HENRY M. JACKSON HIGH SCHOOL
1508 136th Street SE
Mill Creek, WA 98012
Phone (425) 385-7000 ▪ Fax (425) 385-7044

Dave Peters	BLYTHE YOUNG	MARSHALL (SECHIN) TOWER	SHAUN MONAGHAN	MICHELLE RENEE
Principal	*Asst. Principal, 12th*	*Asst. Principal, 11th*	*Asst. Principal, 10th*	*Asst. Principal, 9th*

Welcome to Henry M. Jackson High School

> ## Below is the information needed to enroll your student. Please bring these documents to the Main Office, scan/email to gstrom@everettsd.org, or fax to 425-385-7044

☐ **PROOF OF ADDRESS: Current (WITHIN 6 MONTHS) utility bill, lease or sale agreement showing parent/guardian name and address.** These are the ***only*** items we are able to accept as proof of address. If a student OR student's family is living with another family in the JHS area, verification of that address/arrangement is required for enrollment.

☐ Current immunization/vaccination record for student

☐ Transcript or 8th grade report card/withdrawal grades

☐ Copy of Birth certificate for student

☐ Guardian(s) photo identification, i.e. driver's license

Does your student have an IEP?   Yes_____No_____
➡ If your student has any kind of specially designed instruction, we ***MUST*** have a copy of the ***IEP and most recent Evaluation*** in order to ensure appropriate placement in special education

Does your student have ELL/ESL classes?   Yes_____No_____
➡ ELL Testing must be done prior to meeting with a counselor to determine appropriate placement

Does your student have 504 Plan? Yes_____No_____
➡ Bring a copy of the 504 Accommodations if possible

Our mission is to provide a rigorous curriculum that sets high standards and prepares all students for the future.

Everett Public Schools Student Enrollment Information

EVERETT PUBLIC SCHOOLS

School:_____ Date of Entry:_____

DO NOT WRITE IN SHADED AREAS – FOR OFFICE USE ONLY

SSID #	STUDENT ID	MEDICAL ALERT	HOMEROOM #	TEACHER NAME	BUS ROUTE AM____ PM____

STUDENT INFORMATION SECTION

STUDENT: Legal LAST Name	Legal First Name	Legal Middle Name	Also known as (Nickname)

Preferred Name Information ❑ Same as Above	*Preferred* LAST Name	*Preferred* First Name	*Preferred* Middle Name

Gender ❑ Female ❑ Male ❑ Non-Binary (X)	Grade	First USA School Entry Date	First WA School Entry Date
	Birthdate (mm/dd/yyyy)	Country of Birth	State/Province of Birth	City of Birth

School Related Student Services	Special Education/IEP ❑ Current ❑ Previous	Speech ❑ Current ❑ Previous	Occupational/Physical Therapy ❑ Current ❑ Previous
	English Language Services ❑ Current ❑ Previous	Section 504 Plan ❑ Current ❑ Previous	

Everett Public Schools Resident ❑ Y ❑ N   District of Residence: Approved Variance ❑ Y ❑ N

STUDENT CONTACT INFORMATION SECTION

Phone *(###)###-####*	Home	Student Cell	Student Email:

Resident Address ❑ Verified	Street		Apt/Lot	City	State WA	Zip

Mailing Address ❑ Same as Above	Street	Apt/Lot	PO Box	City	State	Zip

Lives with: *(Check one)* *Documentation required.*

❑ Both Parents   ❑ Mother Only   ❑ Father Only   ❑ Mother/Stepfather
❑ Father/Stepmother   ❑ Grandparents   ❑ Stepfather/Stepmother   ❑ Agency*
❑ Foster Parents*   ❑ Self (If under 18*)   ❑ Other: _____

Legal Documents: *(copies required, if applicable)*	Custody/Parenting Plan ❑ Y ❑ N	Guardianship ❑ Y ❑ N	Restraining Order ❑ Y ❑ N	Other:_____ ❑ Y ❑ N

FEDERAL FUNDING AND MILITARY FAMILY CONNECTIONS

State law requires us to request the military connected status of all students each year.
Additionally, Public Law No. 874 allows school districts to receive additional funding for students of families who live or work on Federal Land.

