



# Wishkah Valley School District

## Student Registration Form

AM Bus: Rt. # \_\_\_\_\_

PM Bus: Rt. # \_\_\_\_\_

**ALERT FLAG**☐ Legal ☐ Medical

Please do not write in shaded area -FOR OFFICE USE ONLY-

Student ID Number (St ID)		School Entry Date (MM/DD/YY)	Teacher/Advisor	Home Room No.	Locker No.	Withdraw Date (MM/DD/YY)
WA State "SSID" Number					Food Serv No.	
Residency Verification: <input type="checkbox"/> Deed/Lease <input type="checkbox"/> Utility Bill <b>OR</b> <input type="checkbox"/> Other Document _____						
Student's Name <b>LEGAL LAST</b>		<b>LEGAL FIRST</b>		<b>LEGAL MIDDLE</b>	<b>BIRTHDATE (MM/DD/YY)</b>	<b>GRADE Level</b>
Street Address (Where Student Resides)		Apt. #/Space #		City ZIP		
Mailing Address (If different from Street Address)		Apt. #/Space #		City ZIP		
Above must be Student's "LEGAL" Name. Please note here any other name/s used by this student (past and/or present) _____						Gender (M / F)
Birthplace (City/State)		Birth Country (If other than United States)		Primary Contact Number		
<input type="checkbox"/> Yes <input type="checkbox"/> No Is English this student's first language?						
<input type="checkbox"/> Yes <input type="checkbox"/> No Is English the primary language used in your _____ Primary language used in the home, if NOT English						
Is parent/legal guardian military or employed on Federal property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		<input type="checkbox"/> Resident of Wishkah School District <input type="checkbox"/> Transfer Student From Outside WV District			Has student ever attended Wishkah School? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
School Previously Attended (including pre-school)		District	Address (City/State/ZIP Code)		Phone Number (include area code)	
What was the last grade level your child has completed? _____						
Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____						
Has your child ever been promoted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____						
Previous School Program Participation (please check all that apply) <input type="checkbox"/> ELL(English Language Learner) <input type="checkbox"/> Gifted/Highly Capable <input type="checkbox"/> Occupational/Physical Therapy (OT/PT) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Special Education <input type="checkbox"/> Speech/Language (CDS)						
Student Lives With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster Family <input type="checkbox"/> Other _____						
<b>Primary Household Parent/Guardian 1</b> Address same as above		Relationship to Student _____		Primary Parent/Guardian 1 Phone <input type="checkbox"/> Unlisted home phone		
Last Name _____				1st Number ( ) _____ Home / Work / Cell		
First Name _____				2nd Number ( ) _____ Home / Work / Cell		
				3rd Number ( ) _____ Home / Work / Cell		
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Ok to Pick Up				E-mail _____		
<b>Primary Household Parent/Guardian 2</b> Address same as above		Relationship to Student _____		Primary Parent/Guardian 2 Phone <input type="checkbox"/> Unlisted home phone		
Last Name _____				1st Number ( ) _____ Home / Work / Cell		
First Name _____				2nd Number ( ) _____ Home / Work / Cell		
				3rd Number ( ) _____ Home / Work / Cell		
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Ok to Pick Up				E-mail _____		

Please continue



<b>Second Household - Parent/Guardian 1</b>		Relationship to Student _____	Parent/Guardian 1 Phone <input type="checkbox"/> Unlisted home phone
Last Name _____		1st Number ( ____ ) _____	Home / Work / Cell
First Name _____		2nd Number ( ____ ) _____	Home / Work / Cell
Mailing Address _____		3rd Number ( ____ ) _____	Home / Work / Cell
City/State/Zip _____		E-mail _____	
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Ok to Pick Up			

<b>Second Household - Parent/Guardian 2</b>		Relationship to Student _____	Parent/Guardian 2 Phone <input type="checkbox"/> Unlisted home phone
Last Name _____		1st Number ( ____ ) _____	Home / Work / Cell
First Name _____		2nd Number ( ____ ) _____	Home / Work / Cell
Address same as above		3rd Number ( ____ ) _____	Home / Work / Cell
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Ok to Pick Up		E-mail _____	

Is there a joint custody or parenting plan in place? ☐ Yes ☐ No    If yes, plan must be on file with the school.  
*\*Please inform school if/when this situation changes. Thank you.*

Is there a restraining order in effect? ☐ Yes ☐ No    If yes, legal papers must be on file with the school.

