



Welcome to the Ridgefield School District!

The following information and Enrollment Checklist will assist you in enrolling your child for attendance in the Ridgefield School District. By providing all of the listed forms and documents, you can assure that your child's registration will be processed smoothly. Incomplete applications cannot be accepted and will delay your student's enrollment.

New students are assigned to their resident school based on Residency Verification. To determine your resident school, refer to the Clark County GIS webpage or call 360-619-1309. Elementary students requesting to attend another elementary school within the Ridgefield School District boundaries, must have an approved In-District Transfer Form. A non-resident student who would like to request a transfer into a Ridgefield School, must have an approved Choice Transfer form. Refer to the Boundaries section of the Ridgefield School District website for additional information regarding In-District Transfers and Choice Transfers.

ENROLLMENT CHECKLIST

Incomplete applications cannot be accepted and will delay your student's enrollment.

- ☐ **RESIDENCY VERIFICATION AFFIDAVIT** –With **two** Proof of Residency documents attached
- ☐ **RECORDS REQUEST FORM**
- ☐ **REGISTRATION FORM**
 - ☐ Students receiving Special Education Services should include current IEP
 - ☐ Foster Parents should include Children's Administration School Notification Form
 - ☐ Students enrolled in HiCap program should include HiCap Eligibility Documentation
- ☐ **CERTIFICATE OF IMMUNIZATION STATUS (CIS)** –Washington State requires that you use the official CIS form, which must be signed by the parent/guardian. Additional information including required immunizations and exclusion options can be found on the District webpage under Health Services.
- ☐ **HEALTH HISTORY FORM**
- ☐ **PROOF OF BIRTHDATE AND LEGAL NAME** –State issued birth certificate or passport (Required for Kindergarten, 1st grade, and students who have never attended school)
- ☐ **HIGH SCHOOL TRANSCRIPT/ACADEMIC HISTORY** – Proof of Washington State History for grades 7-12 or proof of another state's history class in middle or high school is acceptable.
- ☐ **STUDENT HOUSING QUESTIONNAIRE** (Optional)
- ☐ **AUTOMATED COMMUNICATIONS NOTIFICATION** (Optional)
- ☐ **FERPA FORM** (Optional)
- ☐ **TECHNOLOGY/INTERNET OPT-OUT FORM** (Optional)



Ridgefield School District

510 PIONEER STREET, RIDGEFIELD, WA 98642 Ph: 360-619-1300 Fax: 360-619-1397

RESIDENCY VERIFICATION AFFIDAVIT FORM

(A Residency Verification Form must be submitted for each enrolling child. This form must be completed by the child's parent or legal guardian and submitted with the required Proof of Residency documents.)

Washington law requires that a school be open to the admission of all persons between the ages of 5 and 21 residing within the boundaries of that school. (RCW 28A.225.160). The Ridgefield School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. Students are assigned to their attendance area school based on the information provided on this form. **ENROLLMENT WILL NOT BE PROCESSED WITHOUT RESIDENCY VERIFICATION.**

STUDENT LEGAL NAME	LAST	FIRST	MI	DATE OF BIRTH	GRADE LEVEL
PARENT/GUARDIAN NAME			PHONE NUMBER	RELATIONSHIP TO CHILD	
PHYSICAL ADDRESS				<input type="checkbox"/> HOME OWNER <input type="checkbox"/> RENTER <input type="checkbox"/> CO-RESIDENT (Complete Co-Residency Form) <input type="checkbox"/> OTHER _____ (Explain)	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					

I acknowledge and agree to the following: (Initial each statement below)

- _____ My child (listed above) resides with me at least four (4) nights per week at the physical address listed above, which is my primary residence.
- _____ I agree to notify the Ridgefield School District within (5) days if I change my residence or if my enrolled student's address changes, either within or outside of the Ridgefield School District.
- _____ Home visitation and/or other residency verification by a District official may be conducted 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. This 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 have attached the following two (2) *Proof of Residency documents which include my name and residential address:

- | | |
|---|---|
| <input type="checkbox"/> Current payroll check stub with name and address | <input type="checkbox"/> Mortgage, rental or lease documents |
| <input type="checkbox"/> Government issued check or correspondence | <input type="checkbox"/> Homeowners or Renters Insurance Policy |
| <input type="checkbox"/> Public agency documents (DSHS, courts, etc.) | <input type="checkbox"/> Utility bill(s) (water, sewer, gas, electric, cable, etc.) |

*Personal correspondence or copies of envelopes are not acceptable Proof of Residency documents.

