Evergreen Public Schools

Reset Form

STUDENT REGISTRATION FORM / #1 of 4

Print with a ball point pen in BLUE or BLACK ink only.

Student Information

STUDENT'S LEGAL NAME: (Last, First, Middle)			PREVIOUS NAME:
BIRTHDATE: (mm/dd/yyyy)	GENDER: (Male/Female)	BIRTHPLACE: (City/State/Country)	GRADE LEVEL:

STUDENT E-MAIL:

PRIMARY LANGUAGE SPOKEN BY STUDENT: *(Please check one)* ☐ ENGLISH ☐ RUSSIAN ☐ SPANISH ☐ UKRAINIAN ☐ OTHER _____

PRIMARY LANGUAGE SPOKEN AT HOME: *(Please check one)* ☐ ENGLISH ☐ RUSSIAN ☐ SPANISH ☐ UKRAINIAN ☐ OTHER _____

HAS YOUR STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? ☐ YES ☐ NO

IF YES, DOES YOUR STUDENT HAVE A CURRENT IEP PLAN? ☐ YES ☐ NO

If yes, please submit a current IEP document for your student's school file.

HAS YOUR STUDENT EVER HAD A 504 PLAN? ☐ YES ☐ NO

HAS YOUR STUDENT EVER PARTICIPATED IN:

☐ TITLE ☐ LAP ☐ GIFTED ☐ ESL/ELL ☐ PRE-SCHOOL PROGRAM (From: mm/dd/yy_____ To: mm/dd/yy_____) ☐ OTHER _____

Previous School Information

SCHOOL NAME:	DISTRICT:	FROM: (Month/Year)	TO: (Month/Year)
SCHOOL ADDRESS:	CITY/STATE/ZIP		

HAS YOUR STUDENT EVER ATTENDED EVERGREEN PUBLIC SCHOOLS? ☐ **YES** ☐ **NO**

IF YES, PLEASE NAME THE SCHOOL(S) ATTENDED:

IS THE STUDENT CURRENTLY SUSPENDED OR EXPELLED FROM ANY SCHOOL OR EDUCATION SYSTEM? ☐ YES ☐ NO

Ethnicity and Race

PLEASE ANSWER BOTH QUESTIONS 1 AND 2
BOTH RESPONSES NEEDED PER WASHINGTON OSPI AND FEDERAL REQUIREMENTS

QUESTION 1: Is your child of Hispanic or Latino origin? (Please check all that apply)

- ☐ NOT HISPANIC/LATINO
- ☐ CENTRAL AMERICAN
- ☐ CUBAN
- ☐ DOMINICAN
- ☐ LATIN AMERICAN
- ☐ MEXICAN/CHICANO MEXICAN AMERICAN
- ☐ PUERTO RICAN
- ☐ SOUTH AMERICAN
- ☐ SPANIARD
- ☐ OTHER HISPANIC / LATINO

QUESTION 2: What race do you consider your child? (Please check all that apply)

