Sumner-Bonney Lake School District
Student Registration Checklist

Please complete and return the following documents with this cover sheet.

- Verification of Residency
  *See form for accepted forms of verification. Incomplete packets will NOT be accepted*
- Student Registration Form
- Home Language Survey
- Certificate of Immunization Status Form (CIS)

**PLEASE NOTE:**

New Immunization Documentation Requirements per the Washington State Dept. of Health

Effective 2020-2021 school year, vaccination records for school entry need to be medically verified. One of the requirements below MUST be included in the packet before student can be enrolled in school. Incomplete packets will NOT be accepted.

1. CIS form printed from IIS (Immunization Information System database) by registering at website: https://wa.myir.net
2. Hardcopy CIS form completed by hand and validated with a health care provider signature
3. Hardcopy CIS form completed by hand BY PARENT and validated by school nurse or designee with vaccination records attached

- Health History Form
- Student Housing Questionnaire
- Birth Certificate – **required for Kindergarten Registration**

**KINDERGARTEN ONLY INFORMATION BELOW:**

Has your kindergarten student participated in an Early Learning Program/Preschool in any school district in the state of Washington? □ Yes □ No □ If yes, name of school district ____________________________.

Kindergarten Waiver Information for the 2020-2021 school year:

Waiver requests for new Kindergarten students who have a sibling attending a non-resident school can be completed using the online application (SBLSD website). Completed registration paperwork should be turned in to the non-resident school. If denied, all paperwork will be forwarded to the resident school.

New Intra-district (in-district) waiver requests can be completed using the online waiver application (SBLSD website). The waiver request will be received by the requested school for consideration. Completed registration paperwork should be turned in to the resident school. If the waiver is approved, all registration paperwork will be forwarded to the requested school.
VERIFICATION OF RESIDENCY

In order to verify residency within the Sumner-Bonney Lake School District, ONE current document (dated within the past 30 days) from the list below MUST be provided showing parent/guardian name & address. Please note: Post Office box numbers are not acceptable as residence addresses.

- Escrow papers, mortgage book or statement, or homeowner’s association fees statement
- Lease agreement/Rental contract and current rent receipt
- Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating the parent/guardian lives at the stated address
- Phone bill (land line, not cellular) at the stated address
- Residence insurance statement
- Gas or electric bill
- Cable TV bill
- Garbage Bill
- Water Bill
- Verification of social services

Parent/Guardian (Please Print): ________________________________

Student Name (Please Print): ________________________________

I declare the above-named student resides at the address shown on one of the documents indicated above, and attached to this enrollment packet. I will notify the school within two weeks of residency changes and agree to provide a new proof of residency and updated signed statement at that time.

If I move outside of the school district boundaries, I understand an inter-district (Choice Transfer) attendance release must be filed in order to request continued attendance for this student.

Falsification of any information or document required for residency verification, or the use of the address of another person without actually residing there, may result in revocation of student’s enrollment in the Sumner-Bonney Lake School District (see Policy 3140.)

Parent/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. If not the parent, the Sumner-Bonney Lake School District Certification of Temporary Parental Consent agreement is required for guardianship.

Principal or Designee’s Signature: __________________________ Date: __________________

School Name: __________________________________________

Additional Comments: ____________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________
**Student Information – Please Print**

<table>
<thead>
<tr>
<th>Student Legal Last Name</th>
<th>Suffix</th>
<th>Student Legal First Name</th>
<th>Grade</th>
</tr>
</thead>
</table>

**Gender Identification**

- [ ] Male
- [ ] Female

**Birthdate (Month/Day/Yr)**

**Has your child ever been registered in the Sumner-Bonney Lake School District?**

- [ ] Yes
- [ ] No

**Has your child ever attended school under a different name?**

- If yes, what school _____________________________

**Military Family Affiliation**

School districts in Washington State are required to obtain information from families regarding active duty military status. This information is used to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents. Please indicate below if you are active duty US Armed Forces, National Guard or Reserves.