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, Social Security numbers, and account numbers, which is permitted for the purposes of this Residency Verification Affidavit.

Executed on the date below in the County of Clark , Washington.

Signature of Parent/Guardian

Date

Ridgefield School District #122 complies with all state and federal rules and regulations and provides equal opportunity in programs and employment and does not unlawfully discriminate on the basis of race, color, national origin/language, marital status, HIV/Hepatitis C status, sex, sexual orientation-including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability, and provides equal access to the Boy Scouts of America and other designated youth groups. Ridgefield School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services, bilingual education or inquiries regarding compliance procedures, contact Chris Griffith, Title IX/Section 504/ADA Coordinator, 510 Pioneer Street, Ridgefield, WA 98642, (360) 619-1300, or by email at chris.griffith@ridgefieldsd.org

Reference Policy No. 3120

02/20/2019

Request for Authorization of Release of Student Records

Student Legal Name _____		Birth Date ____/____/____		Grade
_____ Last		First	Middle	
Other Name(s) Used By Student _____				
Student Address _____				
_____ Street/PO Box		City/State	Zip Code	
Student Home Phone No. _____		Alternate Phone No. _____		

I hereby authorize release of student records for the above-named student as follows:

Transferring From School: _____

School Address _____

_____ Street/PO Box _____ City/State _____ Zip Code _____

Phone No. _____ Fax No. _____

The cumulative records and confidential information include but are not necessarily limited to the following:

- _____ Scholastic Achievement Data (including transcript of credits and grades at time of withdrawal)
- _____ Standardized Test Data
- _____ Medical Data
- _____ Psychological Data
- _____ Sociological Data
- _____ Discipline Records
- _____ Specialized Education Records
 - a. Current IEP
 - b. Initial Placement
 - c. 3 Year Evaluation

_____ 504

_____ Other

I understand that this information will be kept confidential and will be used for educational placement purposes. (In order to secure a transcript or other school records from your child's previous school, we are required to obtain your written permission prior to making such a request.)

_____/_____/_____
 Parent/Legal Guardian/Adult Student Date

Transferring To School:

___ Ridgefield High School	2630 S. Hillhurst Road, Ridgefield WA 98642	Ph: 360-619-1320 Fax: 360-619-1395
___ View Ridge Middle School	3215 S. Hillhurst Road, Ridgefield WA 98642	Ph: 360-619-1400 Fax: 360-619-1459
___ Sunset Ridge Intermediate School	3215 S. Hillhurst Road, Ridgefield WA 98642	Ph: 360-619-1420 Fax: 360-619-1458
___ South Ridge Elementary	502 NW 199th Street, Ridgefield WA 98642	Ph: 360-619-1500 Fax: 360-619-1559
___ Union Ridge Elementary	330 N. Fifth Avenue, Ridgefield WA 98642	Ph: 360-750-7600 Fax: 360-750-7659

_____/_____/_____
 Registrar/Secretary Date



RIDGEFIELD SCHOOL DISTRICT 122 STUDENT REGISTRATION FORM

FOR OFFICE USE
Start Date:
Key Pad #:

PLEASE COMPLETE ALL 4 PAGES

STUDENT NAME Legal Last		Legal First	Legal Middle	Other Name Used	Grade Level
BIRTHDATE (Month/Day/Year)		BIRTHPLACE (City/State/Country)			GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
PREVIOUS SCHOOL ATTENDED (Name/District)		City	State	Did student formally withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No	Withdraw Date:
If enrolling from out of state, has student ever attended Washington State Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has student ever attended Ridgefield Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____ Grades Attended: _____			