- ☐ AFRICAN AMERICAN OR BLACK
- ☐ WHITE OR CAUCASIAN
- ☐ ASIAN INDIAN
- ☐ CAMBODIAN
- ☐ CHINESE
- ☐ FILIPINO
- ☐ HMONG
- ☐ INDONESIAN
- ☐ JAPANESE
- ☐ KOREAN
- ☐ LAOTIAN
- ☐ MALAYSIAN
- ☐ PAKISTANI
- ☐ SINGAPOREAN
- ☐ TAIWANESE
- ☐ THAI
- ☐ VIETNAMESE
- ☐ OTHER ASIAN AMERICAN
- ☐ NATIVE HAWAIIAN
- ☐ FIJIAN
- ☐ GUAMANIAN or CHAMORRO
- ☐ MARIANA ISLANDER
- ☐ MELANESIAN
- ☐ MICRONESIAN
- ☐ SAMOAN
- ☐ TONGAN
- ☐ OTHER PACIFIC ISLANDER
- ☐ ALASKA NATIVE
- ☐ CHEHALIS
- ☐ COLVILLE
- ☐ COWLITZ
- ☐ HOH
- ☐ JAMESTOWN
- ☐ KALISPEL
- ☐ LOWER ELWHA
- ☐ LUMMI
- ☐ MAKAH
- ☐ MUCKLESHOOT
- ☐ NISQUALLY
- ☐ NOOKSACK
- ☐ PORT GAMBLE CLALLAM
- ☐ PUYALLUP
- ☐ QUILEUTE
- ☐ QUINAULT
- ☐ SAMISH
- ☐ SAUK-SUIATTLE
- ☐ SHOALWATER
- ☐ SKOKOMISH
- ☐ SNOQUALMIE
- ☐ SPOKANE
- ☐ SQUAXIN ISLAND
- ☐ STILLAGUAMISH
- ☐ SUQUAMISH
- ☐ SWINOMISH
- ☐ TULALIP
- ☐ YAKIMA
- ☐ OTHER WASHINGTON INDIAN
- ☐ OTHER AMERICAN INDIAN

OFFICE USE ONLY:

Q1-DATA:	❑ STAFF ❑ PARENT
Q2-DATA:	❑ STAFF ❑ PARENT

OFFICE USE ONLY: *(Do Not Write Below)*

STUDENT ID (Other ID)	DEFAULT ENTITY SCHOOL	SCHOOL ENTRY DATE / /	FUTURE SCHOOL	FOOD SERVICE KEYPAD #
TEACHER	HOMEROOM #	GRADE LEVEL	☐ NO PHOTO (Form DIS354 MUST be on file)	☐ NO INTERNET ACCESS (Form DIS353 MUST be on file)
SESSION ☐ AM ☐ PM	WALKER? ☐ YES ☐ NO	SPECIFIC TRANSPORTATION INFORMATION	NOTES:	
BUS IN	BUS OUT			

13501 Northeast 28 Street • PO Box 8910 • Vancouver, Washington 98668-8910 • (360) 604-4000 • FAX (360) 892-5307

Evergreen School District is an Equal Opportunity Employer

Evergreen Public Schools

STUDENT REGISTRATION FORM / #2 of 4

Print with a ball point pen in BLUE or BLACK ink only.

Family 1 Parent/Guardian (with whom the student lives)

PARENT/GUARDIAN 1 NAME: (Last, First, Middle Initial)	RELATIONSHIP TO STUDENT:	
E-MAIL:		
ADDRESS: (Where Student Lives) City/State/Zip	PRIMARY PHONE: (INCLUDE AREA CODE) USED FOR DISTRICT NOTIFICATIONS	TYPE: ☐ HOME ☐ CELL ☐ ____
MAILING ADDRESS: (If different from above) City/State/Zip	SECONDARY PHONE: (INCLUDE AREA CODE)	TYPE: ☐ HOME ☐ CELL ☐ ____
PARENT/GUARDIAN 2 NAME (SAME HOUSEHOLD): (Last, First, Middle Initial)	RELATIONSHIP TO STUDENT:	
E-MAIL:	SECONDARY PHONE: (INCLUDE AREA CODE)	TYPE: ☐ HOME ☐ CELL ☐ ____
Does the student have an additional family parent/guardian? ☐ YES ☐ NO **If yes, please provide additional information below.**		

Family 2 Parent/Guardian

PARENT/GUARDIAN NAME: (Last, First, Middle Initial)	RELATIONSHIP TO STUDENT:	
E-MAIL:	☐ SHARED/PARTIAL CUSTODY ☐ NON-RESIDENTIAL / NON-CUSTODIAL	
MAILING ADDRESS: City/State/Zip	PRIMARY PHONE: (INCLUDE AREA CODE)	TYPE: ☐ HOME ☐ CELL ☐ ____
SHOULD THIS HOUSEHOLD RECEIVE DISTRICT MAILINGS? ☐ YES ☐ NO	SECONDARY PHONE: (INCLUDE AREA CODE)	TYPE: ☐ HOME ☐ CELL ☐ ____
PARENT/GUARDIAN NAME: (Last, First, Middle Initial)	RELATIONSHIP TO STUDENT:	
E-MAIL:	SECONDARY PHONE: (INCLUDE AREA CODE)	TYPE: ☐ HOME ☐ CELL ☐ ____

