

Please Print Clearly

For Office Use Only

Received: _____ Time _____

School _____ Date _____ Time _____

STUDENT PERSONAL DATA

Student Name: <u>LEGAL</u> Last Name		<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name
Preferred Last Name		Preferred First Name	
Also or Previously Known as		Birthdate (Month/Day/Year)	Gender M F X <small>(male) (female) (not exclusively male or female)</small>
Country of Birth (If outside of U.S.)	When did your student first attend school in the USA? (Mo/Yr)		Student Cell Phone Number
Grade Entering	Has the student ever been enrolled in the Edmonds School District? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which school(s)? _____		

Have any of the following services EVER been provided to your student?

- ☐ EL / ESL ☐ 504 Plan ☐ Highly Capable ☐ Other (Please specify):
☐ Special Education (IEP) ☐ Alternative School / Program

Will the student be **SIMULTANEOUSLY** attending another school while enrolled in the Edmonds School District?

- ☐ YES ☐ NO

If so, what other school will the student be enrolling in?

Has your student ever been

- ☐ Advanced – Grade(s):
☐ Retained – Grade(s):

Both questions must be completed.*

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | |
|----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> NOT Hispanic/Latino (10) | <input type="checkbox"/> Mexican/ Mexican American/ Chicano (30) |
| <input type="checkbox"/> Cuban (55) | <input type="checkbox"/> Central American (75) |
| <input type="checkbox"/> Dominican (60) | <input type="checkbox"/> South American (80) |
| <input type="checkbox"/> Spaniard (65) | <input type="checkbox"/> Latin American (85) |
| <input type="checkbox"/> Puerto Rican (70) | <input type="checkbox"/> Other Hispanic/Latino (90) |

QUESTION 2. What race do you consider your child? (Check all that apply.)

- | | | | |
|--------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> African American/ Black (200) | <input type="checkbox"/> Native Hawaiian (605) | <input type="checkbox"/> Muckleshoot (436) | <input type="checkbox"/> Other Washington Indian (495) |
| <input type="checkbox"/> White (300) | <input type="checkbox"/> Fijian (615) | <input type="checkbox"/> Nisqually (439) | <input type="checkbox"/> Other American Indian: |
| <input type="checkbox"/> Asian Indian (505) | <input type="checkbox"/> Guamanian or Chamorro (620) | <input type="checkbox"/> Nooksack (442) | The indigenous peoples |
| <input type="checkbox"/> Cambodian (507) | <input type="checkbox"/> Mariana Islander (625) | <input type="checkbox"/> Port Gamble Klallam (445) | of North, Central, South, |
| <input type="checkbox"/> Chinese (510) | <input type="checkbox"/> Melanesian (630) | <input type="checkbox"/> Puyallup (448) | or Latin America (those |
| <input type="checkbox"/> Filipino (520) | <input type="checkbox"/> Micronesian (632) | <input type="checkbox"/> Quileute (451) | not choosing one of the |
| <input type="checkbox"/> Hmong (525) | <input type="checkbox"/> Samoan (635) | <input type="checkbox"/> Quinault (454) | federally recognized |
| <input type="checkbox"/> Indonesian (530) | <input type="checkbox"/> Tongan (640) | <input type="checkbox"/> Samish (457) | state tribes). (499) |
| <input type="checkbox"/> Japanese (535) | <input type="checkbox"/> Other Pacific Islander (699) | <input type="checkbox"/> Sauk-suiattle (460) | |
| <input type="checkbox"/> Korean (540) | <input type="checkbox"/> Alaska Native (405) | <input type="checkbox"/> Shoalwater (463) | |
| <input type="checkbox"/> Laotian (545) | <input type="checkbox"/> Chehalis (410) | <input type="checkbox"/> Skokomish (466) | |
| <input type="checkbox"/> Malaysian (550) | <input type="checkbox"/> Colville (413) | <input type="checkbox"/> Snoqualmie (469) | |
| <input type="checkbox"/> Pakistani (555) | <input type="checkbox"/> Cowlitz (416) | <input type="checkbox"/> Spokane (472) | |
| <input type="checkbox"/> Singaporean (560) | <input type="checkbox"/> Hoh (418) | <input type="checkbox"/> Squaxin Island (475) | |
| <input type="checkbox"/> Taiwanese (565) | <input type="checkbox"/> Jamestown (421) | <input type="checkbox"/> Stillaguamish (478) | |
| <input type="checkbox"/> Thai (570) | <input type="checkbox"/> Kalispel (424) | <input type="checkbox"/> Suquamish (481) | |
| <input type="checkbox"/> Vietnamese (575) | <input type="checkbox"/> Lower Elwha (427) | <input type="checkbox"/> Swinomish (484) | |
| <input type="checkbox"/> Other Asian (599) | <input type="checkbox"/> Lummi (430) | <input type="checkbox"/> Tulalip (487) | |
| | <input type="checkbox"/> Makah (433) | <input type="checkbox"/> Upper Skagit (488) | |
| | | <input type="checkbox"/> Yakama (490) | |