US MILITARY FAMILIES Please account for all Parents/ Guardians, including those who do not live with the student.	❑ One Active Duty Parent/Guardian ❑ One Parent Guardian in the Reserves	❑ One National Guard Parent/Guardian ❑ More than one Parent/Guardian in any Armed Forces branch/branches	❑ N/A / Retired / Not Affiliated ❑ Prefer not to state

FEDERAL FUNDING	❑ Lives on Federal Land	❑ Works on Federal Land	❑ Both ❑ N/A

PREVIOUS SCHOOL INFORMATION SECTION

Last two schools, including preschool.

Last School Name:	Entry Date:	Withdrawal Date:
Address:		Phone: *(###)###-####*
Prior School Name:	Entry Date:	Withdrawal Date:
Address:		Phone: *(###)###-####*

Revised 08/2018

SIBLING INFORMATION SECTION

Does the student have siblings who reside in the same household?　❑ Y ❑ N　If yes, please list siblings below.

Child's Name	Date of Birth	Grade	Current School/Preschool/Child Care	Attends Everett Schools?
				❑ Y ❑ N
				❑ Y ❑ N
				❑ Y ❑ N
				❑ Y ❑ N

PARENT/GUARDIAN INFORMATION SECTION

Parent/Guardian (G1)

*This parent guardian holds primary responsibility for all record updates, has online access to student records, and should **live with** the student For students in Foster Care, G1 should reflect their caseworker, and foster parents as G2 and G3. Attach the school form to the enrollment paperwork.*

Name	Last		First	Relationship

Mailing Address ❑ Same as Student			City, State	Zip

Phone Information	Home (H)	Mobile (M)	Work (W)	Exclude from messaging ❑ H ❑ M ❑ W
Communication Preferences	Preferred Language:	Should receive mailings: ❑ Yes ❑ No	Email Address:	

Parent/Guardian (G2)   Online Record Access ❑ Y ❑ N

Name	Last		First	Relationship

Mailing Address ❑ Same as G1			City, State	Zip

Phone Information	Home (H)	Mobile (M)	Work (W)	Exclude from messaging ❑ H ❑ M ❑ W
Communication Preferences	Preferred Language:	Should receive mailings: ❑ Yes ❑ No	Email Address:	

Parent/Guardian (G3)   Online Record Access ❑ Y ❑ N

Name	Last		First	Relationship

Mailing Address Same as ❑ G1 ❑ G2			City, State	Zip

Phone Information	Home (H)	Mobile (M)	Work (W)	Exclude from messaging ❑ H ❑ M ❑ W
Communication Preferences	Preferred Language:	Should receive mailings: ❑ Yes ❑ No	Email Address:	

Parent/Guardian (G4)   Online Record Access ❑ Y ❑ N

Name	Last		First	Relationship

Mailing Address Same as ❑ G1 ❑ G2 ❑ G3			City, State	Zip

Phone Information	Home (H)	Mobile (M)	Work (W)	Exclude from messaging ❑ H ❑ M ❑ W
Communication Preferences	Preferred Language:	Should receive mailings: ❑ Yes ❑ No	Email Address:	

CHILD CARE INFORMATION SECTION

Does student attend child care? ❑ Y ❑ N Child Care Facility Name: _____	Child Care Address:	Phone Number(s): ( ) _____
Child Care Contact Name: _____		( ) _____

EMERGENCY CONTACT INFORMATION SECTION

*Persons listed as emergency contacts are authorized to pick up students in the case of an **emergency only**. Release of students in **non-emergency** situations requires the **express consent** of a guardian. It is the Parent/Guardian's responsibility to notify emergency contacts that the school may contact them in the case of an emergency.* **(Please list each contact individually.)**

Emergency Contact (C1) *(required)*

Parent/Guardian of an Everett Public Schools Student? ☐ Y ☐ N

Name	Last		First			Relationship	
Address				City, State		Zip	
Contact Information	Home	Mobile		Work		Email Address:	

Emergency Contact (C2)

Parent/Guardian of an Everett Public Schools Student? ☐ Y ☐ N

Name	Last		First			Relationship	
Address ☐ Same as C1				City, State		Zip	
Contact Information	Home	Mobile		Work		Email Address:	