Legal Restrictions

ARE THERE ANY CURRENT WASHINGTON STATE RESTRAINING COURT ORDERS OR LEGAL RESTRICTIONS IN EFFECT PREVENTING A NON-CUSTODIAL PERSON FROM VISITING THE SCHOOL, HAVING ACCESS TO SCHOOL REPORTS/RECORDS, OR REMOVING YOUR STUDENT FROM SCHOOL?
☐ YES ☐ NO **If "yes," legal papers must be on file with the school.**

IF YES, WHOM IS THE RESTRAINING ORDER OR LEGAL RESTRICTION AGAINST?	NAME(S) AND RELATIONSHIP TO STUDENT:

Family Information: List ALL siblings living in the home AND attending Evergreen Public Schools

LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER (Male/Female)	BIRTHDATE (mm/dd/yyyy)	AGE	SCHOOL ATTENDING

Evergreen Public Schools

STUDENT REGISTRATION FORM / #3 of 4

Print with a ball point pen in BLUE or BLACK ink only.

Family Information: List ALL siblings living in the home ages 0 through pre-kindergarten

LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER (Male/Female)	BIRTHDATE (mm/dd/yyyy)	AGE	PRE-SCHOOL PROGRAM (If Applicable)

Child Care/Day Care, if applicable (If this does not apply to your student, you do not need to complete this section of the application.)

DOES YOUR STUDENT ATTEND CHILD CARE? ☐ YES ☐ NO	IF YES, WHEN DOES YOUR STUDENT ATTEND? (Before School? After School?)
CHILD CARE PROVIDER:	PHONE NUMBER: (Include Area Code)
ADDRESS: City/State/Zip	

Emergency Contacts: (LOCAL AREA ONLY, PLEASE.)

When injury, illness, or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we can not reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

#1 EMERGENCY CONTACT: (Other than parent/guardian) Last, First, Middle Initial		RELATIONSHIP TO STUDENT:
PRIMARY PHONE NUMBER: (Include Area Code)	SECONDARY PHONE NUMBER: (Include Area Code)	OTHER PHONE NUMBER: (Include Area Code)
ADDRESS: City/State/Zip		
#2 EMERGENCY CONTACT: (Other than parent/guardian) Last, First, Middle Initial		RELATIONSHIP TO STUDENT:
PRIMARY PHONE NUMBER: (Include Area Code)	SECONDARY PHONE NUMBER: (Include Area Code)	OTHER PHONE NUMBER: (Include Area Code)
ADDRESS: City/State/Zip		
#3 EMERGENCY CONTACT: (Other than parent/guardian) Last, First, Middle Initial		RELATIONSHIP TO STUDENT:
PRIMARY PHONE NUMBER: (Include Area Code)	SECONDARY PHONE NUMBER: (Include Area Code)	OTHER PHONE NUMBER: (Include Area Code)
ADDRESS: City/State/Zip		

STUDENT RELEASE AUTHORIZATION: In the event that school is unable to contact the parent/guardian, I authorize that my child may be released to the Emergency Contact(s), Child Care/Day Care provider listed above.

LEGAL PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

LEGAL PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Evergreen Public Schools.

LEGAL PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Evergreen Public Schools

STUDENT REGISTRATION FORM / #4 of 4

Print with a ball point pen in BLUE or BLACK ink only.

