

PARENTS: Complete For Kindergarten Students Only

Student's Name: _____

Parent Name: _____

Did your child attend daycare and/or preschool? Yes No (Circle one)

If yes,

Name of Daycare/Preschool	Dates Attended	Full Day or Half Day Program?

If your child attended preschool, how long did they attend preschool? _____

If your child attended preschool, did the staff share any concerns (academic/behavioral) about their progress? _____

Younger Sibling(s) in the home

Name	Age

Would you like more information regarding early learning opportunities for your child(ren)?

Yes No

(Office only - English) Building Secretary - please give a copy of this sheet to the student's Kindergarten teacher and to Jump Start Kindergarten teacher(s) in your building.



NEW STUDENT ENROLLMENT/REGISTRATION FORM

Date: _____

STUDENT INFO	Legal LAST Name		Legal FIRST Name		Legal MIDDLE Name		
	BIRTHDATE (Month/Day/Year)/	Has student's name ever been legally changed? If yes, what was previous name?	STUDENT PRIMARY LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Ukraine <input type="checkbox"/> Mixteco <input type="checkbox"/> Other _____			GRADE LEVEL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
	District Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthplace: City: _____ State: _____ Country: _____ Birth Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No				

PRIMARY HOUSEHOLD	PRIMARY PARENT/GUARDIAN INFORMATION (Household information where student resides)					
	Legal Parent/Guardian #1 Last Name			First Name		
	House Number	Street	Apt #	City	State	Zip
	Mailing Address	Street	Apt #	PO Box	City	State Zip
	Primary Phone <input type="checkbox"/> Please check if confidential		Second Phone		Third Phone	
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
	Email					
	Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Self <input type="checkbox"/> Other					
	Legal Parent/Guardian #2 Last Name			First Name		
	Email		Second Phone		Third Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Self <input type="checkbox"/> Other						

***Proof of Age:** Documents which can be used for this purpose include a birth certificate; a religious, hospital, or physician's certificate showing date of birth; a passport; an adoption record; previously verified school records; an affidavit from a parent; an entry in a family Bible; or any other documents permitted by law.

Who has legal custody of the student?	Are there any special visitation rights that we need to know about? If yes, please provide legal documentation to the school so that we can keep your child safe
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SECOND HOUSEHOLD	SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)					
	Legal Parent/Guardian #1 Last Name			First Name		
	House Number	Street	Apt #	City	State	Zip
	Mailing Address	Street	Apt #	PO Box	City	State Zip
	Primary Phone <input type="checkbox"/> Please check if confidential		Second Phone		Third Phone	
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
	Email					
	Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Self <input type="checkbox"/> Other					
	Legal Parent/Guardian #2 Last Name			First Name		
	Email		Second Phone		Third Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Self <input type="checkbox"/> Other						

STUDENT INFORMATION

School previously attended (most recent)	Entry Date	Withdrawal Date	Previous School Address (Street, City, State and Zip)
Has student <u>ever</u> attended any other school district in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school district in Washington State		School Year:
Has student <u>ever</u> attended a school in the Mount Vernon School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school attended in the Mount Vernon School District		School Year:

PLEASE LIST OTHER SIBLINGS ATTENDING MOUNT VERNON SCHOOL DISTRICT

Last Name	First Name	School	Grade

Does student attend childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare Provider Name:
<input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before & after school	Address: Phone:

Has the student ever been suspended from school? Yes No

Please explain _____

Has the student ever been suspended for a weapons violation? Yes No Date: _____

Has the student ever been to court for attendance issues? Yes No Date: _____

Emergency Contact Information - When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. Our first contact is always a parent or guardian but in the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

Name (other than guardian)	Relationship to Student	Phone number (include area code) <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work
Name (other than guardian)	Relationship to Student	Phone number (include area code) <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work
Name (other than guardian)	Relationship to Student	Phone number (include area code) <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work
Name (other than guardian)	Relationship to Student	Phone number (include area code) <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work

STUDENT HISTORY

Has your child ever qualified for or been enrolled in a Special Education Program/IEP? Yes No

Has your child ever qualified for or had a 504 plan? Yes No

Has your child ever participated in:
 Title I LAP Gifted ESL Migrant

Has your child ever repeated or skipped a grade?

