



CAMAS SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY				
SCHOOL	SCHOOL ENTRY DATE	ROOM NUMBER	BUS ROUTE AM PM	BOUNDARY EXCEPTION AM PM

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	CLASS OF
BIRTHDATE (Month/Day/Year)	GENDER (M/F) <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHPLACE: City State Country		GRADE LEVEL
STUDENT SOCIAL SECURITY # (Optional)		LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		

PRIMARY HOUSEHOLD – Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____			PRIMARY PHONE (include area code)
(parent/guardian where student resides) Legal Last Name Legal First Name	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
EMAIL ADDRESS			
(parent/guardian where student resides) Legal Last Name Legal First Name	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
EMAIL ADDRESS			
RESIDENT STREET ADDRESS	City State Zip		
RESIDENT MAILING ADDRESS (If different from above)	City State Zip		

SECONDARY HOUSEHOLD – Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____			HOME PHONE (include area code)
(non-custodial parent not residing with student) Legal Last Name Legal First Name	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
EMAIL ADDRESS			
(non-custodial parent not residing with student) Legal Last Name Legal First Name	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
EMAIL ADDRESS			
SECOND HOUSEHOLD STREET ADDRESS	City State Zip		
SECOND HOUSEHOLD MAILING ADDRESS (If different from above)	City State Zip		

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school for enforcement)
IS THERE A LEGAL RESTRICTION PREVENTING THE NON-CUSTODIAL PARENT FROM VISITING THE SCHOOL, HAVING ACCESS TO SCHOOL REPORTS/RECORDS, OR REMOVING THE STUDENT FROM SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement)
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement)
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
HAS THE STUDENT EVER BEEN LONG-TERM SUSPENDED OR EXPELLED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
HAS THE STUDENT EVER HAD A DRUG VIOLATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
HAS THE STUDENT EVER HAD AN ALCOHOL VIOLATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
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HAS STUDENT EVER ATTENDED CAMAS PUBLIC SCHOOLS? Yes No If yes, name of school attended: _____

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

DOES STUDENT ATTEND CHILD CARE?	CHILD CARE PROVIDER
<input type="checkbox"/> Before school <input type="checkbox"/> After school	<i>Name</i> <i>Address</i> <i>Phone Number</i>
<input type="checkbox"/> Before and after school <input type="checkbox"/> Early release only	

ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

PLEASE LIST OTHER SIBLINGS ATTENDING CAMAS PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

NON-PARENTAL/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. 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.

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE - (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT STREET ADDRESS	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
SECOND CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE - (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND CONTACT STREET ADDRESS	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
THRID CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE - (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT STREET ADDRESS	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>

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 Camas Public Schools.

Parent/Guardian Signature _____ Date _____



REQUEST FOR SENDING PERSONALLY IDENTIFIABLE RECORDS

Student Name _____ Birth date: _____ Grade: _____ Sex: M F

The abovementioned student has enrolled in:

- | | | |
|--|--|---|
| <input type="checkbox"/> Helen Baller Elementary
1954 NE Garfield St
Camas, WA 98607
Ph 360-833-5720
Fax 360-833-5721 | <input type="checkbox"/> Dorothy Fox Elementary
2623 NW Sierra St
Camas, WA 98607
Ph 360-833-5700
Fax 360-833-5701 | <input type="checkbox"/> Grass Valley Elementary
3000 NW Grass Valley Dr
Camas, WA 98607
Ph 360-833-5710
Fax 360-833-5711 |
| <input type="checkbox"/> Lacamas Heights Elementary
4600 NE Garfield St
Camas, WA 98607
Ph 360-833-5740
Fax 360-833-5741 | <input type="checkbox"/> Prune Hill Elementary
1601 NW Tidland St
Camas, WA 98607
Ph 360-833-5730
Fax 360-833-5731 | <input type="checkbox"/> Liberty Middle School
1612 NE Garfield St
Camas, WA 98607
Ph 360-833-5850
Fax 360-833-5851 |
| <input type="checkbox"/> Skyridge Middle School
5220 NW Parker St
Camas, WA 98607
Ph 360-833-5800
Fax 360-833-5801 | <input type="checkbox"/> Camas High School
26900 SE 15 th St
Camas, WA 98607
<input type="checkbox"/> Attn: 9/10 Registrar
Ph 360-833-5764
Fax 360-833-5753
<input type="checkbox"/> Attn: 11/12 Registrar
Ph 360-833-5765
Fax 360-833-5754 | <input type="checkbox"/> Special Services Dept
841 NE 22 nd Ave
Camas, WA 98607
Ph 360-833-5570
Fax 360-833-5571 |
| <input type="checkbox"/> Hayes Freedom High School
1919 NE Lone St
Camas, WA 98607
Ph 360-833-5602
Fax 360-833-5601 | | |

