

Registration Form

2689 Hoover Ave SE / Port Orchard, WA 98366
(360) 874-7000 / FAX (360) 874-7068

Student Name:

Select School

SCHOOL MOST RECENTLY ATTENDED ADDRESS (include address, city, state & zip)

Previous School Phone:

Previous School FAX:

HAS THIS STUDENT EVER ATTENDED SKSD SCHOOLS?

☐ Yes

☐ No

If yes, name of school and year attended

DID STUDENT ATTEND PRE-SCHOOL AT AN SKSD SCHOOL?

☐ Yes

☐ No

LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE NAME OR INITIAL

ALSO KNOWN AS: (First and Last Name)

BIRTHDATE (MM/DD/YYYY)

GENDER

GRADE

BIRTHPLACE (City/State)

COUNTRY

LANGUAGE SPOKEN AT HOME

STUDENT'S PRIMARY LANGUAGE

☐ English

☐ Other:

☐ English

☐ Other:

PRIMARY HOUSEHOLD (where student resides)

HOME PHONE

(1) Last Name, First Name

GUARDIAN PHONE (include area code)

If work #, Name of Business

☐ Mother ☐ Father ☐ Other

Work

Cell

(2) Last Name, First Name

GUARDIAN PHONE (include area code)

If work #, Name of Business

☐ Mother ☐ Father ☐ Other

Work

Cell

RESIDENCE ADDRESS
(Street, City, State, ZIP)

MAILING ADDRESS
(Street or PO, City, State, Zip)

Guardian 1 Email

Guardian 2 Email

SECOND HOUSEHOLD

(1) Last Name, First Name

HOME PHONE

GUARDIAN PHONE (include area code)

If work #, Name of Business

☐ Mother ☐ Father ☐ Other

Work

Cell

(2) Last Name, First Name

GUARDIAN PHONE (include area code)

If work #, Name of Business

☐ Mother ☐ Father ☐ Other

Work

Cell

RESIDENCE ADDRESS
(Street, City, State, ZIP)

MAILING ADDRESS
(Street or PO, City, State Zip)

Guardian 1 Email:

Guardian 2 Email

DOES THIS STUDENT ATTEND DAYCARE?

- ☐ Before School ☐ M ☐ T ☐ W ☐ TH ☐ F
- ☐ After school ☐ M ☐ T ☐ W ☐ TH ☐ F
- ☐ Before & after school ☐ M ☐ T ☐ W ☐ TH ☐ F

PROVIDER

PHONE

ADDRESS

WILL THIS STUDENT RIDE A BUS TO DAYCARE?

- ☐ Yes ☐ No ☐ M ☐ T ☐ W ☐ TH ☐ F

EMERGENCY CONTACTS

Name

Relationship

Phone Number

Second Phone Number

1.

2.

3.

4.

SIBLINGS

Name

Relationship

Grade Level

School

1.

2.

3.

4.

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?

- ☐ Yes ☐ No (If yes, plan must be on file with the school)

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:

HAS THIS STUDENT BEEN ENROLLED OR SERVED IN A SPECIAL EDUCATION PROGRAM?

- ☐ Yes ☐ No

DOES THIS STUDENT HAVE AN ACTIVE IEP?

- ☐ Yes ☐ No

DOES THIS STUDENT HAVE ANY PAST, CURRENT, OR PENDING DISCIPLINARY PROBLEMS?

- ☐ Yes ☐ No

DOES THIS STUDENT HAVE ANY HISTORY OF VIOLENT BEHAVIOR?

- ☐ Yes ☐ No

HAS THIS STUDENT EVER BEEN RETAINED (HELD BACK A GRADE)?

- ☐ Yes ☐ No

IS THIS CHILD CURRENTLY PARTICIPATING IN : ☐ Title ☐ LAP ☐ Gifted ☐ ELL ☐ Other

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 South Kitsap School District.

Parent/Guardian Signature:

Date:

If you are unable to digitally sign, please print completed forms and sign

South Kitsap School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to school facilities to the Boy Scouts and other designated youth groups.