Is the parent or grandparent a member of a federally recognized tribe?

- ☐ Yes
☐ No

* The information, in both questions 1 and 2, is required to be in compliance with 2010 Federal and State Ethnicity Reporting Requirements.

Student Name _____ **School** _____

Has either parent ever been employed by or is currently employed by the Edmonds School District? ☐ Yes ☐ No

If so, under what name? _____

Has either parent ever been a student in the Edmonds School District? ☐ Yes ☐ No

If yes, which parent? ☐ Mother ☐ Father

PRIMARY HOUSEHOLD INFORMATION

A student's primary residence is defined as the physical location where he/she lives for FOUR OR MORE nights per week

Parent / Guardian 1	<u>LEGAL</u> Last Name		<u>LEGAL</u> First Name		<u>LEGAL</u> Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone		Work Phone		Cell Phone Number	
Parent / Guardian 2	<u>LEGAL</u> Last Name		<u>LEGAL</u> First Name		<u>LEGAL</u> Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone		Work Phone		Cell Phone Number	
Please use _____ - _____ as the primary contact number. Is this number confidential? Yes No						
Residential Address Street Apt / Unit City State & ZIP						
Mailing Address Street Apt / Unit PO Box City State & ZIP <i>(If different than above)</i>						

RESIDENCY VERIFICATION: I affirm that the residency information provided on this form is true and accurate as of this date. I understand that falsification of an address, residence, or conditions of living arrangements, or the use of any other fraudulent means to obtain a school assignment shall be cause for revocation of this enrollment. Such falsification will also cause forfeiture of any future transfer rights through the highest grade level of the school. Proof of residency (PUD bill; homeowner's statement or insurance policy; lease or renter's statement or receipt of payment; renter's insurance policy) is required.

HOMELESS STUDENTS: If an eligible student is homeless, the district shall not require proof of residency or any other information regarding an address and shall enroll the student at the request of the student or parent/guardian. Students enrolled in a district program without legal residence may continue in that school until the end of the academic year.

Parent Signature: _____

Date: _____

SIBLINGS (IF APPLICABLE)

Please list all siblings attending an Edmonds School District program

Name	Grade	School

Name	Grade	School

SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)

Residence of non-custodial parents/guardians not living with the student OR location where the student lives LESS THAN FOUR nights per week

Parent / Guardian 1	<u>LEGAL</u> Last Name		<u>LEGAL</u> First Name		<u>LEGAL</u> Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone <input type="checkbox"/> Unlisted		Work Phone <input type="checkbox"/> Unlisted		Cell Phone Number <input type="checkbox"/> Unlisted	
Parent / Guardian 2	<u>LEGAL</u> Last Name		<u>LEGAL</u> First Name		<u>LEGAL</u> Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone <input type="checkbox"/> Unlisted		Work Phone <input type="checkbox"/> Unlisted		Cell Phone Number <input type="checkbox"/> Unlisted	
Residential Address Street Apt / Unit City State & ZIP						
Mailing Address Street Apt / Unit PO Box City State & ZIP <i>(If different than above)</i>						

Student Name _____

School _____

EMERGENCY CONTACT INFORMATION - Other Than Parents

*In case of an emergency, we will always attempt to contact parents or guardians first. Please list local persons **other than yourself** usually available during the school day who have agreed to care for and provide transportation for your student in an emergency situation or if they become ill or injured and you cannot be reached.*