Yes, Repeated
 Yes, Skipped

What grade level(s) _____

Specify any learning problem(s) or special help needed

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

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. 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 Mount Vernon Public Schools. I agree to notify the Mount Vernon School District in writing within five (5) school days following any change of my/our residency. "

Legal Parent/Guardian Signature

Date

Washington State Ethnicity and Race Data Collection Form

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 (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)				
	Hispanic	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorean (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	<input type="checkbox"/> Salvadoran (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) Hispanic/Latino Write In (H29)
RACE-NATIVE HAWAIIAN/OTHER PACIFIC	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	Pacific Islander	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) Pacific Islander Write In (P21)
RACE-BLACK/AFRICAN-AMERICAN	Black/African	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> _____ Black Write In (C02)			
	Caribbean	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupean (B14) <input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) Caribbean Write In (B20)
	Central African	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep.) (B23) <input type="checkbox"/> Chadian (B24)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)		<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> Príncipe (B30) Central African Write In (B31)
	East African	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49)	<input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) East African Write In (B53)
	Latin American	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Ecuadorean (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73)	<input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) Latin American Write In (B77)
	South African	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Swazi (B82)	South African Write In (B83)
	West African	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87) <input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)	<input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96)	<input type="checkbox"/> Senegalese (B97) <input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) West African Write In (C01)

Washington State Ethnicity and Race Data Collection Form

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RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) _____ <small>Alaska Native Write In (N36) American Indian Write In (N37)</small>			
	Washington State Tribes	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35)		
RACE-ASIAN	Asian	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)	<input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)	<input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)	<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) Asian Write In (A27) _____
	White	<input type="checkbox"/> White (W00) _____ <small>White Write In (W36)</small>			
RACE-WHITE	Eastern European	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)	<input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)	<input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)	Eastern European Write In (W07) _____
	Middle Eastern and North African	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)	<input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23)	<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31)	<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) Middle Eastern Write In (W34) _____ North African Write In (W35) _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____

Mount Vernon School District
124 E. Lawrence St Mount Vernon WA 98273
Phone (360) 428-6110 Fax (360) 428-6172

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

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

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

- No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- Yes a parent/guardian is a current member of the **reserves** of the U.S armed Forces.
- Yes a parent/guardian is a current member of the **Washington Nation Guard**.
- No Response/refused to state

Student Name: _____ Grade: _____

Parent/Guardian: _____ Date: _____

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



**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>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)</p> <p>_____</p> <p>Month Day Year</p>	

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

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

The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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



District Entry Date _____

School Entry Date _____

School _____

Student Name: _____ Birthdate _____

Previous School _____ City _____

The Washington State Office of Superintendent of Public Instruction funds programs designed to help children 0 through 21 who have moved on their own or with their parents within the past three years to seek or obtain temporary or seasonal work as a principal means of livelihood in activities related to:

Agriculture

Forestry

Poultry

Beef

Packing/Warehouses

Dairy

Commercial Fishing

Shellfish

.....
We would appreciate your cooperation in answering the following questions:

1. Have you or your family moved within the past three (3) years? YES NO
2. Did the family cross school district boundaries? YES NO
3. Was the move made for the purpose of seeking or obtaining agricultural or fishing related employment? YES NO
4. If your answer is "YES", may we contact you for more information? YES NO



For School Use Only			
Centennial	<input type="checkbox"/>	Kindergarten Only	
Jefferson	<input type="checkbox"/>		AM <input type="checkbox"/>
Harriet Rowley	<input type="checkbox"/>		
Little Mountain	<input type="checkbox"/>		PM <input type="checkbox"/>
Madison	<input type="checkbox"/>		
Washington	<input type="checkbox"/>		

STUDENT TRANSPORTATION INFORMATION

Students are transported to and from school by district school buses with pick-up and drop-off locations. This form is to be used for transportation from home/daycare to school and from school to home/daycare only.

