

SKAMANIA SCHOOL DISTRICT #2 NEW STUDENT ENROLLMENT FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY			
SCHOOL ENTRY DATE	SCHOOL EXIT DATE	HEALTH ALERT	STUDENT DISTRICT I.D. #

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name		Also known as:	
BIRTH DATE (Month/Day/Year)	GENDER (M/F/X)	BIRTH PLACE: City		State		Country	GRADE LEVEL
STUDENT SOCIAL SECURITY # (optional)	ETHNICITY/RACE See attached form		PRIMARY LANGUAGE SPOKEN AT HOME: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other (please specify):		IS THERE AN ADDITIONAL LANGUAGE SPOKEN BY STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?		
Office use only: SSID							

PRIMARY HOUSEHOLD (parent/guardian where student resides) <i>Last Name First Name Middle Initial</i>		STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other		PRIMARY HOUSEHOLD HOME PHONE #1 (include area code) Please check if unlisted <input type="checkbox"/>		PHONE #2 (include area code) Work	
PRIMARY HOUSEHOLD (2 ND Adult where student resides) <i>Last Name First Name Middle Initial</i>				PARENT/GUARDIAN E-MAIL ADDRESS:		PHONE #3 (include area code) Cell	
PHONE #2 (second adult) Work				PHONE #3 (second adult) Cell			
RESIDENT ADDRESS	Street		Apt. #		City State Zip		
MAILING ADDRESS (if different from above)	Street		Apt. #	P.O. Box	City State Zip		

SECOND HOUSEHOLD (parent not residing with student) <i>Last Name First Name Middle Initial</i>		RELATIONSHIP: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other		SECOND HOUSEHOLD HOME PHONE #1 (include area code) Please check if unlisted <input type="checkbox"/>		PHONE #2 (include area code) Work	
SECOND HOUSEHOLD (2 ND ADULT) <i>Last Name First Name Middle Initial</i>				PARENT/GUARDIAN E-MAIL ADDRESS:		PHONE #3 (include area code) Cell	
PHONE #2 (second adult) Work				PHONE #3 (second adult) Cell			
SECOND HOUSEHOLD MAILING ADDRESS (Street/P.O. Box, City, State, Zip)						ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	

PHOTO/NAME OPT OUT: Do not use my child's photo or name in district publications and/or website. <input type="checkbox"/>	
HAS STUDENT EVER BEEN SUSPENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Reason/School:

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school for enforcement)	
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement)	
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS YOUR CHILD EVER QUALIFIED FOR A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:		If yes, at what grade level(s)?	

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 in the Skamania School District.

Parent/Guardian Signature _____ Date _____

Authorization for Pupil Record Release

Skamania School District 2
122 Butler Loop Road
Skamania, WA 98648
509-427-8239
Fax: 509-427-8921

Name of School Previously Attended: _____

Address: _____ Phone: _____

_____ Fax: _____

Student(s): _____

Records Authorized for Release:

<input type="checkbox"/> All records	<input type="checkbox"/> Professional observations
<input type="checkbox"/> Achievement tests	<input type="checkbox"/> Individual education plans (I.E.P)
<input type="checkbox"/> Interest Inventories	<input type="checkbox"/> Reports regarding I.E.P.
<input type="checkbox"/> I.Q. tests	<input type="checkbox"/> Personal/family background
<input type="checkbox"/> Health records	<input type="checkbox"/> Psychological testing & reports
<input type="checkbox"/> Attendance records	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Discipline records	_____

I authorize the school district to release the aforementioned student records as specified to Skamania School District #2.

Parent/Guardian Signature _____ Date _____

-----Office Use Only-----

Date records requested: _____

Date records received: _____

Comments: _____

Skamania School District 2 Required Annual Data Collection

Contact Information

Parent/Guardian(s) Name(s):	Best Contact Phone Number:
Physical Address:	Mailing Address:
Student Name(s):	

Housing Survey

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

1. Is this student's home address a temporary living arrangement? ☐ Yes ☐ No
If yes, is this a temporary living arrangement due to a loss of housing or economic hardship? ☐ Yes ☐ No
2. Is this an unknown nighttime residence? ☐ Yes ☐ No

If you answered NO to all of the above questions, you are done.