Emergency Contact 1	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student	Birthdate (Month/Day/Year)		Residential Street Address	City	State Zip
	Home Phone		Work Phone		Cell Phone Number	
Emergency Contact 2	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student	Birthdate (Month/Day/Year)		Residential Street Address	City	State Zip
	Home Phone		Work Phone		Cell Phone Number	
Emergency Contact 3	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student	Birthdate (Month/Day/Year)		Residential Street Address	City	State Zip
	Home Phone		Work Phone		Cell Phone Number	
Doctor	Last Name		First Name		Contact Phone Number	
Preferred Hospital (Optional)			Health Insurance Company & Policy Number (Optional)			

DAYCARE INFORMATION KINDERGARTEN THROUGH 6TH GRADE ONLYDoes your student attend childcare? ☐ YES ☐ NO If so, please provide the following information.Should daycare be listed as an emergency contact? ☐ YES ☐ NO

Please check the days your child will be attending childcare.

Before School: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Childcare Provider Name	Provider Address	Contact Phone Number
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After School: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Childcare Provider Name	Provider Address	Contact Phone Number
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EDUCATIONAL BACKGROUND*Please list **all** schools the student has attended. Attach additional sheet if necessary.*Has your student ever attended public school in Washington state? ☐ Yes ☐ No

Most Current / Recent School	Grades Attended: Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number
Name of Previous	Grades Attended: Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number
Name of Previous	Grades Attended: Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number
Name of Previous	Grades Attended: Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number
Name of Previous	Grades Attended: Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number

Please Print Clearly

Student Name _____

School _____

HOME LANGUAGE SURVEY (Please respond in English)

STATE REQUIRED HOME LANGUAGE SURVEY - This is for the student WAC392-160-005

Questions 1-3 pertain to the **student** only.

1. What language does your child currently use? ☐ English ☐ Other: _____
2. What language did your child learn first? ☐ English ☐ Other: _____
3. What language does your child use the most at home? ☐ English ☐ Other: _____

"First Language" is the language your child learned when first beginning to talk. If the answer to **question 2 or 3** is a language **other than English**, your student will be given a **Washington State English Language Proficiency Placement Test**.

Questions 4-6 pertain to the **parent** only.

4. What is the primary language used in the home, regardless of the language spoken by your child? ☐ English ☐ Other: _____
5. If available, do you need an interpreter (e.g., for school meetings)? ☐ Yes ☐ No
6. If available, do you need official school materials to be translated? ☐ Yes ☐ No

Please indicate the **preferred language** if you marked "yes" to questions 5 or 6: _____

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 EL Department.

Office Use Skyward Box

1. Language
2. Native
3. Home

If two languages are present, enter the language other than English.

Migrant

Has the child or parent/guardian moved for seasonal or temporary employment in agricultural or fishing work? ☐ Yes ☐ No

In accordance with Washington State Law RCW 28A.225.330, please answer the following questions. Attach additional sheets if necessary.

Does your student have any history of violent behavior? ☐ YES ☐ NO If so, please explain.

Does your student have any past, current, or pending suspension or expulsion from a current or previous school? ☐ YES ☐ NO If so, please explain.

Has your student officially withdrawn from his/her current or previous school? ☐ YES ☐ NO Date: _____

Is your student currently under Becca/Tuancy Petition? ☐ YES ☐ NO If so, from which district?

ADDITIONAL INFORMATION

Please check one of the following if a student's parent or guardian is currently in the military: ☐ US Armed Forces active duty ☐ National Guard member
☐ More than one member of the Armed Forces/National Guard ☐ US Armed Forces reserves ☐ No affiliation

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 designed 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 Court Order that restrains / curtails any parental rights? ☐ YES ☐ NO If so, please provide copy.

Is there a Restraining Order in effect? ☐ YES ☐ NO If so, please provide copy.

Please list and provide copies of any other legal documents that are pertinent to your student and his/her safety.

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

SIGNATURE

I attest that the information herein is complete, true, and accurate, and may be verified with the appropriate institution(s). I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District.

X

Parent / Legal Guardian Signature

Date

Update your voter registration! The school office can assist you.

FOR OFFICE USE ONLY

Welcome to the Edmonds School District! We are looking forward to working with you and your child.
Please read the important information below.