Restraining order is against ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Do you/your student live in any of these following situations?

- ☐ Shelter—Emergency foster care waiting for placement group homes, homeless shelter, domestic violence shelter
- ☐ Doubled Up —Couch surfing or living with relative or friends due to loss of housing, economic hardship, escaping drug/alcohol, domestic violence etc.
- ☐ Unsheltered—Abandoned building, campers, campgrounds, vehicles, trailer parks, FEMA shelters, substandard/condemned housing, garages, on the street.
- ☐ Motels—In motels, hotels due to the lack of alternative housing
- ☐ Unaccompanied student not in parent care/custody
- ☐ None of the above

Please list other siblings:				
Last Name	First Name	M.I.	School	Grade

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach a family member, daycare provider or other responsible adult. In the event we cannot reach a parent/guardian, please list persons you trust, and who are available during the day to provide care for your child (local area if possible, please).

Does student attend childcare? <input type="checkbox"/> Before school only <input type="checkbox"/> After school only <input type="checkbox"/> Both before and after school				
Childcare Provider Name		Address		Phone
<b>Emergency contacts (other than parent/guardian)</b>				
Last Name	First Name	Relationship to child	Phone #1 (include area code)	Phone #2 (include area code)
First Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( ____ ) _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( ____ ) _____
Second Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( ____ ) _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( ____ ) _____
Third Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( ____ ) _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( ____ ) _____

**PHOTO OPT OUT**

Student photograph “opt out”. If you wish to **NOT** have your student’s photo, video and/or work released or published outside of the school district (artwork on published calendars, broadcast media or newspaper articles, or on our website) please indicate by initialing or signing here: \_\_\_\_\_

**INTERNET USAGE AGREEMENT:**

I understand the Internet Use Agreement and realize that this access is designed for education purposes. I also recognize it is important for WVS to restrict access to all controversial materials and I will not hold it responsible for materials acquired on the network. I hereby give my permission for my child to access the internet.

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

*Please Print Name as signed above* \_\_\_\_\_

**Please continue ➡ ➡ ➡**

**Please check any health concerns that your child has. This information will be helpful to the school nurse and school staff in determining your child's particular needs in order to keep him safe at school. It is confidential and shared only on a "need to know" basis with school staff.**

**If your child does NOT have any health concerns, please initial here \_\_\_\_\_ No Health Concerns at this time.**

**ALLERGIES:**

- ☐ Bee sting/insect bite allergy
- ☐ Food/nut allergy (explain below)\*
- ☐ Latex allergy
- ☐ Other\*
- ☐ Uses Benadryl
- ☐ Uses an EpiPen

**RESPIRATORY:**

- ☐ Asthma
- ☐ Uses an Inhaler
- ☐ Frequent colds, sore throats
- ☐ Other\*

**CARDIOVASCULAR:**

- ☐ Heart disease or condition
- ☐ High blood pressure
- ☐ Blood diseases or disorders
- ☐ Other\*

**HEARING PROBLEMS:**

- ☐ Hearing loss
- ☐ Uses hearing aids
- ☐ Frequent in infections
- ☐ Other\*

**DIABETES:**

- ☐ Non-insulin dependent
- ☐ Insulin dependent
- ☐ Insulin pump

**SKELETAL/MUSCULAR:**

- ☐ Spina bifida
- ☐ Scoliosis
- ☐ Cerebral Palsy
- ☐ Muscular Dystrophy
- ☐ Uses wheelchair, cane, crutches braces, prosthesis
- ☐ Other\*

**NEUROLOGICAL:**

- ☐ Seizures
- ☐ Frequent headaches, migraines
- ☐ Speech, swallowing problems
- ☐ Autism
- ☐ Asperger Syndrome
- ☐ Tourette's Syndrome
- ☐ ADD/ADHD
- ☐ Other\*

**VISION PROBLEMS:**

- ☐ Color blindness
- ☐ Legally blind
- ☐ Wears glasses, contact lenses
- ☐ Other\*

