



# STUDENT REGISTRATION FORM

DATE: \_\_\_\_\_

Do not write in shaded area – for office use only

Student Other ID	School	Homeroom #	Locker #	Bus Route AM PM
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 Check here if you have recently registered students at another school or have/will have other students attending another school within our district.

<b>STUDENT NAME: Legal Last Name</b>		<b>Legal First Name</b>		<b>Legal Middle Name</b>	<b>BIRTHDAY (MM/DD/YYYY)</b>
<b>GENDER EXPRESSION</b>	<b>PREVIOUS NAME OF RECORD</b>	<b>GRADE LEVEL</b>	<b>BIRTH PLACE/BIRTH COUNTRY</b>		
<b>DISTRICT RESIDENT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>HOME LANGUAGE:</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____			
Has your student <b>ever</b> qualified for or been enrolled in a special education program (IEP)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student <b>ever</b> qualified for or had a 504 Plan?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student <b>ever</b> participated in an academic support program (ie. Title, LAP)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student <b>ever</b> participated in Advanced Academics, Gifted and Talented, or Highly Capable programs?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student <b>ever</b> been enrolled in an English as a Language (EL) program?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student <b>ever</b> been retained?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you rent/own your own home?					<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>HOUSEHOLD 1 (Primary Guardian - parent/guardian where student resides)</b> <i>Last Name First Name</i>		<b>HOUSEHOLD 1 - Primary Telephone</b> <i>Include area code</i>		<b>STUDENT LIVES WITH:</b> <i>(check one per guardian)</i>	
Email:		Primary Guardian - 2 <sup>nd</sup> phone		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	
Did you attend Mossyrock School: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> cell _____			
<b>HOUSEHOLD 1 (Secondary Guardian - parent/guardian where student resides)</b> <i>Last Name First Name</i>		<input type="checkbox"/> work _____			
Email:		<b>Secondary Guardian - 2<sup>nd</sup> phone</b>			
Did you attend Mossyrock School: YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> cell _____			
		<input type="checkbox"/> work _____			

<b>RESIDENT ADDRESS (physical address)</b>	<i>Street/PO Box</i>	<i>Apt.#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<b>MAILING ADDRESS (if different from physical address)</b>	<i>Street/PO Box</i>	<i>Apt.#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<b>HOUSEHOLD 2 (Primary Guardian - parent/guardian where student resides)</b> <i>Last Name First Name</i>		<b>HOUSEHOLD 1 - Primary Telephone</b> <i>Include area code</i>		<b>STUDENT LIVES WITH:</b> <i>(check one per guardian)</i>	
Email:		Primary Guardian - 2 <sup>nd</sup> phone		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	
Did you attend Mossyrock School: YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> cell _____			
<b>HOUSEHOLD 2 (Secondary Guardian- parent/guardian where student resides)</b> <i>Last Name First Name</i>		<input type="checkbox"/> work _____			
Email:		<b>Secondary Guardian - 2<sup>nd</sup> phone</b>			
Did you attend Mossyrock School: YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> cell _____			
		<input type="checkbox"/> work _____			

<b>RESIDENT ADDRESS (physical address)</b>	<i>Street/PO Box</i>	<i>Apt.#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<b>MAILING ADDRESS (if different from physical address)</b>	<i>Street/PO Box</i>	<i>Apt.#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Is there a Joint-custody or Parent Plan in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If YES, plan must be on file with the school for enforcement)
Is there a Restraining Order in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If YES, legal papers must be on file with school for enforcement)
Restraining Order is against	<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Other:

Has your student <u>ever</u> attended a Washington state school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, list name of school (s) and district(s))	
Has student <u>ever</u> attended Mossyrock School? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Name of School(s) Attended)	Date Attended:
Last School Previously Attended (Name of School)	Previous District Name
Previous School Address Street/PO Box City State Zip	
Has your student <u>ever</u> been referred under the Washington State BECCA Law for Truancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list other siblings				
Last Name	First Name	School	Grade	Age

When injury, illness or other non-emergency situations occur involving your student, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available in the **local area** during the day to provide care for your student.

Emergency Contact #1 (other than parent/guardian) <i>Legal Last                      Legal First</i>		Emergency Contact #2 (other than parent/guardian) <i>Legal Last                      Legal First</i>	
Relationship to Student:		Relationship to Student:	
Phone #1 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone #1 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Phone #2 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone #2 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Did this person attend Mossyrok School: YES <input type="checkbox"/> NO <input type="checkbox"/>		Did this person attend Mossyrock Schools: YES <input type="checkbox"/> NO <input type="checkbox"/>	

**TRANSPORTATION:** Mossyrock School District provides bus service to and from the home address within the enrolled school boundaries. If your student will be picked up or dropped off at a location other than current residency within the enrolled school boundary, please request the Daycare/Alternate Transportation Form.

