/AN Support) ☐ Title VI Indian Education ☐ Other**LIST ALL SIBLINGS ATTENDING IN THE EDMONDS SCHOOL DISTRICT**

| Name | Grade | School | Name | Grade | School |
|------|-------|--------|------|-------|--------|
|      |       |        |      |       |        |
|      |       |        |      |       |        |

**IN ACCORDANCE WITH WASHINGTON STATE LAW (RCW 28A.255.330), PLEASE ANSWER THE FOLLOWING QUESTIONS:**Does your student have any history of violent behavior? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_Does your student have any past, current, or pending suspension or expulsion from a current or previous school? ☐ Yes ☐ No  
If yes, please explain. \_\_\_\_\_Has your student officially withdrawn from their current or previous school? ☐ Yes ☐ No Date: \_\_\_\_\_Is your student currently under BECCA/Truancy Petition? ☐ Yes ☐ No If yes, which district? \_\_\_\_\_Does your student owe any fines or fees at your prior school? ☐ Yes ☐ No**Do you have internet access?** ☐ Yes ☐ No**Is your student in waiting/currently in Foster Care?** ☐ Yes ☐ No**Are you currently experiencing housing instability or in transitional housing?** ☐ Yes ☐ No

Housing instability may be defined as living with another person/family due to loss of housing or economic hardship; living in a motel/hotel or in an emergency or transitional shelter, or a location not designated for, or ordinarily used as a regular sleeping accommodation. If you can answer yes to any of these questions, your child may qualify for services under the McKinney-Vento Act. Please ask your school about registering for services.

**Is there a PARENTING PLAN or COURT ORDER in effect that restrains/curtails any parental rights?** ☐ Yes ☐ No*If yes, please provide a copy.***Is there a RESTRAINING ORDER in effect?** ☐ Yes ☐ No *If yes, please provide a copy.*

Please list and provide copies of any other legal documents that are pertinent to your student and their safety. \_\_\_\_\_

Please provide additional comments to assist in caring for your student. \_\_\_\_\_

School districts in Washington State are required to obtain information from families regarding active duty military status. This information is used to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents. Please indicate below if you are active duty US Armed Forces, National Guard or Reserves.

Currently active duty US Armed Forces, National Guard or Reserves ☐ Yes ☐ No *If yes, please indicate below:*☐ US Armed Forces active duty ☐ National Guard member  
☐ More than one member of Armed Forces/National Guard  
☐ US Armed Forces reserves ☐ **No affiliation**Do grandparent(s) or parents(s) have a Native American tribal affiliation? ☐ Yes ☐ No



# WASHINGTON STATE RACE AND ETHNICITY CATEGORIES

## Please complete Part I and Part II

**Please note:** these race and ethnicity categories are provided by the State of Washington, and the Edmonds School District is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

Part I

### Hispanic or Latino

Is your student of Hispanic or Latino origin? ☐ Yes ☐ No (If "yes" please check all that apply)

- |   |                                      |                                     |                                     |                                     |                                       |                                     |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentine                          | <input type="checkbox"/> Chilean     | <input type="checkbox"/> Cuban      | <input type="checkbox"/> Guyanese   | <input type="checkbox"/> Mestizo    | <input type="checkbox"/> Paraguayan   | <input type="checkbox"/> Spaniard   |
| <input type="checkbox"/> Bolivian                           | <input type="checkbox"/> Colombian   | <input type="checkbox"/> Dominican  | <input type="checkbox"/> Honduran   | <input type="checkbox"/> Native     | <input type="checkbox"/> Peruvian     | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazilian                          | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Jamaican   | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan  |
| <input type="checkbox"/> Chicano (Mexican American)         | <input type="checkbox"/> Guatemalan  | <input type="checkbox"/> Mexican    | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Venezuelan   |                                     |
| <input type="checkbox"/> Hispanic or Latino Write In: _____ |                                      |                                     |                                     |                                     |                                       |                                     |

Part II

**What race(s) do you consider your student?** You may check categories and use write-in (check all that apply)

### Native American Indian or Alaskan Native

If you select any of these please also complete this form: **Support for: Native American Students (Title VI Program) form**

☐ Native American Indian/Alaskan Native

☐ Native American Indian Write In: \_\_\_\_\_ ☐ Alaskan Native Write In: \_\_\_\_\_

