

Registration Procedures

There are two options for new student registration:

1. Online Registration – <http://www.camas.wednet.edu/schools-resources/resources/new-student-registration/>

During this process, you **MUST** upload the following documentation:

- Proof of Immunization
 - Birth Certificate (Preschool, Kindergarten, and First Grade)
 - Proof of Residency
 - Unofficial Transcript (High Schools)
 - Withdrawal/Checkout Grades if during the school year (Middle Schools & High Schools)
- If you do *not* have access to a photo or a scan of the required documents, please proceed to option 2 – Paper Registration with Appointment.
 - If you *do* have access to a photo or a scan of the required documents, submit them. After, you will receive an email with the completed documents for you to sign. Next, watch your email inbox for additional directions.

2. Paper Registration with Appointment – Below you will find links to the registration packet. For your convenience, you may complete and print these forms or fill them out manually. After, call 360-833-5410 to schedule an in-person appointment with a district registrar at Zellerbach Administration Center (ZAC), located at 841 NE 22nd Ave., Camas, WA 98607.

Documents – Please bring the completed registration packet with the following documents when registering your child:

- State-issued birth certificate or other legal document confirming the date of birth.
- For grades K–8:
 - Copy of most recent report card
 - Immunization information*
 - Proof of Residency documents – see below
- For grades 9–12:
 - Copy of most recent report card and/or transcripts of classes completed
 - Immunization information*
 - Proof of Residency documents – see below
- **IEP and current evaluation** (if your child is receiving Special Services support) OR **504 Plan** OR **Individual Health Plan** (if your child has one).
- If your child received Highly Capable Program services in his/her previous school or you are interested in evaluation, click here to read about the [Highly Capable Referral, Selection, Placement & Transfer Process](#).

***Immunizations** - Upon registration, you must provide current immunization information for your preschool through high-school age student.

Proof of Residency - To establish a student's residence, the parent or legal guardian must supply two (2) documents listed below:

- Current payroll check stub with name and address (not a personal check)
- Government check
- Address Confidentiality Program Letter stating attendance area school
- Redacted 1099 or W-2 (amounts and Social Security number blacked out)
- Government correspondence
- Renter or homeowners policy declaration
- Current utility bill (water, sewer, gas, or electric)
- Unexpired signed lease agreement with receipt or canceled check
- Closing documents

Note: If you cannot supply the documentation listed, you will be referred to the school placement officer to determine an appropriate pathway for proof of residency that may include a home visit.

Please present the original, requested document(s) at the time of registration. Copies will be made and the original documents returned to you.

Important!

As part of the registration process, you will be required to read and sign the Residency Verification Affidavit form found in the registration packet. Misrepresentation of residency information or failure to follow through with the statements in the affidavit will result in student withdrawal from the district.



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	BOUNDARY EXCEPTION
			AM PM	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

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 _____			PRIMARY 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 _____		PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell _____
		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 _____		PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell _____
		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/RECORD, 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)
HAS STUDENT EVER ATTENDED CAMAS PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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: _____	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level? _____
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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) Last Name First Name	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		CITY	STATE ZIP
SECOND CONTACT (other than parent/guardian) Last Name First Name	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		CITY	STATE ZIP
THIRD CONTACT (other than parent/guardian) Last Name First Name	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		CITY	STATE ZIP

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 _____ Birthdate: _____ Grade: _____ Sex: M F

The above-mentioned student has enrolled in:

- | | | |
|--|---|--|
| <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"/> Helen Baller Elementary
1954 NE Garfield St
Camas, WA 98607
Ph 360-833-5720
Fax 360-833-5721 |
| <input type="checkbox"/> Lacamas Lake Elementary
4825 North Shore Blvd
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"/> Woodburn Elementary
2400 NE Woodburn Dr
Camas, WA 98607
Ph 360-833-5860
Fax 360-833-5861 |
| <input type="checkbox"/> Liberty Middle School
1612 NE Garfield St
Camas, WA 98607
Ph 360-833-5805
Fax 360-833-5854 | <input type="checkbox"/> Skyridge Middle School
5220 NW Parker St
Camas, WA 98607
Ph 360-833-5805
Fax 360-833-5802 | <input type="checkbox"/> Odyssey Middle School
5001 NW Nan Henriksen Way
Camas, WA 98607
Ph 360-833-5780
Fax 360-833-5781 |
| <input type="checkbox"/> Camas High School
26900 SE 15 th St
Camas, WA 98607
Ph 360-833-5767
Fax 360-833-5753 | <input type="checkbox"/> Hayes Freedom High School
1919 NE Ione St
Camas, WA 98607
Ph 360-833-5600
Fax 360-833-5601 | <input type="checkbox"/> Discovery High School
5125 NW Nan Henriksen Way
Camas, WA 98607
Ph 360-833-5790
Fax 360-833-5791 |
| | | <input type="checkbox"/> Special Services Dept.
841 NE 22 nd Ave
Camas, WA 98607
Ph 360-833-5570
Fax 360-833-5571 |

Please forward the following records:

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

Previous School Attended

Name of School

Parent Signature

Address

City/State/ZIP Code

Telephone #

Fax #

Date Records Requested: _____

Second Request Mailed: _____

Date Records Received: _____

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.