If you answered YES to any of the above questions, please complete #3:

3. Where is student currently living? ☐ In a motel ☐ Travel Trailer
☐ In a shelter ☐ With more than one family in a house/apt
☐ Moving from place to place ☐ In a location not designated for sleeping accommodations such as car, park, campsite or business

Name of motel, shelter or "general area" of current residence: _____

Student Custody Information

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports or removing your student from school? ☐Yes ☐No

If yes, legal papers must be on file with the school for enforcement.

Are there any current Washington State restraining orders in effect? ☐ Yes ☐ No If yes, against whom? _____

If yes, legal papers must be on file with the school for enforcement.

Relationship to Student _____

Agricultural Employment Survey

The Migrant Education Program in Washington State serves children of families who have moved due to employment in agricultural or fishing industries. The services are free.

Has anyone in the family recently moved across school district lines, and the reason they left or are returning is due to agricultural, fishing, or shellfish employment? ☐ Yes ☐ No

Military Parent or Guardian Affiliation

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 136,000 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 policymakers 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 transitioning students to a new school and enable school districts to discover and implement best practices. [2015 c 210 § 1.]

Mark all that apply:

☐ A = US Armed Forces, active duty ☐ G = National Guard Member ☐ M = More than one family member currently serving in Armed Forces or National Guard

☐ N = No affiliation ☐ R = US Armed Forces Reserves ☐ X = Data Not Available ☐ Z = No response/refused to state

Please return completed forms to the Skamania School District Office.



Office of Superintendent of Public Instruction (OSPI)
Washington State Transitional Bilingual Instructional Program
Home Language Survey

Student Name:			Date:
Birth Date:	Gender:	Grade:	SSID:
Form Completed by: Parent/Guardian Name _____ Relationship to Student _____ Parent/Guardian Signature _____ If available, in what language would you prefer to receive communication from the school? _____			
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes__ No__ Don't Know__			

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever attended a school outside of the United States? ____ Yes ____ No	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. Has your child attended school in the United States before enrolling in this district? (Kindergarten – 12 th grade) ____ Yes ____ No	For how many months? _____ months <i>*One (1) school year =10 months</i>
7. Do grandparent(s) or parent(s) have a tribal affiliation? ____ Yes ____ No	