PRIMARY HOUSEHOLD WHERE STUDENT RESIDES PARENT/GUARDIAN Last Name _____ First Name _____ Email Address _____		PRIMARY PHONE FOR NOTIFICATIONS () Primary phone is: <input type="checkbox"/> Home <input type="checkbox"/> Cell Home Phone () Cell Phone () Work Phone () Cell Phone () Work Phone ()	STUDENT RESIDES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Joint Custody <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other Family Member <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Foster Home <input type="checkbox"/> Other (specify) _____
Last Name _____ First Name _____ Email Address _____			
PHYSICAL ADDRESS WHERE FAMILY RESIDES – Required City _____ State _____ Zip _____			
MAILING ADDRESS – If different from physical address City _____ State _____ Zip _____			
NAMES OF SIBLING(S) IN HOUSEHOLD ATTENDING RIDGEFIELD SCHOOLS:			

USE THIS SECTION TO PROVIDE INFORMATION FOR STUDENTS WITH A SECOND HOUSEHOLD

SECOND HOUSEHOLD CONTACTS Last Name _____ First Name _____ Email Address _____		Home Phone () Cell Phone () Work Phone ()	Relationship to student _____
Last Name _____ First Name _____ Email Address _____		Cell Phone () Work Phone ()	Relationship to student _____
SECOND HOUSEHOLD ADDRESS City _____ State _____ Zip _____		MAILING ADDRESS City _____ State _____ Zip _____	
NAMES OF SIBLING(S) IN SECOND HOUSEHOLD ATTENDING RIDGEFIELD SCHOOLS:			
IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) RESTRAINING ORDER AGAINST: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ IS THERE A LEGAL RESTRICTION PREVENTING THE NON-CUSTODIAL PARENT FROM VISITING THE SCHOOL OR REMOVING THE STUDENT FROM THE SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) SEND COPIES OF REPORT CARDS TO SECOND HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an 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 child.

Parent/Guardian Signature _____ Date _____

If injury, illness or other nonemergency situations occur involving your child, the District needs to be able to quickly reach families or other responsible adults. In the event you cannot be reached, please list persons you trust who are available during the day to provide care for your child (local area only please).

Student Release Authorization: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed below.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT _____	Home Phone () Cell Phone () Work Phone ()
EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT _____	Home Phone () Cell Phone () Work Phone ()

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Before school <input type="checkbox"/> After school	CHILD CARE PROVIDER (Name/address/phone number) _____
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ETHNICITY AND RACE			
PLEASE ANSWER BOTH QUESTIONS 1 AND 2 BOTH RESPONSES ARE PER WASHINGTON STATE AND FEDERAL REQUIREMENTS			
Question 1: Is your child of Hispanic or Latino origin? → (check all that apply)	Answer: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> NOT HISPANIC <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> CUBAN </div> <div style="width: 33%;"> <input type="checkbox"/> DOMINICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> MEXICAN / CHICANO / MEXICAN AMERICAN </div> <div style="width: 33%;"> <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> OTHER HISPANIC / LATIN </div> </div>		
Question 2: What race do you consider your child? → (Check all that apply)	Answer: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> AFRICAN AMERICAN / BLACK <input type="checkbox"/> WHITE / CAUSCASIAN <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 </div> <div style="width: 33%;"> <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"/> ALASKAN 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 </div> <div style="width: 33%;"> <input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE <input type="checkbox"/> CLALLAM <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"/> TULALIP <input type="checkbox"/> YAKIMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN </div> </div>		

MILITARY PARENT or GUARDIAN AFFILIATION

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016-17 school year. (<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>) Reasons for collection of the data include:

- (1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
- (2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. [\[2015 c 210 § 1.\]](#)

Mark all that apply:

- ☐ A = US Armed Forces, active duty ☐ G = National Guard Member ☐ M = More than one family member currently serving in Armed Forces or National Guard
- ☐ N = No affiliation ☐ R = US Armed Forces Reserves ☐ X = Data Not Available ☐ Z = No response/refused to state

STUDENT PROGRAMS/ADDITIONAL INFORMATION

Indicate if student has ever been enrolled in the following programs:

- | | | |
|------------------------|--|--|
| Special Education | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program |
| Speech/Language | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program |
| OT/PT | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program |
| 504 Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Current Plan |
| Title/Lap Reading | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Currently receiving services |
| Title/Lap Math | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Currently receiving services |
| Transitional Bilingual | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Currently receiving services |
| Gifted | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Currently receiving services |
| Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify: _____ |

Are there any school activities in which your student should not participate?

☐ Yes ☐ No If yes, parent/guardian must provide documentation regarding reasons for non-participation.

Does student have a Boundary Exception?

☐ Yes ☐ No

Has student ever been retained?

☐ Yes ☐ No Grade? _____

Does student have a probation officer or case worker? ☐ Yes ☐ No Name: _____

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

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 Ridgefield School District.

Printed Name of Student

School Attending

Parent/Legal Guardian/Adult Student Signature

Date

This form contains public information. To request withholding of all or part of this information (opt-out) pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR 99), complete a "Nondisclosure Form" annually. Forms are available at the school office or online at www.ridgefieldsd.org

Ridgefield School District #122 complies with all state and federal rules and regulations and provides equal opportunity in programs and employment and does not unlawfully discriminate on the basis of race, color, national origin/language, marital status, HIV/Hepatitis C status, sex, sexual orientation-including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability, and provides equal access to the Boy Scouts of America and other designated youth groups. Ridgefield School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services, bilingual education or inquiries regarding compliance procedures, contact Chris Griffith, Title IX/Section 504/ADA Coordinator, 510 Pioneer Street, Ridgefield, WA 98642, (360) 619-1300, or by email at chris.griffith@ridgefieldsd.org.



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: 2. Give us information about the knowledge and skills your child is bringing to school. 3. May enable the school district to receive additional federal funding to provide support to your child. <i>This form is not used to identify students' immigration status.</i>	<ul style="list-style-type: none">In what country was your child born? _____Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ____Yes ____No If yes: Number of months: _____ Language of instruction: _____When did your child first attend a school in the United States? (Kindergarten – 12th grade) _____ Month Day Year	

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

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](#).





Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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 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.



Parent/Guardian Signature Required

Date

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



Parent/Guardian Signature Required

Date

◆ Required for School and Child Care/Preschool

● Required Only for 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

Required Vaccines for School or Child Care Entry

◆ **DTaP / DT** (Diphtheria, Tetanus, Pertussis)

◆ **Tdap** (Tetanus, Diphtheria, Pertussis)

◆ **Td** (Tetanus, Diphtheria)

◆ **Hepatitis B**

☐ 2-dose schedule used between ages 11-15

● **Hib** (*Haemophilus influenzae* type b)

◆ **IPV / OPV** (Polio)

◆ **MMR** (Measles, Mumps, Rubella)

● **PCV / PPSV** (Pneumococcal)

◆ **Varicella** (Chickenpox)

☐ History of disease verified by IIS

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

Flu (Influenza)

Hepatitis A

HPV (Human Papillomavirus)

MCV / MPSV (Meningococcal)

MenB (Meningococcal)

Rotavirus

Documentation of Disease Immunity

Healthcare provider use only

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

I certify that the child named on this CIS has:

☐ a verified history of Varicella (Chickenpox).

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

☐ Diphtheria

☐ Mumps

☐ Other:

☐ Hepatitis A

☐ Polio

☐ Hepatitis B

☐ Rubella

☐ Hib

☐ Tetanus

☐ Measles

☐ Varicella

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

Date

Printed Name

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

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: 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 Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

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

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

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<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 trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

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

DOH 348-013 December 2016

Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2019-2020



Parent/Guardian Instructions: To see which vaccines are required for school, find your child's grade and look only at that row going across to find the vaccines and number of doses required.

