

iConnect Academy Registration Checklist for 2017-18



Please complete and return the packet.

Interview will be scheduled by Assistant Administrator after review.

- Print out the Registration Packet
 - Review and fill in your Student Daily Schedule Plan
 - Complete the iConnect Academy Registration forms
 - Read and sign the Statement of Understanding form
 - Fill out the Student Health Information form
 - Complete a Student/Family Emergency Release form
- Do you have copies of your Academic History, Report Card or Transcripts?
- Do you have copies of your Attendance Records?
- Do you have Test Scores for Math and Reading?

Potential iConnect Student Daily Schedule Plan

An important part of online school success is an organized and consistent schedule. Please complete the chart below with the time you will be dedicating each day to your class. A full time iConnect student takes 3 classes at a time and should spend 25-30 hours per week at home working on the classes.

Ideally, some of the time you are online should coincide with the time the iConnect teachers will be online and available to you. Please use the chart below to determine the times that would be best for you to be online and have the teacher online to assist you. Teachers are generally available between 8:30am - 4pm daily.

How will you manage your time so you can access them when you need to? (Please complete the chart as part of your application packet)

DAY	Class 1: Add hours you'll study daily	Class 2: Add hours you'll study daily	Class 3: Add hours you'll study daily
Example	9:25am – 11am	2:15pm – 4:00pm	12:30pm – 1:00pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Daily Class Hours	10	10	10

What role will your parents play in your schooling?

How do you plan to ensure your success at iConnect Academy?

Please share in a few sentences why you would like to enroll in iConnect Academy?

Olympia School District STUDENT REGISTRATION FORM

AM Bus: Route # _____

PM Bus: Route # _____

SCHOOL _____ Date Received: _____

ALERT FLAG

Legal Medical

Please check here if you have recently registered students at another school or have/will have other students attending another school within our district.

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY				
SCHOOL START DATE (M/D/Y)	TEACHER/ADVISOR	HOMEROOM NUMBER	LOCKER NUMBER	WITHDRAWAL DATE (M/D/Y)

STUDENT'S NAME: LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	BIRTHDATE: (M/D/Y)
Has student's name been legally changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was previous name(s)? _____			Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
RESIDENT ADDRESS: (where student resides) Street _____ Apt.# _____ City _____ State _____ Zip _____		LEGAL GENDER	GRADE LEVEL
Verification of Residency Statement Received: <input type="checkbox"/> Yes <input type="checkbox"/> No			
BIRTHPLACE: City _____ State _____ Country _____		MILITARY? <input type="checkbox"/> Both Primary Guardians <input type="checkbox"/> Primary Guardian 1 <input type="checkbox"/> Primary Guardian 2	District Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No, Transfer Student <input type="checkbox"/> Out-of-District Transfer <input type="checkbox"/> Within-District Transfer

STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____	PRIMARY GUARDIAN 1 (parent/legal guardian where student resides) Last Name _____ First Name _____	PRIMARY GUARDIAN 1 PHONE (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____	
MAILING ADDRESS (If different from above) (Street/Apt. #, City, State, Zip)	PRIMARY GUARDIAN 2 (parent/legal guardian where student resides) Last Name _____ First Name _____	PRIMARY GUARDIAN 2 PHONE (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____	
PRIMARY GUARDIAN 1 EMPLOYER (Company Name)	Employer Phone	PRIMARY GUARDIAN 2 EMPLOYER (Company Name)	Employer Phone

SECOND HOUSEHOLD (non-custodial parent not residing with student) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other: _____	SECOND HOUSEHOLD PHONE (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email Address _____
SECOND HOUSEHOLD (non-custodial parent not residing with student) Last Name _____ First Name _____		
SECOND HOUSEHOLD ADDRESS (Street/Apt #, City, State, ZIP)		Additional Mailings Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED OLYMPIA SCHOOL DISTRICT SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, School: _____		DATE ATTENDED (Month/Year)
HAS YOUR CHILD EVER BEEN ENROLLED IN A PRESCHOOL PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAS STUDENT EVER ATTENDED A WASHINGTON STATE SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IS THERE A CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a copy for your child's school file.)	
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement.)	
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	

DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION? If yes, additional information is required prior to your child attending school. Please complete and return the supplemental Life Threatening Conditions packet. According to RCW 28A.210.320: <i>Children with life-threatening health conditions – Medication or treatment orders – Rules</i> , the medication or treatment order must address the life-threatening condition and it must be on file with the school prior to the child attending school. Under the law, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. The law provides that a child may not attend school in the absence of a medication or treatment order if the child has a life-threatening condition that might require medical services to be provided at school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	This box is for Office Use only. <input type="checkbox"/> Packet given to parent Date packet given: _____ <input type="checkbox"/> Office staff signed <input type="checkbox"/> Parent/Legal Guardian signed
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HAS YOUR CHILD EVER QUALIFIED FOR, OR BEEN ENROLLED IN, A SPECIAL ED PROGRAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s)? _____
HAS YOUR CHILD EVER QUALIFIED FOR, OR HAD, A 504 PLAN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s)? _____
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title 1 <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s)? _____
HAS YOUR CHILD EVER BEEN ENROLLED IN AN, ENGLISH LANGUAGE LEARNER (ELL) PROGRAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s)? _____
PRIMARY LANGUAGE SPOKEN AT HOME: _____		
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)? _____
HAS YOUR CHILD EVER HAD A BECCA PETITION FILED ON THEM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s)? _____
HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s)? _____
IS YOUR CHILD CURRENTLY LIVING IN A SHELTER, CAR, MOTEL, DOUBLED-UP WITH FRIENDS/RELATIVES, IN TEMPORARY FOSTER CARE OR GROUP HOME, OR CAMPGROUND?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DOES STUDENT ATTEND CHILDCARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILDCARE PROVIDER <i>Name</i> _____ <i>Address</i> _____ <i>Phone Number</i> _____
ADDITIONAL CHILDCARE ARRANGEMENTS (Please provide information to school in writing.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE LIST SIBLINGS

Legal Last Name	Legal First Name	School	Grade	Age

STUDENT'S MEDICAL HISTORY (Check appropriate boxes and complete the health card for a more detailed description of the concerns.)

DOCTOR or CLINIC NAME: _____ DOCTOR or CLINIC PHONE NUMBER: () _____

ALLERGIES: Yes No OTHER HEALTH CONCERNS: Yes No

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

Yes No

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/legal guardian, I authorize that my child may be released to the person(s) listed as emergency contacts.

Yes No

When injury, illness or emergency situations (earthquake, fire, etc.) occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/legal guardian, please list persons you trust who are available during the day to provide care for your child (it would be helpful if one contact was from outside of the area).

PRIMARY CONTACT (other than parent/legal guardian) Legal Last Name _____ First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS Street _____ City _____ State _____ ZIP _____			
SECONDARY CONTACT (other than parent/legal guardian) Legal Last Name _____ First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT (other than parent/legal guardian) Legal Last Name _____ First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
FOURTH CONTACT (other than parent/legal guardian) Legal Last Name _____ First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
FIFTH CONTACT (other than parent/legal guardian) Legal Last Name _____ First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SIXTH CONTACT (other than parent/legal guardian) Legal Last Name _____ First Name _____	RELATIONSHIP TO CHILD _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

ETHNICITY and RACE: School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State legislature, and the state Superintendent of Public Instruction.

Please complete the following:

Question 1: Is your child of Hispanic or Latino origin?