### Washington State Tribes:

- |  |   |
|--|---|
| <input type="checkbox"/> Chinook Tribe   | <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation                           |
| <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation    | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation                           |
| <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation       | <input type="checkbox"/> Quinault Indian Nation   |
| <input type="checkbox"/> Confederated Tribes of the Colville Reservation       | <input type="checkbox"/> Samish Indian Nation   |
| <input type="checkbox"/> Cowlitz Indian Tribe                                  | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington                             |
| <input type="checkbox"/> Duwamish Tribe  | <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| <input type="checkbox"/> Hoh Indian Tribe                                      | <input type="checkbox"/> Skokomish Indian Tribe   |
| <input type="checkbox"/> Jamestown S'Klallam Tribe                             | <input type="checkbox"/> Snohomish Tribe  |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Snoqualmie Indian Tribe  |
| <input type="checkbox"/> Kikiallus Indian Nation                               | <input type="checkbox"/> Snoqualmoo Tribe   |
| <input type="checkbox"/> Lower Elwha Tribal Community                          | <input type="checkbox"/> Spokane Tribe of the Spokane Reservation                             |
| <input type="checkbox"/> Lummi Tribe of the Lummi Reservation                  | <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation               |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation    | <input type="checkbox"/> Steilacoom Tribe   |
| <input type="checkbox"/> Marietta Band of the Nooksack Tribe                   | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington                         |
| <input type="checkbox"/> Muckleshoot Indian Tribe                              | <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation               |
| <input type="checkbox"/> Nisqually Indian Tribe                                | <input type="checkbox"/> Swinomish Indian Tribal Community                                    |
| <input type="checkbox"/> Nooksack Indian Tribe                                 | <input type="checkbox"/> Tulalip Tribes of Washington   |
| <input type="checkbox"/> Port Gamble S'Klallam Tribe                           |   |

### Asian

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Asian                 | <input type="checkbox"/> Malaysian   |
| <input type="checkbox"/> Asian Indian          | <input type="checkbox"/> Mien        |
| <input type="checkbox"/> Bangladeshi           | <input type="checkbox"/> Mongolian   |
| <input type="checkbox"/> Bhutanese             | <input type="checkbox"/> Nepali      |
| <input type="checkbox"/> Burmese/Myanmar       | <input type="checkbox"/> Okinawan    |
| <input type="checkbox"/> Cambodian/Khmer       | <input type="checkbox"/> Pakistani   |
| <input type="checkbox"/> Cham                  | <input type="checkbox"/> Punjabi     |
| <input type="checkbox"/> Chinese               | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Filipino              | <input type="checkbox"/> Sri Lankan  |
| <input type="checkbox"/> Hmong                 | <input type="checkbox"/> Taiwanese   |
| <input type="checkbox"/> Indonesian            | <input type="checkbox"/> Thai        |
| <input type="checkbox"/> Japanese              | <input type="checkbox"/> Tibetan     |
| <input type="checkbox"/> Korean                | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Lao                   |                                      |
| <input type="checkbox"/> Asian Write In: _____ |                                      |

### Native Hawaiian or Other Pacific Islander

- |   |
|---|
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Carolinian                             |
| <input type="checkbox"/> Chamorro                               |
| <input type="checkbox"/> Chuukese                               |
| <input type="checkbox"/> Fijian                                 |
| <input type="checkbox"/> i-Kiribati/Gilbertese                  |
| <input type="checkbox"/> Kosraean                               |
| <input type="checkbox"/> Maori                                  |
| <input type="checkbox"/> Marshallese                            |
| <input type="checkbox"/> Native Hawaiian                        |
| <input type="checkbox"/> Ni-Vanuatu                             |
| <input type="checkbox"/> Pacific Islander Write In: _____       |
| <input type="checkbox"/> Palauan                                |
| <input type="checkbox"/> Papuan                                 |
| <input type="checkbox"/> Pohpeian                               |
| <input type="checkbox"/> Samoan                                 |
| <input type="checkbox"/> Solomon Islander                       |
| <input type="checkbox"/> Tahitian                               |
| <input type="checkbox"/> Tokelauan                              |
| <input type="checkbox"/> Tongan                                 |
| <input type="checkbox"/> Tuvaluan                               |
| <input type="checkbox"/> Yapese                                 |