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

- Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.
- Find information on other recommended vaccines not required for school: www.immunize.org/cdc/schedules/

Ridgefield School District

Student Health History 2019-20

To be completed by parent/guardian

Student Name: _____ Date of Birth: _____ Grade: _____ ☐ Male ☐ Female

Parent Name: _____ Phone #: _____ Teacher: _____ Bus# _____

INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:

If your child has a life-threatening condition, state law requires a medication and/or treatment orders from a Licensed Health Professional and an Emergency plan must be in place before your child can attend school. See office for forms. Please check appropriate boxes below and explain if needed

Health Condition	Yes	No	Explanation if "Yes" checked
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Food(S): <input type="checkbox"/> peanut <input type="checkbox"/> tree nut <input type="checkbox"/> dairy <input type="checkbox"/> eggs <input type="checkbox"/> other _____ Rate the reaction: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> life-threatening Does your child require an EpiPen? <input type="checkbox"/> yes <input type="checkbox"/> no Is this allergy a food sensitivity? <input type="checkbox"/> yes <input type="checkbox"/> no Please describe symptoms: _____
Allergy to Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	Rate the reaction: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> life-threatening Describe the reaction: _____ Does your child require an EpiPen? <input type="checkbox"/> yes <input type="checkbox"/> no
Medication Allergies	<input type="checkbox"/>	<input type="checkbox"/>	List: _____
Allergies (other)	<input type="checkbox"/>	<input type="checkbox"/>	List: _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rate the severity: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> life-threatening Asthma medication taken at home: _____ Medication required at school: _____ Last asthma attack: _____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 1 (insulin Dependent) <input type="checkbox"/> Type 2 Diabetes medications(s) taken at home: _____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Type of seizure: _____ Medications: _____
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Treatment: _____
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Medication for ADD/ADHD: _____
Mental Health / Behavioral Issues	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Treatment/Medication: _____
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> For Distance <input type="checkbox"/> For Reading
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Hearing Aids
Headaches/migraines	<input type="checkbox"/>	<input type="checkbox"/>	Please Describe: _____
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	Describe: _____		

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

☐ No ☐ Yes if yes, explain: _____

Daily Medication

State law requires written permission from a Licensed Health Professional and parent before any medication (prescription or over-the-counter) can be given at school. A form is available from the school office.

☐ No ☐ Yes Medication needed at school- specify: _____
☐ No ☐ Yes Medication needed at home- specify: _____

This information is considered confidential. It will be shared with school staff and emergency responders as needed during the time your child is enrolled in Ridgefield School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

****As the Parent/Guardian you are responsible for communicating any changes in your child's health condition with school nurse. This form will be put in your child's permanent health file and will continue year to year unless you notify the school nurse of changes regarding your child's health condition. ****

Parent/guardian signature: _____ Date: _____



RIDGEFIELD SCHOOL DISTRICT

510 Pioneer Street
RIDGEFIELD, WA 98642



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:

Tiffany Gould
District Homeless Liaison
510 Pioneer Street
Ridgefield, WA 98642
(360) 619-1317

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/>



AUTOMATED COMMUNICATIONS (SCHOOLMESSENGER) NOTIFICATION

Consent to Receive Automated Communications

The Ridgefield School District (“District”) uses SchoolMessenger, an automated system, to make important school-related announcements in the form of calls and text messages to the cellphone and residential telephone numbers of parents/guardians and students. Those communications include messages about snow days, other school cancellations, student absences, and school events.

By providing telephone numbers on and signing student registration paperwork, you consent to receive automated text messages and calls from the District at those numbers. You may opt not to receive such automated messages (other than emergency messages) by submitting the form below. Submit form to Maggie Butler at the District Office, or by providing notice to Maggie Butler at 360- 619-1309 or maggie.butler@ridgefieldsd.org.

(Separate and return this form to opt out of automated messages.)