- No, my child is not Hispanic or Latino (continue to next question). (10)
- Yes, my child is Hispanic or Latino (check all that apply and continue to next question).
- | | | |
|---|--|---|
| <input type="checkbox"/> Cuban (55) | <input type="checkbox"/> Puerto Rican (70) | <input type="checkbox"/> South American (80) |
| <input type="checkbox"/> Dominican (60) | <input type="checkbox"/> Mexican/Mexican American/Chicano (30) | <input type="checkbox"/> Latin American (85) |
| <input type="checkbox"/> Spaniard (65) | <input type="checkbox"/> Central American (75) | <input type="checkbox"/> Other Hispanic/Latino (90) |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> African American / Black (200) | | |
| <input type="checkbox"/> White or Caucasian (300) | | |
| <input type="checkbox"/> Asian Indian (505) | <input type="checkbox"/> Alaska Native (405) | <input type="checkbox"/> Samish (457) |
| <input type="checkbox"/> Cambodian (507) | <input type="checkbox"/> Chehalis (410) | <input type="checkbox"/> Sauk-Suiattle (460) |
| <input type="checkbox"/> Chinese (510) | <input type="checkbox"/> Colville (413) | <input type="checkbox"/> Shoalwater Bay (463) |
| <input type="checkbox"/> Filipino (520) | <input type="checkbox"/> Cowlitz (416) | <input type="checkbox"/> Skokomish (466) |
| <input type="checkbox"/> Hmong (525) | <input type="checkbox"/> Hoh (418) | <input type="checkbox"/> Snoqualmie (469) |
| <input type="checkbox"/> Indonesian (530) | <input type="checkbox"/> Jamestown (421) | <input type="checkbox"/> Spokane (472) |
| <input type="checkbox"/> Japanese (535) | <input type="checkbox"/> Kalispel (424) | <input type="checkbox"/> Squaxin Island (475) |
| <input type="checkbox"/> Korean (540) | <input type="checkbox"/> Lower Elwa Klallam (427) | <input type="checkbox"/> Stillaguamish (478) |
| <input type="checkbox"/> Laotian (545) | <input type="checkbox"/> Lummi (430) | <input type="checkbox"/> Suquamish (481) |
| <input type="checkbox"/> Malaysian (550) | <input type="checkbox"/> Makah (433) | <input type="checkbox"/> Swinomish (484) |
| <input type="checkbox"/> Pakistani (555) | <input type="checkbox"/> Muckleshoot (436) | <input type="checkbox"/> Tulalip (487) |
| <input type="checkbox"/> Singaporean (560) | <input type="checkbox"/> Nisqually (439) | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Taiwanese (565) | <input type="checkbox"/> Nooksack (442) | <input type="checkbox"/> Yakama (490) |
| <input type="checkbox"/> Thai (570) | <input type="checkbox"/> Port Gamble Klallam (445) | <input type="checkbox"/> Other Washington Indian Tribe (495) |
| <input type="checkbox"/> Vietnamese (575) | <input type="checkbox"/> Puyallup (448) | <input type="checkbox"/> Other American Indian Tribe (499) |
| <input type="checkbox"/> Other Asian (599) | <input type="checkbox"/> Quileute (451) | |
| | <input type="checkbox"/> Quinault (454) | |
| <input type="checkbox"/> Native Hawaiian (605) | | |
| <input type="checkbox"/> Fijian (520) | | |
| <input type="checkbox"/> Guamanian or Chamorro (620) | | |
| <input type="checkbox"/> Mariana Islander (625) | | |
| <input type="checkbox"/> Melanesian (630) | | |
| <input type="checkbox"/> Micronesian (632) | | |
| <input type="checkbox"/> Samoan (635) | | |
| <input type="checkbox"/> Tongan (640) | | |
| <input type="checkbox"/> Other Pacific Islander (699) | | |

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 the Olympia School District.

Legal Parent/Guardian's Signature: _____

Date _____

Printed Name: _____



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

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

Student Name: _____		Grade/School: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child’s education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
<p>Eligibility for Language Development Support Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don’t Know___</p>		
<p>Prior Education Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade) _____ Month Day Year</p>		

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

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.



The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The Office of the Superintendent of Public Instruction (OSPI) requires that a completed form be kept on file. 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 the district office if you have further questions about this form or about services available at your child's school.

***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.

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

Olympia School District

Verification of Residency Statement

One of the documents listed below must be provided in order to verify residency within the Olympia School District. The document must show the parent/legal guardian's name and address and must be dated within the past 30 days. Post office boxes are not acceptable as residence addresses.