**DIGESTION/ELIMINATION:**

- ☐ Bowel incontinence
- ☐ Irritable Bowel Syndrome
- ☐ Crohn's Disease
- ☐ Reflux ulcers, stomach aches
- ☐ Urinary incontinence, bedwetting
- ☐ Kidney disease
- ☐ Dental problems
- ☐ Poor appetite
- ☐ Other\*

**BEHAVIOR/EMOTIONAL CONCERNS:**

- ☐ Obsessive Compulsive Disorder
- ☐ Post-Traumatic Stress Disorder
- ☐ Depression
- ☐ Anxiety, panic attacks
- ☐ Poor sleeping habits

**OTHER HEALTH CONCERNS:**

- ☐ Cancer
- ☐ Recent surgeries, hospitalizations
- ☐ Injuries
- ☐ Activity limitations

\*If you have checked "other" anywhere above, please explain: \_\_\_\_\_

**MEDICATIONS:**

List medication(s) given at home and what they are used to treat: \_\_\_\_\_

List medication(s) given at school and what they are used to treat: \_\_\_\_\_

Washington State law requires written authorization from a licensed health care provider before any prescription or over-the-counter medication can be taken at school. Please note that a nursing plan must be in place before a student with a life-threatening health condition can attend school. Forms are available in the school health rooms and must be renewed every school year.

**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.

Please initial here \_\_\_\_\_

**STUDENT RELEASE AUTHORIZATION:**

In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Please initial here \_\_\_\_\_

**TO MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS REGISTRATION FORM IS TRUE AND ACCURATE.**

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

Please Print Name as signed above \_\_\_\_\_

Reviewed by WVS school nurse \_\_\_\_\_ Date \_\_\_\_\_

**Thank You!**

Name of Student: \_\_\_\_\_

## RACE - ETHNICITY DATA COLLECTION 2022-2023

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

### Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

E T H N I C I T Y	<input type="checkbox"/>	Not Hispanic/Latino	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	Salvadoran
	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	Spaniard
	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Native	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	Venezuelan
	<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Paraguayan		
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Honduran	<input type="checkbox"/>	Peruvian		
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	Puerto Rican		
								Hispanic/Latino (Write In)

### Question 2: What race(s) do you consider your child? (Please check ALL that apply)

#### White/Black/African American

R A C E	<input type="checkbox"/>	White	<input type="checkbox"/>	African-Canadian
	<input type="checkbox"/>	Black/African-American		
	<input type="checkbox"/>	African-American		

#### Washington State Tribes/Alaskan Native

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

#### Eastern European

R A C E	<input type="checkbox"/>	Bosnian	<input type="checkbox"/>	Romanian
	<input type="checkbox"/>	Herzegovinian	<input type="checkbox"/>	Russian
	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Ukrainian
				Eastern European (Write In)

#### Asian

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

#### Caribbean

R A C E	<input type="checkbox"/>	Anguillian	<input type="checkbox"/>	Dominican
	<input type="checkbox"/>	Antiguan	<input type="checkbox"/>	(Dominican Republic)
	<input type="checkbox"/>	Bahamian	<input type="checkbox"/>	Dutch Antillean
	<input type="checkbox"/>	Barbadian	<input type="checkbox"/>	(Netherlands Antilles)
	<input type="checkbox"/>	Barthélemyois/Barthélemy	<input type="checkbox"/>	Grenadian
	<input type="checkbox"/>	emoises	<input type="checkbox"/>	Guadeloupian
	<input type="checkbox"/>	British Virgin Islander	<input type="checkbox"/>	Haitian
	<input type="checkbox"/>	Caymanian	<input type="checkbox"/>	Jamaican
	<input type="checkbox"/>	(Cayman Island)	<input type="checkbox"/>	Martiniquais/
	<input type="checkbox"/>	Cuba Dominican	<input type="checkbox"/>	Martiniquaise
	<input type="checkbox"/>		<input type="checkbox"/>	Montserratian
	<input type="checkbox"/>		<input type="checkbox"/>	Puerto Rican
	<input type="checkbox"/>	Caribbean (Write In)		

#### Latin American

R A C E	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Guatemalan
	<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Guyanese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Honduran
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mexican
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Nicaraguan
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Panamanian
	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Paraguayan
	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Peruvian
	<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	So. Georgia/So.
	<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	Sandwich Islands
	<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	Latin American (Write In)	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>		<input type="checkbox"/>	Venezuelan