**Part II (Continued)** You may check categories and use write-in (check all that apply)

## What race(s) do you consider your student?

### Black or African American

☐ Black/ African American

☐ African American

☐ African Canadian

### Caribbean:

☐ Anguillan

☐ Antiguan

☐ Bahamian

☐ Barbadian

☐ Barthélemois/  
Barthélemoises  
(Saint Barthélemy)

☐ British Virgin  
Islander

☐ Caymanian  
(Cayman Island)

☐ Cuba Dominican

☐ Dominican  
(Dominican Republic)

☐ Dutch Antillean  
(Netherlands Antilles)

☐ Grenadian

☐ Guadeloupian

☐ Haitian

☐ Jamaican

☐ Martiniquais/  
Martiniquaise

☐ Monserratian

☐ Puerto Rican

☐ Caribbean Write In: \_\_\_\_\_

### Central African

☐ Angolan

☐ Cameroonian

☐ Central African  
(Central African Republic)

☐ Chadian

☐ Congolese  
(Republic of the Congo)

☐ Congolese  
(Democratic Republic  
of the Congo)

☐ Equatorial Guinean

☐ Gabononese

☐ Sao Tomean

☐ Principe

☐ Central African  
Write In: \_\_\_\_\_

### South African

☐ Botswanan

☐ Mosotho (Lesotho)

☐ Nambian

☐ South African

☐ Swazi

☐ South African  
Write In: \_\_\_\_\_

### East African

☐ Burundian

☐ Comoran

☐ Djiboutian

☐ Eritrean

☐ Ethiopian

☐ Kenyan

☐ Malagasy  
(Madagascar)

☐ Malawian

☐ Mauritian (Mauritius)

☐ Mahoran (Mayotte)

☐ Mozambican

☐ Reunionese

☐ Rwandan

☐ Seychellois/  
Seychelloise

☐ Somali

☐ South Sudanese

☐ Sudanese

☐ Ugandan

☐ Tanzanian (United  
Republic of Tanzania)

☐ Zambian

☐ Zimbabwean

☐ East African  
Write In: \_\_\_\_\_

### Latin American

☐ Argentine

☐ Belizean

☐ Bolivian

☐ Brazilian

☐ Chilean

☐ Colombian

☐ Costa Rican

☐ Ecuadorian

☐ El Salvadoran

☐ Falkland Islander

☐ French Guianese

☐ Guatemalan

☐ Guyanese

☐ Gonduran

☐ Mexican

☐ Nicaraguan

☐ Panamanian

☐ Paraguayan

☐ Peruvian

☐ South Georgia and  
the South Sandwich  
Islands

☐ Surinamese

☐ Uruguayan

☐ Venezuelan

☐ Latin American  
Write In: \_\_\_\_\_

### West African

☐ Beninese

☐ Bissau-Guinean

☐ Burkina Faso  
(Burkina Faso)

☐ Cabo Verdean

☐ Ivorian  
(Cote d'Ivoire)

☐ Gambian

☐ Ghanaian

☐ Liberian

☐ Malian

☐ Mauritanian

☐ Nigerien (Niger)

☐ Nigerian (Nigeria)

☐ Saint Helenian

☐ Senegalese

☐ Sierra Leonean

☐ Togolese

☐ West African  
Write In: \_\_\_\_\_

### White

☐ White

### Eastern European

☐ Bosnian

☐ Herzegovinian

☐ Polish

☐ Romanian

☐ Russian

☐ Ukrainian

☐ Eastern European Write  
In: \_\_\_\_\_

☐ White Write In: \_\_\_\_\_

### Middle Eastern and North African

☐ Algerian

☐ Amazigh or Berber

☐ Arab or Arabic

☐ Assyrian

☐ Bahraini

☐ Bedouin

☐ Chaldean

☐ Middle Eastern Write In: \_\_\_\_\_

☐ Copt

☐ Druze

☐ Egyptian

☐ Emirati

☐ Iranian

☐ Iraqi

☐ Israeli

☐ Jordanian

☐ Kurdish Kuwaiti

☐ Lebanese

☐ Libyan

☐ Moroccan

☐ Omani

☐ Palestinian

☐ North African Write In: \_\_\_\_\_

☐ Qatari

☐ Saudi Arabian

☐ Syrian

☐ Tunisian

☐ Yemeni

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.