Emergency Contact (C3)

Parent/Guardian of an Everett Public Schools Student? ☐ Y ☐ N

Name	Last		First			Relationship	
Address Same as ☐ C1 ☐ C2				City, State		Zip	
Contact Information	Home	Mobile		Work		Email Address:	

Emergency Contact (C4)

Parent/Guardian of an Everett Public Schools Student? ☐ Y ☐ N

Name	Last		First			Relationship	
Address Same as ☐C1 ☐ C2 ☐ C3				City, State		Zip	
Contact Information	Home	Mobile		Work		Email Address:	

STUDENT TRAVEL INFORMATION SECTION

☐ Regular Bus from Home	☐ Parent	☐ Walker	☐ Special Bus Needed
☐ Regular Bus from Child Care	☐ Child Care provides Transportation	☐ Public Transit	☐ Car

ATTENDANCE/DISCIPLINE INFORMATION SECTION

Has this student been referred under the **Washington State BECCA Law** guidelines for truancy problems? ☐ Y ☐ N

Is this student **currently on a suspension (short or long term), or expulsion** from his/her previous school? ☐ Y ☐ N

If yes, effective what date? _____ For how long? _____

DIRECTORY RELEASE INFORMATION/INTERNET ACCESS

Refer to and complete, if applicable, the Everett Public Schools' Directory Information form. The form includes federal Family Educational Rights & Privacy Act (FERPA) release information. This opt-out form is attached to *Student Responsibilities and Rights Policies and Parental Notifications* handbook.

PARENT/GUARDIAN SIGNATURE

I understand that by signing this form I authorize the release of my students to emergency contacts in the case of an emergency.

I attest to the accuracy of this information on this form.

I understand that if incorrect information is provided it may be grounds for revocation of enrollment.

_____ _____ _____
Parent/Guardian Signature   Date   Relationship to Student

Revised 08/2018

Ethnicity and Race Reporting Questionnaire

> *You may choose not to answer this questionnaire, but if you do not provide this information then we are required to make a selection for you using the best information* available.*

Name: _____

ID: _____

QUESTION 1:   Is your child of Hispanic or Latino origin? ☐ Yes ☐ No   (Check all that apply.)

(Note: if you indicate that your child is Hispanic/Latino and do not choose a race in Question 2, then we are required to make a race selection on your behalf.)

☐ Argentine	☐ Bolivian	☐ Brazilian	☐ Chicano (Mexican American)	☐ Chilean	☐ Colombian	☐ Costa Rican
☐ Cuban	☐ Dominican	☐ Ecuadorian	☐ Guatemalan	☐ Guyanese	☐ Honduran	☐ Jamaican
☐ Mexican	☐ Mestizo	☐ Native	☐ Nicaraguan	☐ Panamanian	☐ Paraguayan	☐ Peruvian
☐ Puerto Rican	☐ Salvadorian	☐ Surinamese	☐ Spaniard	☐ Uruguayan	☐ Venezuelan	☐ Other

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

AMERICAN INDIAN / ALASKA NATIVE (only Washington Tribes are collected by tribal affiliation)

☐ Chinook Tribe	☐ Confederated Tribes and Bands of the Yakama Nation	☐ Confederated Tribes of the Chehalis Reservation	☐ Confederated Tribes of the Colville Reservation
☐ Cowlitz Indian Tribe	☐ Duwamish Tribe	☐ Hoh Indian Tribe	☐ Jamestown S'Klallam Tribe
☐ Kalispel Indian Community of the Kalispel Reservation	☐ Kikiallus Indian Nation	☐ Lower Elwha Tribal Community	☐ Lummi Tribe of the Lummi Reservation
☐ Makah Indian Tribe of the Makah Indian Reservation	☐ Marietta Band of Nooksack Tribe	☐ Muckleshoot Indian Tribe	☐ Nisqually Indian Tribe
☐ Nooksack Indian Tribe of Washington	☐ Port Gamble S'Klallam Tribe	☐ Puyallup Tribe of Puyallup Reservation	☐ Quileute Tribe of the Quileute Reservation
☐ Quinault Indian Nation	☐ Samish Indian Nation	☐ Sauk-Suiattle Indian Tribe of Washington	☐ Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
☐ Skokomish Indian Tribe	☐ Snohomish Tribe	☐ Snoqualmie Indian Tribe	☐ Snoqualmoo Tribe
☐ Spokane Tribe of the Spokane Reservation	☐ Squaxin Island Tribe of the Squaxin Island Reservation	☐ Steilacoom Tribe	☐ Stillaguamish Tribe of Indians of Washington
☐ Suquamish Indian Tribe of the Port Madison Reservation	☐ Swinomish Indian Tribal Community	☐ Tulalip Tribes of Washington	☐ Alaska Native
☐ Other American Indian			