Currently active duty US Armed Forces, National Guard or Reserves

- [ ] No
- [ ] Yes – if yes, please indicate below:

**US Armed Forces active duty**

- [ ] National Guard
- [ ] More than one member of Armed Forces/National Guard

**Washington State Ethnicity and Race Data Collection**

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. The same ethnicity and race categories are used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.

We need you to identify your child as either Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Is your child of Hispanic or Latino origin?

- [ ] Yes
- [ ] No

- If yes, the state requires information in both section 1 and 2.

- If no, proceed to section 2 and check all that apply.

**Section 1. Check all that apply.**

- [ ] Mexican/Mexican
- [ ] Cuban-55
- [ ] Dominican-60
- [ ] Spaniard-65

- [ ] Central American-75
- [ ] South American-80
- [ ] Latin American-85
- [ ] Puerto Rican-70

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

- [ ] African American/Black-200
- [ ] White-300

**American Indian or Alaskan Native**

Do grandparent(s) or parent(s) have a tribal affiliation?

- [ ] Yes
- [ ] No

- [ ] Alaska Native-405
- [ ] Chehalis-410
- [ ] Colville-413
- [ ] Cowlitz-416
- [ ] Jamestown-421
- [ ] Kalispel-424
- [ ] Lower Elwha-427
- [ ] Makah-433
- [ ] Muckleshoot-436
- [ ] Micronesian-632
- [ ] Nisqually-439
- [ ] Nooksack-442
- [ ] Port Gamble S’Klallam-445
- [ ] Tulalip-487
- [ ] Guamian or Chamorro-620
- [ ] Tongan-640
- [ ] Puyallup-488
- [ ] Quileute-451
- [ ] Other Pacific Islander-699
- [ ] Other WA Indian-495
- [ ] Other American Indian/Alaska Native-499

- [ ] Alaskan-454
- [ ] Samish-457
- [ ] Sauk-Suiattle-460
- [ ] Shoalwater-463
- [ ] Skokomish-466
- [ ] Snoqualmie-469
- [ ] Stillaguamish-478
- [ ] Suquamish-481
- [ ] Other American Indian/Alaska Native-499

- [ ] Alaskan-454
- [ ] Samish-457
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- [ ] Skokomish-466
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- [ ] Skokomish-466
- [ ] Snoqualmie-469
- [ ] Stillaguamish-478
- [ ] Suquamish-481
- [ ] Other American Indian/Alaska Native-499
Other Children Attending School in Sumner-Bonney Lake School District

**Household #1 Information**

**Parent/Guardian #1**

Last Name ___________________________ First Name ___________________________

Relationship to Student  □ Father  □ Mother  □ Guardian  □ Foster  □ Other __________

Home Phone (    ) Work Phone (    ) Ext: ______ Cell Phone (    )

Please check if unlisted □ 

Primary contact phone number (check one)  □ home □ cell □ work  e-mail __________

Street Address __________________________ Apt# ______ City, State, ZIP Code __________

Mailing Address/PO Box __________________________ Apt# ______ City, State, ZIP Code __________

(Check if different than street address)

**Parent/Guardian #2**

Last Name ___________________________ First Name ___________________________

Relationship to Student  □ Father  □ Stepfather  □ Mother  □ Stepmother  □ Guardian  □ Foster  □ Other __________

Work Phone (    ) Ext: ______ Cell Phone (    )

**Household #2 Information**

**Parent/Guardian #1**

Last Name ___________________________ First Name ___________________________

Relationship to Student  □ Father  □ Mother  □ Guardian  □ Foster  □ Other __________

Home Phone (    ) Work Phone (    ) Ext: ______ Cell Phone (    )

Please check if unlisted □ 

Primary contact phone number (check one)  □ home □ cell □ work  e-mail __________

Street Address __________________________ Apt# ______ City, State, ZIP Code __________

Mailing Address/PO Box __________________________ Apt# ______ City, State, ZIP Code __________

(Check if different than street address)