Office of Superintendent of Public Instruction (OSPI)  
Home Language Survey - Required to complete

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 _____   |   |                     |                    |
| <b>Right to Translation and Interpretation Services</b><br><b>Important</b> - All parents have the right to information about their child's education in a language they understand. When your child enrolls in school, the school will ask you about the language you would like to use when communicating with the school. This helps your school identify your language needs so they can provide an interpreter or translated documents, free of charge. | All parents have the right to information about their child's education in a language they understand.<br><br>1. In what language(s) would your family prefer to communicate with the school? <b>(Skyward Fields - Student Language &amp; Family Home Language)</b><br>_____<br><br>a. Do you need an interpreter? Yes ____ No ____<br><br>b. Do you need documents translated? Yes ____ No ____  |                     |                    |
| <b>Eligibility for Language Development Support</b><br>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.  | 2. What language did your child learn first? <b>(Skyward Field - Native)</b><br>_____<br><br>3. What language does your child use the most at home? <b>(Skyward Field - Home)</b><br>_____<br><br><b>NOTE TO OFFICE: Do not change Native or Home Language after initial enrollment, unless correcting English to a language other than English. Never change Native or Home Language from another language to English unless instructed to do so by the ML Department.</b>   |                     |                    |
| <b>Prior Education</b><br>Your responses about your child's birth country and previous education: <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><br><i>This form is not used to identify students' immigration status.</i>                          | 4. In what country was your child born? _____<br><br>5. Has your child ever received formal education outside of the United States? <b>(Kindergarten – 12th grade)</b> ____ Yes ____ No<br><br>If yes: Number of months: _____<br>Language of instruction: _____<br><br>6. When did your child first attend a school in the United States? <b>(Kindergarten – 12th grade)</b><br>_____<br>Month      Day      Year<br><br>7. <b>Migrant:</b> Has the child or parent/guardian moved for a seasonal or temporary employment in agricultural or fishing work?<br>Yes ____ No ____ |                     |                    |

Contact your school if you have further questions about this form or about services available at your child's school.

Signature

I attest that the information provided in these documents is to be true and accurate. I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Services

20420 68th Ave. W., Lynnwood, WA 98036  
425-431-7000 Phone 425-431-7339 Fax  
[www.edmonds.wednet.edu](http://www.edmonds.wednet.edu)

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Serving the communities and students of Brier, Edmonds, Lynnwood, Mountlake Terrace, Woodway, and portions of Snohomish County

The purpose of sending this letter is to gather information about students who have health needs. Please fill out the form, "Student Health Registration - HS 534," whether or not your student has medical needs that might require daily or emergency care to keep them healthy and safe. As parents/guardians it is important to be aware of what is required by law before your student can start school.

### Chronic Health Conditions

- If your child has a life threatening condition that will put the student in danger of death during the school day if a medication or treatment is not in place; please notify the school nurse.
- Students with at-risk conditions are required to have medication and a treatment order from a licensed health care provider and a school care plan in place before they start school.
- Provide necessary changes that occur during the school year, either with contact numbers or your student's health condition (per RCW 28.A.210.320).

### Medication Administration

- Medication must be sent in the original container if it is an over the counter medicine.
- If is a prescribed medication, the bottle must be properly labeled and be in the original container.
- Please check expiration dates. School personnel are not allowed to give expired medications.
- A medication consent form is required for any medication given at school. **Signatures from a parent/guardian AND the student's health care provider are required for ANY medication to be given at school. This includes prescription as well as over the counter medications.**
- Faxed consents from parents and/or doctors are acceptable.

The Edmonds medication policy may be viewed on the Edmonds School District website under School Board Policies and Procedures.

If you have questions or concerns, please contact the school nurse.

Sincerely,  
Health Services Team

School: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_

|                                   |               |                       |                  |       |
|-----------------------------------|---------------|-----------------------|------------------|-------|
| Student Name                      | Date of Birth | Gender                | Gender Preferred | Grade |
| Parent/Guardian Name              | Phone         | Email                 |                  |       |
| Healthcare Provider Name<br>Phone |               | Dentist Name<br>Phone |                  |       |

**ALERT:** The school must know of **LIFE THREATENING** conditions (such as severe allergies, asthma, diabetes, seizures, or other at-risk conditions). This requires a Life-Threatening Emergency Care Plan and any necessary medication, supplies, and provider orders to be in place before your student can attend school (per RCW 28A. 210.320).