#### Pacific Islander/Native Hawaiian

R A C E	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Palauan
	<input type="checkbox"/>	Carolinian	<input type="checkbox"/>	Papuan
	<input type="checkbox"/>	Chamorro	<input type="checkbox"/>	Pohpeian
	<input type="checkbox"/>	Chuukese	<input type="checkbox"/>	Samoan
	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Solomon Islander
	<input type="checkbox"/>	i-Kiribati/Gilbertese	<input type="checkbox"/>	Tahitian
	<input type="checkbox"/>	Kosraean	<input type="checkbox"/>	Tokelauan
	<input type="checkbox"/>	Maori	<input type="checkbox"/>	Tongan
	<input type="checkbox"/>	Marshallese	<input type="checkbox"/>	Tuvaluan
	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Yapese
	<input type="checkbox"/>	Ni-Vanuatu	<input type="checkbox"/>	
	<input type="checkbox"/>	Native Hawaiian (Write In)	<input type="checkbox"/>	Other Pac. Islander (Write In)

#### Middle Eastern/North African

R A C E	<input type="checkbox"/>	Algerian	<input type="checkbox"/>	Israeli
	<input type="checkbox"/>	Amazigh or Berber	<input type="checkbox"/>	Jordanian
	<input type="checkbox"/>	Arab or Arabic	<input type="checkbox"/>	Kurdish Kuwaiti
	<input type="checkbox"/>	Assyrian	<input type="checkbox"/>	Lebanese
	<input type="checkbox"/>	Bahraini	<input type="checkbox"/>	Libyan
	<input type="checkbox"/>	Bedouin	<input type="checkbox"/>	Moroccan
	<input type="checkbox"/>	Chaldean	<input type="checkbox"/>	Omani
	<input type="checkbox"/>	Copt	<input type="checkbox"/>	Palestinian
	<input type="checkbox"/>	Druze	<input type="checkbox"/>	Qatari
	<input type="checkbox"/>	Egyptian	<input type="checkbox"/>	Saudi Arabian
	<input type="checkbox"/>	Emirati	<input type="checkbox"/>	Syrian
	<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Tunisian
	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Yemeni
		Middle Eastern (Write In)		North African (Write In)

#### East African

R A C E	<input type="checkbox"/>	Burundian	<input type="checkbox"/>	Reunionese
	<input type="checkbox"/>	Comoran	<input type="checkbox"/>	Rwandan
	<input type="checkbox"/>	Djiboutian	<input type="checkbox"/>	Seychellois
	<input type="checkbox"/>	Eritrean	<input type="checkbox"/>	Seychelloise
	<input type="checkbox"/>	Ethiopian	<input type="checkbox"/>	Somali
	<input type="checkbox"/>	Kenyan	<input type="checkbox"/>	South Sudanese
	<input type="checkbox"/>	Malagasy (Madagascar)	<input type="checkbox"/>	Sudanese
	<input type="checkbox"/>	Malawian	<input type="checkbox"/>	Ugandan
	<input type="checkbox"/>	Mauritius (Mauritius)	<input type="checkbox"/>	Tanzanian
	<input type="checkbox"/>	Mahoran (Mayotte)	<input type="checkbox"/>	(United RC of Tanzania)
	<input type="checkbox"/>	Mozambican	<input type="checkbox"/>	Zambian
	<input type="checkbox"/>		<input type="checkbox"/>	Zimbabwean
		East African (Write In)		

#### West African

R A C E	<input type="checkbox"/>	Beninese	<input type="checkbox"/>	Liberian
	<input type="checkbox"/>	Bissau-Guinean	<input type="checkbox"/>	Malian
	<input type="checkbox"/>	Burkinabé	<input type="checkbox"/>	Mauritanian
	<input type="checkbox"/>	(Burkina Faso)	<input type="checkbox"/>	Nigerien (Niger)
	<input type="checkbox"/>	Cabo Verdean	<input type="checkbox"/>	Nigerian (Nigeria)
	<input type="checkbox"/>	Ivorian (Cote d'Ivoire)	<input type="checkbox"/>	Saint Helenian
	<input type="checkbox"/>	Gambian	<input type="checkbox"/>	Senegalese
	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Sierra Leonean
	<input type="checkbox"/>		<input type="checkbox"/>	Togolese
	<input type="checkbox"/>	West African (Write In)		