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

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	W36	<input type="checkbox"/> White (Write in) _____
B69	<input type="checkbox"/> Nicaraguan		White – Eastern European		American Indian/Alaska Native – WA State Tribes
B70	<input type="checkbox"/> Panamanian	W01	<input type="checkbox"/> Bosnian	N00	<input type="checkbox"/> American Indian/Alaskan Native
B71	Paraguayan	W02	<input type="checkbox"/> Herzegovinian	N01	<input type="checkbox"/> Chinook Tribe
B72	<input type="checkbox"/> Peruvian	W03	<input type="checkbox"/> Polish	N02	<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation
B73	<input type="checkbox"/> South Georgia and the South Sandwich Islands	W04	<input type="checkbox"/> Romanian	N03	<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation
B74	<input type="checkbox"/> Surinamese	W05	<input type="checkbox"/> Russian	N04	<input type="checkbox"/> Confederated Tribes of the Colville Reservation
B75	<input type="checkbox"/> Uruguayan	W06	<input type="checkbox"/> Ukrainian	N05	<input type="checkbox"/> Cowlitz Indian Tribe
B76	Venezuelan	W07	<input type="checkbox"/> Eastern European (Write in) _____	N06	<input type="checkbox"/> Duwamish Tribe
B77	<input type="checkbox"/> Latin American (Write in) _____		White – Middle Eastern & North African	N07	Hoh Indian Tribe
	Black/African American – South African	W08	<input type="checkbox"/> Algerian	N08	<input type="checkbox"/> Jamestown S’Klallam Tribe
B78	<input type="checkbox"/> Botswanan	W09	<input type="checkbox"/> Amazigh or Berber	N09	<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation
B79	<input type="checkbox"/> Mosotho (Lesotho)	W10	<input type="checkbox"/> Arab or Arabic	N10	<input type="checkbox"/> Kikiallus Indian Nation
B80	<input type="checkbox"/> Namibian	W11	<input type="checkbox"/> Assyrian	N11	<input type="checkbox"/> Lower Elwha Tribal Community
B81	<input type="checkbox"/> South African	W12	<input type="checkbox"/> Bahraini	N12	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation
B82	<input type="checkbox"/> Swazi	W13	<input type="checkbox"/> Bedouin	N13	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation
B83	<input type="checkbox"/> South African (Write in) _____	W14	<input type="checkbox"/> Chaldean	N14	<input type="checkbox"/> Marietta Band of Nooksack Tribe
	Black/African American – West African	W15	<input type="checkbox"/> Copt	N15	<input type="checkbox"/> Muckleshoot Indian Tribe
B84	<input type="checkbox"/> Beninese	W16	<input type="checkbox"/> Druze	N16	<input type="checkbox"/> Nisqually Indian Tribe
B85	<input type="checkbox"/> Bissau-Guinean	W17	<input type="checkbox"/> Egyptian	N17	<input type="checkbox"/> Nooksack Indian Tribe of Washington
B86	<input type="checkbox"/> Burkinabé (Burkina Faso)	W18	<input type="checkbox"/> Emirati	N18	<input type="checkbox"/> Port Gamble S’Klallam Tribe
B87	<input type="checkbox"/> Cabo Verdean	W19	<input type="checkbox"/> Iranian	N19	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation
B88	<input type="checkbox"/> Ivorian (Cote d’Ivoire)	W20	<input type="checkbox"/> Iraqi	N20	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation
B89	<input type="checkbox"/> Gambian	W21	<input type="checkbox"/> Israeli	N21	<input type="checkbox"/> Quinalt Indian Nation
B90	<input type="checkbox"/> Ghanaian	W22	<input type="checkbox"/> Jordanian	N22	<input type="checkbox"/> Samish Indian Nation
B91	<input type="checkbox"/> Liberian	W23	<input type="checkbox"/> Kurdish Kuwaiti	N23	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of WA
B92	<input type="checkbox"/> Malian	W24	<input type="checkbox"/> Lebanese	N24	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
B93	<input type="checkbox"/> Mauritanian	W25	<input type="checkbox"/> Libyan	N25	<input type="checkbox"/> Skokomish Indian Tribe
B94	<input type="checkbox"/> Nigerien (Niger)	W26	<input type="checkbox"/> Moroccan	N26	<input type="checkbox"/> Snohomish Tribe
B95	<input type="checkbox"/> Nigerian (Nigeria)	W27	<input type="checkbox"/> Omani	N27	<input type="checkbox"/> Snoqualmie Indian Tribe
B96	<input type="checkbox"/> Saint Helenian	W28	<input type="checkbox"/> Palestinian	N28	<input type="checkbox"/> Snoqualmoo Tribe
B97	<input type="checkbox"/> Senegalese	W29	<input type="checkbox"/> Qatari	N29	<input type="checkbox"/> Spokane Tribe of the Spokane Res.
B98	<input type="checkbox"/> Sierra Leonean	W30	<input type="checkbox"/> Saudi Arabian	N30	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
B99	<input type="checkbox"/> Togolese	W31	<input type="checkbox"/> Syrian	N31	<input type="checkbox"/> Steilacoom Tribe
C01	<input type="checkbox"/> West African (Write in) _____	W32	<input type="checkbox"/> Tunisian	N32	<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
	Black/African American – Black	W33	<input type="checkbox"/> Yemeni	N33	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
C02	<input type="checkbox"/> Black (Write in) _____	W34	<input type="checkbox"/> Middle Eastern (Write in) _____	N34	<input type="checkbox"/> Swinomish Indian Tribal Community
		W35	<input type="checkbox"/> North African (Write in) _____	N35	<input type="checkbox"/> Tulalip Tribes of Washington