Student Residency

The following questions can help determine the services your student may be eligible to receive under the Title I Part A and/or Federal McKinney-Vento Act 42 U.S.C. 11435. Eligibility can be determined by completing this confidential questionnaire. The purpose of this information is to ensure the rights of your student/s under the McKinney-Vento Act. **This information is confidential!**

STUDENT'S LEGAL NAME: (Last, First, Middle)	BIRTH DATE
SCHOOL	GRADE LEVEL

1. Is this student's home address a temporary living arrangement?	☐ YES	☐ NO
2. Is this a temporary living arrangement due to a loss of housing or economic hardship?	☐ YES	☐ NO
3. Is this student in a temporary foster care placement or awaiting foster care?	☐ YES	☐ NO
4. As a student, are you living with someone other than your parent or legal guardian?	☐ YES	☐ NO
5. Unknown nighttime residence?	☐ YES	☐ NO
6. Is the student an unaccompanied youth?	☐ YES	☐ NO

If you answered NO to all of the above questions, you may stop this section here

If you answered YES to any of the above questions, please complete the remainder of this section.

7. Where is this student currently living?

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

Please complete 8A, 8B, or 8C:

8A. ADDRESS OF CURRENT RESIDENCE	
8B. NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE	
8C. NAME OF "GENERAL AREA" OF CURRENT RESIDENCE	
9. PHONE NUMBER OR CONTACT NUMBER:	
10. NAME OF CONTACT:	
PRINT NAME OF PARENT(S)/LEGAL GUARDIAN(S): (Or unaccompanied youth)	
SIGNATURE OF PARENT/LEGAL GUARDIAN: (Or unaccompanied youth)	
DATE:	

FOR SCHOOL STAFF ONLY:

If 'Yes' is marked in the Student Residency block for any question 1-6, please send a copy of this page to Legacy High School, ATTN: Students in Transition Coordinator or fax to 360-604-3908

Evergreen School District #114

Immunization Requirements

TO: Parents of Evergreen School District #114 Students

FROM: Health Services Department

THE ATTACHED CERTIFICATE OF IMMUNIZATION STATUS MUST BE SUBMITTED ON OR BEFORE THE FIRST DAY OF SCHOOL IN ORDER FOR YOUR CHILD TO ATTEND SCHOOL.

Washington State Law requires certification of immunization for all school children. Schools must exclude children from attending who do not provide proof of, or exemption from, meeting immunization requirements (RCW 28A.210 & WAC 180-38 & 246-100-166).

COMPLETE THE CERTIFICATE OF IMMUNIZATION STATUS BY:

- Entering the month, day and year, when each required dose of a vaccine was given. (If you do not know the specific day, the health services professional will assume the first of the month.)

OR

- Completing one of the statements of exemption. (Please note that your child will be excluded from school for the duration of an outbreak of a vaccine-preventable disease for which your child is exempted.)

OR

- Notifying the school that a schedule of immunization has been started and will be completed in accordance with your doctor's recommended schedule. Immunizations are available from your private physician, or you may obtain them from:

Weekdays:

see attached

Telephone:

- Bring records of your child's immunization to see attached to assure that your child receives the correct vaccine.

SIGN THE CERTIFICATE INDICATING YOUR INFORMATION IS CORRECT.

Please contact your child's school if you need further assistance in completing the certificate.

Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:
Reviewed by: Date:
Signed Cert. of Exemption on file? ❑ Yes ❑ No

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

Child's Last Name: **First Name:** **Middle Initial:** **Birthdate** (mm/dd/yyyy)**:** **Sex:**

Symbols below: ◆ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only

Parent/Guardian Name (please print)**:**

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

Parent/Guardian Signature Required **Date**

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● *Haemophilus influenzae* type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4 ►				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			

Office Use Only: Immunization information updated and verified with parent/guardian permission:

Printed Staff Name **Date**	**Printed Staff Name** **Date**
Printed Staff Name **Date**	**Printed Staff Name** **Date**

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

1) ❑ Chickenpox disease verified by printout from CHILD Profile Immunization Registry
Must be marked by printout (not by hand) to be valid.