**Medical History - Signature required on page 2**

Health Insurance ☐ Yes ☐ No

☐ **NO KNOWN CONDITION**

**Life-Threatening Conditions: Care plan is required**

- EG ☐ **Anaphylaxis (Epi-pen prescribed)**  
 EK ☐ **Diabetes Type 1**  
 NP ☐ **Seizures (Emergency medication required)**  
 RG ☐ **Asthma - Severe**

**Congenital / Genetic**

- AH ☐ Down Syndrome  
 AJ ☐ Fetal Alcohol Spectrum Disorder

**Blood / Hematology**

- BA ☐ Anemia  
 BB ☐ Hemophilia  
 BC ☐ Sickle Cell Disease Trait  
 OJ ☐ History of Severe Nosebleeds

**Cardiac / Heart**

- CC ☐ Heart Birth Defect  
 CD ☐ Heart Murmur

**Allergy, Immune, Endocrine, Metabolic and Nutritional**

- ED ☐ Allergy – Food  
 EE ☐ Allergy- Insect  
☐ Allergy Other  
 EL ☐ Diabetes Type 2

**Gastrointestinal, Dental and Oral**

- GA ☐ Celiac  
 GG ☐ Food Intolerance List:  
 GL ☐ Lactose Intolerance  
 GF ☐ Encopresis  
 GO ☐ Chronic Constipation  
 GH ☐ Gastric Reflux  
 GJ ☐ Inflammatory Bowel Disease  
 GK ☐ Irritable Bowel Syndrome  
☐ Dental / Oral Condition

**Musculoskeletal**

- MC ☐ Juvenile Rheumatoid/ Idiopathic arthritis

**Nervous System**

- NB ☐ ADHD/ADD diagnosed  
 NC ☐ Autism Spectrum Disorder  
 NE ☐ Cerebral Palsy  
 NF ☐ Developmental Disability  
 NH ☐ Migraines  
 NI ☐ Headaches, Recurring  
 NP ☐ Seizure Disorder ☐ Current ☐ Historical  
 NU ☐ Traumatic Brain Injury

**Transplant**

- OD ☐ List Organ: \_\_\_\_\_

**Mental or Behavioral Health**

- PA ☐ Anxiety  
 PC ☐ Depression  
 PH ☐ Sleep Disorder

**Respiratory / Breathing**

- RG ☐ Asthma – Current  
 RH ☐ Asthma – Ever Diagnosed  
 RA ☐ Asthma – Exercise Induced  
 RE ☐ Reactive Airway Disease

**Skin**

- SB ☐ Eczema / Contact Dermatitis / Psoriasis

**Renal / Kidney**

Please List: \_\_\_\_\_

**Ear / Hearing**

- YA ☐ Chronic Ear Infection ☐ Current ☐ Historical  
 YB ☐ Hearing Impaired – Hearing Aid(s) Cochlear Implant

**EYE / Vision**

- YF ☐ Wears glasses /contacts  
 YE ☐ Color Vision Deficit  
 YD ☐ Visually Impaired

**OTHER CONDITIONS:** \_\_\_\_\_

**Medication/treatments at School** ☐ No ☐ Yes (requires written authorization signed by Health Care Provider)

☐ Complete required paperwork for medication at school

Medication at Home ☐ No ☐ Yes Please List: \_\_\_\_\_

## **ALLERGIES**

What causes allergic reactions? \_\_\_\_\_

Date of most recent allergic reaction: \_\_\_\_\_

Allergic Reaction:

☐ Hives ☐ Swelling of lips, mouth, tongue, throat ☐ Difficulty breathing ☐ Nausea, stomach cramps, vomiting, diarrhea

Did this allergic reaction require emergency care? ☐ No ☐ Yes (Please explain) \_\_\_\_\_

Has your student had an allergy testing completed? ☐ No ☐ Yes (Where and when?) \_\_\_\_\_

### **Allergy Medications:**

| Name | Dose | Frequency |
|------|------|-----------|
|      |      |           |
|      |      |           |

## **ASTHMA**

What causes asthma symptoms? ☐ Respiratory Infection ☐ Pollens/Molds ☐ Exercise ☐ Weather /Temperature ☐ Animals ☐ Smoke

☐ Poor air quality ☐ Strong odors/Perfumes

Date of diagnoses: \_\_\_\_\_ Health Care Provider who diagnosed student: \_\_\_\_\_

### **Asthma Medications:**

| Name | Dose | Frequency |
|------|------|-----------|
|      |      |           |
|      |      |           |

Does your student use a spacer/aero chamber with their inhaler?