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY

School

Entry Date

Advisor

AM Bus

PM Bus

Birth Certificate

CIS Form

Medical Alert

Other Alert

ELL Home Lang Survey

Months of formal education in native language (equiv to gr. K-12) before enrolling in

SKSD

Months of attendance in US K-12 education prior to enrollment in SKSD

Request for Student Records

 Date:

 Student Name:

 Date Of Birth

 Grade:

Previous School Information	
School Name:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>

PLEASE SEND ALL SCHOOL RECORDS TO:

☐ **Burley Glenwood Elementary**
 100 SW Lakeway Blvd.
 Port Orchard, WA 98367
 (360) 443-3110 F. (360) 443 3169

☐ **East Port Orchard Elementary**
 2649 Hoover Ave SE
 Port Orchard, WA 98366
 (360)443-3170 F. (360) 443-3229

☐ **Hidden Creek Elementary**
 5455 Converse Road SE
 Port Orchard, WA 98367
 (360)443-3050 F. (360) 443-3109

☐ **Manchester Elementary**
 1901 California Ave E
 Port Orchard, WA 98366
 (360) 443-3230 F. (360) 443-3289

☐ **Mullenix Ridge Elementary**
 3900 SE Mullenix Road
 Port Orchard, WA 98367
 (360)443-3290 F. (360) 443-3349

☐ **Olalla Elementary**
 6100 SE Denny Bond Blvd.
 Olalla, WA 98359
 (360) 443-3350 F. (360) 443-3399

☐ **Orchard Heights Elementary**
 2288 Fircrest Dr. SE
 Port Orchard, WA 98366
 (360) 443-3530 F. (360) 443-3604

☐ **Sidney Glen Elementary**
 500 SW Birch Road
 Port Orchard, WA 98367
 (360) 443-3400 F. (360) 443-3469

☐ **South Colby Elementary**
 3281 Banner Road SE
 Port Orchard, WA 98366
 (360) 443-3000 F. (360) 443-3049

☐ **Sunnyslope Elementary**
 4183 Sunnyslope Rd. SW
 Port Orchard, WA 98367
 (360) 443-3470 F. (360) 443-3529

☐ **Cedar Heights Middle School**
 2220 Pottery Ave
 Port Orchard, WA 98366
 (360) 874-6020 F. (360) 874-6429

☐ **John Sedgwick Middle School**
 8995 Sedgwick Road SE
 Port Orchard, WA 98366
 (360) 874-6090 F. (360) 874-6430

☐ **Marcus Whitman Middle School**
 1887 Madrona Drive SE
 Port Orchard, WA 98366
 (360) 874-6160 F. (360) 874-6440

☐ **South Kitsap High School**
 425 Mitchell Ave
 Port Orchard, WA 98366
 (360) 874-5600 F. (360) 874-5892

☐ **Discovery Alt. High School**
 2150 Fircrest Dr. SE
 Port Orchard, WA 98366
 (360) 443-3680 F. (360) 443-3704
☐ **Explorer Academy**
SK Online/Hope Academy
 2689 Hoover Ave SE
 Port Orchard, WA 98366
 (360) 443-3605 F. (360) 443-3624

☐ **Office of Special Services**
 2689 Hoover Ave SE
 Port Orchard, WA 98366
 (360) 443-3625 F. (360) 443-3662

☐ **Madrona Heights Preschool**
 2150 Fircrest Drive SE
 Port Orchard, WA 98366
 (360) 443-3625 F. (360) 443-3659

Please fax ASAP:

Birth Certificate and shot records. All remaining records can be mailed.

For Office Use Only

Please send all student records, including:

- | | |
|----------------------|------------------------|
| > Transcript | > Immunization Records |
| > Report Cards | > Attendance |
| > Withdrawal Grades | > Discipline Records |
| > Test Scores | > Special Education |
| > Health Information | Records (include IEP) |

ENTRY DATE AT SOUTH KITSAP SCHOOL:

Per RCW 28A.225.330 subsection (2), also include the above named student's confidential discipline records that include history of disciplinary actions, history of violent behavior, or behavior listed in RCW 13.04.155.

According to the Family Educational Rights and Privacy Act (U.S. Code: Title 20, Section 123g.a(6)1B, it is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll may receive student's record without written consent for such release.

_____ 1st Request

_____ 2nd Request

South Kitsap School District No. 402

Health History and Conditions Form

Name _____ Grade _____ School _____

Date _____ Sex _____ Birth Date _____

Indicate below the medical conditions which are **SEVERE ENOUGH TO AFFECT THE STUDENT'S SCHOOL PROGRAM OR SCHOOL PERFORMANCE**. (Note: this information may be shared with school staff who need to know.)