2) ❑ Chickenpox disease verified by Health Care Provider (HCP)
If you choose this box, mark 2A **OR** 2B below.
2A) ❑ Signed note from HCP attached **OR**
2B) ❑ HCP signed here and print name below:

Licensed health care provider (HCP) Signature **Date**
(MD, DO, ND, PA, ARNP)

HCP Printed Name: _____

3) ❑ Chickenpox disease verified by school staff from CHILD Profile Immunization Registry
If you choose this box, staff must initial that parent or guardian approves: _____(initial) _____(date)

4) ❑ Chickenpox disease verified by parent*
If you choose this box, fill in the date or child's age when he or she had the disease:
Age/Date of disease:_____
***Can **ONLY** verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

❑ Diphtheria	❑ Mumps	❑ Other:
❑ Hepatitis A	❑ Polio	_____
❑ Hepatitis B	❑ Rubella	
❑ Hib	❑ Tetanus	_____
❑ Measles	❑ Varicella	

Licensed health care provider (HCP) Signature **Date**
(MD, DO, ND, PA, ARNP)

HCP Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

 # 1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

Vaccine	Dose	Date		
		Month	Day	Year
◆ **Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)**				
DTaP	**1**	01	12	2011
DTaP	**2**	03	20	2011
DTaP	**3**	06	01	2011

 # 2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

 # 3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

 # 4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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**.

 # 5 If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

1) ❑ If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).

2) ❑ If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.

3) ❑ If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.

4) ❑ If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm

 # 6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

 # 7 Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

 # 8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Reference Guide

Vaccine Trade Names in alphabetical order (For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinrix (Twnrx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqta	Hep A
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrcl)	DTaP + IPV	Varivax	Varicella
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order (For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	*Haemophilus influenzae* type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

DOH 348-013 January 2010

Washington State Department of Health

DOH 348-106 June 2011

Certificate of Exemption

For School, Child Care and Preschool Immunization Requirements[1]

DIRECTIONS: All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').[2] Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

Child's Last Name:	**First Name:**	**Middle Initial:**	**Birthdate** (mm/dd/yyyy)**: Sex:**	**Parent/Guardian Name** (please print):

Parent/Guardian, please choose the exemption(s) that apply to your child below.

☐ **Temporary Medical Exemption**
☐ **Permanent Medical Exemption**

_____ Until _____
Vaccine(s) Date (or Permanent)

Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X _____ X _____
Signature of Licensed Health Care Provider Date

☐ **Personal/Philosophical Exemption (see Box 1)**
☐ **Religious Exemption (see Box 1)**
☐ **Religious Membership Exemption (see Box 2)**

I do not want my child to get the following vaccine(s):

☐ Diphtheria ☐ Hepatitis B ☐ Hib
☐ Measles ☐ Mumps ☐ Pertussis (whooping cough)
☐ Pneumococcal ☐ Polio ☐ Rubella
☐ Tetanus ☐ Varicella (chickenpox)

☐ Other (indicate):

Box 1

Provider Statement[2]: "I,_____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."

X _____
Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X _____
Date

Box 2

Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."

X _____
Name of Church or Religious Body

X _____ X _____
Signature of Parent or Guardian Date

Box 3

Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be **excluded** from school, child care, or preschool until the outbreak is over."

X _____ X _____
Signature of Parent or Guardian Date

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

[1] RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

[2] A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

EVERGREEN PUBLIC SCHOOLS

Family Emergency Plan

_____

Elementary School

Student Name:	Date:
Teacher:	Grade:

Brothers and Sisters at this school (beginning with the oldest):

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Contacts:	Home #	Work Phone #	Cell Phone #	Pager #
Mother:				
Father:				
Other:				

PLEASE CHECK ONE OPTION

☐ I will pick up my child:

☐ My child is to go home as usual by: ☐ Bus # ☐ Walk Home

☐ My child is to go to the normal day care provider:

☐ My child is to go the the home of: Name: _____

Address: _____ Phone #: _____

They will get there by: ☐ Bus # ☐ Walking Home

☐ My child will be picked up by one of the following people: **(Identification will be required.)**

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

Your signature authorizes the school to release your child to the party listed above.