**Parent/Guardian #2**

Last Name ___________________________ First Name ___________________________

Relationship to Student  □ Father  □ Stepfather  □ Mother  □ Stepmother  □ Guardian  □ Foster  □ Other __________

Work Phone (    ) Ext: ______ Cell Phone (    )

**Emergency Contacts - One Name per Line**

Name (other than guardian) ___________________________ Relationship to Student __________

Phone number (    ) ___________________________ □ home □ cell □ work

Name (other than guardian) ___________________________ Relationship to Student __________

Phone number (    ) ___________________________ □ home □ cell □ work

Name (other than guardian) ___________________________ Relationship to Student __________

Phone number (    ) ___________________________ □ home □ cell □ work

Name (other than guardian) ___________________________ Relationship to Student __________

Phone number (    ) ___________________________ □ home □ cell □ work

Name (other than guardian) ___________________________ Relationship to Student __________

Phone number (    ) ___________________________ □ home □ cell □ work

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Page 2 of 3
Student History
Name of school student last attended ___________________________ District __________ City __________ State ______
Has your child ever been retained? □ Yes □ No If yes, at what grade level(s)? ___________________________
Has your child ever received services in any of the following programs? Check all applicable programs.
□ Special Education (Including Speech) □ 504 Accommodations □ Highly Capable □ ELL □ Title I Services □ LAP Services □ Migrant Services
Name of school where services were received ___________________________ Date __________
Have you moved in the last two years to find agricultural work? □ Yes □ No
Does your child have any past, current, or pending disciplinary actions or any history of violent behavior? □ Yes □ No Date __________
Is your child presently on suspension or expulsion from another school? □ Yes □ No If yes, reason ___________________________
Is there a joint-custody or parenting plan in effect? □ Yes □ No If yes, a certified copy of the most recent plan must be on file with the school for enforcement.
Is there a restraining order against anyone pertaining to your student? □ Yes □ No If yes, most recent certified legal papers must be on file with the school for enforcement. Restraining order is against □ Mother □ Father □ Other __________

Childcare
Does student attend childcare? □ Before school □ Afterschool □ Before and afterschool
Provider’s name ___________________________ Phone Number (__________)
Street Address ___________________________ City, State, ZIP Code __________

Release of Information
Federal law prohibits school districts from releasing information found in student files without parent/guardian permission, except for what is called directory information. Directory information may be released under the Family Educational Rights and Privacy Act of 1974 (FERPA). The district does not release directory information for commercial purposes.

Parents of students under age 18 and students who are over 18 have the right to tell the school district and its schools to keep directory information private. Should you decide to ask the district to withhold information from public release or district use, please remember the district will not release or publish any information on your child for any reason.

If you wish to keep your child’s directory information private, a Directory Information Withholding Form needs to be completed. This form can be found online at www.sumnersd.org/FERPA and needs to be returned to your child’s school. This form needs to be submitted at the start of every school year. Unless a Directory Information Withholding Form is received, it is permissible to disclose designated information without written consent.

Verification of Residency – Sumner-Bonney Lake School District requires residency verification at time of enrollment.
Please provide one of the following as proof of residency.
▪ Utility Bill – gas, water or electric. This bill must include the parent/guardian name, the address and be less than 30 days old.
▪ Purchase Papers for home
▪ Lease/Rental Agreement
▪ Affidavit of Residence with a Sponsor or Landlord —sponsor/landlord must also provide proof of residency as outlined above.

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 Sumner-Bonney Lake School District.

Parent/Guardian Signature ___________________________ Date __________
The Home Language Survey is given to all students enrolling in Washington schools.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Parent/Guardian Name __________________________ Parent/Guardian Signature __________________________

**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.

1. In what language(s) would your family prefer to communicate with the school? ______________________________________

**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.

2. What language did your child learn first? ______________________________________

3. What language does your child use the most at home? ______________________________________

4. What is the primary language used in the home, regardless of the language spoken by your child? ______________________________________

5. Has your child received English language development support in a previous school? Yes____ No____ Don’t Know____

**Prior Education**
Your responses about your child’s birth country and previous education:
- 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.