Medical History (check the ones that apply to your child):

NB <input type="checkbox"/> ADHD/ADD Asthma RA <input type="checkbox"/> Exercise Induced RB <input type="checkbox"/> Mild RC <input type="checkbox"/> Moderate RD <input type="checkbox"/> Severe Diabetes EK <input type="checkbox"/> Type I EL <input type="checkbox"/> Type II NH <input type="checkbox"/> Headaches, Migraine YB Hearing Impaired <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Hearing Aids CG Cardio Vascular <input type="checkbox"/> Other BD Blood Condition <input type="checkbox"/> Other UH Renal – Kidney/Urinary <input type="checkbox"/> Other	GI Gastro-Intstnl Cndtn <input type="checkbox"/> Other YD Visually Impaired <input type="checkbox"/> Wears Glasses Allergies EC <input type="checkbox"/> Environmental ED <input type="checkbox"/> Food EE <input type="checkbox"/> Insect EF <input type="checkbox"/> Latex EB <input type="checkbox"/> Other Reacts to: Describe allergic reaction: EG Anaphylactic Cndtn <input type="checkbox"/> Epi-Pen required	NP <input type="checkbox"/> Seizures Disorder Date of last seizure ____/____/____ Type of seizure _____ <u>List any seizure medication below.</u> ME <input type="checkbox"/> Muscle or Bone Condition <input type="checkbox"/> PE Considerations/Limitations **(2) <input type="checkbox"/> Other NU <input type="checkbox"/> Head Injury/Concussion
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PARENTS: *(1) Requires completion of SKSD Form #157 and 157A "Medication at School".

**(2) If activity is limited, Form #112 "Physical Education Activities Limitation Form" with doctor's signature is needed.

Is medication needed for any condition? ☐ Yes ☐ No Is medication needed at school? ☐ Yes ☐ No

Name of medication, dose, and schedule: _____

Condition being treated by this medication: _____

Medication at school (over-the-counter or prescription) requires form #157 "Medication at School".

List major operations, injuries, or hospitalizations. Give dates: _____

	Medical Exam/Doctor	Eye Exam/Doctor	Dental Exam/Dentist
Last Exam/Name			
Health Insurance Co.			

In an emergency, transport to _____ hospital. Is there any health related information or concerns that you can tell us about your son/daughter that you feel will help the school staff to better understand and work with him/her?

AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parent(s) and health care provider named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility of the payment of any services rendered.

Date _____

Signature of Parent or Guardian _____

Home Phone _____

Cell Phone _____

Work Phone _____

Revised March 6, 2012

If you are unable to digitally sign, please print completed forms and sign



Education Services Questionnaire

Student Name:

Has your child ever received any special education services? ☐ Yes ☐ No If yes (what grade)

Does your student currently have an IEP? ☐ Yes ☐ No

Please check the type of service received:

☐ Speech Services

☐ Occupational Therapy

☐ Resource Room

☐ Special Day Class Services

☐ Chapter/LAP

☐ Gifted

☐ Remedial

☐ English as a Second Language

☐ Other:

Has your student completed a Washington State History Course? ☐ Yes ☐ No

If yes, location and date completed

(If from out of state, your state's history course may be honored provided it was a state-specific, semester-long course.)

South Kitsap School District

Annual Acknowledgement

2021 - 2022

Dear Parent/Guardian,

Please read the documents referenced in this letter. After you have read the documents, please sign and date each area to indicate that you have read, understand, and received a copy of each document or instructions on where to obtain a copy. **Your signature implies full understanding, legal validity, and affirmation to each document.**

This form will remain part of your student's cumulative file and MUST be completed each year. Additional copies of the documents referenced in this form can be found on the South Kitsap School District website at www.skschools.org or by requesting a copy from your student's school. If there are any portions of this form, or the documents referenced, that you do not understand, please make an appointment with your school administrator to discuss your questions.

This form must be completed by September 17, 2021.

Opt-Out

Parents and adult or emancipated minor students may opt their children or themselves opt out of participating in any protected information survey. Please see Rights and Responsibilities Handbook, Board Policy #3232, Section 16 for additional information. If you do not have access to a computer, please request a copy of this document from the school office. *If you do not have access to a computer, please request a copy of this document from the school office.*

1. Attendance Policy and Procedure - *If you do not have access to a computer, please request a copy of this document from the school office.*

State law for mandatory attendance requires children from age 8 to 17 to attend public school, private school, or a district-approved home school program. If your student has two or more unexcused absences in any given month or ten unexcused absences or more within a school year, we are required by law to take a range of actions including filing a petition with the juvenile court, alleging a violation of RCW 28A.225.0101, the mandatory attendance law.