Student name _____ Grade _____ Gender _____

Guardian name _____ Home/Cell phone _____

Home address _____

Daycare name _____ Phone _____

Daycare address _____

FOR TRANSPORTATION USE ONLY:			
M – TU – W – TH – F	M – TU – W – TH – F	M – TU – W – TH – F	M – TU – W – TH – F
1. Bus _____	2. Bus _____	1. Bus _____	2. Bus _____
Stop _____	Stop _____	Stop _____	Stop _____
Pick-up Time _____	Pick-up Time _____	Pick-up Time _____	Pick-up Time _____

Will district transportation be needed YES NO

Please indicate BEFORE SCHOOL PICK-UP location by checking applicable days.						Please indicate AFTER SCHOOL DROP-OFF location by checking applicable days					
HOME	M	TU	W	TH	F	HOME	M	TU	W	TH	F
DAYCARE:	M	TU	W	TH	F	DAYCARE	M	TU	W	TH	F

Get to know other parents using your child’s bus stop so you can have an alternate plan in the event you are unable to be at the bus stop yourself when your child arrives. Students need to be at the designated stop five minutes before pick up.

If there is a change in your schedule after you have registered your child prior to school opening, please submit a *Student Transportation Information* form at your child’s school.

Mount Vernon Schools Message on Regular Attendance and Truancy

In support of our 100% Graduation Goal, Mount Vernon Schools is continuing efforts to support students in attending school regularly so they can access and benefit from their education to the fullest extent. We know this effort requires strong family and community partnerships, as well as clear communication regarding student attendance records and the benefits of regular school attendance.

Regular attendance is important to Mount Vernon Schools because regular attendance at school contributes to social-emotional health, leading students to feel better about school and themselves. Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school. By ninth grade, regular attendance is a better predictor of graduation rates than eighth grade test scores. We want children to learn about the importance of regular attendance as early as possible so they are prepared for success in school and in post-secondary careers, education, and life.

What You Can Do

- Establish a regular bedtime and morning routine. Lay out clothes and backpacks the night before.
- Ensure that your child doesn't miss school unless they are truly sick. If a child must stay home due to illness, ask the teacher for resources and ideas to continue learning at home.
- Avoid scheduling extended trips or well-child medical appointments while school is in session.
- Develop a back-up plan for getting to school with a family member, neighbor, or friend.
- If your child seems anxious about school, contact the school to work together to provide support.

Our Promise to You

Just as our message around regular attendance is that **Every Day Counts**, our commitment to you is to ensure that every day counts in regard to the quality of your child's educational experience. We know there are many reasons for school absences. There are people at your child's school prepared to help if you or your child face challenges getting to school regularly and/or on time. We promise to notice if your child is absent, to communicate with you to understand the reason for the absence, and to work with you to remove barriers and identify resources to support your child in attending school regularly.

District Policies and State Law

As we work together, it is important that you understand the district's policies, as well as state law for mandatory attendance. Washington State requires children ages 8 to 17 to attend a public school, private school, or a district-approved home school program. Children 6 or 7 years old are not required to enroll in school-if enrolled, they must attend.

All schools are required to take daily attendance and to notify families when their child has an unexcused absence. If your child has 3 unexcused absences in 1 month, state law requires that we schedule a conference with you and your child to remove barriers and identify resources to ensure regular attendance. In elementary school, after 5 excused absences in any month, or 10 or more excused absences in the school year, the district is required to contact you to schedule a conference. A conference is not required if you have pre-arranged the absences in writing or a doctor's note has been provided, and an academic plan is in place. If your child has an IEP or a 504 Plan, the team that created the plan must reconvene.

Before a child reaches 7 unexcused absences in 1 month, the district will enter into an agreement with the child and family to establish attendance requirements. If your child has 7 unexcused absences in any month or 15 unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.030, the mandatory attendance law. The petition will be automatically stayed, and your child and family will be referred to a Community Engagement Board or other coordinated means of intervention. If truancy continues, you may need to go to court.

As we strive to work in partnership with you, we want to communicate the following information:

- Families are asked to contact the school office by phone, e-mail, or written note the morning of the absence to excuse/document the absence-excused absences will only be accepted up to 2 days following the absence.
- If your child has a significant number of days out ill, the school will partner with your child's medical provider and/or school nurse to implement a plan to improve attendance to support learning and school success.
- Only five Family Approved Absences will be eligible to be excused during the school year.

We hope that partnering with you to foster regular attendance and consistent access to classroom learning will lead to your child's success in school, and to the receipt of their high school diploma. Thank you for joining us in sending the message that **Every Day Counts**. Please let us know how we can best support your child in being at school all day, every day

Acknowledgement of Information

I am the parent/guardian of the child named below, and have received and read the Regular Attendance and Truancy information provided by Mount Vernon Schools regarding excused and unexcused absences and the truancy law.