Grade Level Assignment: For the 2020-2021 school year, students will be assigned to a grade level based on the following birth dates:

Elementary		Secondary	
Kindergarten	9/1/2014 to 8/31/2015	7 th Grade	9/1/2007 to 8/31/2008
1 st Grade	9/1/2013 to 8/31/2014	8 th Grade	9/1/2006 to 8/31/2007
2 nd Grade	9/1/2012 to 8/31/2013	9 th Grade	9/1/2005 to 8/31/2006
3 rd Grade	9/1/2011 to 8/31/2012	10 th Grade	9/1/2004 to 8/31/2005
4 th Grade	9/1/2010 to 8/31/2011	11 th Grade	9/1/2003 to 8/31/2004
5 th Grade	9/1/2009 to 8/31/2010	12 th Grade	9/1/2002 to 8/31/2003
6 th Grade	9/1/2008 to 8/31/2009		

Proof of Residency: To establish proof of residency within our school's service area please provide a current copy of a utility bill (PUD, water, gas, or garbage), rental/lease or mortgage paperwork, homeowner's or renter's insurance policy showing the parent's name & address.

Proof of Birth: For students 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 could 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 documents 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.

Attendance: Attending school regularly helps children feel better about school—and themselves. Your student can start building this habit in preschool so they learn right away that going to school on time, every day is important. Consistent attendance will help children do well in high school, college, and at work. We work on policies and procedures to help you and your student reach a 90% or better attendance rate. We know that supporting you in this goal will allow your student to reach their fullest academic potential.

Free/Reduced Lunch: Applications for the 2020-2021 school year will be available in August. If you think you qualify, please complete the application at that time. If you have questions about whether or not you qualify, please ask to see a 2019-2020 application. More details about the process will be provided with the application and letter from our Food and Nutrition Services department.

Chromebooks: Students will receive a district Chromebook for their use. Students in grades:

- K-1 share one Chromebook between 2 students
- Grades 2-6 will each receive their own Chromebook (which will be left at school)
- 7-12 will each receive their own Chromebook and will be allowed to take the Chromebook home for school related use— all students must have both a Chromebook Policy and Authorized Use Policy signed by themselves and a parent before they are issued a Chromebook. Forms and insurance information will be available at the Chromebook checkout events in August or information is available online at <http://www.edmonds.wednet.edu/page/11725>

Indian Education: Students who qualify for services under the Indian Education grant are eligible for resources and cultural activities offered through a federal Indian Education grant. **If you believe your child meets one of the criteria below, please ask the school for a Title VII Student Eligibility Certification.** You will need to complete the eligibility form to enroll your child into the program.

Is your child:

- (1) A member of an Indian tribe or band, including tribe/bands terminated since 1940, and those recognized by the State in which the tribe or band reside
- (2) A descendent in the first or second degree (parent or grandparent) as described in (1)
- (3) Considered by the Secretary of the Interior to be an Indian for any purpose
- (4) An Eskimo or Aleut or other Alaska Native
- (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994

Translation and Interpretation Services: 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. The District provides interpreters at no charge to the parent.

If you are a Spanish-speaking parent, and need to contact the school or District office, please call 1-844-3731952. You will be connected to a Spanish interpreter who will work with the District office to assist you in connecting with the person you need to speak to. The interpreter will be on the line with you during the entire process.

Spanish

Servicios de traducción e interpretación: Todas las familias tienen derecho a la información sobre la educación de sus hijos en un idioma que entiendan. Al inscribirlos, se les preguntará qué idioma les gustaría usar cuando se comuniquen con la escuela. Los intérpretes se proporcionan sin costo alguno para las familias.

Si usted es una madre o padre que habla español y necesita comunicarse a la oficina de la escuela o el Distrito, llame al [1-844-3731952](tel:1-844-3731952). Se le conectará con un(a) intérprete de español quién a su vez trabajará con la oficina del distrito para asistirle en la conexión con la persona con la que usted necesita hablar. La(el) intérprete se quedará con usted en la línea durante todo el proceso.