Parent/Guardian Signature If you are unable to digitally sign, please print completed forms and sign

Today's Date

2. South Kitsap School District Rights and Responsibilities

If you do not have access to a computer, please request a copy of this document from the school office.

I have reviewed the contents of the SKSD Rights and Responsibilities Handbook. I acknowledge that my student and I have been given notice of the types of misconduct for which discipline, suspension, or expulsion may be imposed and procedures for administering such corrective action. It has also provided me with important information regarding the Family Educational Rights and Privacy Act (FERPA), student use of technology, district pesticide uses and asbestos management practices.

Parent/Guardian Signature If you are unable to digitally sign, please print completed forms and sign

Today's Date

3. Internet Access Privileges

All students have internet access privileges under the guidelines of the District's acceptable use policy UNLESS a parent or guardian submits a written request for his or her student to opt out. Such exclusion does not preclude the supervised use of the internet in an instructional activity. See Rights and Responsibilities Information Handbook, Board Policy #2022, Section 6.

Your signature indicates awareness only. A written request to opt out is required.

Parent/Guardian Signature If you are unable to digitally sign, please print completed forms and sign

Today's Date

4. FERPA: Release of Directory Information

Under Federal Law (FERPA), the District may release directory information on a student without obtaining parent consent UNLESS a parent or guardian submits a written request for his or her student to opt out. The common use of directory information includes athletic contest and musical concert programs, and college recruiters. Such information shall not be released for commercial reasons. See Rights and Responsibilities Information Handbook, Administrative Procedure #3230, Section 12.

Your signature indicates awareness only. A written request to opt out is required.

Parent/Guardian Signature If you are unable to digitally sign, please print completed forms and sign

Today's Date

5. Student's Photo, Image, Video, or Comments

The District/School will assume permission to use a student's image (photo or video) or class work in District and school publications, and on District sponsored websites, UNLESS a parent or guardian submits a written request for his or her student to opt out.

The District/School will assume permission to use a student's image (photo or video), including comments in community newspapers or magazines, UNLESS a parent or guardian submits a written request for his or her student to opt out.

Your signature indicates awareness only. A written request to opt out is required.

Parent/Guardian Signature If you are unable to digitally sign, please print completed forms and sign

Today's Date

6. Release of student information

Directory information can be released publicly unless the parent, guardian, or adult student **submits a written** request for his or her student to opt out. The district has designated the following as directory information and may select from the following list, but is not required to include all or any of the following types of information: students name, photograph, address, telephone number, date and place of birth, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, diplomas and awards received, and the most recent previous school attended. Information may also be released to state and local officials pursuant to Washington State statute. For complete information please refer to the Rights and Responsibilities Information Handbook, Administrative Procedure #3230, Section 12.

Your signature indicates awareness only. A written request to opt out is required.

Parent/Guardian Signature If you are unable to digitally sign, please print completed forms and sign

Today's Date

7. Surveys-Right to Inspect

Parents, upon request, will have the opportunity to inspect the following:

- A. Surveys created by a third party before the survey is administered or distributed by a school to students;
- B. Instructional material used as part of the educational curriculum; and
- C. Any survey document used to collect information from students.

Parent/Guardian Signature If you are unable to digitally sign, please print completed forms and sign

Today's Date

8. Release of Information to Military Recruiters **(Grades 11-12 ONLY)**

The District/School will assume permission to release student demographic information to Armed Forces and Military Recruiters, or Military Schools UNLESS a parent or guardian submits a written request for his or her student to opt out.

Your signature indicates awareness only. A written request to opt out is required.

Parent/Guardian Signature If you are unable to digitally sign, please print completed forms and sign

Today's Date

South Kitsap School District

Annual Attendance Letter

2021 - 2022

Dear Parent/Guardian,

This year, the South Kitsap School District is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school—and themselves. Your student can start building this habit in preschool, so they learn right away that going to school on time, every day is important. Consistent attendance will help children do well in high school, college, and at work.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with schoolwork, dealing with a bully, or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

WHAT WE NEED FROM YOU

We miss your student when they are gone, and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please **contact your school's attendance secretary. The South Kitsap School District will require annually, this signed attendance agreement stating that you agree with the importance of daily attendance.**

OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school regularly or on time. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children that are 6 or 7 years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements.

[We, the district, are required to take daily attendance and notify you when your student has an unexcused absence.](#)

If your student has three unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

In elementary school, after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and the parent, student, and school have made plan, so your student does not fall behind academically. If your student has an Individualized Education Plan or a 504 Plan, the team that created the plan needs to reconvene. If your student has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed, and your student and family may be referred to a Community Truancy Board, or you and your student may need to appear in juvenile court. If your student continues to be truant, you may need to go to court.