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

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my student may be released to the person(s) listed above.

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Mossyrock School District.

**DISTRICT PHONE COMMUNICATION:** I understand that the district will use the guardian(s) phone contact for automated school announcements and emergency information.

Legal Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# 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.

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

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

<b>Documentation of Disease Immunity (Health care provider use only)</b>									
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.  I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) b disease(s) marked below.									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> Diphtheria</td> <td style="width:33%;"><input type="checkbox"/> Hepatitis A</td> <td style="width:33%;"><input type="checkbox"/> Hepatitis B</td> </tr> <tr> <td><input type="checkbox"/> Hib</td> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Rubella</td> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Varicella</td> </tr> </table>	<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"/> 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: [waisrecords@doh.wa.gov](mailto:waisrecords@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/ter ms/usvaccines.html>

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

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

**DOH 348-013 November 2019**



# Health Information

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher \_\_\_\_\_ Grade: \_\_\_\_\_

## Medical History:

### Allergy

Nuts  Bees  Food (specify \_\_\_\_\_)  Seasonal  Other \_\_\_\_\_

Did you seek medical attention for this allergy?  Yes  No

Epi Pen required?  Yes  No

### Asthma

Medications:  Inhaler  Nebulizer  Other (specify \_\_\_\_\_)

Hospitalization for asthma?  Yes  No

If yes? When: \_\_\_\_\_

### Diabetic

Date of diagnosis: \_\_\_\_\_ Insulin dependent  Yes  No

Insulin administration by:  Pen  Pump  Syringe

Current HCP orders for students in WA state completed?  Yes  No

Please check if you have been diagnosed by a health care provided for:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Heart condition               | <input type="checkbox"/> Migraines           | <input type="checkbox"/> Orthopedic conditions |
| <input type="checkbox"/> Seizure disorder              | <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Eczema                |
| <input type="checkbox"/> Kidney disease                | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Frequent ear infections/tubes | <input type="checkbox"/> Speech issues       |  |

Is medication needed for any condition: At home?  Yes  No At school?  Yes  No

Name of medication: \_\_\_\_\_

*All medications, OTC and prescription (i.e. Tylenol, Advil, cough drops), require a doctor's order to be used at school.*

List of operations, injuries, hospitalizations or prolonged illness	Dates

Recommended physical activity (please check one):  Full Activity  Modified/Restricted Activity

If restrictions, please explain: \_\_\_\_\_

Check all that apply to your child:  Glasses  Contact lenses  Hearing aids

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date



**Office of Superintendent of Public Instruction (OSPI)  
Home Language Survey**

**The Home Language Survey is given to *all* students enrolling in Washington schools.**

<b>Student Name:</b>	<b>Grade:</b>	<b>Date:</b>
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p><b>Right to Translation and Interpretation Services</b> 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><b>Eligibility for Language Development Support</b> 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><b>Prior Education</b> Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <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 – 12<sup>th</sup> 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 – 12<sup>th</sup> 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.



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## Ethnicity and Race Information Required

There are new requirements from the federal government for collecting information on Ethnicity and Race for all students. Instead of choosing only one race, parents may now select multiple racial categories for their children. Another addition is an ethnicity category apart from race.

The U.S. Department of Education developed these new categories to provide a more accurate picture of the nation's ethnic and racial diversity.

### How will this information be used?

Your privacy will be protected. This information will be kept in student records, which is protected by law (FERPA). It is not reported to any federal agency in a way that identifies you or your student. We do report this information for funding and evaluation, as well as for civil rights compliance. We also use ethnic and race data to evaluate instructional needs, so we can provide the best education for all students. All districts in the state report this information to the Office of Superintendent of Public Instruction (OSPI). OSPI is required to report the *total* number of students in various categories, but does NOT report individual student data.

### What happens if I don't update my student's information?

Yelm Community Schools is required to collect the new ethnicity and race data. Students who do not supply the information will default to "Not Hispanic/Latino" and "White" until updated information is received.

### Why are both ethnic AND race identification required?

The federal requirements separate ethnicity and race. Because Hispanic people can be of different races, the government is attempting to provide Hispanic and Latino individuals a better way to describe themselves.

### Ethnicity - two choices:

- Hispanic/Latino (*a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race*)
- Not Hispanic/Latino

### Race - multiple categories and subcategories (57 choices): Check all that apply.

- If your family is Asian, you will now be able to list your student as either Chinese, Japanese, or belonging to one or more of the other Asian groups.
- If your family is Native American, you will be able to list your student's tribal affiliation.
- If one parent identifies with one race and the other parent with another, you will be able to check both races for your student.