ETHNICITY AND RACE SURVEY

All public schools and districts in Washington State are required to collect student race and ethnicity data at least once per school year and report their findings to OSPI annually. Please check the boxes that apply to BOTH your race and ethnicity.

NAME:	School:	Date:
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ETHNICITY – HISPANIC OR LATINO -- Yes or No, if yes select which one(s)		
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No Hispanic	Dominican	Panamanian
Yes Hispanic (select one or more)	Ecuadorian	Paraguayan
Argentine	Guatemalan	Peruvian
Bolivian	Guyanese	Puerto Rican
Brazilian	Honduran	Salvadoran
Chicano (Mexican American)	Jamaican	Spaniard
Chilean	Mexican	Surinamese
Columbian	Mestizo	Uruguayan
Costa Rican	Native	Venezuealan
Cuban	Nicaraguan	Write In:

RACE - Select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).		
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ASIAN <input type="checkbox"/> YES <input type="checkbox"/> NO		
Asian Indian	Indonesian	Punjabi
Bangladeshi	Japanese	Singaporean
Bhutanese	Korean	Sri Lankan
Burmese/Myanmar	Lao	Taiwanese
Cambodian/Khmer	Malaysian	Thai
Cham	Mien	Tibetan
Chinese	Mongolian	Vietnamese
Filipino	Nepali	Write In:
Hmong	Okinawan	
	Pakistani	

BLACK/AFRICAN AMERICAN <input type="checkbox"/> YES <input type="checkbox"/> NO	East Africa (continued)	Latin America (continued)
African American	Djiboutian	Nicaraguan
African Canadian	Eritrean	Panamanian
Caribbean	Ethiopian	Paraguayan
Antiguillian	Kenyan	Peruvian
Antiguan	Malagasy (Madagascar)	South Georgia & South Sandwich Islands
Bahamian	Malawian	Surinamese
Barbadian	Mauritian (Mauritius)	Uruguayan
Barthelemois/Barthelemois (Saint Barthelemy)	Mahoran (Mayotte)	Venezuelan
British Virgin Islander	Mozambican	Write In:
Caymanian (Cayman Island)	Reunionese	South Africa
Cuba Dominican	Rwandan	Botswanan
Dominican (Dominican Republic)	Seychellois/Seychelloise	Mosotho (Lesotho)
Dutch Antillean (Netherland Antilles)	Somali	Namibian
Grenadian	South Sudanese	South African
Guadeloupian	Sudanese	Swazi
Haitian	Ugandan	Write In:
Jamaican	Tanzanian (United Republic of Tanzania)	West Africa
Martiniquais/Martiniquise	Zambian	Beninese
Montserratian	Zimbabwean	Bissau-Guinean
Puerto Rican	Write In:	Burkinabe (Burkina Faso)
Write In:	Latin America	Cabo Verdean
Central Africa	Argentine	Ivorian (Cote d'Ivoire)
Angolan	Belizean	Gambian
Cameroonian	Bolivian	Ghanaian
Central African (Central African Republic)	Brazilian	Liberian
Chadian	Chilean	Malian
Congolese (Republic of the Congo)	Colombian	Mauritanian
Congolese (Democratic Republic of the Congo)	Costa Rican	Nigerien (Niger)
Equatorial Guinean	Ecuadorian	Nigerien (Nigeria)
Gabonese	El Salvadoran	Saint Helenian
Sao Tomean	Falkland Islander	Senegalese
Principe	French Guianese	Sierra Leonean
Write In:	Guatemalan	Togolese
East Africa	Guyanese	Write In:
Burundian	Honduran	
Comoran	Mexican	(Additional race selections on page two)