ASIAN   ☐ Other Asian (not listed below)

☐ Asian (non-specific)	☐ Asian Indian	☐ Bangladeshi	☐ Bhutanese	☐ Burmese (MMR)	☐ Cambodian/Khmer
	☐ Cham	☐ Chinese	☐ Filipino	☐ Hmong	☐ Indonesian
	☐ Japanese	☐ Korean	☐ Lao	☐ Malaysian	☐ Mien
	☐ Mongolian	☐ Nepali	☐ Okinawan	☐ Pakistani	☐ Punjabi
	☐ Singaporean	☐ Sri Lankan	☐ Taiwanese	☐ Thai	☐ Tibetan
	☐ Vietnamese				

NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER   ☐ Other Pacific Islander (not listed below)

|					
☐ Native Hawaiian and/or Pacific Islander (non-specific)	☐ Carolinian	☐ Chamorro	☐ Chuukese	☐ Fijian	☐ i-Kiribati/Gilbertese
	☐ Kosraean	☐ Maori	☐ Marshallese	☐ Native Hawaiian	☐ Ni-Vanuatu
	☐ Palauan	☐ Papuan	☐ Pohpeian	☐ Samoan	☐ Solomon Islander
	☐ Tahitian	☐ Tokelauan	☐ Tongan	☐ Tuvaluan	☐ Yapese

☐ Other Black (not listed below)

☐ Black / African-American (non-specific)   ☐ African American   ☐ African Canadian

☐ Caribbean (non-specific)	☐ Anguillan	☐ Antiguan	☐ Bahamian	☐ Barbadian	☐ Barthélemois(es)
	☐ British Virgin Islander	☐ Caymanian	☐ Cuba Dominican	☐ Dominican	☐ Dutch Antillean
	☐ Grenadian	☐ Guadeloupian	☐ Haitian	☐ Jamaican	☐ Martiniquais(e)
	☐ Montserratian	☐ Puerto Rican	☐ Other		

☐ Central African (non-specific)	☐ Angolan	☐ Cameroonian	☐ Central African (CAF)	☐ Chadian	☐ Congolese (COG)
	☐ Congolese (COD)	☐ Equatorial Guinean	☐ Gabonese	☐ São Toméan	☐ Principe
	☐ Other				

☐ East African (non-specific)	☐ Burundian	☐ Comoran	☐ Djiboutian	☐ Eritrean	☐ Ethiopian
	☐ Kenyan	☐ Malagasy	☐ Malawian	☐ Mauritian	☐ Mahoran
	☐ Mozambican	☐ Reunionese	☐ Rwandan	☐ Seychellois(e)	☐ Somali
	☐ South Sudanese	☐ Sudanese	☐ Tanzanian	☐ Zambian	☐ Zimbabwean
	☐ Other				

☐ Latin American (non-specific)	☐ Argentine	☐ Belizean	☐ Bolivian	☐ Brazilian	☐ Chilean
	☐ Colombian	☐ Costa Rican	☐ Ecuadorian	☐ El Salvadoran	☐ Falkland Islander
	☐ French Guianese	☐ Guatemalan	☐ Guyanese	☐ Honduran	☐ Mexican
	☐ Nicaraguan	☐ Panamanian	☐ Paraguayan	☐ Peruvian	☐ South Georgia & the South Sandwich Islands
	☐ Surinamese	☐ Uruguayan	☐ Venezuelan	☐ Other	

☐ South African (non-specific)	☐ Botswanan	☐ Mosotho (LSO)	☐ Namibian	☐ South African (ZAF)	☐ Swazi
	☐ Other (not listed)				