This form is not used to identify students’ immigration status.

6. In what country was your child born? ______________________

7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ____Yes ____No ________

   If yes: Number of months: ________________
   Language of instruction: ________________

8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)
   Month __________ Day __________ Year __________

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

**Note to district:** This form is available in multiple languages on [http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx](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.

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Certificate of Immunization Status (CIS)

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

<table>
<thead>
<tr>
<th>Child’s Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Birthdate (MM/DD/YYYY):</th>
</tr>
</thead>
</table>

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  Date  

Required for School  
- Required Child Care/Preschool

Required Vaccines for School or Child Care Entry

<table>
<thead>
<tr>
<th>☐ Required for School</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲ DTaP (Diphtheria, Tetanus, Pertussis)</td>
<td></td>
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<tr>
<td>▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)</td>
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<tr>
<td>▲ DT or Td (Tetanus, Diphtheria)</td>
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<tr>
<td>▲ Hepatitis B</td>
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<tr>
<td>Hib (Haemophilus influenzae type b)</td>
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</tr>
<tr>
<td>▲ IPV (Polio) (any combination of IPV/OPV)</td>
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<tr>
<td>▲ OPV (Polio)</td>
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<tr>
<td>▲ MMR (Measles, Mumps, Rubella)</td>
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<tr>
<td>PCV/PPSV (Pneumococcal)</td>
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<tr>
<td>▲ Varicella (Chickenpox)</td>
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<td></td>
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<tr>
<td>□ History of disease verified by IIS</td>
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</tr>
</tbody>
</table>

Recommended Vaccines (Not Required for School or Child Care Entry)

- Flu (Influenza)
- Hepatitis A
- HPV (Human Papillomavirus)
- HPV (Human Papillomavirus)
- MCV/MPSV (Meningococcal Disease types A, C, W, Y)
- MenB (Meningococcal Disease type B)
- Rotavirus

I certify that the information provided on this form is correct and verifiable.  
Health Care Provider or School Official Name: ______________________________  Signature: ______________________ Date:___________

If verified by school or child care staff the medical immunization records must be attached to this document.

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:  
- ☐ A verified history of varicella (chickenpox) disease.  
- ☐ Laboratory evidence of immunity (titer) to disease(s) marked below.  
- ☐ Diphtheria  ☐ Hepatitis A  ☐ Hepatitis B  
- ☐ Hib  ☐ Measles  ☐ Mumps  
- ☐ Rubella  ☐ Tetanus  ☐ Varicella  
- ☐ Polio (all 3 serotypes must show immunity)

Licensed Health Care Provider Signature  Date  

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

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

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

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

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

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

Reference guide for vaccine trade names in alphabetical order

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

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

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711). DOH 348-013 November 2019
### Required Immunizations for School Year 2020-2021

**Parent/Guardian Instructions:** To see which vaccines are required for school, find your child’s grade and look only at that row going across to find the vaccines and number of doses required.

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis B</th>
<th>DTaP/Tdap (Diphtheria, Tetanus, Pertussis)</th>
<th>Polio Vaccine doses required may be fewer than listed</th>
<th>MMR (Measles, Mumps, Rubella)</th>
<th>Varicella (Chickenpox)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kindergarten through 5th Grade</strong></td>
<td>3 doses within the correct timeframes</td>
<td>5 doses within the correct timeframes</td>
<td>4 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes or Healthcare provider verified child had disease</td>
</tr>
<tr>
<td><strong>6th Grade through 12th Grade</strong></td>
<td>3 doses within the correct timeframes</td>
<td>5 doses DTaP AND 1 dose Tdap, all within the correct timeframes</td>
<td>4 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes or Healthcare provider verified child had disease (Exceptions are allowed for certain students)</td>
</tr>
</tbody>
</table>

- Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.
- Find information on other recommended vaccines not required for school: [www.immunize.org/cdc/schedules/](http://www.immunize.org/cdc/schedules/)
State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes or seizures have a care plan completed prior to the first day of school. Contact the school nurse as soon as possible to complete the proper forms.