☐ No ☐ Yes

Has your student needed oral steroids (ie: prednisone)?

☐ No ☐ Yes (When?) \_\_\_\_\_

Has your student been to the hospital for asthma?

☐ No ☐ Yes (please Explain) \_\_\_\_\_

## **DIABETES**

Date of diagnoses: \_\_\_\_\_ Medication ☐ Oral \_\_\_\_\_ ☐ Insulin (type) \_\_\_\_\_

Equipment ☐ Insulin pen ☐ Insulin pump (type) \_\_\_\_\_ ☐ CGM (type) \_\_\_\_\_

Can your student check their own BG (Blood Glucose) independently? ☐ No ☐ Yes

Can your student count carbs independently? ☐ No ☐ Yes

Can your student calculate their own insulin doses independently? ☐ No ☐ Yes

Can your student self-administer insulin independently? ☐ No ☐ Yes

## **SEIZURES**

Date of first seizure: \_\_\_\_\_ Date of most recent seizure: \_\_\_\_\_

Frequency of seizure activity: ☐ Once ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly

Type of seizures: \_\_\_\_\_

### **Seizure Medications:**

| Name | Dose | Frequency |
|------|------|-----------|
|      |      |           |
|      |      |           |

Has your student has a seizure that has required emergency care/medication? ☐ No ☐ Yes When? \_\_\_\_\_

Please explain: \_\_\_\_\_

| Medical Devices   | Stoma                                     | Physical Activity/Mobility             |
|---|---|--|
| OLA <input type="checkbox"/> Vagal Nerve Stimulator                   | OKA <input type="checkbox"/> Gastrostomy  | <input type="checkbox"/> Wheelchair    |
| OLB <input type="checkbox"/> Automatic Internal Cardiac Defibrillator | OKB <input type="checkbox"/> Colostomy    | <input type="checkbox"/> Crutches      |
| OLC <input type="checkbox"/> Pacemaker                                | OKD <input type="checkbox"/> Tracheostomy | <input type="checkbox"/> Other – List: |
| OLD <input type="checkbox"/> Gastrostomy tube                         | OKE <input type="checkbox"/> Urostomy     |  |
| OLE <input type="checkbox"/> Jejunostomy tube                         | OK <input type="checkbox"/> Other         |  |
| <input type="checkbox"/> Brace  |   |  |
| <input type="checkbox"/> Prosthesis – List:                           |   |  |
| <input type="checkbox"/> Other medical devices:                       |   |  |

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

To: Parents of Edmonds School District Students  
From: Student Health Services Department

August 1, 2020, the revised rule Washington State Law (RCW 28A.210.080) requires medically verified immunization records for school entry. The medically verified record includes one or more of the following:

- A CIS printed from the Washington Department of Health [MyIR](#) system or a CIS from another state
- A Certificate of Immunization Status(CIS) printed from the Immunization Information System (IIS)
- A physical copy of the CIS form with a healthcare provider signature
- A physical copy of the CIS with accompanying medical immunization records from a healthcare provider verified and signed by school staff

#### Requirements

- A Completed Certificate of Immunization Status

The month, day, and year when each required dose of a vaccine was given.

OR

- Notification to the school that an immunization series has been started

This will be completed in accord with your health care provider's recommended schedule. Immunizations are available from your private health care provider or you may obtain vaccines from Community Health Center of Snohomish County. [WWW.chcsno.org](http://WWW.chcsno.org) Conditional status will only be granted to students if they have started the series of a required immunization that they are due to receive. As a requirement to attend school all immunization series need to be complete or started. A medically verified record of this status must be presented to the school on or before the first day of attendance.