### What if I'm not sure which category to choose?

The following examples are provided from the state Superintendent of Public Instruction's web site only as a guideline. Parents are encouraged to use their own judgment when categorizing their student's race.

Students whose families are from:	May consider themselves:
Croatia, France, Italy, Greece, Norway, Russia, Serbia, Sweden, Ukraine, or other European countries	White
Afghanistan, Egypt, Israel, Iran, Iraq, Jordan, Lebanon, Palestine, Saudi Arabia, Syria, Turkey, Yemen, or other Middle Eastern countries	White
Algeria, Egypt, Morocco, Tunisia, or other North African countries	White
Haiti, Jamaica, Ethiopia, Eritrea, Nigeria, Somalia, Sudan, or other West Indian or African countries	Black
Mongolia, Myanmar, Nepal, Punjab, Sri Lanka, or other Asian countries	Other Asian
The indigenous peoples of Australia, New Zealand, New Guinea or other Pacific Islands	Other Pacific Islander
The indigenous peoples of North, Central, South, or Latin American (those not choosing one of the 28 federally recognized state tribes)	Other American Indian

### For more information ...

If you have questions regarding the collection form, please contact your school. For more information about the student data reporting categories, please see <http://www.k12.wa.us/CEDARS/default.aspx>.



# Ethnicity and Race Data Collection Form

*If data is the same for all students in a family, only one form needs for entire family. If not, a form is needed for each student.*

Student Name	Grade	School

## PLEASE ANSWER QUESTIONS 1A OR 1B AND QUESTION 2

### QUESTION 1. A. Student is not Hispanic/Latino

NOT Hispanic/Latino

### QUESTION 1. B. Is your student of Hispanic or Latino origin? (if so, check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Cuban                            | <input type="checkbox"/> Central American      |
| <input type="checkbox"/> Dominican                        | <input type="checkbox"/> South American        |
| <input type="checkbox"/> Spaniard                         | <input type="checkbox"/> Latin American        |
| <input type="checkbox"/> Puerto Rican                     | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Mexican/Mexican American/Chicano |  |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian        | <input type="checkbox"/> Nisqually               |
| <input type="checkbox"/> White                  | <input type="checkbox"/> Fijian                 | <input type="checkbox"/> Nooksack                |
| <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Guamanian or Chamorro  | <input type="checkbox"/> Port Gamble Klallam     |
| <input type="checkbox"/> Cambodian              | <input type="checkbox"/> Mariana Islander       | <input type="checkbox"/> Puyallup                |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Melanesian             | <input type="checkbox"/> Quileute                |
| <input type="checkbox"/> Filipino               | <input type="checkbox"/> Micronesian            | <input type="checkbox"/> Quinalt                 |
| <input type="checkbox"/> Hmong                  | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Samish                  |
| <input type="checkbox"/> Indonesian             | <input type="checkbox"/> Tongan                 | <input type="checkbox"/> Sauk-Suiattle           |
| <input type="checkbox"/> Japanese               | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Shoalwater              |
| <input type="checkbox"/> Korean                 |   | <input type="checkbox"/> Skokomish               |
| <input type="checkbox"/> Laotian                | <input type="checkbox"/> Alaska Native          | <input type="checkbox"/> Snoqualmie              |
| <input type="checkbox"/> Malaysian              | <input type="checkbox"/> Chehalis               | <input type="checkbox"/> Spokane                 |
| <input type="checkbox"/> Pakistani              | <input type="checkbox"/> Colville               | <input type="checkbox"/> Squaxin Island          |
| <input type="checkbox"/> Signaporean            | <input type="checkbox"/> Cowlitz                | <input type="checkbox"/> Stillaguamish           |
| <input type="checkbox"/> Taiwanese              | <input type="checkbox"/> Hoh                    | <input type="checkbox"/> Suquamish               |
| <input type="checkbox"/> Vietnamese             | <input type="checkbox"/> Jamestown              | <input type="checkbox"/> Swinomish               |
| <input type="checkbox"/> Other Asian            | <input type="checkbox"/> Kalispel               | <input type="checkbox"/> Thai                    |
|   | <input type="checkbox"/> Lower Elwha            | <input type="checkbox"/> Tulalip                 |
|   | <input type="checkbox"/> Lummi                  | <input type="checkbox"/> Upper Skagit            |
|   | <input type="checkbox"/> Makah                  | <input type="checkbox"/> Yakama                  |
|   | <input type="checkbox"/> Muckleshoot            | <input type="checkbox"/> Other Washington Indian |
|   |   | <input type="checkbox"/> Other American Indian   |





## Family Military Status

Washington State Legislature has mandated that school districts gather information from each student in our schools regarding military service as stated in RCW **28A.300.505**. This may require a family to fill out the form more than once.