Please forward the following records:

- | | | |
|--|--|---|
| <input type="checkbox"/> Permanent Records
<input type="checkbox"/> Attendance
<input type="checkbox"/> 504 Plan
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Health Records
<input type="checkbox"/> Discipline
<input type="checkbox"/> Official Transcript | <input type="checkbox"/> Special Education/ESL/ELL
<input type="checkbox"/> Legal Docs (court orders)
<input type="checkbox"/> Grad Requirements Report |
|--|--|---|

Previous School Attended

Name of School

Parent Signature

Address

 Date Records Requested:

City/State/ZIP Code

 Second Request Mailed:

Telephone #

 Date Records Received:

Fax #

As provided under the Family and Privacy Act of 1974, I understand that I may obtain a copy of my child's personally identifiable records. I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially. Finally, no one will send these records to a non-public school agency without my written consent.



CAMAS SCHOOL DISTRICT TRANSPORTATION REQUEST FORM

Add

Date: _____

Change

School: _____

Delete

District #: _____

Grade: _____

Student Last Name: _____ First: _____ Middle: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Phone: _____

Work Phone #1: _____ Work Phone #2: _____

Emergency Contact: _____ Emergency Phone: _____

Will student be bused to/from a daycare or sitter? Yes No

Sitter Name: _____ Sitter Phone: _____

Sitter Address: _____ City: _____ State: _____ Zip: _____

Bus #: _____

Bus Stop: _____

Pick-up Time: _____ *(Be at stop 5 minutes early.)*

Drop-off Time: _____



Camas School District Opt-Out Form for Students

Name: _____ School: _____ Date: _____

Please complete this form and submit it to the school office only if you wish to restrict the following items for your student. Otherwise, there is no need to return it.

STUDENT INTERNET ACCESS

To support academic achievement and enhance curriculum, Camas Public Schools provides students with Internet access. The school staff provides guidance and direction to students about the appropriate use of the Internet. The school district has created filters to minimize Web sites that are inappropriate under district policy. Students are allowed filtered Internet access unless the parent directs otherwise. Please check the box below if you do not want your child to have Internet access at school.

I do not want my child to have Internet access at school.

DIRECTORY INFORMATION

Unless you direct otherwise, the district may disclose student "directory information" under limited circumstances. Directory information is information about a student that is generally not considered an invasion of privacy, such as a student's name, address, photograph, dates of attendance, activities, and sports. The primary purpose of directory information is to allow the school to use this type of information in certain school publications, such as a music performance program, athletic program or honor roll. The district does not release directory information for commercial purposes, other than to companies designated to sell school yearbooks and other such items. Please check the box below if you do not want this information released under any circumstance.

- I do not want my student's directory information released for the purpose of military recruitment.
- I do not want my student's directory information released to higher education institutions.
- I do not want my student's directory information to be included in district newsletters, programs, or school publications.
- I do not want my student's directory information released to outside organizations. Examples of such organizations include but are not limited Camas Educational Foundation, and newspapers for sports rosters, honor roll, news stories, etc.
- I do not want my child's photograph published in the school yearbook.