The **South Kitsap School District** established rules on attendance that will help you ensure your student is attending regularly. Please refer to the [Rights & Responsibilities Handbook](http://www.skschools.org/Rights%20&%20Responsibilities%20Handbook) located on our website. www.skschools.org.

WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your child has the required immunizations
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomachache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans forgetting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your student's teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

Your signature below indicates that you have read and understand the attendance policies and procedures in South Kitsap School District.

Signature _____ Date _____

If you are unable to digitally sign, please print completed forms and sign



Family Military Affiliation

PLEASE NOTE: *this form must be signed each year- it is good for the current school year only.*

Dear Parent or Guardian,

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016 -17 school year.

(<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>)

Reasons for collection of the data include:

1. The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
2. The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policy makers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitions students to a new school and enable school districts to discover and implement best practices. [2015 c 210§ 1.]

For the purposes of this data collection, "students from military families" includes:

- Students with a parent or guardian who is a member of the active duty United States armed forces; and
- Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard."

Choose one that best describes your family military status:

- ☐ A - Parent or guardian is a current member of the US Armed Forces, active duty
- ☐ R - Parent or guardian is a current member of the US Armed Forces, reserves
- ☐ G - Parent or guardian is a current member of the National Guard
- ☐ M - More than one parent or guardian qualifies for A, R or G
- ☐ N - No parent or guardian is currently serving the US Armed Forces or National Guard
- ☐ Z - Prefer not to answer

Guardian Signature:

If you are unable to digitally sign, please print completed forms and sign

Date:

South Kitsap School District

Annual 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).

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

Student Name: _____
First Middle Last
School: _____ Grade: _____ DOB: _____ Age: _____ 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 or Contact Number: _____ Contact Name: _____

Name of Parent or legal guardian (or unaccompanied youth)

Date: _____

****Signature of Parent or legal guardian (or unaccompanied youth)**

If you are unable to digitally sign, please print completed forms and sign

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

Please return completed form to your building McKinney-Vento Liaison

RACE AND ETHNICITY FORM

Please complete this survey. It asks you to tell us the race and ethnic heritage of each of your children.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

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.

PLEASE ANSWER BOTH QUESTIONS 1 & 2

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

H01	<input type="checkbox"/> Not Hispanic/Latino	H08	<input type="checkbox"/> Costa Rican	H16	<input type="checkbox"/> Mexican	H24	<input type="checkbox"/> Salvadorian
H00	<input type="checkbox"/> Hispanic	H09	<input type="checkbox"/> Cuban	H17	<input type="checkbox"/> Mestizo	H25	<input type="checkbox"/> Spaniard
H02	<input type="checkbox"/> Argentine	H10	<input type="checkbox"/> Dominican	H18	<input type="checkbox"/> Native	H26	<input type="checkbox"/> Surinamese
H03	<input type="checkbox"/> Bolivian	H11	<input type="checkbox"/> Ecuadorian	H19	<input type="checkbox"/> Nicaraguan	H27	<input type="checkbox"/> Uruguayan
H04	<input type="checkbox"/> Brazilian	H12	<input type="checkbox"/> Guatemalan	H20	<input type="checkbox"/> Panamanian	H28	<input type="checkbox"/> Venezuelan
H05	<input type="checkbox"/> Chicano (Mexican American)	H13	<input type="checkbox"/> Guyanese	H21	<input type="checkbox"/> Paraguayan	H29	<input type="checkbox"/> Other Hispanic/Latino
H06	<input type="checkbox"/> Chilean	H14	<input type="checkbox"/> Honduran	H22	<input type="checkbox"/> Peruvian		
H07	<input type="checkbox"/> Colombian	H15	<input type="checkbox"/> Jamaican	H23	<input type="checkbox"/> Puerto Rican		