Request Not to Receive Automated Messages

Although the District requests that parents/guardians and students consent to receive automated messages as described above by providing telephone contact information on registration paperwork, you may opt out of receiving automated text messages and phone calls (other than emergency messages) by completing the information below:

I opt out of receiving automated (check all that apply) ☐ text messages ☐ telephone calls from the District at the following numbers (list all numbers that apply, including area codes):

1. ____ - ____ ☐ Cellphone ☐ Residential line
2. ____ - ____ ☐ Cellphone ☐ Residential line
3. ____ - ____ ☐ Cellphone ☐ Residential line
4. ____ - ____ ☐ Cellphone ☐ Residential line

Your decision to opt out will be effective unless you notify us otherwise in writing. Note that the law allows the District to make automated emergency calls (such as about school lockdowns) to telephone numbers you have provided regardless of whether you opt out of other messages.

Please return this form to Maggie Butler.
You may also opt out by contacting Maggie Butler at 360-619-1309 or
maggie.butler@ridgefieldsd.org.

KINDERGARTEN INFORMATION & DEVELOPMENTAL PROFILE

STUDENT'S LEGAL NAME: _____

NAME STUDENT GOES BY (EX: Billy instead of William): _____

BIRTHDATE: _____ PHONE: _____

PRIMARY CARETAKER: _____ RELATIONSHIP TO CHILD: _____

SIBLINGS:

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

PRESCHOOL EXPERIENCE? YES NO FULL-DAY or HALF-DAY

NAME OF PRESCHOOL: _____

DAYCARE EXPERIENCE? YES NO FULL-DAY or HALF-DAY

NAME OF DAYCARE: _____

Please describe any difficulties with pregnancy, at birth or as an infant.

Any problems with:

vision: _____ hearing: _____ speech: _____ health: _____

allergies: _____ fears: _____ toileting: _____ separation: _____

Please explain: _____

Can write first name: with all capital letters? _____ with only 1st letter capitalized _____

Describe experience with scissors on paper (with assistance, with frustration, with ease, etc.):

Describe "reading" level (memorizes books word-for-word, reads signs, makes up stories for pictures in books, reads beginning readers, ex: "Bob" books): _____

Counting skills: counts aloud to: _____ without skipping or prompting

Identifies letters in random order:

Capital: none _____ some _____ most _____ all _____

Lower Case: none _____ some _____ most _____ all _____

What does your child like to do best by his or herself: _____

Chores your child is responsible for at home: _____

Self-help skills:

ties shoes _____ buttons _____ zippers _____ snaps _____ chooses own clothes _____

RIDGEFIELD SCHOOL DISTRICT

PARENTAL RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

ANNUAL NOTICE

The Family Educational Rights and Privacy Act (FERPA), a federal law, affords parents or guardians (and students over 18 years of age or who attend postsecondary educational institutions, known as “eligible students”) certain rights with respect to their student’s education records. Under FERPA, parents/guardians or eligible students have a right to:

1. Inspect and review the student’s education records within 45 days after the day the District receives a request for access. Parents or eligible students who wish to inspect their child’s or their education records should submit to the student’s school a written request that identifies the record(s) they wish to inspect. The records custodian will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. Request the amendment of the student’s education records that the parent or eligible student believes are inaccurate or misleading, or otherwise in violation of the student’s privacy rights under FERPA. Parents or eligible students who wish to ask the District to amend their child’s or their education record should write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. Provide written consent before the school discloses personally identifiable information (PII) from the student’s education records, except to the extent that FERPA authorizes disclosure without consent (such as for “directory information,” described below).

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. The criteria for determining who constitutes a school official and what constitutes a legitimate educational interest must be set forth in the school’s or school district’s annual notification for FERPA rights. A school official typically includes a person employed by the school or school district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer, contractor, or consultant who, while not employed by the school, performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official typically has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the District discloses educational records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

Requests from prospective employers to review the transcript of a student will be honored only upon a signed release of the parent/guardian or eligible student.