Amharic

የጽሑፍ ትርጉም እና የቃል አገልግሎቶች: ሁሉም ወላጆች ስለልጃቸው ትምህርት በሚረዱት ቋንቋ መረጃ የማግኘት መብት አላቸው። ልጅዎ ትምህርት ቤት ሲመዘገብ፣ ከት/ቤት ጋር በሚገናኙበት ጊዜ ሊጠቀሙበት የሚችሉበትን እና የሚፈልጉትን ቋንቋ ይጠይቅዎታል። አስተርጓሚዎች ያለ ምንም ክፍያ ለወላጅ አገልግሎት እንዲሰጡ ይዘጋጃሉ።

Arabic:

خدمات ترجمة نصوص وشفهي: يحق لكل الآباء الحصول على معلومات حول تعليم أطفالهم في لغة يفهمونها. عندما يسجل طفلك في المدرسة ، سوف تسألك المدرسة عن اللغة التي ترغب في استخدامها عند التواصل مع المدرسة. يتم تزويد بالترجمين مجاناً لأولياء الأمور.

Korean

번역과 통역 서비스: 모든 부모는 그들이 이해하는 언어로 그들 자녀의 교육에 대한 정보를 받을 권리가 있습니다. 당신의자녀를 학교에 등록할 때, 학교와 대화시에 당신이 원하는 언어에 대해 물어볼 것 입니다. 부모에게 무료로 통역관이 제공됩니다.

Russian

Услуги Письменного и Устного Перевода: Все родители имеют право получать информацию об образовании своего ребенка на языке, который они понимают. Когда вы записываете ребенка в школу, вам будет задан вопрос о предпочитаемом языке для общения со школой. Переводчики предоставляются бесплатно для родителей

Vietnamese

Tất cả phụ huynh đều có quyền có thông tin về việc học của con mình bằng ngôn ngữ mà họ hiểu. Khi con quý vị ghi danh đi học, nhà trường sẽ hỏi quý vị về ngôn ngữ quý vị muốn sử dụng khi giao tiếp với nhà trường. Thông dịch viên được cung cấp miễn phí cho phụ huynh.



Edmonds
SCHOOL DISTRICT

Each student learning, every day!

Student Services

20420 68th Ave. W., Lynnwood, WA 98036
425-431-7000 Phone 425-431-7339 Fax
www.edmonds.wednet.edu

SS-534 Student Health Registration Letter

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 - SS 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.

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	Grade
Parent/Guardian Name	Daytime Phone	Email	
Healthcare Provider Name & Phone Number		Dentist Name & Phone Number	
Medical Insurance Information			

The following information is important for your student's health and safety. It will be forwarded to the school nurse and shared on a need to know basis to provide a safe and healthy environment at school.

STUDENT MEDICAL HISTORY

<input type="checkbox"/> ALLERGIC to: _____ <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Needs Emergency med (Epi-pen, Auvi Q) <input type="checkbox"/> ASTHMA <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> DIABETES <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> SEIZURES <input type="checkbox"/> Needs Emergency med (Diastat, Midazolam) <input type="checkbox"/> No Known Health Concerns	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Alcohol/Drug use <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Autoimmune Disorder <input type="checkbox"/> Blood Disorder <input type="checkbox"/> Bowel/Bladder Concerns <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Concussion Date: _____ <input type="checkbox"/> Congenital Condition <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Dental <input type="checkbox"/> Depression <input type="checkbox"/> Dietary Restriction <input type="checkbox"/> Ear infections <input type="checkbox"/> Eating Disorder: _____ <input type="checkbox"/> Food Intolerance: _____ <input type="checkbox"/> Frequent nosebleeds	<input type="checkbox"/> Headaches <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Heart Condition <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Mental Health Concern <input type="checkbox"/> Menstrual Problems <input type="checkbox"/> Neurological Condition <input type="checkbox"/> Orthopedic Condition <input type="checkbox"/> Physical Disability <input type="checkbox"/> Serious Injury <input type="checkbox"/> Skin Condition: _____ <input type="checkbox"/> Social/ Emotional/Behavioral <input type="checkbox"/> Vision Problems <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hospitalizations: _____ <input type="checkbox"/> Surgeries: _____ <input type="checkbox"/> Medications: _____ _____ _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you have checked any of the above medical conditions, please explain

Is your student required to take medication/treatments during the school day?
☐ NO ☐ YES (requires written authorization signed by Health Care Provider)

Is your student required to take medication/treatments at home?
☐ NO ☐ YES

Does your child wear: ☐ glasses ☐ contacts ☐ hearing aids

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).