- | | |
|--|--|
| <input type="checkbox"/> Gas or Electric Bill | <input type="checkbox"/> Water Bill |
| <input type="checkbox"/> Cable TV Bill | <input type="checkbox"/> Homeowner's Insurance Statement |
| <input type="checkbox"/> Garbage Bill | <input type="checkbox"/> Escrow papers, mortgage statement |
| <input type="checkbox"/> Renter's Insurance Statement | <input type="checkbox"/> property tax form or homeowner's |
| <input type="checkbox"/> Rental Agreement (verification may be required) | <input type="checkbox"/> association fee statement |

Parent/Legal Guardian's Printed Name: _____

Student's Legal Printed Name: _____

Student's Legal Printed Name: _____

Student's Legal Printed Name: _____

Student's Legal Printed Name: _____

Resident Address: _____

I declare that the above-named student(s) reside(s) at the address shown above and on the document provided. I will notify the school within two weeks if residency changes and agree to provide new residency documentation and an updated signed statement at that time. If I move outside of the district, I understand that a nonresident request must be submitted in order for the student(s) to be considered for continued attendance.

I understand that falsification of any information of documentation required for residency verification or the use of any address where students do not reside may result in revocation of student enrollment.

Parent/Legal Guardian's Signature

Date

FOR SCHOOL USE ONLY:

The attached document(s) show(s) the name and address of the person(s) enrolling the above named student(s).

Principal or Designee's Signature

Date

School

- Documentation complete Documentation due within five (5) school business days.

STUDENT HEALTH INFORMATION

Graduation Year: _____

Last School Attended: _____

School Use Only
 Date Rec'd: _____ Rec'd By: _____
 Original given to School Nurse: _____

Student's Legal Name: _____ Birthdate: _____ Gender: _____ Grade: _____ Teacher: _____
Last First Middle

Address: _____ Zip: _____
Number Street City

Parent/Legal Guardian' Printed Name	Home/Msg Phone	Cellular Phone	Work Phone
Parent/Legal Guardian's Name:			
Parent/Legal Guardian's Name:			

Student lives with: Both Parents

- Father only Mother only Self Legal Guardian Grandparents
 Father/Stepmother Mother/Stepfather Agency Stepfather/Stepmother Other: _____

Health Care Provider: _____ Phone: _____

Medical Insurance:

- Medical Coupons Private Military None Other: _____

LIFE-THREATENING CONDITIONS	OTHER HEALTH CONDITIONS												
<p>RCW 28A.210.320 requires every public school to prohibit the attendance at school for any and all purposes for any student with a "Life-Threatening Condition" who does not have medication or treatment orders and a nursing care plan on file at the school. A "Life-Threatening Condition" is defined as a health condition that will put the child in danger of death during the school day if medication or treatment orders and a nursing care plan are not in place. Students who are not in compliance with RCW 28A.210.320 are prohibited from attendance until such time that they come into complete compliance. Any parent/legal guardian who contests the schools decision has the right to due process procedures as found in Olympia School District Policy 3200.</p> <p>Does your child have a Life-Threatening Allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Allergic to: _____</p> <p>Describe Reaction: _____</p> <p>Date of Last Reaction: _____</p> <p><input type="checkbox"/> Seizures: Type _____</p> <p><input type="checkbox"/> Cardiac: Describe _____</p> <p><input type="checkbox"/> Diabetes: Type _____</p> <p>Does your child have severe Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hospitalized / Emergency Treatment within past year. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Allergies - please list: _____</p> <p>Mild Reactions: _____</p> <p><input type="checkbox"/> Asthma: <input type="checkbox"/> with inhaler <input type="checkbox"/> without inhaler</p> <p>Describe: _____</p> <p><input type="checkbox"/> Other Health Conditions: _____</p> <p style="text-align: center;">MEDICATIONS</p> <p>If your child needs to take any medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.</p> <p>Medication(s):</p> <table> <tr> <td>Currently Used</td> <td colspan="2">Taken At:</td> </tr> <tr> <td>1. _____</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Home</td> </tr> <tr> <td>2. _____</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Home</td> </tr> <tr> <td>3. _____</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Home</td> </tr> </table>	Currently Used	Taken At:		1. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home	2. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home	3. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home
Currently Used	Taken At:												
1. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home											
2. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home											
3. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home											

If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person if at all possible and call 911, if the injury or illness warrants it.