Does your student have a LIFE-THREATENING health condition?  ☐ Yes  ☐ No

**MEDICAL HISTORY** (check all that apply)

<table>
<thead>
<tr>
<th>Life-Threatening Conditions:</th>
<th>Nervous System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaphylaxis (Epi-pen prescribed)</td>
<td>ADHD / ADD diagnosed by:</td>
</tr>
<tr>
<td>Diabete Type 1</td>
<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>Seizures – (Emergency medication required)</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Asthma – Severe</td>
<td>Developmental Disability</td>
</tr>
<tr>
<td>Other Life-Threatening Condition:</td>
<td>Migraines</td>
</tr>
<tr>
<td></td>
<td>Headaches, Recurring</td>
</tr>
<tr>
<td></td>
<td>Seizure Disorder  ☐ Current  ☐ History  Type:</td>
</tr>
<tr>
<td></td>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td></td>
<td>Other Neurological Condition:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Congenital / Genetic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Down Syndrome</td>
</tr>
<tr>
<td>Fetal Alcohol Spectrum Disorder</td>
</tr>
<tr>
<td>Please list:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blood / Hematology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
</tr>
<tr>
<td>Hemophilia</td>
</tr>
<tr>
<td>Sickle Cell Disease Trait</td>
</tr>
<tr>
<td>History of Severe Nosebleeds</td>
</tr>
<tr>
<td>Other Blood Condition:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiac / Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Birth Defect</td>
</tr>
<tr>
<td>Heart Murmur</td>
</tr>
<tr>
<td>Other Cardiovascular Condition:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergy, Immune, Endocrine, Metabolic and Nutritional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy – Food</td>
</tr>
<tr>
<td>Allergy – Insect</td>
</tr>
<tr>
<td>Allergy – Other List:</td>
</tr>
<tr>
<td>Diabetes Type 2</td>
</tr>
<tr>
<td>Other Endocrine, Immune, Nutritional or Metabolic:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gastrointestinal, Dental and Oral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celiac</td>
</tr>
<tr>
<td>Food Intolerance List:</td>
</tr>
<tr>
<td>Lactose Intolerance</td>
</tr>
<tr>
<td>Encopresis</td>
</tr>
<tr>
<td>Chronic Constipation</td>
</tr>
<tr>
<td>Gastric Reflux</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease</td>
</tr>
<tr>
<td>Irritable Bowel Syndrome</td>
</tr>
<tr>
<td>Other Gastrointestinal, Liver, Dental, Oral Condition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Musculoskeletal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile Rheumatoid / Idiopathic Arthritis</td>
</tr>
<tr>
<td>Please list:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer / Tumor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please list:</td>
</tr>
</tbody>
</table>

| OC  ☐  No known health concerns. |

Please initial:___________________
# Student Health History

## MEDICATIONS

Please report all medications that your student takes at home and/or at school.

<table>
<thead>
<tr>
<th>Is medication needed at home?</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>Please list:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is medication needed at school?</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>Please list:</th>
</tr>
</thead>
</table>

Complete REQUIRED paperwork for medication at school.

*State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.*

## Medical Devices

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLA</td>
<td>Vagal Nerve Stimulator</td>
</tr>
<tr>
<td>OLB</td>
<td>Automatic Internal Cardiac Defibrillator</td>
</tr>
<tr>
<td>OL</td>
<td>Pacemaker</td>
</tr>
<tr>
<td>OLC</td>
<td>Gastrostomy tube</td>
</tr>
<tr>
<td>OLK</td>
<td>Jejunostomy tube</td>
</tr>
<tr>
<td>OLE</td>
<td>Brace</td>
</tr>
<tr>
<td>OLEK</td>
<td>Prosthesis List</td>
</tr>
<tr>
<td>OK</td>
<td>Other medical devices:</td>
</tr>
</tbody>
</table>