☐ West African (non-specific)	☐ Beninese	☐ Bissau-Guinean	☐ Burkinabé (BFA)	☐ Cabo Verdean	☐ Ivorian (CIV)
	☐ Gambian	☐ Ghanaian	☐ Liberian	☐ Malian	☐ Mauritanian
	☐ Nigerien (NER)	☐ Nigerian (NGA)	☐ Saint Helenian	☐ Senegalese	☐ Sierra Leonean
	☐ Togolese	☐ Other			

☐ White (not listed below)

☐ Eastern European (non-specific)	☐ Bosnian	☐ Herzegovinian	☐ Polish	☐ Romanian	☐ Russian
	☐ Ukrainian	☐ Other			

☐ Middle Eastern / North African (non-specific)	☐ Algerian	☐ Amazigh/Berber	☐ Arab/Arabic	☐ Assyrian	☐ Bahraini
	☐ Bedouin	☐ Chaldean	☐ Copt	☐ Druze	☐ Egyptian
	☐ Emirati	☐ Iranian	☐ Iraqi	☐ Israeli	☐ Jordanian
	☐ Kurdish Kuwaiti	☐ Lebanese	☐ Libyan	☐ Moroccan	☐ Omani
	☐ Palestinian	☐ Qatari	☐ Saudi Arabian	☐ Syrian	☐ Tunisian
	☐ Yemeni	☐ Other Middle Eastern		☐ Other North African	

☐ Western European (non-specific)	☐ Dutch	☐ English	☐ French	☐ German	☐ Greek
	☐ Italian	☐ Norwegian	☐ Spanish	☐ Swedish	☐ Other

☐ American (non-specific)	☐ American (USA)	☐ Canadian	☐ Central American	☐ South American

The background information available to Everett Schools about race and ethnicity may include: A review of our internal records and/or records we have received from other schools, or talking with members of our staff who have had contact with you or your student and may be able to provide insight.
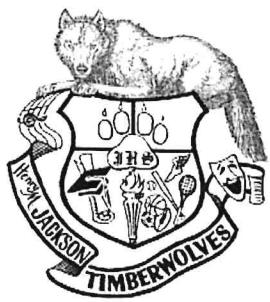
HENRY M. JACKSON HIGH SCHOOL

1508 136th Street SE
Mill Creek, WA 98012
Phone (425) 385-7010 ▪ Fax (425) 385-7044

DAVE PETERS	MICHELLE RENEE	BLYTHE YOUNG	MARSHALL (SECHIN) TOWER	SHAUN MONAGHAN
Principal	*Assistant Principal*	*Assistant Principal*	*Assistant Principal*	*Assistant Principal*

New Student Enrollment Information Form

Student Name_____ Grade_____ Date_____

The information you provide is necessary to help us place your student in the best, most appropriate program possible. Please answer the following questions:

PRIOR SCHOOL HISTORY

Last day of attendance at previous school: _____

Please circle Yes or No

Has the student officially withdrawn from the previous school?	YES	NO
Has the student been home schooled within the past three (3) years?	YES	NO
Has the student been suspended or expelled during the past three (3) years?	YES	NO

If Yes, please state the date(s) and reasons(s):

_____

_____

Is there any history of attendance problems or Becca Bill referrals?	YES	NO
Does the student have any unpaid fees/fines at the previous school?	YES	NO

SUPPLEMENTAL SCHOOL SERVICES

Was the student receiving any of the following services at the previous school? *Please circle Yes or No*

Speech/language therapy	YES	NO	Nurse/health concerns	YES	NO
Chapter 1 or LAP	YES	NO	Restricted PE activity	YES	NO
IEP/Special Education	YES	NO	ESL support	YES	NO
504	YES	NO	Physical Therapy	YES	NO
Counseling	YES	NO	Occupational therapy	YES	NO

Are you the parent or legal guardian of this student?	YES	NO

If NO, a Hold Harmless Agreement **must be signed and notarized prior to enrollment.**

Is there any additional information that you would like us to know about this student?

_____

_____

_____

"The information provided here is accurate. I understand that providing incomplete or inaccurate information is grounds for revocation or admission."