EMERGENCY INFORMATION HOTLINE 604-3637

Radio and TV stations will be your primary information sources for emergency school closure.

Flash Alert: Sign up to receive e-mail and phone text notification of school closures, snow closures, and schedule changes on the Evergreen Public Schools website at **www.evergreenps.org**

EVERGREEN SCHOOL DISTRICT NO. 114
Health and Emergency Form

School: _____ Grade: _____ Previous School: _____

Student Name: _____ Gender: _____ Birthdate: _____

Student Address: _____
ADDRESS CITY/STATE/ZIP

Father: _____ _____ _____ _____
NAME HOME PHONE WORK PHONE CELL PHONE

Mother: _____ _____ _____ _____
NAME HOME PHONE WORK PHONE CELL PHONE

MY CHILD HAS HEALTH PROBLEM(S): ***If yes, please list problems below.*** ☐ **YES** ☐ **NO**

HEALTH PROBLEM(S):

Please list and describe each of your student's health problem(s) below. *(Such as asthma, diabetes, seizures, bee sting, etc.)*

Special instructions related to health problem(s) listed above:

MEDICATIONS TAKEN:

If medications are to be taken during school hours, the original container must be maintained within the school office with the health care provider's directions and the Authorization for Administration of Medication at School form signed by the health care provider and parent/guardian allowing school personnel to administer the medication.

Medication _____ Prescribed by _____

Medication _____ Prescribed by _____

SCHOOL/PHYSICAL ACTIVITIES:

Please list all school/physical activities in which student should not participate. **Parent or guardian must provide documentation as to reasons for non-participation.**

EMERGENCY AUTHORIZATION/INFORMATION RELEASE:

Various state and federal laws prohibit the release of medical information. We are requesting authorization to release on a "need to know" basis health information which will help staff attend to your child's health needs. Examples of such situations would be to share health information with teachers and bus drivers, when students have health conditions such as asthma, diabetes, seizures, bee sting, etc. which may require special attention and/or emergency preparedness. Sharing of this health information will allow staff to be better prepared if a medical emergency arises.

School personnel may share information as needed to protect the health and safety of my child.

In an emergency, I authorize school personnel to call Dr. _____ Phone: _____

or Dr. _____ Phone: _____ Preferred Hospital: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Evergreen Public Schools

REQUEST FOR RELEASE OF STUDENT ACADEMIC AND IMMUNIZATION INFORMATION - ELEMENTARY SCHOOLS

PREVIOUS SCHOOL INFORMATION:

DATE_____

SCHOOL _____

ADDRESS _____

PHONE _____ FAX_____

STUDENT NAME _____ BIRTHDATE_____ GR____
(Please Print)

The above student has registered at:

❒ **Burnt Bridge Creek**
14619-A NE 49th St.
Vancouver, WA 98682
(360) 604-6750
FAX (360) 604-6751

❒ **Burton**
14015 NE 28th St.
Vancouver, WA 98682
(360) 604-4975
FAX (360) 604-4977

❒ **Columbia Valley**
17500 SE Sequoia Cir.
Vancouver, WA 98683
(360) 604-3375
FAX (360) 604-3377

❒ **Crestline**
13003 SE 7th St.
Vancouver, WA 98683
(360) 604-3325
FAX (360) 604-3327

❒ **Ellsworth**
512 SE Ellsworth Rd.
Vancouver, WA 98664
(360) 604-6950
FAX (360) 604-6952

❒ **Endeavour**
2701 NE Four Seasons Ln
Vancouver, WA 98684
(360) 604-4920
FAX (360) 604-4922