Student Name

School

Grade

Parent/Guardian Signature

Date

*****Acknowledgement of Information*****

I am the parent/guardian of the child named below, and have received and read the Regular Attendance and Truancy information provided by Mount Vernon Schools regarding excused and unexcused absences and the truancy law.

Student Name

School

Grade

Parent/Guardian Signature

Date



124 East Lawrence Street
Mount Vernon, WA 98273
360-428-6110 • Fax 360-428-6172
www.MountVernonSchools.org

Notice for Directory Information

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Mount Vernon School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the Mount Vernon School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Mount Vernon School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.¹

If you do not want the Mount Vernon School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 15 or within 14 days of receipt of this Notice for Directory Information. The Mount Vernon School District has designated the following information as directory information:

- Student's name
- Grade level
- Dates of enrollment
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Schools attended in the district
- Work created by the student for school-related publications and purposes, and/or photographs of students for school-related publications and purposes.

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. §7908), as amended and 10 U.S.C. § 503 (c), as amended.



REQUEST TO LIMIT RELEASE OF DIRECTORY INFORMATION

Directory Information

The federal Family Rights and Privacy Act permits school districts to release Directory Information to certain people or institutions (such as the news media, colleges, or the military) unless the child's parents or guardian requests such information NOT be released.

Mount Vernon School District Board Procedure No. 3231P defines "Directory Information" as the following:

- Student's name
- Grade level
- Dates of enrollment
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Schools attended in the district
- Work created by the student for school-related publications and purposes, and/or photographs of students for school-related publications and purposes

If releasing Directory Information about your child is acceptable to you, no action is required.

If you do NOT want the Mount Vernon School District to release Directory Information about your child, please complete the form below and return it to your child's school by September 15 or within 14 days of receipt of this form. Please return one form for each child.

Release of Information to the Military

The federal Elementary and Secondary Education Act requires high schools to provide a list of student names, addresses and telephone listings to military recruiters. Parents have the right to request that their child's name be omitted from that list. If you object to your child's name being provided to the military, please check the appropriate box below and return this form to your child's school by September 15 or within 14 days of receipt of this form.

Child's Name: _____ School: _____ Grade: _____

- Do **NOT** give my child's name and contact information to military recruiters.
- Do **NOT** give my child's name and contact information to higher education institutions.
- Do **NOT** use a photograph of my child in any District-wide printed publication (such as the wall calendar or Web site) or release my child's photograph to the news media.
- Do **NOT** release any Directory Information about my child.
- Do **NOT** release Directory Information about my child, but you can include my child's name in the school's newsletter and directory.
- Do **NOT** include my child's individual class photo in his or her school yearbook.
- Opt In for Automated Calls and Texts:** all parents and/or guardians will automatically receive automated calls or texts from the school district for emergency purposes. By checking this box, I give my permission for the school district and school to send me automated phone calls and text messages for non-emergency purposes, such as information about school events and activities. I understand that I may revoke this permission by contacting the school office manager.

Signature of parent/guardian: _____ Date: _____

Technology Appropriate Use Guidelines

Student Acceptable Use Policy

I accept the full rights and responsibilities of digital citizenship

- I behave civilly and respectfully toward people online, just as I treat people courteously face-to-face.
- I keep my right to access the Internet at school by using it responsibly.
- I don't send my name, address or phone number to anyone online, just as I don't give personal information to strangers.
- I keep my username and password to myself, just as I don't give my house keys to a stranger.
- I include others in digital learning projects whether or not they have a computer, just as I want team members to include me.
- I do not post hurtful or offensive material on the internet, just as I don't put insulting or hurtful graffiti on the wall of my room.
- I turn off my cell phone in class when the teacher asks, just as I do at the movies to avoid disturbing others.
- I will not delete or damage digital content that belongs to someone else, just as I will not harm someone physically.
- I will not cheat or steal the ideas, work, music or art of someone else, just as I don't want someone to take credit for the work I create.