4. File a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue S.W.
Washington, D.C. 20202

Directory Information

FERPA requires that the District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District Procedure 3231P. The District has designated the following information as directory information:

Student name; parent/guardian name(s); address; telephone number; electronic mail (email) address; photograph; video; images; audio recordings; date and place of birth; dates of attendance; grade level; participation in officially recognized activities and sports; weight and height of members of athletic teams; degrees, honors, and awards received; and the most recent educational agency or institution attended.

The District may release directory information to anyone, including but not limited to parent-teacher organizations, the media, colleges and universities, the military, youth groups, and scholarship grantors, unless you tell us that you do not want the information released (see below for instructions on how to opt out of sharing directory information).

The actual residential addresses of participants in the state Address Confidentiality Program will not be available for release as directory information. Social Security numbers, student identification numbers (with authentication factors such as a secret password or personal identification number), or other personally identifiable information are not considered directory information.

The purpose of directory information is to allow the District to include information from a student's education records in certain school publications and to promote the District's education mission. For example, directory information may be used for purposes including, but not limited to:

- District, school, or class newsletters and other printed or electronic official publications;
- Articles on the District's website, including blogs;
- District-operated social media pages, such as on Facebook, Instagram, or Twitter;
- News releases to area newspapers, TV stations, or other media;

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

In addition, two federal laws¹ require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses, and telephone listings—unless parents have asked the LEA not to disclose this information without their prior consent.

Instructions to Request Opt-Out of Directory Information

Under FERPA, you have the right to opt out of disclosure of any or all directory information, as described above, regarding your student. If you wish to opt out, *you must notify the District in writing no later than August 23rd of the current school year, or at the time of enrollment if after August 23rd.* A request to opt out lasts for the current year only; a new request is required each year. To opt out, complete and return the District form entitled “Request to Opt Out of FERPA Directory Information.” In the alternative, you may provide a dated, written statement (typed or legibly printed) that includes all of the following information:

- Full name of student;
- Grade level for the current school year;
- Specific item(s) that you do not want to be considered as “directory information” for your child for the current school year;
- If applicable, a specific request of non-disclosure of information to military recruiters;
- Parent/guardian or eligible student name; and
- Parent/guardian or eligible signature.

The opt-out form or other written request to opt-out of directory information must be delivered to the following office:

Maggie Butler, Ridgefield School District 510 Pioneer Street Ridgefield, WA 98642

NOTE: Additional information about the District's policies and procedures for maintenance and disclosure of student records is available in Board of Directors Policy 3231 and Procedure 3231P, which are available on the District's website at www.ridgefieldsd.org.

¹ These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107).



REQUEST TO OPT OUT OF FERPA DIRECTORY INFORMATION 2019-2020

As described in the District's annual notification provided to families (entitled "Parental Rights Under the Family Educational Rights and Privacy Act (FERPA)") and District Procedure 3231P, parents/guardians (or eligible students) have the right to request that the District not disclose information from their student's education records designated as "directory information" without prior consent.

If you consent to the District sharing directory information about your student, there is no need to take any action. However, if you wish to opt out pursuant to FERPA, please complete this form and return it to your child's school no later than August 23, 2019, or at the time of enrollment if after August 23rd. If this form is not completed and filed with the District, the District may disclose directory information about your student for the remainder of the current academic year without your prior consent as described in the annual notice. You may revoke this opt-out form in writing by filing consent to disclosure of directory information with the school office.

Student Last Name	First Name	Middle Name
School Attending	Grade	

Check box to below to opt out to all directory information:

☐ Do not disclose ANY directory information about the above-named student during the **2019-20** school year, except as authorized by law.

or Check ALL that apply:

- ☐ The District may NOT disclose information about the above-named student to the **military** unless otherwise authorized by law.
- ☐ The District may NOT disclose information about the above-named student to **higher education organizations** (colleges or universities).
- ☐ The District may NOT disclose information about the above-named student to **public** (publications, annual calendar, social media, stories or videos on website).
- ☐ The District may NOT disclose directory information within the **district** (honor roll or other recognition lists, sports activity rosters, playbill).
- ☐ The District may NOT disclose directory information **locally** within my child's school (art on walls, annual yearbook).