_____   _____
Parent/Guardian Signature   Date
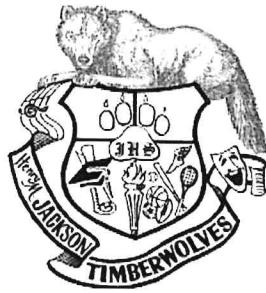
RECORDS REQUEST

HENRY M. JACKSON HIGH SCHOOL
COUNSELING OFFICE

1508 136th Street SE
Mill Creek, WA 98012
Phone (425) 385-7010 ▪ Fax (425) 385-7044

DAVE PETERS	**BLYTHE YOUNG**	**SHAUN MONAGHAN**	**MICHELLE RENEE**	**MARSHALL (SECHIN) TOWER**
Principal	*Asst. Principal*	*Asst. Principal*	*Asst. Principal*	*Asst. Principal*

DATE: _____

TO: **Name and address of last school student attended:**

School Name:_____

Address:_____

City, State, Zip:_____

Phone Number: _____

Fax Number (for records requests):_____(NEEDED)

FROM: **Gina Strom, Counseling Secretary   425.385.7010 or gstrom@everettsd.org**

RE: **The following student has enrolled at Henry M. Jackson High School.**

Student Name: _____

Grade: _____

Date of Birth: _____

NOTE: **If the student has not yet begun, anticipated start date** _____

☐ **ASAP Please send/fax current classes/grades, unofficial transcript, Special Ed or EL/ESL records to gstrom@everettsd.org or (425) 385-7044 FAX**

☐ **Special Education Records, IEP, Recent Eval, Tests or Contact information ASAP:**

_____

ALSO: **Please forward the following items at your earliest convenience:**

☐ **Official Transcript**
☐ **Test Scores & Final Grades**
☐ **Educational Cumulative File**
☐ **504 Records**

☐ **Withdrawal Form**
☐ **Discipline Records**
☐ **Attendance & Becca Records**
☐ **Health Records/Immunizations**

Our mission is to provide a rigorous curriculum that sets high standards and prepares all students for the future.

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 _____

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.

All parents have the right to information about their child's education in a language they understand.

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

Eligibility for Language Development Support
Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

2. What language did your child learn first?
   _____

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

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

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

Prior Education

Your responses about your child's birth country and previous education:

- Give us information about the knowledge and skills your child is bringing to school.
- May enable the school district to receive additional federal funding to provide support to your child.

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

6. In what country was your child born? _____

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

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

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

   _____
   Month   Day   Year

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

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

EVERETT PUBLIC SCHOOLS

Student Housing Form

Confidential

Is your student's living arrangement temporary or due to the loss of housing or economic hardship?	YES	NO

If you answered YES, please complete the rest of the form. If you answered NO, you do not need to continue

Student Name (First and Last)	Student No.	Grade	Gender	Ethnicity/Race
Current School or Last Attended	Enrolled in School?	Age	Date of Birth	Parent/Guardian Email
Address	Parent/ Guardian Name		Phone	Language
City, State, Zip	Parent/ Guardian Name		Phone	Language

Please list all siblings or other children in the home: (use back if needed)

Name	Student ID	Grade	Age	Sibling? Y/N	School (if any)

Student's living situation:

YES	NO	
		Student lives with a parent or guardian
		Staying in a motel/hotel
		Sharing the housing of others due to loss of housing, economic hardship, or similar reason.
		Living in a car, park, campsite, trailer park, bus/ train station, abandoned building, or other location not ordinarily used as sleeping accommodations.
		Student is temporarily placed with relative or guardian.
		Student lives at a temporary shelter
		Transitional Housing *(a program going from homeless to independent living usually within 24 months)*
		Migrant

Other (please explain):

Parent/Guardian/Unaccompanied Youth Signature:

Name _____   Relationship _____   Date _____

This form is intended to address the requirements of the McKinney-Vento Act, 42 U.S.C. 11435. The questions on this form assist in determining if the student meets the eligibility criteria for services provided by the Everett Public Schools KIT (Kids In Transition) program. Presenting a false record or falsifying records is an offense under the Washington Administrative Code, Chapter 148-120-100, section 7.