Here's what you can do online

Go to the Internet sites your teacher provides and use the e-tools on your PC to:

- Create files, e-projects, videos, web pages and podcasts for class projects.
- Create content for classroom databases, blogs, wikis, bulletin boards, social networking sites, online communities, web pages and email.
- Publish your school work on the school website – if your parent or guardian gives us permission.

Here's what we do not allow

Do not sabotage the network

- Actions that harm the integrity of the school network and its resources, such as hacking, cracking and vandalizing.
- Actions that use our information or equipment inappropriately or illegally.

Do not target, torment, threaten, harass, humiliate, embarrass or endanger others

- Actions that bully someone through our email or on the web.
- Actions that communicate hate or discriminatory ideas, including jokes and remarks.
- Actions that threaten or could harm others. For example: How to make a bomb or manufacture illicit drugs.
- Actions that access, upload/download, store or distribute obscene, pornographic or sexually explicit material.

Safe on the street. Safe online. Same thing.

- It's a world wide web and nothing on it is truly private. So, be smart about what you share. Keep information about yourself and others to your online self. You wouldn't hand it over to a stranger on the street. Same thing over the Internet.

Remote/Virtual Learning Sessions and Online Meetings

- For the safety and protection of students and staff, all online class sessions and meetings will be recorded.

I have learned about, understand, and will follow the Student Acceptable Use Policy.

Student Signature _____ Date _____

Teacher Signature _____ Date _____

Please review the Student Acceptable Use Policy with your children.

Mount Vernon is an "Opt Out" school district. Please sign and return only if you **DO NOT** want your student to have access to the Internet and to publish works online.

___ I **do not** want my student, _____, to have access to the Internet.
(Student's Name)

___ I **do not** want my student, _____, to publish works on the school/district website.
(Student's Name)

___ I **do not** want my student, _____, to be recorded in online classes and meetings.
(Student's Name)

Parent/Guardian Signature _____ Date _____



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Notification of Rights for Elementary and Secondary Students

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. These rights are:

1. **The right to inspect and review the student’s education records within 45 days of the day the school receives a request for access.** Parents of eligible students should submit to the school principal a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. **The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.** Parents or eligible students who wish to ask the school to amend a record should write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. **The right to privacy of personally identifiable information in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.** One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff members (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the school has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student’s enrollment or transfer.
4. **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA.** The name and address of the office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-8520

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/>

**SPECIAL
EDUCATION
ONLY**

Complete only if your child had Special Education services in their previous school

Mount Vernon School District Special Services
920 S. 2nd Street * Mount Vernon, WA 98273
Tel: (360) 428-6141 Fax: (360) 336-2715

TRANSFER Referral for Special Education Services for students transferring from another school district

Today's Date: _____

Student's Name: _____ Date of Birth: _____

Street Address, City, State, Zip Code: _____

School Attending: _____ Grade: _____

Parent or Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

What is the child's primary language: _____ Parents primary language: _____

Name & Relationship of the person making the referral: _____

Last School District Attended: _____

School name: _____ City & State: _____

Consent to place and serve student in the special education program? YES NO
(If no, please come to the special education office for assistance.)

Consent to release special education records from previous school district/agency. YES NO

Parent or Guardian's Signature



YES NO Medicaid Eligible/(do they have medical coupons?)
 YES NO If Eligible do we have consent to verify and bill Medicaid? See explanation on reverse.



Parent or Guardian's Signature/*Firma de los Padres/Tutor*

This page information only

Explanation of consent requests

PURPOSE OF PARENT CONSENT TO SERVE: A school district must fully inform parents/guardians of all information relevant to the district making a decision regarding the initial placement of a student. As a parent you may give consent or not to any proposed activity made by the district. This request asks for your consent. If you have questions regarding this request, you may call the school district director of special education for an explanation as to why the request is being made.

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; (3) if you revoke consent, the revocation is not retroactive; and (4) if you refuse to give consent, the district may request mediation or a due process hearing in order to override your refusal. *Consent is not required when the district has made reasonable measures to obtain your consent for service in special education and you have failed to respond.

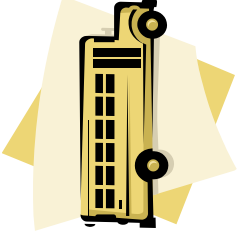
Consent for Medicaid

Medicaid eligibility verification. The school district is required to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation. With your permission, we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).



Parents - Are Your Kids Ready for School?