❒ **Evergreen FLEX Academy**
13501 NE 28th St.
Vancouver, WA 98684
(360) 604-4032
FAX (360) 604-4116

❒ **Fircrest**
12001 NE 9th St.
Vancouver, WA 98684
(360) 604-6925
FAX (360) 604-6927

❒ **Fisher's Landing**
3800 SE Hiddenbrook Dr.
Vancouver, WA 98683
(360) 604-6650
FAX (360) 604-6652

❒ **Harmony**
17404-A NE 18th St.
Vancouver, WA 98684
(360) 604-6600
FAX (360) 604-6602

❒ **Hearthwood**
801 NE Hearthwood Blvd.
Vancouver, WA 98684
(360) 604-6875
FAX (360) 604-6877

❒ **Illahee**
19401 SE 1st St.
Camas, WA 98607
(360) 604-3350
FAX (360) 604-3352

❒ **Image**
4400 NE 122nd Ave.
Vancouver, WA 98682
(360) 604-6850
FAX (360) 604-6852

❒ **Marrion**
10119 NE 14th St.
Vancouver, WA 98664
(360) 604-6825
FAX (360) 604-6827

❒ **Mill Plain**
400 SE 164th Ave.
Vancouver, 98684
(360) 604-6800
FAX (360) 604-6802

❒ **Orchards**
11405 NE 69th St.
Vancouver, WA 98662
(360) 604-6975
FAX (360) 604-6977

❒ **Pioneer**
7212 NE 166th Ave.
Vancouver, WA 98682
(360) 604-3300
FAX (360) 604-3302

❒ **Riverview**
12601 SE Riveridge Dr.
Vancouver, WA 98683
(360) 604-6625
FAX (360) 604-6627

❒ **Sifton**
7301 NE 137th Ave.
Vancouver, WA 98682
(360) 604-6675
FAX (360) 604-6677

❒ **Silver Star**
10500 NE 86th St.
Vancouver, WA 98662
(360) 604-6775
FAX (360) 604-6777

❒ **Sunset**
9001 NE 95th St.
Vancouver, WA 98662
(360) 604-6900
FAX (360) 604-6902

❒ **York**
9301 NE 152nd Ave.
Vancouver, WA 98682
(360) 604-3975
FAX (360) 604-3977

Please send all pertinent information from this student's records that will assist us in planning and carrying out his/her educational program. Please include:

- Immunizations
- Discipline
- Fines
- ELL
- Report Cards
- State Assessment Scores
- Highly Capable/Gifted
- 504 Plan
- Title 1
- Special Education

As provided under the Family Rights and Privacy Act of 1974, I understand that I may obtain a copy of my child's personally identifiable records. I am aware that I may challenge the content of these records. Finally, no one will send these records to a non-public school agency without my written consent.

Parent/Guardian Signature _____ Date_____

Evergreen Public Schools

SECONDARY STUDENT RECORD REQUEST

Evergreen Public Schools, No. 114
Vancouver, Washington

Today's Date _____ _____ _____
MM DD YYYY

(Please Print)

Student Name: _____ _____ _____
LAST FIRST INITIAL

Birth Date: _____ _____ _____ **Grade:**_____
MM DD YYYY

PREVIOUS SCHOOL INFORMATION

School Name: _____

School Address//PO Box: _____

City, State, Zip Code: _____

Phone: _____ Fax:_____

The above student has registered at:

❒ **Cascade Middle School**
13900 NE 18th St., Vancouver, WA 98684
(360) 604-3600; FAX: (360) 604-3602

❒ **Covington Middle School**
11200 NE Rosewood Ave., Vancouver, WA 98662
(360) 604-6300; FAX: (360) 604-6302

❒ **Evergreen Flex Academy**
13501 NE 28th St., Vancouver, WA 98682
(360) 604-4032; FAX: (360) 604-4116