Races (continued)

	American Indian/Alaskan Native – Alaska Native (cont.)		Asian – Asian (cont.)		Native Hawaiian/Other Pacific Islander – Pacific Islander (cont.)
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	<input type="checkbox"/> 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	<input type="checkbox"/> Pacific Islander (Write in) _____
A14	<input type="checkbox"/> Malaysian	P03	<input type="checkbox"/> Chuukese		

Skamania School District

Student Health History & Emergency Medical Treatment Consent Form

Information on this form is required to be filled out (updated) each school year.

School Year 2025-26

Student Name	School	Grade
Teacher	Birth Date	Gender

HEALTH INFORMATION	Yes	No	Explanation if "Yes"
Allergies/Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	Triggers/Allergens: _____ Epi-Pen required at school <input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Triggers: _____ Rescue inhaler used in the past year: <input type="checkbox"/> YES <input type="checkbox"/> NO Date inhaler last used: _____ Has your student ever needed to go to the emergency room for Asthma: <input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	My student has: <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Insulin injection
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Emergency medication required at school <input type="checkbox"/> YES <input type="checkbox"/> NO Name of medication: _____
Other life-threatening condition	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain: _____

IMPORTANT – Any box checked above will **require** a meeting with the school nurse to ensure we have physician orders, medications at school, and health care plan in place **prior** to starting school. Per state law RCW 28A.210.320 and district policy, your **student may be excluded from school without this info and medication on file.**

- ☐ My student has **NONE** of the health conditions listed above
- ☐ Other health care needs: _____
- ☐ Wears glasses/contacts. Please specify: ☐ Glasses ☐ Contacts
- ☐ Hearing loss. Please specify: ☐ Right Ear ☐ Left Ear ☐ Hearing Aids

MEDICATION

Does your student take any medication? ☐ YES ☐ NO

Will medication be needed at school? ☐ YES ☐ NO

Name of medication: _____	Reason for medication: _____	Meds taken at: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> School
Name of medication: _____	Reason for medication: _____	
Name of medication: _____	Reason for medication: _____	

*Please note: Students requiring medication during the school day (herbal, over the counter or prescription) **MUST** have a written physician order and parent signature on file at school.

PLEASE SEE MEDICATION AUTHORIZATION FOR FURTHER INSTRUCTIONS.

CONTACT INFORMATION

Parent/Guardian/Emergency Contacts	Relationship	Phone
Call 1 st :		Cell: _____ Home: _____
		Work: _____
Call 2 nd :		Cell: _____ Home: _____
		Work: _____
Call 3 rd :		Cell: _____ Home: _____
		Work: _____

Student's doctor/healthcare provider: _____ Phone: _____

Insurance Provider: _____

The information on this form may be shared confidentially with school staff and emergency responders as needed. In the event of a medical emergency with my child, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis and any necessary emergency treatment. I understand that the school district assumes no financial liability for expenses incurred due to accident, injury and/or unforeseen circumstance.

Parent/Guardian Signature

Printed Name

Date

Immunization Record Requirements for Enrolling Students

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten \ form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact your child's school.

Sincerely,

Ashleigh McKenzie
ESD 112 Regional School Nurse
Ashleigh.mckenzie@esd112.org



DOH 348-744 January 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Meningococcal and HPV Required Letter

Dear Parent or Guardian:

As a parent there is nothing more important than safeguarding your child's health. The Washington State Legislature requires us to make information available to you about human papillomavirus (HPV) and meningococcal disease. Know the facts about these diseases and the vaccines available to protect your child.