**Please select one:**

- 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 Washington National Guard.
- Yes, more than one parent or guardian is currently either a member on active duty in 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 reserves of the U.S. Armed Forces.
- No parent or guardian is currently serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces, or Washington National Guard.
- No Response/Refused to state.

Student Name (please print): \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the completed form to your child's school at time of enrollment. Thank you!**

This information can also be entered or updated at any time via Skyward Family Access.

Please ask your school's office staff for access to your account if you have not received your password



## Disciplinary Disclosure Form

Mossyrock School District is committed to providing a safe learning environment for all of its students. We recognize and support the disciplinary actions of other school districts. Therefore, we will not admit any person who has been expelled from a school district or who is currently under a long term suspension. If a student's criminal record or history of criminal behavior comes to the attention of school administration without prior voluntary disclosure at the time of admission, disenrollment from the school may result.

Please respond to the following statements about student named below, providing information where indicated:

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Previous School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Expulsion:

- Has not been expelled from a school district  
 Has been expelled from a school district

District Name: \_\_\_\_\_ Year: \_\_\_\_\_  
Reason for Expulsion: \_\_\_\_\_

### Suspension:

- Has not been long-term suspended from a school district  
 Has been long-term suspended from a school district

District Name: \_\_\_\_\_ Year: \_\_\_\_\_  
Reason for Suspension: \_\_\_\_\_

### Criminal Record:

- Does not have a criminal record  
 Has a criminal record  
Date(s) of Conviction(s): \_\_\_\_\_  
 I have a probation officer  
Officer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Attendance:

- Is not currently filed under the BECCA Bill  
 Is currently filed under the BECCA Bill

**I certify that I have been truthful in my answers. I understand that giving false information may be grounds for disenrollment from Mossyrock School District.**

\_\_\_\_\_  
Name of Student Applicant (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (required if 18 years or older)

\_\_\_\_\_  
Signature of Applicant's parent/guardian





**Student Housing Questionnaire**  
**Mossyrock School District**  
**545 Williams Street, Mossyrock WA. 98564**

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

**If you own/rent your own home, you do not need to complete this form.**

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- Transitional Housing
- Other \_\_\_\_\_

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Gender: \_\_\_\_\_  Student is unaccompanied (not living with a parent or legal guardian)  
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

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

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Or unaccompanied youth)

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

**Please return completed form to:**

<i>District Counselor</i>	(360) 983-3181 <i>Phone Number</i>	Mossyrock School District PO Box 478 Mossyrock, WA 98564 <i>Location</i>
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**For School Personnel Only:** For data collection purposes and student information system coding

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

**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 websites:

[National Center for Homeless Education](http://nche.ed.gov) (nche.ed.gov)

[National Association for the Education of Homeless Children and Youth](http://naehcy.org/educational-resources/naehcy-publications) (naehcy.org/educational-resources/naehcy-publications)

[School House Connections](http://www.schoolhouseconnection.org) (www.schoolhouseconnection.org)



# Request for Release of Student Records

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student ever attended Mossyrock School?  Yes  No

If yes, which school(s)? \_\_\_\_\_

## Previous School Attended:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

*Items below to be completed by the Mossyrock School District.*

**Registrar of Previous School:** Please send the complete permanent file records including the items listed below to:

Mossyrock School District Attn: _____ PO Box 478 Mossyrock, WA 98564	Phone: _____ FAX: _____
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- Transcript/Report Cards/Withdrawal Grades
- Test Scores (State Individual Score Reports)
- Health/Immunization Records
- Attendance Records
- Discipline Records
- 504 Records (if applicable)
- Special Education Records (if applicable)
  - IEP and Evaluation  
(IEP Online File Transfer Available)
  - Functional Behavior Assessments
  - Behavior Intervention Plans

*Per RCW 28A.225.330 Subsection(2) also include the above named student's confidential discipline records that include history of disciplinary action, history of violent behavior, or behavior listed in RCW 13.04.155. According to the Family Educational Rights and Privacy Act (FERPA) (U.S. Code: Title20, Section123g, a(6) 1B), it is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll, may receive a student's record without written consent for such release.*

### For Office Use:

Date Request Sent: (mail) \_\_\_\_\_ (fax) \_\_\_\_\_ (electronic request) \_\_\_\_\_

Date Records Received: \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which DIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S. W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the:            Child            Child's Parent    \_    Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

8. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_