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.

	Hepatitis B	DTaP/Tdap (Diphtheria, Tetanus, Pertussis) Vaccine doses required may be fewer than listed	Polio Vaccine doses required may be fewer than listed	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten through 6th Grade	3 doses <i>within the correct timeframes</i>	5 doses <i>within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease
7th Grade through 12th Grade	3 doses <i>within the correct timeframes</i>	5 doses DTaP AND 1 dose Tdap, <i>all within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease <i>(Exceptions are allowed for certain students)</i>

- 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/



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

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

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

Required Vaccines for School or Child Care Entry				
	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
<ul style="list-style-type: none"> ▲ Required for School ● Required Child Care/Preschool 				
●▲ 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)	
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)	Date
<p>If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.</p> <p>I certify that the child named on this CIS has:</p> <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.

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: waitisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

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

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib + IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Pprevnar	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).

Mount Vernon School District
Health Inventory Form

Student Name: _____ **Date of Birth:** _____
Daytime Phone Number: _____ **Grade:** _____

Please check any health concerns that apply to your student. If your student does not have any health concerns, simply check the box that says "No Health Concerns at this Time." **Please complete and return this form to the school as soon as possible.**

No Health Concerns at this Time

Does your student have a Life Threatening Condition? **Yes** **No**

Under Washington State Law, "Life Threatening Condition" means a health condition that puts the student in danger of death during the school day if a medication is not administered (Epi-Pen/Diastat/Midazolam/Glucagon/Severe Asthma)

Allergies:

Bee/Insect Allergy

- Mild Reaction
- Anaphylactic reaction
- Epi-Pen Benadryl
- No medications

Food Allergy _____

- Mild Reaction
- Anaphylactic reaction
- Epi-Pen Benadryl
- No medications

Drug Allergy _____

Environmental/Seasonal allergies

Diagnosed with Asthma:

Inhaler yes no

Triggers:

- Colds Exercise
- Allergies Weather

Diagnosed with Diabetes:

Type 1 Type 2

Mental Health Concerns:

Diagnosed OCD

- Takes medication daily
- No medication

Diagnosed ODD

- Takes medication daily
- No medication

Diagnosed Anxiety Disorder

- Takes medication daily
- No medication

Diagnosed Depression/Bipolar Disorder

- Takes medication daily
- No medication

Diagnosed with Attention Deficit Hyperactive Disorder:

- Takes medication daily
- No medication

Diagnosed with Autism Spectrum Disorder:

- Takes medication daily
- No medication

Seizures/Ataques:

- Grand Mal Seizures
- Petit Mal Seizures
- History of Febrile Seizures

Other:

- Blood Disorder
- Cerebral palsy
- Chronic constipation
- Color Blindness
- Contact/Glasses
- Down Syndrome
- Documented Hearing loss
- Eczema
- Genetic condition
- Frequent ear infections
- Frequent Nosebleeds
- Headaches
- Heart Murmur
- Activity restrictions?
 yes no
- Hearing aids
- Hemophilia
- High blood pressure
- Kidney problems
- Muscular Dystrophy
- Spina Bifida
- Thyroid Problems
- Tourette Syndrome/
- Ulcers

Other Health Concerns (please list): _____

Medical History

Was your child born before 37 weeks gestation (premature) Yes No
If yes, how many weeks? _____

Has your child ever been hospitalized? Yes No
Please Explain: _____

Has your child ever had surgery? Yes No
Please Explain: _____

Has your child ever had a head injury (concussion)? Yes No
Please Explain: _____

Has your child ever had any significant injuries? Yes No
Please Explain: _____

Has your child ever had significant health problems? Yes No
Please Explain: _____

Do you have any concerns about your child's health? Yes No
Please Explain: _____

Does your child have a primary health care provider? Yes No
Date of last visit: _____

Does your child have a dentist? Yes No
Date of last visit: _____

Does your child have an eye doctor? Yes No
Date of last visit: _____

Medically verified proof of immunization is required before the student is allowed to start school

Parent Signature: _____ **Date:** _____

2021-22 Family Income Survey

Dear Parent/Guardian:

Schools receive certain federal and state funding (Learning Assistance Program, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child’s school a way to collect household income information. This information makes sure your child’s school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to your school or to Mount Vernon School District Office.