❒ **Frontier Middle School**
7600 NE 166th Ave., Vancouver, WA 98682
(360) 604-3200; FAX: (360) 604-3202

❒ **iQ Academy Washington**
9105 NE 9th St., Vancouver, WA 98664
(360) 604-4057; FAX: (888) 827-1745

❒ **Pacific Middle School**
2017 NE 172nd Ave., Vancouver, WA 98684
360) 604-6500; FAX: (360) 604-6502

❒ **Shahala Middle School**
601 SE 192nd Ave., Vancouver, WA 98683
(360) 604-3800; FAX: (360) 604-3822

❒ **Wy'east Middle School**
1112 SE 136th Ave., Vancouver, WA 98683
(360) 604-6400; FAX: (360) 604-6402

❒ **Evergreen High School**
14300 NE 18th St., Vancouver, WA 98684
(360) 604-3700; FAX: (360) 604-3702

❒ **49th Street Academy**
14619-B NE 49th St., Vancouver, WA 98682
(360) 604-6720; FAX: (360) 604-6722

❒ **HeLa High School**
9105 NE 9th St., Vancouver, WA 98664
(360) 604-6340; FAX: (360) 604-6342

❒ **Heritage High School**
7825 NE 130th Ave., Vancouver, WA 98682
(360) 604-3400; FAX: (360) 604-3402

❒ **Legacy High School**
2205 NE 138th Ave., Vancouver, WA 98684
(360) 604-3900; FAX: (360) 604-3902

❒ **Mountain View High School**
1500 SE Blairmont Dr., Vancouver, WA 98683
(360) 604-6100; FAX: (360) 604-6102

❒ **Union High School**
6201 NW Friberg-Strunk St., Camas, WA 98607
360) 604-6250; FAX: (360) 604-6202

Please send the following records to the school of registration:

Pertinent information that will assist us in planning and carrying out this student's educational program include:

❒ Official Transcript **(FAX Unofficial Transcript ASAP)**
❒ Academic History (7th & 8th grades); Report Cards
❒ Withdrawal Grades with Percentages
❒ Previous School Information (i.e. minutes/class; days/week/class; weeks/terms; Profile and/or Bell Schedule)
❒ Graduation Requirements Report
❒ High School & Beyond Plan
❒ Student Portfolio
❒ Attendance History
❒ Discipline Records (Suspension & Expulsion Info/Dates)
❒ Immunization Dates
❒ Special Education Records (I.E.P. and EVAL)
❒ Fines/Fees Owed
❒ 504 Plan
❒ ELL
❒ Title I
❒ Highly Capable/Gifted
❒ Other

As provided under the Family Rights and Privacy Act of 1974, I understand that I may obtain a copy of my child's personally identifiable records. I am aware that I may challenge the content of these records. ***Finally, no one will send these records to a non-public school agency without my written consent.***

Registrar Signature:_____ Date____/ _____/_____

Parent/Guardian Signature:_____ Date____/ _____/_____

SEC222 4/13

English

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

Student Name:		**Date:**
Birth Date:	**Gender:**	**Grade:**

Form Completed by:

Parent/Guardian Name _____ Relationship to Student _____

Parent/Guardian Signature _____

If available, in what language would you prefer to receive communication from the school?

_____

Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes☐ No☐ Don't Know☐

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

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

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

May 2014

The Purpose of the Home Language Survey

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

What is the purpose of the Home Language Survey?

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

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

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

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

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

Why do you ask where the student was born?

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

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

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

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

OMB Number: 1810-0021
Expiration Date: 05/03/2016

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program**. This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (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.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP_____

Tribe, Band or Group is: (check one)

☐ **Federally Recognized, Including Alaska Native** ☐ **State Recognized** ☐ **Terminated** ☐ **Organized Indian Group Meeting #5 of the Definition Above**

Name of individual with tribal membership: _____

Individual named is (check one): ☐ **Child** ☐ **Child's Parent** ☐ **Child's Grandparent**

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

_____

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.