I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her safety at school. I understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured. I have read and understand this form.

Parent/Legal Guardian Sign Here: _____ Date: _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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 Washington Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:
_____	_____	_____	_____	_____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required **Date**

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

Parent/Guardian Signature Required **Date**

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Date	Date	Date	Date	Date	Date
MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY

Required Vaccines for School or Child Care Entry

◆ DTaP, DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / 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)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name _____

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

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

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: 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 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**.

#3 History of Varicella Disease: 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 healthcare 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 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

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 (RV5)
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	Vaqa®	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		

Certificate of Exemption

SIDE A:
For Religious, Personal,
Philosophical, and Medical
Exemptions¹

FOR OFFICE USE ONLY CHILD'S LAST NAME

FIRST NAME

M.I.

PART 1: PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be valid for religious, personal, philosophical, or medical reasons, please:

- Step 1:** Fill in your child's information in Boxes 1-4
- Step 2:** Read the Parent/Guardian Declaration
- Step 3:** Provide your initials where indicated
- Step 4:** Print your name, sign, and date in Boxes 5-6
- Step 5:** Have a provider complete Part 2 of this form

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

- Male
 Female

I am the parent or legal guardian of the above named child. One or more required vaccines are in conflict with my personal, philosophical, or religious beliefs.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ **(initial)**
- Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ **(initial)**
- The information provided on this form is complete and correct. _____ **(initial)**

5. Print Parent/Guardian Name

6. Parent/Guardian Signature and Date

PART 2: HEALTHCARE PROVIDER INSTRUCTIONS

In order for this form to be valid, please:

- Step 1:** Mark which disease(s) and what type of exemption is requested. If medical write a **T** for Temporary or **P** for Permanent.
- Step 2:** Discuss the benefits and risks of immunizations with the parent or guardian
- Step 3:** Read the Provider Declaration
- Step 4:** Print your name, credentials, sign, and date in Boxes 7-8

Disease	Personal/ Philosophical	Religious	Medical (T/P)**	Expiration Date for Temporary Medical
Diphtheria				
Hepatitis B				
Hib				
Measles				
Mumps				
Pertussis				
Pneumococcal				
Polio				
Rubella				
Tetanus				
Varicella				
All				

****A provider may grant a medical exemption only if there is a valid medical contraindication to a vaccine.**

Provider Declaration

I declare that:

- I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.
- I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.
- The information provided on this form is complete and correct.

7. Print Provider Name and Credential (MD, ND, DO, ARNP, PA)

8. Provider Signature and Date

¹RCW 28A.210.080-090 "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 is either A) signed by a licensed healthcare provider or B) demonstrates membership in a church or religious body that precludes healthcare practitioners from providing medical treatment to children."

Certificate of Exemption

SIDE B:
For Religious Membership
Exemption ONLY

FOR OFFICE USE ONLY CHILD'S LAST NAME

NOTICE: Complete this side if you belong to a church or religion that objects to the use of medical treatment.¹

If you have a religious objection to vaccinations, but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses, then you must use Side A of this Certificate of Exemption.

PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be legally valid for religious membership reasons, please:

Step 1: Fill in your child's information in Boxes 1-4

Step 2: Read the Parent/Guardian Declaration and provide your initials where indicated

Step 3: Provide the name of the church or religion of which you are a member, and print your name, sign, and date in Boxes 5-7

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

M F

I am the parent or legal guardian of the above named child and I am exempting my child from all required vaccinations.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ **(initial)**
- Exempting my child from all required vaccines may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ **(initial)**
- The information provided on this form is complete and correct. _____ **(initial)**

I affirm that I am a member of a church or religion whose teachings preclude healthcare practitioners from providing any medical treatment to my child.

5. Name of Church or Religion of Which You Are a Member

6. Print Parent/Guardian Name

7. Parent/Guardian Signature and Date

¹RCW 28A.210.090 "The parent of legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child."

FIRST NAME

M.I.