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

	Black/African American		Black/African American – Central African (cont.)		Black/African American – East African (cont.)
B00	<input type="checkbox"/> Black/African American	B22	<input type="checkbox"/> Cameroonian	B45	<input type="checkbox"/> Seychellois/Seychelloise
B01	<input type="checkbox"/> African American	B23	<input type="checkbox"/> Central African (Central African Rep)	B46	<input type="checkbox"/> Somali
B02	<input type="checkbox"/> African Canadian	B24	<input type="checkbox"/> Chadian	B47	<input type="checkbox"/> South Sudanese
	Black/ African American – Caribbean	B25	<input type="checkbox"/> Congolese (Republic of the Congo)	B48	<input type="checkbox"/> Sudanese
B03	<input type="checkbox"/> Anguillian	B26	<input type="checkbox"/> Congolese (Democratic Republic of the Congo)	B49	<input type="checkbox"/> Ugandan
B04	<input type="checkbox"/> Antiguan	B27	<input type="checkbox"/> Equatorial Guinean	B50	<input type="checkbox"/> Tanzanian (United Republic of Tanzania)
B05	<input type="checkbox"/> Bahamian	B28	<input type="checkbox"/> Gabonese	B51	<input type="checkbox"/> Zambian
B06	<input type="checkbox"/> Barbadian	B29	<input type="checkbox"/> São Tomé	B52	<input type="checkbox"/> Zimbabwean
B07	<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy)	B30	<input type="checkbox"/> Principe	B53	<input type="checkbox"/> East African (Write in)
B08	<input type="checkbox"/> British Virgin Islander	B31	<input type="checkbox"/> Central African (Write in)		Black/African American – Latin America
B09	<input type="checkbox"/> Caymanian (Cayman Island)		Black/African American – East African	B54	<input type="checkbox"/> Argentine
B10	<input type="checkbox"/> Cuba Dominican	B32	<input type="checkbox"/> Burundian	B55	<input type="checkbox"/> Belizean
B11	<input type="checkbox"/> Dominican (Dominican Republic)	B33	<input type="checkbox"/> Comoran	B56	<input type="checkbox"/> Bolivian
B12	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)	B34	<input type="checkbox"/> Djiboutian	B57	<input type="checkbox"/> Brazilian
B13	<input type="checkbox"/> Grenadian	B35	<input type="checkbox"/> Eritrean	B58	<input type="checkbox"/> Chilean
B14	<input type="checkbox"/> Guadeloupian	B36	<input type="checkbox"/> Ethiopian	B59	<input type="checkbox"/> Colombian
B15	<input type="checkbox"/> Haitian	B37	<input type="checkbox"/> Kenyan	B60	<input type="checkbox"/> Costa Rican
B16	<input type="checkbox"/> Jamaican	B38	<input type="checkbox"/> Malagasy (Madagascar)	B61	<input type="checkbox"/> Ecuadorian
B17	<input type="checkbox"/> Martiniquais/Martiniquaise	B39	<input type="checkbox"/> Malawian	B62	<input type="checkbox"/> El Salvadoran
B18	<input type="checkbox"/> Montserratian	B40	<input type="checkbox"/> Mauritian (Mauritius)	B63	<input type="checkbox"/> Falkland Islander
B19	<input type="checkbox"/> Puerto Rican	B41	<input type="checkbox"/> Mahoran (Mayotte)	B64	<input type="checkbox"/> French Guianese
B20	<input type="checkbox"/> Caribbean (Write in) _____	B42	<input type="checkbox"/> Mozambican	B65	<input type="checkbox"/> Guatemalan
	Black/African American – Central African	B43	<input type="checkbox"/> Reunionese	B66	<input type="checkbox"/> Guyanese
B21	<input type="checkbox"/> Angolan	B44	<input type="checkbox"/> Rwandan	B67	<input type="checkbox"/> Honduran

Races (continued)