RACE SURVEY CONTINUED

Do grandparent(s) or parent(s) have a tribal affiliation? ☐ YES ☐ NO

AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> YES <input type="checkbox"/> NO		Puyallup Tribe of the Puyallup Reservation
<input type="checkbox"/>	Chinook Tribe	Quileute Tribe of the Quileute Reservation
<input type="checkbox"/>	Confederated Tribes & Bands of the Yakama Nation	Quinault Indian Nation
<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation	Samish Indian Nation
<input type="checkbox"/>	Confederated Tribes of the Colville Reservation	Sauk-Suiattle Indian Tribe of Washington
<input type="checkbox"/>	Cowlitz Indian Tribe	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
<input type="checkbox"/>	Duwamish Tribe	Skokomish Indian Tribe
<input type="checkbox"/>	Hoh Indian Tribe	Snohomish Tribe
<input type="checkbox"/>	Jamestown S'Klallam Tribe	Snoqualmie Indian Tribe
<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation	Snoqualmoo Tribe
<input type="checkbox"/>	Kikiallus Indian Nation	Spokane Tribe of the Spokane Reservation
<input type="checkbox"/>	Lower Elwha Tribal Community	Squaxin Island Tribe of the Squaxin Island Reservation
<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation	Steilacoom Tribe
<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation	Stillaguamish Tribe of Indians of Washington
<input type="checkbox"/>	Marietta Band of Nooksack Tribe	Suquamish Indian Tribe of the Port Madison Reservation
<input type="checkbox"/>	Muckleshoot Indian Tribe	Swinomish Indian Tribal Community
<input type="checkbox"/>	Nisqually Indian Tribe	Tulalip Tribes of Washington
<input type="checkbox"/>	Nooksack Indian Tribe of Washington	Alaska Native Write In:
<input type="checkbox"/>	Port Gamble S'Klallam Tribe	American Indian Write In
WHITE <input type="checkbox"/> YES <input type="checkbox"/> NO		White Middle Eastern & North African (continued)
White Eastern European		Emirati
<input type="checkbox"/>	Bosnian	Iranian
<input type="checkbox"/>	Herzegovinian	Iraqi
<input type="checkbox"/>	Polish	Israeli
<input type="checkbox"/>	Romanian	Jordanian
<input type="checkbox"/>	Russian	Kurdish Kuwaiti
<input type="checkbox"/>	Ukrainian	Lebanese
<input type="checkbox"/>	Write In:	Libyan
White Middle Eastern & North African		Moroccan
<input type="checkbox"/>	Algerian	Omani
<input type="checkbox"/>	Amazigh or Berber	Palestinian
<input type="checkbox"/>	Arab or Arabic	Qatari
<input type="checkbox"/>	Assyrian	Saudi Arabian
<input type="checkbox"/>	Bahraini	Syrian
<input type="checkbox"/>	Bedouin	Tunisian
<input type="checkbox"/>	Chaldean	Yemeni
<input type="checkbox"/>	Copt	Middle Eastern Write In:
<input type="checkbox"/>	Druze	North African Write In:
<input type="checkbox"/>	Egyptian	
PACIFIC ISLANDER <input type="checkbox"/> YES <input type="checkbox"/> NO		Palauan
<input type="checkbox"/>	Carolinian	Papuan
<input type="checkbox"/>	Chamorro	Pohnpeian
<input type="checkbox"/>	Chuukese	Samoan
<input type="checkbox"/>	Fijian	Solomon Islander
<input type="checkbox"/>	I-Kiribati/Gilbertese	Tahitian
<input type="checkbox"/>	Kosraean	Tokelauan
<input type="checkbox"/>	Maori	Tongan
<input type="checkbox"/>	Marshallese	Tuvaluan
<input type="checkbox"/>	Native Hawaiian	Yapese
<input type="checkbox"/>	Ni-Vanuatu	Write In:



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: <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th 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 – 12 th 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.



Forms and Translated Material from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

STUDENT HEALTH INVENTORY

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

For office use only
Reviewed by: _____

Student Name: _____ Birthdate: _____

School: _____ Grade: _____ School Year: _____

HEALTH INFORMATION

Does your student have any of the following LIFE-THREATENING HEALTH CONDITIONS?

- ☐ **Asthma** requiring rescue inhaler at school? If needed, please answer the following questions:
Triggers: _____
Rescue inhaler used in the **past year**? _____ Date inhaler last used: _____
Has your student ever needed to go to the Emergency Room for Asthma? _____
- ☐ **Allergy/Anaphylaxis** requiring Epi-Pen at school? Triggers/Allergens: _____
- ☐ **Diabetes** My student has Insulin : _____
- ☐ **Seizure disorder** Emergency medication required at school? _____ Name of medication: _____
- ☐ **Other life-threatening conditions** requiring **immediate** assistance and/or medication at school—please explain: _____



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

☐ **My student has NONE of the health conditions listed above**

☐ **Other health care needs:** _____

MEDICATION

Does your student take any medication? _____

Will medication be needed at school? _____

Home or school?