#### Central African

R A C E	<input type="checkbox"/>	Angolan	<input type="checkbox"/>	Congolese
	<input type="checkbox"/>	Cameroonian	<input type="checkbox"/>	(Dem. RC of the Congo)
	<input type="checkbox"/>	Central African	<input type="checkbox"/>	Equatorial Guinean
	<input type="checkbox"/>	(Gen. African RC)	<input type="checkbox"/>	Gabonese
	<input type="checkbox"/>	Chadian	<input type="checkbox"/>	São Toméan
	<input type="checkbox"/>	Congolese	<input type="checkbox"/>	Principe
	<input type="checkbox"/>	(RC of the Congo)		
	Central African (Write In)			

#### South African

R A C E	<input type="checkbox"/>	Botswanan	<input type="checkbox"/>	South African
	<input type="checkbox"/>	Mosotho (Lesotho)	<input type="checkbox"/>	Swazi
	<input type="checkbox"/>	Namibian		
	South African (Write In)			

## **MILITARY PARENT OR GUARDIAN AFFILIATION FORM**

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW **28A.300.507.**

**For the purpose of collecting the data please mark all that apply:**

- ☐ No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- ☐ Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- ☐ Yes a parent/guardian is a current member of the **reserves** of the U.S. Armed Forces.
- ☐ Yes a parent/guardian is a current member of the **Washington National Guard**.
- ☐ Yes more than one parent or guardian is **currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.**
- ☐ No Response/Refused to state.

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

Siblings: \_\_\_\_\_

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

**(Note: If at any time throughout the school year the military status changes, please contact the Wishkah Valley School District office or your student's school to report the change.)**

**Wishkah School District**  
**4640 Wishkah Road**  
**Aberdeen, WA 98520**

**Student Housing Questionnaire**

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 own/rent your own home, you do not need to complete this form.**

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- |  |   |
|--|---|
| <input type="checkbox"/> In a motel  | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter  | <input type="checkbox"/> Transitional Housing                       |
| <input type="checkbox"/> Moving from place to place/couch surfing                                      | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> In someone else's house or apartment with another family                      |   |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |   |
- 

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Gender: \_\_\_\_\_ ☐ Student is unaccompanied (not living with a parent or legal guardian)  
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT 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:**

District Liaison	Phone Number	Location
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**For School Personnel Only:** For data collection purposes and student information system coding

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

**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; or are awaiting foster care placement;
    - (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>





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

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> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand.  1. In what language(s) would your family prefer to communicate with the school? _____		
<b>Eligibility for Language Development Support</b> 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? _____  3. What language does your child use the most at home? _____  4. What is the primary language used in the home, regardless of the language spoken by your child? _____  5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___		
<b>Prior Education</b> 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> <p><i>This form is not used to identify students' immigration status.</i></p>	6. In what country was your child born? _____  7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 <sup>th</sup> grade) ___Yes ___No  If yes: Number of months: _____ Language of instruction: _____  8. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade) _____ Month                      Day                      Year		

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.

**Note to district:** This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Forms and Translated Material from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).



# 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
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 _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

<b>▲ Required for School</b> <b>● Required Child Care/Preschool</b>	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	<b>Documentation of Disease Immunity (Health care provider use only)</b>									
<b>Required Vaccines for School or Child Care Entry</b>							<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"/> Measle</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"/> Measle	<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"/> Measle	<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																
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>																
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.
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**Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.****To print with the immunization information filled in:**

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

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

# Wishkah Valley School District #117

4640 Wishkah Road  
Aberdeen, Washington 98520  
Phone: (360) 532-3128  
Fax: (360) 533-4638  
[www.wishkah.org](http://www.wishkah.org)

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Date:

To Whom It May Concern:

Under the Mutual Exchange of Information Act, please forward all school records and information regarding the following student(s):

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Student Name	DOB
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Student Name	DOB
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Student Name	DOB
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To:	Wishkah Valley School 4640 Wishkah Rd. Aberdeen, WA 98520	Or email: <a href="mailto:acooper@wishkah.org">acooper@wishkah.org</a>
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Previous School Attended

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Parent/Guardian Signature	Date
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Thank you,

Allesia Cooper  
Registrar