	Black/African American – Latin America (cont.)		White – White		White – White (cont.)
B68	<input type="checkbox"/> Mexican	W00	<input type="checkbox"/> White	W35	<input type="checkbox"/> North African (Write in) _____
B69	<input type="checkbox"/> Nicaraguan		White – Eastern European	W36	<input type="checkbox"/> White (Write in) _____
B70	<input type="checkbox"/> Panamanian	W01	<input type="checkbox"/> Bosnian		American Indian/Alaska Native – WA State Tribes
B71	<input type="checkbox"/> Paraguayan	W02	<input type="checkbox"/> Herzegovinian	N00	<input type="checkbox"/> American Indian/Alaskan Native
B72	<input type="checkbox"/> Peruvian	W03	<input type="checkbox"/> Polish	N01	<input type="checkbox"/> Chinook Tribe
B73	<input type="checkbox"/> South Georgia and the South Sandwich Islands	W04	<input type="checkbox"/> Romanian	N02	<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation
B74	<input type="checkbox"/> Surinamese	W05	<input type="checkbox"/> Russian	N03	<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation
B75	<input type="checkbox"/> Uruguayan	W06	<input type="checkbox"/> Ukrainian	N04	<input type="checkbox"/> Confederated Tribes of the Colville Reservation
B76	<input type="checkbox"/> Venezuelan	W07	<input type="checkbox"/> Eastern European (Write in) _____	N05	<input type="checkbox"/> Cowlitz Indian Tribe
B77	<input type="checkbox"/> Latin American (Write in) _____		White – Middle Eastern & North African	N06	Duwamish Tribe
	Black/African American – South African	W08	<input type="checkbox"/> Algerian	N07	<input type="checkbox"/> Hoh Indian Tribe
B78	<input type="checkbox"/> Botswanan	W09	<input type="checkbox"/> Amazigh or Berber	N08	<input type="checkbox"/> Jamestown S'Klallam Tribe
B79	<input type="checkbox"/> Mosotho (Lesotho)	W10	<input type="checkbox"/> Arab or Arabic	N09	<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation
B80	<input type="checkbox"/> Namibian	W11	<input type="checkbox"/> Assyrian	N10	<input type="checkbox"/> Kikiallus Indian Nation
B81	<input type="checkbox"/> South African	W12	<input type="checkbox"/> Bahraini	N11	<input type="checkbox"/> Lower Elwha Tribal Community
B82	<input type="checkbox"/> Swazi	W13	<input type="checkbox"/> Bedouin	N12	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation
B83	<input type="checkbox"/> South African (Write in) _____	W14	<input type="checkbox"/> Chaldean	N13	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation
	Black/African American – West African	W15	<input type="checkbox"/> Copt	N14	<input type="checkbox"/> Marietta Band of Nooksack Tribe
B84	<input type="checkbox"/> Beninese	W16	<input type="checkbox"/> Druze	N15	<input type="checkbox"/> Muckleshoot Indian Tribe
B85	<input type="checkbox"/> Bissau-Guinean	W17	<input type="checkbox"/> Egyptian	N16	<input type="checkbox"/> Nisqually Indian Tribe
B86	<input type="checkbox"/> Burkinabé (Burkina Faso)	W18	<input type="checkbox"/> Emirati	N17	<input type="checkbox"/> Nooksack Indian Tribe of Washington
B87	<input type="checkbox"/> Cabo Verdean	W19	<input type="checkbox"/> Iranian	N18	<input type="checkbox"/> Port Gamble S'Klallam Tribe
B88	<input type="checkbox"/> Ivorian (Cote d'Ivoire)	W20	<input type="checkbox"/> Iraqi	N19	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation
B89	<input type="checkbox"/> Gambian	W21	<input type="checkbox"/> Israeli	N20	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation
B90	<input type="checkbox"/> Ghanaian	W22	<input type="checkbox"/> Jordanian	N21	<input type="checkbox"/> Quinault Indian Nation
B91	<input type="checkbox"/> Liberian	W23	<input type="checkbox"/> Kurdish	N22	<input type="checkbox"/> Samish Indian Nation
B92	<input type="checkbox"/> Malian	W37	<input type="checkbox"/> Kuwaiti	N23	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of WA
B93	<input type="checkbox"/> Mauritanian	W24	<input type="checkbox"/> Lebanese	N24	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
B94	<input type="checkbox"/> Nigerien (Niger)	W25	<input type="checkbox"/> Libyan	N25	<input type="checkbox"/> Skokomish Indian Tribe
B95	<input type="checkbox"/> Nigerian (Nigeria)	W26	<input type="checkbox"/> Moroccan	N26	<input type="checkbox"/> Snohomish Tribe
B96	<input type="checkbox"/> Saint Helenian	W27	<input type="checkbox"/> Omani	N27	<input type="checkbox"/> Snoqualmie Indian Tribe
B97	<input type="checkbox"/> Senegalese	W28	<input type="checkbox"/> Palestinian	N28	<input type="checkbox"/> Snoqualmoo Tribe
B98	<input type="checkbox"/> Sierra Leonean	W29	<input type="checkbox"/> Qatari	N29	<input type="checkbox"/> Spokane Tribe of the Spokane Res.
B99	<input type="checkbox"/> Togolese	W30	<input type="checkbox"/> Saudi Arabian	N30	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
C01	<input type="checkbox"/> West African (Write in) _____	W31	<input type="checkbox"/> Syrian	N31	<input type="checkbox"/> Steilacoom Tribe
	Black/African American – Black	W32	<input type="checkbox"/> Tunisian	N32	<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
C02	<input type="checkbox"/> Black (Write in) _____	W33	<input type="checkbox"/> Yemeni	N33	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
		W34	<input type="checkbox"/> Middle Eastern (Write in) _____	N34	<input type="checkbox"/> Swinomish Indian Tribal Community