Human Papillomavirus (HPV) and Prevention

What is HPV?

HPV is a very common virus that can cause cancers later in life. Nearly 42 million people are currently infected with HPV in the United States. About 13 million people, including teens, become infected with HPV each year. In the U.S., an estimated 36,000 people are affected by a cancer caused by HPV infection each year. While there is screening for cervical cancer that can detect cancer early, there is no recommended screening for the other cancers caused by HPV infection, like cancers of the back of the throat, anus, penis, vagina, or vulva.

How can I protect my child from HPV?

HPV vaccination provides safe, effective, and lasting protection against the HPV infections that most commonly cause cancer. HPV vaccination works extremely well. HPV vaccine has the potential to prevent more than 90% of HPV-attributable cancers. Since HPV vaccination was first recommended in 2006, infections with HPV types that cause most HPV cancers and genital warts have dropped 88% among teen girls and 81% among young adult women.

Who should get the vaccine and when should they get it?

Because the vaccine is more effective when given at younger ages, two doses of HPV vaccine are recommended for all boys and girls starting at ages 9 to 14. If boys or girls do not get the first dose of HPV vaccine before age 15, they will need three doses.

Meningococcal Disease and Prevention

What is meningococcal disease?

Meningococcal disease is a serious illness. It spreads through close contact by coughing, kissing, or sharing anything by mouth, such as water bottles, eating utensils, lip balm, or toothbrushes. It can cause pneumonia, blood infections, and meningitis (swelling of the covering of the brain and spinal cord). Severe disease can cause brain damage, loss of hearing or limbs, and death. Fortunately, this life-threatening infection is rare – we usually have only about 20 to 30 reported cases each year in Washington. Adolescents and young adults are more likely to get meningococcal disease, especially if they live in group settings like college dorms.

How can I protect my child from meningococcal disease?

The meningococcal conjugate vaccine, or MCV4, prevents against four types of the disease. It is a 2-dose series recommended for all children between 11 and 12 years of age, and again at 16 to 18 years of age. The meningococcal B vaccine, or MenB, is recommended during a meningococcal B disease outbreak or based on shared decision making with your health care provider.

For more information about meningococcal disease and how to prevent it:

- Washington State Department of Health meningococcal information: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/meningitis-meningococcal-disease>
- CDC meningococcal disease and vaccine information: <https://www.cdc.gov/vaccines/parents/diseases/mening.html>

Where can I find the meningococcal and HPV vaccines?

Talk to your health care provider about the vaccines your child needs. In addition to meningococcal and HPV vaccines, your preteen should receive Tdap. Washington offers vaccines at no cost to kids through age 18 through the Childhood Vaccine Program. Participating providers may charge an office visit fee or administration fee to give the vaccine. If you can't afford these fees, you can ask to have them waived. This provider map can be used to find providers in the Childhood Vaccine Program: <https://fortress.wa.gov/doh/vaccinemap/>

Sincerely,

Ashleigh McKenzie RN, BSN
Skamania School District Nurse





Skamania School District 2 • 122 Butler Loop Road • Skamania, WA 98648 • 509-427-8239
<http://www.skamanciaschooldistrict.org>

Dear Families,

Skamania School District uses School Module, an online system provided by the Washington State Department of Health.

The School Module saves time because it allows us to quickly and efficiently check if your child has the vaccines required for school. This system also allows the nurse to enter vaccines that were not recorded by a licensed health care provider or may have been given out of the state of Washington. We are also able to add a student's certificate of exemption. This will save us time on finding and entering vaccination dates and free up time to work with students.

Most children born and/or vaccinated in Washington already have their information in the system. You can access your child's record at any time by signing up for MyIR at <https://wa.myir.net/register>.

If you have any questions, please feel free to contact the school nurse, at 509-427-8239.

Thank you,

Ashleigh McKenzie
ashleigh.mckenzie@esd112.org

Student: _____ Birthdate _____

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

Parent/Guardian Signature: _____ Date: _____