Does your student have a **LIFE-THREATENING HEALTH CONDITION**? ☐ No ☐ Yes: _____

If your student has a LIFE THREATENING HEALTH CONDITION please fill out BOTH PAGES OF THIS FORM

Signature of Parent/Guardian

Date

Please fill out next page if applicable or mark N/A and initial.

ALLERGIES

What causes allergic reaction? _____

Date of most recent allergic reaction? _____

Describe allergic reaction: ☐ Hives ☐ Swelling of lips, mouth, tongue, throat ☐ Difficulty breathing☐ Nausea, stomach cramps, vomiting, diarrheaDid this allergic reaction require emergency care? ☐ No ☐ Yes (Please explain): _____**Allergy medications:**

NAME	DOSE	HOW OFTEN

Has your student had allergy testing completed? ☐ No ☐ Yes (Where & When?): _____**ASTHMA**What causes asthma symptoms? ☐ Respiratory Infections ☐ Pollens/Molds ☐ Exercise ☐ Weather/temperature☐ Animals ☐ Smoke ☐ Poor air quality ☐ Strong Odors/Perfumes

Date diagnosed with asthma: _____ Health Care Provider who diagnosed student _____

Asthma medications:

NAME	DOSE	HOW OFTEN

Does your student use a spacer/aero chamber with their inhaler? ☐ No ☐ YesHas 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 when diagnosed: _____ Medication ☐ Oral _____ ☐ Insulin (type) _____Equipment: ☐ Insulin Pen ☐ Insulin Pump (type) _____ ☐ CGM (type) _____Can your student check their own BG (Blood Glucose) independently? ☐ No ☐ YesCan your student count carbs independently? ☐ No ☐ YesCan your student calculate their own insulin doses independently? ☐ No ☐ YesCan your student self-administer insulin independently? ☐ No ☐ Yes**SEIZURES**

Date of first seizure: _____ Date of most recent seizure: _____

Frequency seizures occur? ☐ Once ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly

Type of seizures: _____

Seizure medications:

NAME	DOSE	HOW OFTEN

Has your student had a seizure that has required emergency care/medication? ☐ No ☐ Yes (When?): _____
(Please explain): _____

Please list any other health concerns not previously listed above: _____

Parent Initials _____

TO: Parents of Edmonds School District Students
FROM: Educational Health Services Department

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

- 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 (hardcopy attached),
- A physical copy of the CIS with accompanying medical immunization records from a healthcare provider verified and signed by school staff,
- A CIS printed from Department of Health [MyIR](#) system.

The conditional status rule will also change starting August 1st, 2020. Conditional status will only be granted to students if they have started all of the required immunizations that they are due to receive as a requirement to attend school and need time to complete the series. A medically verified record of this status must be presented to the school on or before the first day of attendance.

What is required?

- **A Completed Certificate of Immunization Status**
The month, day and year when each required dose of a vaccine was given.
OR
- **Notify the school that a schedule of immunization 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 them from:
[Community Health Center of Snohomish County](#) www.chcsno.org
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 information 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.

If you have any questions or concerns please contact the Health Services Department at 425-431-3001.



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

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)									
Required Vaccines for School or Child Care Entry							<p>If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.</p> <p>I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.</p> <table><tr><td><input type="checkbox"/> Diphtheria</td><td><input type="checkbox"/> Hepatitis A</td><td><input type="checkbox"/> Hepatitis B</td></tr><tr><td><input type="checkbox"/> Hib</td><td><input type="checkbox"/> Measles</td><td><input type="checkbox"/> Mumps</td></tr><tr><td><input type="checkbox"/> Rubella</td><td><input type="checkbox"/> Tetanus</td><td><input type="checkbox"/> Varicella</td></tr></table> <p><input type="checkbox"/> Polio (all 3 serotypes must show immunity)</p>	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<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														
●▲ 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)																
Flu (Influenza)																
Hepatitis A																
HPV (Human Papillomavirus)																
MCV/MPSV (Meningococcal Disease types A, C, W, Y)																
MenB (Meningococcal Disease type B)																
Rotavirus																

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Instructions for completing the Certificate of Immunization Status (CIS): Print the 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 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 Pediatix 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).

DOH 348-013 November 2019



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.

”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

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 forward info to the District Homeless Liaison below.
LeAnne Brisbois (425-431-7146)

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

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

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