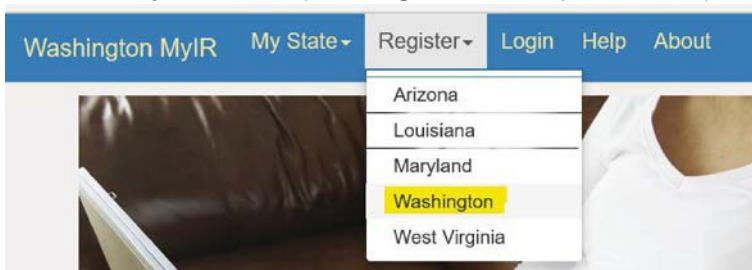
OR

- Complete a Certificate of Exemption (C.O.E.) in addition to the Certification of Immunization

A licensed health care provider needs to sign the Certificate of Exemption for a parent or guardian to exempt their child from school immunization requirements. The signature verifies that the provider has spoken to the parent or guardian about the benefits and risks of immunization. A parent or guardian can also turn in a signed letter from a healthcare provider stating the same information. If there is an outbreak at school of any vaccine-preventable disease for which your student is exempted, your student will be excluded from school for the duration of the outbreak.

[Printing a Certificate of Immunization from MyIR is the best option for obtaining student immunization records.](#)

[Create a MyIR account \(Washington State Dept. of Health\).](#)



Download and print the Certificate of Immunization

#### June 2021 Department of Health (DOH) immunization requirements update:

**All students enrolled at a public school must follow the immunization rules, even if participating in an alternative school or district program. These include home-school programming, vocational or technical programming, Running Start, and any virtual school program. All students will need to have a completed Certificate of Immunization Status (CIS) and/or Certificate of Exemption (COE) on file at the school to participate in school instruction and activities.**

# Parents— Are Your Kids Ready for School?

## Required Immunizations for School Year 2022-2023



**Instructions:** To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

|  | <b>DTaP/Tdap</b><br>(Diphtheria, Tetanus,<br>Pertussis) | <b>Hepatitis B</b> | <b>Hib</b><br>( <i>Haemophilus influenzae</i> type B)                       | <b>MMR</b><br>(Measles,<br>mumps rubella) | <b>PCV</b><br>(Pneumococcal<br>Conjugate)     | <b>Polio</b> | <b>Varicella</b><br>(Chickenpox) |
|--|---|--------------------|---|---|---|--------------|----------------------------------|
| <b>Preschool</b><br>Age 19 months to <4<br>years on 09/01/2022                       | 4 doses DTaP  | 3 doses            | 3 or 4 doses<br>(depending on vaccine)                                      | 1 dose                                    | 4 doses                                       | 3 doses      | 1 dose**                         |
| <b>Preschool/<br/>Transitional<br/>Kindergarten</b><br>Age ≥4 years on<br>09/01/2022 | 5 doses DTaP*   | 3 doses            | 3 or 4 doses<br>(depending on vaccine)<br>(Not required at age ≥5<br>years) | 2 doses                                   | 4 doses*<br>(Not required at age<br>≥5 years) | 4 doses      | 2 doses**                        |
| <b>Kindergarten<br/>through 6th</b>  | 5 doses DTaP*   | 3 doses            | Not Required  | 2 doses                                   | Not Required*                                 | 4 doses      | 2 doses**                        |
| <b>7th through 9th</b>   | 5 doses DTaP*<br>Plus Tdap at age<br>≥10 years          | 3 doses            | Not Required  | 2 doses                                   | Not Required*                                 | 4 doses      | 2 doses**                        |
| <b>10th through 12th</b>   | 5 doses DTaP*<br>Plus Tdap at age<br>≥7 years           | 3 doses            | Not Required  | 2 doses                                   | Not Required*                                 | 4 doses      | 2 doses**                        |

\*Vaccine doses may be acceptable with fewer than listed depending on when they were given. \*\*Health care provider verification of history of chickenpox disease is also acceptable.

Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions.

Find information on other important vaccines that are not required for school at: [www.immunize.org/cdc/schedules](http://www.immunize.org/cdc/schedules).

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

**DOH 348-295 Jan 2022**





# Certificate of Immunization Status (CIS)

|  |       |
|--|-------|
| Reviewed by:   | Date: |
| Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> 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<br>Parent/Guardian Signature  |             | X<br>Parent/Guardian Signature Required if Starting in Conditional Status  |                         |
| Date  |             | 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:<br><input type="checkbox"/> A verified history of varicella (chickenpox) disease.<br><input type="checkbox"/> 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   |
| <input type="checkbox"/> 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: _____<br>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 from the Immunization Information System (IIS) or fill it in by hand.

### To print with the immunization information filled in:

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

### To fill out the form by hand:

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

### Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

### Conditional Status

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

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

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

### Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

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