Parent Name (Please Print) _____

Parent Signature _____ Date: _____



Ethnicity and Race Data Collection Form

Name: _____ School: _____ Date: _____

Please answer both questions one and two.

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

<input type="checkbox"/> NOT HISPANIC/LATINO <input type="checkbox"/> CUBAN <input type="checkbox"/> DOMINICAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> PUERTO RICAN	<input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> OTHER HISPANIC/LATINO
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QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

<input type="checkbox"/> AFRICAN AMERICAN/ BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE <input type="checkbox"/> THAI <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN or CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MELANESIAN <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHEHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT <input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE KLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINAULT <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUIATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> SWINOMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> YAKAMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN
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Camas School District Home Language Survey

Student Last Name: _____ First Name: _____ Date: _____

School: _____ Grade: _____ Gender: Female Male

<p>1. Is a language other than English spoken in the home?</p> <p><input type="checkbox"/> Yes</p> <p>If Yes, answer these questions:</p> <p><input type="checkbox"/> No</p>	<p>If yes, list other language(s) most often spoken by father and mother:</p> <p>_____</p> <p>Father's Language</p> <p>_____</p> <p>Mother's Language</p> <p>What language is most often spoken at home?</p> <p>_____</p> <p>What language do you speak to your child?</p> <p>_____</p>
<p>2. Did your child <u>first</u> speak a language other than English?</p> <p><input type="checkbox"/> Yes</p> <p>If Yes, answer these questions:</p> <p><input type="checkbox"/> No</p>	<p>What language did your child first speak when learning to talk? _____</p> <p>What language does your child speak most often at home? _____</p>
<p style="text-align: center;"><i>Guidance for questions 3 & 4: One (1) school year = ten (10) months. "Formal education" does not include refugee camp schools or other unaccredited programs for children. "Native Language" refers to the family's dominant language.</i></p>	
<p>3. How many months has your child attended school in the United States (grades K-12) before enrolling in the district? _____</p> <p>How many months has your child received formal education outside the United States in his/her native language (equivalent to grades K - 12) before enrolling in this district? _____</p>	
<p>4. If available, in what language would you prefer to receive communication from the school?</p> <p>_____</p> <p>Would you like a translator present at parent-teacher conferences?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what language do you prefer? _____</p>	

Student's Country of Origin

Parent/Guardian Name

Phone number

Address

City, State, Zip

If the answer to question Number 2 above is "Yes" your child will be referred for testing on the Washington Language Proficiency Placement Test. Reference: WAC392-160-005

Revised 4.27.2010



Camas School District ANNUAL Student Health Inventory

Office use only Reviewed by:

School

Camas School District requires that a parent/legal guardian completes the Student Health Inventory at the beginning of each school year. The district Registered Nurse may use this information to advise families of the need for further medical attention, and to plan for potential health concerns during school. (CSD policy 3414)

Student Last Name: _____ First Name: _____ Gender: Female Male

Date of Birth: _____ School: _____ Grade: _____

Parents/Guardians Names	Address where child primarily lives	Home Phone/Cell Phone
Primary E-mail & Parents/Guardians Names (2nd Household)	Address (2nd Household)	Phone (2nd Household)

The following contacts, in addition to parents/guardians listed above, have authorization to pick up my student from school:

Emergency Contact #1	Relation to student	Phone
Emergency Contact #2	Relation to student	Phone
Emergency Contact #3	Relation to student	Phone

Health Concerns – Life Threatening Health Conditions

If a life threatening health condition exists, a medication/treatment order from a licensed health professional must be provided to your student’s school prior to his/her attendance, in accordance with RCW 28A.210.320 and CSD policy 3413. An Authorization for Administration of Medication form is available from the school office or on the district web site under Parent Corner, Health Services. If a health condition exists, an Emergency Care Plan must be developed by the district Registered Nurse.

Check all that apply: My child **DOES NOT** have any health concerns.