Races (continued)

	American Indian/Alaskan Native – Alaska Native (cont.)		Asian – Asian (cont.)		Native Hawaiian/Other Pacific Islander – Pacific Islander (cont.)
N35	<input type="checkbox"/> Tulalip Tribes of Washington	A14	<input type="checkbox"/> Malaysian	P03	<input type="checkbox"/> Chuukese
N36	<input type="checkbox"/> Alaska Native (Write in) _____	A15	<input type="checkbox"/> Mien	P04	<input type="checkbox"/> Fijian
	American Indian/Alaska Native – American Indian	A16	<input type="checkbox"/> Mongolian	P05	<input type="checkbox"/> i-Kiribati/Gilbertese
N37	<input type="checkbox"/> American Indian (Write in) _____	A17	<input type="checkbox"/> Nepali	P06	<input type="checkbox"/> Kosraean
	Asian – Asian	A18	<input type="checkbox"/> Okinawan	P07	<input type="checkbox"/> Maori
A00	<input type="checkbox"/> Asian	A19	<input type="checkbox"/> Pakistani	P08	<input type="checkbox"/> Marshallese
A01	<input type="checkbox"/> Asian Indian	A20	<input type="checkbox"/> Punjabi	P09	<input type="checkbox"/> Native Hawaiian
A02	<input type="checkbox"/> Bangladeshi	A21	<input type="checkbox"/> Singaporean	P10	<input type="checkbox"/> Ni-Vanuatu
A03	<input type="checkbox"/> Bhutanese	A22	<input type="checkbox"/> Sri Lankan	P11	<input type="checkbox"/> Palauan
A04	<input type="checkbox"/> Burmese/Myanmar	A23	<input type="checkbox"/> Taiwanese	P12	<input type="checkbox"/> Papuan
A05	<input type="checkbox"/> Cambodian/Khmer	A24	<input type="checkbox"/> Thai	P13	<input type="checkbox"/> Pohpeian
A06	<input type="checkbox"/> Cham	A25	<input type="checkbox"/> Tibetan	P14	<input type="checkbox"/> Samoan
A07	<input type="checkbox"/> Chinese	A26	<input type="checkbox"/> Vietnamese	P15	<input type="checkbox"/> Solomon Islander
A08	<input type="checkbox"/> Filipino	A27	Asian (Write in) _____	P16	<input type="checkbox"/> Tahitian
A09	<input type="checkbox"/> Hmong		Native Hawaiian/Other Pacific Islander	P17	<input type="checkbox"/> Tokelauan
A10	<input type="checkbox"/> Indonesian	P00	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	P18	<input type="checkbox"/> Tongan
A11	<input type="checkbox"/> Japanese		Native Hawaiian/Other Pacific Islander – Pacific Islander	P19	<input type="checkbox"/> Tuvaluan
A12	<input type="checkbox"/> Korean	P01	<input type="checkbox"/> Carolinian	P20	<input type="checkbox"/> Yapese
A13	<input type="checkbox"/> Lao	P02	<input type="checkbox"/> Chamorro	P21	Pacific Islander (Write in) _____



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:	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>Parent/Guardian Language Preferences</p> <p>1. In what language(s) would your family prefer your written and spoken communication from the school?</p> <p>_____</p> <p>Do you request an interpreter for all spoken communication with the school in the language(s) listed above?</p> <p>___ Yes ___ No</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 <u>your child</u> learn first?</p> <p>_____</p> <p><i>Skyward Fields: Language/Native Language</i></p> <p>3. What language does <u>your child</u> primarily speak at home?</p> <p>_____</p> <p><i>Skyward Fields: Home Language</i></p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child?</p> <p>_____</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 <u>formal education</u> (Kindergarten – 12th grade) outside of the United States? ___ Yes ___ No</p> <p>If yes: Number of months/years: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school (Kindergarten-12th grade) in the United States?</p> <p>_____</p> <p>Month Day Year</p>		

Note to district: 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.



Certificate of Immunization Status (CIS)

Reviewed by:	Date:
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib (<i>Haemophilus influenzae type b</i>)							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ OPV (Polio)							
●▲ MMR (Measles, Mumps, Rubella)							
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ 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 or 1-866-397-0337.

To fill out the form by hand:

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

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order

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

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

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

DOH 348-013 June 2021