School To Complete	Submitted by: _____ Building/ Dept: _____ Date: _____

If Yes, send copy of form to Categorical Programs (originals in student file).   Updated September 2017- English

![Everett Public Schools logo] **EVERETT PUBLIC SCHOOLS**

THREE reasons you might want to return this form by Oct. 1.
1. You don't want your child's photo or information used as explained in **SECTION 1**
2. You don't want your child to use the Internet at school– **SECTION 2**
3. You have a high school student – **SECTION 3**

---

1. Your permission to use student's photo, name and student work

The district never releases phone numbers and addresses without your permission. The district does release student photos, names and student work under the following circumstances. If you do not want that information released, write NO in the box provided.

If you leave a box blank or do not return this form, we assume we have your permission to release the information below.

Do you want your child's name and/or photo shared in the following kinds of district and nondistrict methods? *School newspaper, graduation program, school or district recognitions, print and online media; also parent groups, such as the PTA, which frequently write stories about student accomplishments, school programs and events.* ➡ *Write "YES" or "NO."*	
Do you want your child's name and/or photo in your school's yearbook? *Note: Some schools publish their yearbook online and some yearbooks are created by parent groups, such as the PTA.* ➡ *Write "YES" or "NO."*	

---

2. Your permission for your student to use the Internet at school

If you leave this blank, we assume your child has permission to use the Internet at school.

WRITE NO if you don't want your child to use the Internet to learn at school.	

---

3. Your permission to share high school student information with the military and colleges

If you leave an item blank, we assume we have your permission to release the information.

WRITE NO if you don't want your high school student's information shared with:	Military recruiters	
	Colleges and trade schools	

_____
Student Name (please print)

_____
Parent/Guardian Name (please print)

_____
Student ID Number (if currently enrolled student)

_____
Parent/Guardian Signature   Date

If you have questions, call the Everett Public Schools communications office at 425-385-4040.

Rev. 4/4/2016

Explanations

The federal Family Educational Rights and Privacy Act (FERPA) allows school districts to define "directory information," and then share only that information **unless** you request that information **not** be shared.

If you write "NO" for an item on the other side of this page, we cannot and will not share the information you specified. When we are asked for "directory information" about a student, we share only the information needed for that purpose. We usually only share the student's name, age or grade and school.

---

1. INFORMATION USED IN DISTRICT PUBLICATIONS, ONLINE AND BY OUTSIDE MEDIA

Directory information is: student's name, grade level, dates of enrollment, degrees and awards, participation in officially recognized activities and sports, weight and height of members of athletic teams, schools attended in the district; school work, and photographs per Policy 3250.

We share good news about student achievement and honors. This includes showing student work in print and online. It can mean displaying student work in a public place, and sharing student achievement information with news outlets. We never knowingly release information about a student to anyone who wants to use it for commercial reasons. We only share student addresses or phone numbers when such requests come from the military or institutions of higher learning (as explained below).

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2. INTERNET ACCESS FOR LEARNING AT SCHOOL

Thanks to voter approval of bonds and levies, students can use educational technology as an everyday part of their learning. With technology, learning expands from the four walls of a classroom into the rest of the world. Students use the Internet to explore, research and collaborate. They are able to store documents electronically and retrieve them from home and from school.

If you write "NO" in Section 2, your child will not be able to use the Internet for school learning.

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3. INFORMATION FOR MILITARY AND COLLEGES (applies to high school students only)

The military and institutions of higher learning request high school students' directory information and, by federal law, we must also provide the student's address and phone number. We provide that information on or about October 15 each year to these groups. If you write "NO" in Section 2 on the other side of this page, and if we receive your form by October 1, we will not release your student's directory information. If your student's form is returned **after** October 1, be aware that we may have already released your student's information per Policy 3250.

All district policies and procedures are available online at *www.everettsd.org.*

- Policy and Procedure 3245 – "Technology." Internet Access information is under section *Student Access and Use of District Technology.*
- Policy 3250 – "Release of Student Directory Information" includes more details about student directory information.
- For more information about directory information, call the communications department at 425-385-4040.