Name of medication: _____ Reason for medication: _____

Name of medication: _____ Reason for medication: _____

Name of medication: _____ Reason for medication: _____

*** Please note students requiring medication during the school day (herbal, over the counter or prescription) MUST have a written physician order and parent signature on file at school. PLEASE SEE MEDICATION AUTH FOR FURTHER INSTRUCTIONS.**

CONTACT INFORMATION

Providing your contact information here will not update contact information at the district office. If you need to update your contact information, please contact the registrars at 360.833.5410.

- Parent/Guardian: _____ Phone _____ Additional Phone _____
- Parent/Guardian: _____ Phone _____ Additional Phone _____
- Other Emergency contact: _____ Phone _____ Additional Phone _____
- Health Care Provider: _____ Phone _____

I understand that the information above may be shared in a confidential manner with appropriate school staff on a need to know basis to keep my child safe during the school day. I authorize school staff to request emergency medical services for my child if needed.

Parent Signature _____ **Date** _____



Camas School District
841 NE 22nd Avenue, Camas, WA 98607

Student Housing Questionnaire

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).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

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:

<u>Shanna Michelle</u>	<u>360-833-5410</u>	<u>Zellerbach Administration Center</u>
District Liaison Designee	Phone Number	Location

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

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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 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		Date	Date	Date	Date	Date	Date
● Required Only for Child Care/Preschool		MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
◆ DTaP, DT (Diphtheria, Tetanus, Pertussis)							
◆ Tdap (Tetanus, Diphtheria, Pertussis)							
◆ Td (Tetanus, Diphtheria)							
◆ Hepatitis B <input type="checkbox"/> 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) <input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV, MPSV (Meningococcal)							
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
☐ Hepatitis A
☐ Hepatitis B
☐ Hib
☐ Measles

☐ Mumps
☐ Polio
☐ Rubella
☐ Tetanus
☐ Varicella

☐ Other: _____

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.myr.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 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 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**.

#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/web/homepage/completestofvaccinenames.pdf>

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
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> 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 tames 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	Pprevnat®	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).



Camas School District

RESIDENCY VERIFICATION DECLARATION FORM

(Please complete one form for each student)

- ☐ HOME OWNER
☐ RENTER
☐ OTHER (specify) _____

Washington law requires schools to be open to the admission of all persons between the ages of 5 and 21 residing in that school district (RCW 28A.225.160). The Camas School District (District) is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. This Residency Verification Form must be completed, signed, and submitted with appropriate documentation demonstrating compliance with Washington residency laws.

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence that false information was provided will be cause for immediate revocation of the student's school assignment and withdrawal from the District.

Student: _____ Current School: _____ Current Grade: _____
Last Name First Name

Parent/Guardian: _____ Home Phone: _____

Address: _____
Number Street City State Zip Code

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

NOTE: The District presumes that the person who enrolls a student in school is the residential parent of the student (Board Policy 3126). In circumstances of marital divorce in which legal and physical custody of the student is shared between two parents, you must provide a certified copy of the court order identifying each parent's respective legal and physical custody rights. You also must inform the District of any changes to the court order within (5) days.



Camas School District

RESIDENCY VERIFICATION DECLARATION FORM

Student: _____ Current School: _____ Current Grade: _____

In compliance with WAC 392-137-115 and CSD Policy 3120(P), I acknowledge the following (**initial** each statement below):

_____ My student (listed above) resides with me at least four (4) nights per week at the address listed above which is my primary residence.

_____ I agree to notify and provide updated proof of residency to the District/School within (5) days of when I change my residence or that of my student to a new address, either within or outside the District.

_____ Residency verification is part of a periodic process to confirm current residency status.

_____ The District will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, which may include the use of private investigators to verify residency status.

_____ Investigations that reveal students have enrolled on the basis of providing false information will be cause for revocation of the student's school assignment and withdrawal from the District.

I swear (or certify) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account numbers (redacted), which is permitted for the purposes of this Residency Verification Declaration.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



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 to Camas Educational Foundation, e-flyers, 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: _____

Military Parent or Guardian Affiliation

Date: _____

Parent/Guardian(s) Name(s):	Student Name:
	N – No parent or guardian of the above child is currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or National Guard of Washington or other state.
	A – A parent or guardian of the child above is a current member of the active duty U.S. Armed Forces.
	R – A parent or guardian of the child above is a current member of the <i>reserves</i> of the U.S. Armed Forces.
	G – A parent or guardian of the child above is a current member of the National Guard of Washington or other state.
	M – <i>More than one</i> parent or guardian is currently either a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or National Guard of Washington or other state.