- Severe Allergic Reaction (e.g. food, medication, etc.) Please specify: _____
- Asthma: Rescue inhaler? Yes No Date last used: _____
- Diabetes: Type 1 Type 2 Managed by: Diet only Oral meds Insulin injection Insulin pump
- Seizure Disorder Type of seizure: _____ Date of last seizure: _____
- Cancer/Blood Disorder Please specify: _____
- Other life-threatening health concerns: _____
- Other health concerns: _____

Medications

Prior to any medication given at school, a written authorization is required from a Licensed Health Professional and parent/legal guardian, in accordance with RCW 28A.210.260 and CSD policy 3416. The Authorization for Administration of Medication form is available from the school office or on the web site under Health Services in the Parent Corner.

Is medication needed at home? Yes No If yes, please specify: _____

Is medication needed at school? Yes No If yes, please specify: _____

Name of student's health care professional: _____ Phone: _____

Name of other specialists: _____ Phone: _____

Health Insurance

Washington State legislators find that improving the health of children in Washington is an investment in a productive and successful next generation. Based on this premise, Camas School District shall annually inquire whether a student has health insurance and if not, provide parent/legal guardian with information about existing health insurance programs.

Does your student have health insurance? Yes No

If you answer "no" or do not respond, health insurance information will be provided.

Office use only: WA State health insurance information provided to parent (initials).

Child Profile

Washington State law RCW 70.02 authorizes school nurses, and those assigned by the school nurse, to view *Child Profile State-wide Immunization Registry* on a need-to-know basis. However, according to *FERPA law* school authorities need to have parent/guardian written consent to utilize this information. Your signature will authorize the school authorities to view and utilize the data on *Child Profile*. If **discrepancies** are found between **Child Profile & school records**, you will be notified.

Parent/Guardian Signature

Date

Parent/Guardian Required Notification

Effective July 24, 2005, Washington State Legislature passed a law requiring schools to provide meningococcal information to parents/guardian of students beginning with sixth grade entry at the beginning of every school year. Please click here to view the [meningococcal letter](#).

Effective July 1, 2007, Washington State legislature passed a law similar to the meningococcal law requiring schools to provide human papillomavirus information to parents/guardian of students beginning with sixth grade entry. Please click here to view the [human papillomavirus letter](#).

I understand that the information above will be shared in a confidential manner with appropriate school staff that needs to know in order to provide for the health and safety of my student. I will keep the school informed throughout the year regarding any changes in health status and/or contact information. If parents/legal guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to request emergency medical services (911). I understand that I may be responsible for the payment of any services rendered.

Parent/Guardian Signature

Date

Preferred Hospital



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:

Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

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

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

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

Symbols below: Required for School and Child Care/Preschool Required for Child Care/Preschool Only

Parent/Guardian Name (please print): _____

Parent/Guardian Signature Required _____ Date _____

Vaccine	Dose	Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			

Office Use Only: Immunization information updated and verified with parent/guardian permission:

Printed Staff Name	Date	Printed Staff Name	Date

1) Chickenpox disease verified by printout from CHILD Profile Immunization Registry
 Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by Health Care Provider (HCP)
 If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP signed here and print name below:

Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

3) Chickenpox disease verified by school staff from CHILD Profile Immunization Registry
 If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) Chickenpox disease verified by parent*
 If you choose this box, fill in the date or child's age when he or she had the disease:
 Age/Date of disease: _____
 *Can ONLY verify for some grades, see back #5 (4).
 If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity
 I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
 Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

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

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHLD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHLD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHLD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose	Date	
		Month	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)			
DTaP	1	01	12
DTaP	2	03	20
DTaP	3	06	01

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- If your child's CIS is printed directly from the CHLD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
 - If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
 - If school staff access the CHLD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
 - If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfr/immunize/schools/vaccine.htm>
- #6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.
- #7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.
- #8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)			
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTap + Hep B + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Kinrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadacel (Qdcl)	DTaP + IPV
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)

Vaccine Abbreviations in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)			
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	HPV	Human Papillomavirus	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

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