Washington State Department of Health

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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

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

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

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

Parent/Guardian Signature Required _____ Date _____

Parent/Guardian Signature Required _____ Date _____

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

Required Vaccines for School or Child Care Entry

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)							
◆ Tdap (Tetanus, Diphtheria, Pertussis)							
◆ Td (Tetanus, Diphtheria)							
◆ Hepatitis B ☐ 2-dose schedule used between ages 11-15							
● Hib (Haemophilus influenzae type b)							
◆ IPV / OPV (Polio)							
◆ MMR (Measles, Mumps, Rubella)							
● PCV / PPSV (Pneumococcal)							
◆ Varicella (Chickenpox) ☐ History of disease verified by IIS							

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

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV / MPSV (Meningococcal)							
MenB (Meningococcal)							
Rotavirus							

Documentation of Disease Immunity

Healthcare provider use only

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

I certify that the child named on this CIS has:

☐ a verified history of Varicella (Chickenpox).

☐ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

☐ Diphtheria	☐ Mumps	☐ Other:
☐ Hepatitis A	☐ Polio	_____
☐ Hepatitis B	☐ Rubella	_____
☐ Hib	☐ Tetanus	
☐ Measles	☐ Varicella	

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

Printed Name _____

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

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

To fill out the form by hand:
#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.
#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP,** Hepatitis B as **Hep B,** and Polio as **IPV.**
#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

  ☐ If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

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

Reference guide for vaccine abbreviations in alphabetical order
For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

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

Reference guide for vaccine trade names in alphabetical order
For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	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).

EVERETT PUBLIC SCHOOLS

Annual Health History 2018-2019

RN Reviewed

_____
(For office use only)

The school requests a new annual health history be completed and returned each school year. Information provided will be shared with pertinent staff members to ensure student's safety at school.

Student Name: _____ **Birthdate:**_____
Last   First   MI

School:_____ **Grade:**_____ **Student ID#**_____

To ensure a safe environment at school, you are required to inform the nurse if your child has a life-threatening medical condition (listed below) PRIOR to your child attending the first day of school as a current medication order, health plan, and medication must be in place at the school each school year to ensure a safe environment for your student as required per state law (WAC 392-380-045).

1. ☐ **NO** Medical Conditions or Medical Concerns.

   ☐ **YES**, The Following Medical Conditions Or Medical Concerns:

Life-Threatening Conditions:
(Please check the appropriate box and complete the questions after it.)

☐ *Asthma* Does your child use a rescue inhaler more than once a week?_____
Has your child been hospitalized for asthma symptoms in the past year?_____
Has your child used steroids for asthma symptoms in the past year?_____

☐ *Allergy* (Please check only if Severe and Epinephrine is prescribed. Ex: peanuts, bees, tree nuts, etc.)

Allergen(s)_____

☐ *Diabetes* Diagnosis date:_____ ☐Type 1 OR ☐Type 2   CGM: ☐ Yes ☐ No
☐Pump OR ☐Injections   ☐Manages Independently OR ☐Needs Assistance

☐ *Seizures* Type:_____ How Often:_____
Does your child's seizures require medication?_____
Does your child require emergency seizure medication at school?_____

Any Other Medical Conditions Or Medical Concerns
that could affect your child at school. (Examples: Medication Allergies, ADHD, Anxiety, Encopresis, Heart Conditions, Migraines, Crohn's, Diet Concerns, Genetic, History of Concussions, Cerebral Palsy, Depression, PKU, Enuresis, Blood Disorders, Depression, etc.) **Please list below.**

_____

_____

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2. **Medications Required At School:** (If your student requires medication at school, contact the health room for a medication order which is required per law RCW 28A.210.260)

Medication Name	Dose	Diagnosis or Symptoms Requiring Medication

3. **Emergency Contact Information:**

*Parent/Guardian 1:*_____ Home:_____ Cell:_____

*Work:*_____ Email:_____

*Parent/Guardian 2:*_____ Phone #1:_____ Phone #2:_____

*Work:*_____ Email:_____

*Emergency Contact:*_____ Phone #1:_____ Phone #2:_____

*Health Care Provider:*_____ Phone:_____ Fax:_____

⟹ _____   _____
(Printed Name and Signature of Parent/Guardian Completing Form)   (Today's Date)