Part 1. ELIGIBILITY: Figure out your total household income. Then look at the income chart below. Find your household size. **If your total household income is equal to or less than the amount listed for your household size, check the box. If your income exceeds your household size listed please check HOUSEHOLD DOES NOT QUALIFY.**

Income Chart
Effective from July 1, 2021 through June 30, 2022

Check box that applies	Household size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$23,828	\$1,986	\$993	\$917	\$459
<input type="checkbox"/>	2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
<input type="checkbox"/>	3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
<input type="checkbox"/>	4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
<input type="checkbox"/>	5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
<input type="checkbox"/>	6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
<input type="checkbox"/>	7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
<input type="checkbox"/>	8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
<input type="checkbox"/>	For each additional household member	\$8,399	\$700	\$350	\$324	\$162
<input type="checkbox"/>	Household does not qualify					

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you’re applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child’s personal income. Do not count foster payments as income.

2021-22 Family Income Survey

Part 2. STUDENTS: Please fill in the following information for all children living with you that are attending school.

Student's Last Name	Student's First Name	MI	Date of Birth	School	Grade

Part 3. SIGNATURE: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) this information. I understand if I purposely give false information that I may be prosecuted. I understand my child's poverty status may be shared with other programs/agencies as allowed by law.

Signature: _____ Print Name: _____

Date: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Director of the Office of Equity and Civil Rights at 360-725-6162/TTY: 360-664-3631; or P.O. Box 47200, Olympia, WA 98504-7200; or equity@k12.wa.us.

The Mount Vernon School District does not discriminate in employment, programs, or activities on the basis of age, race, color, national origin, creed, religion, sex, sexual orientation, gender expression, gender identity, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or use of a trained guide dog or service animal by a person with a disability and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Civil Rights Compliance Coordinator, Bill Nutting, Assistant Superintendent, 124 E. Lawrence Street, Mount Vernon, WA 98273 (360)428-6110; Section 504/ADA Coordinator, Clint Carlton, Executive Director/Student Support Services, 920 S. Second Street, Mount Vernon, WA 98273, (360)428-6141.

Student Card Program—A Partnership with the Mount Vernon City Library Consent and Waiver to Participate in Program

As part of our commitment to provide all Mount Vernon students with equitable access to learning resources, we are excited to share that Mount Vernon School District has entered into an agreement with the City of Mount Vernon to create the Student Card Program. The Program is designed to provide access to and promote the use of physical and electronic resources available through the Mount Vernon City Library by Mount Vernon School District students. The Program will make available to District students and teachers, City library resources such as research databases, downloadable eBooks, and other City library tools.

To enable the City to create library accounts that allow District students to access library resources, the District must provide the following Student Information to the City.

- student name
- student school identification number
- school name
- student birth year (age)
- student school email address

The above Student Information may be subject to the Family Educational Rights and Privacy Act of 1974 (“FERPA”). For this reason, if you would like your child to participate in the Program, your written consent is required for the District to share your child’s Student Information with the City. Your child is not required to participate in the Program and if you choose for your child not to participate, your child will continue to have access to learning resources currently being provided by the District. **Please select one of the options below:**

_____ Yes, I would like my child to participate in the Program and authorize the District to transfer Student Information for my child, including my child’s name, student school identification number, school name, birth year (age), and student school email address to the City for use in the Program. To the extent such Student Information is subject to FERPA, I hereby consent to the release of such information to the City for use in the Program. This consent shall remain in effect until revoked by me in writing and delivered to the District, though any such revocation shall not affect disclosures previously made prior to its receipt. ***I waive, release, and discharge any and all rights, claims, demands, and causes of action that I have or may have against the District, the City, and any of their respective employees, elected officials, agents, successors, or assigns now or in the future arising out of the transfer of my child’s Student Information to the City in connection with the Program.***

_____ No, I do not want my child to participate in the Program.

By signing below, I certify that I have read and fully understand the foregoing information. If I have selected for my child to participate in the Program above, I certify that I have read and understand the foregoing wavier and expressly consent to its terms.

Student name: _____

Parent/Legal Guardian name: _____

Parent/Legal Guardian signature: _____

Date: _____

If you have any questions regarding the Student Card Program, please contact the librarian at your child’s school.