## Stoma

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKA</td>
<td>Gastrostomy</td>
</tr>
<tr>
<td>OKB</td>
<td>Colostomy</td>
</tr>
<tr>
<td>OKD</td>
<td>Tracheostomy</td>
</tr>
<tr>
<td>OKE</td>
<td>Urostomy</td>
</tr>
<tr>
<td>OK</td>
<td>Other:______________________________</td>
</tr>
</tbody>
</table>

## Physical Activity / Mobility Issues:

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair</td>
</tr>
<tr>
<td>Crutches</td>
</tr>
<tr>
<td>Other List:______________________________</td>
</tr>
</tbody>
</table>

I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of 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 for the payment of any services rendered. I understand that Washington law requires that my student's immunizations are complete or conditional before starting school. I give permission for my child's school to add immunization information to the Immunization Information System to help the school maintain my child's school record.

**Parent/Legal Guardian Signature:____________________________________________________________ Date:__________________________**

---

## IMMUNIZATION VERIFICATION (Office use only)

<table>
<thead>
<tr>
<th>WAIIS #</th>
<th>CIS Series: ☐ Preschool ☐ Grade K-6 ☐ Garde 7 ☐ Grade 8-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Immunization Status is COMPLETE on the WAIIS Certificate of Immunization Status (CIS).</td>
</tr>
<tr>
<td>OR</td>
<td>Immunization Status is CONDITIONAL on the WAIIS CIS and the conditional status expiration date is after the first day of attendance.</td>
</tr>
<tr>
<td>☐</td>
<td>Parent/Guardian has signed the conditional status acknowledgement on the CIS.</td>
</tr>
<tr>
<td>OR</td>
<td>Student is not in WAIIS. Medically verified immunization records must be provided.</td>
</tr>
<tr>
<td>☐</td>
<td>Medically verified immunization records provided ☐ Permission to enter statement signed</td>
</tr>
<tr>
<td>OR</td>
<td>Certificate of Exemption (COE) provided for all vaccines not in compliance on WAIIS CIS or in WAIIS.</td>
</tr>
<tr>
<td>☐</td>
<td>COE is fully completed ☐ Permission to enter statement signed</td>
</tr>
<tr>
<td>OR</td>
<td>Immunization Status is NOT COMPLETE on the WAIIS CIS Student may not start school until documentation of missing immunizations is received that will change the CIS status to COMPLETE or CONDITIONAL.</td>
</tr>
<tr>
<td>☐</td>
<td>Student added to School Module Roster: Grade:</td>
</tr>
</tbody>
</table>

**Staff who verified immunizations:____________________________________________________________ Date:__________________________**
SUMNER - BONNEY LAKE SCHOOL DISTRICT
A GREAT PLACE TO LEARN 2019-2020

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. (Questions Contact McKinney-Vento Liaison Marilee Hill-Anderson 253-891-6032)

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

Name of Student: ____________________________
First
Middle
Last

Name of School: ____________________________ Grade: ______ Birthdate: ___________ Age: ______

Month/Day/Year

Gender: ______
☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian
Student has siblings in the Sumner-Bonney Lake School District

ADDRESS OF CURRENT RESIDENCE: ________________________________________________________________

PHONE NUMBER OR CONTACT NUMBER: ___________ NAME OF CONTACT: _______________________

Print name of parent(s)/legal guardian(s): ____________________________________________________________
(Or unaccompanied youth)

*Signature of parent/legal guardian: ___________________________ Date: ___________
(Or unaccompanied youth)

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

Please return completed form to:
Marilee Hill-Anderson 253-891-6032 Return this form to your School Office
District Liaison Phone Number Location
For School Personnel Only: For data collection purposes and student information system coding

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

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms 'enroll' and 'enrollment' include attending classes and participating fully in school activities.

(2) The term 'homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term 'unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php
http://naehcy.org/educational-resources/naehcy-publications
http://www.schoolhouseconnection.org/