Parent/Guardian/Eligible Student Name	Signature	Date
---------------------------------------	-----------	------

Return this form to your student's school office no later than August 23, 2019, only if you are opting out of directory information.



Technology/Internet Opt-Out Form

Ridgefield School District (the District) recognizes that our students must be prepared to live and work in a digital world. In order to facilitate this, the District utilizes a variety of technology to provide students with tools to help them develop research, collaboration, fluency and other technology skills. In order to provide these sorts of opportunities the District operates a networked infrastructure that includes access to local (in-District) resources as well as the Internet, student email, and online educational resources. The District has determined that access to these resources is necessary to provide the type of education that gives its students the best chance to be successful in work and life. The responsible use of these resources are outlined in the School Board Procedure 2022P.

Accounts and applications that are part of daily student use include but are not limited to:

- **Active Directory:** All students are provided with an Active Directory account that allows them to log onto District devices in order to access networked services. In addition, each student is given space on a file storage system to save their work. Active Directory accounts also allow the District to grant or limit access to resources both within the district and to Internet-based applications.
- **Ridgefield School District's G Suite (Google Apps for Education) Environment:** This education-focused G-Suite environment is hosted by Google, and managed by the District. This collection of online applications provides students with a Google email account, calendar, and access to Google Drive, where students can create, share, and publish documents, spreadsheets, presentations, and other artifacts of their learning. The District creates and manages user accounts; manages access to applications and email based on grade level organizations; and manages permissions. Student email is generally limited to sending and receiving messages within the District Google domain. In cases where outside communication is warranted, it is tightly controlled to include only necessary outside email users or domains.
- **Online Curriculum Systems:** Many recently adopted curricula are fully online or include a component of online content. In many cases these require individual user accounts. The District creates these accounts and does not provide any information that does not conform with FERPA or other privacy directives. District teaching staff also utilize YouTube videos in their classrooms. However, YouTube content is restricted teacher-approved or educational content. Other online resources where students will participate is reviewed by the District to ensure that it adheres to privacy laws and does not contain objectionable content.
- **Assessments:** The District utilizes an online assessment system several times per year to assess student progress. This system is Web-based, thus requiring students to use computing devices to take the assessments. In addition, much of the state-mandated annual testing is completely online as well. Students must use District computing devices to participate.

Under the Federal Children's Internet Protection Act (CIPA), the District is required to filter Internet access and to teach online safety. The District takes your student's safety and privacy very seriously and makes every effort to supervise and monitor student technology use. We use Internet filtering software to block access to content that is obscene, pornographic, and harmful to minors. We provide instruction to all students in the area of Digital Citizenship through use of District-approved curriculum.

Parents or guardians have the right to terminate their student's access to electronic tools and resources by signing this **Opt-Out form**. If you do not want your student to use District technology resources, please be aware that your decision to eliminate access to these tools may significantly affect your student's ability to work collaboratively with his or her peers on class assignments and project, and may impact the development of skills necessary to live and work in this increasingly digital world.

This **Opt-Out** request will remain in effect for one school year, and expires at the end of this school year. A parent or guardian must complete a new Opt-Out form every school year. If no documentation is on file, it will be assumed that permission has been granted for access to the Internet, Google Apps for Education, Online Curriculum services, and other online applications and services that have been selected for use by the District, your child's school, or your child's teacher.

Please initial each of the following statements, complete the other information below, and sign and return this form to the main office at your student's school. If you are denying access for multiple students, you must complete a form for each student. Return the form ONLY if you are choosing to opt your student(s) out of access to these resources.

____ I do **NOT** want my student to access or use the Internet, Google Apps for Education, Online Curriculum services, and other online applications and services that have been selected for use by the District, your child's school, or your child's teacher.

____ I understand that my student will still be required to take the Smarter Balanced Assessment online through a secure browser on a district-managed device.

____ I understand that the next step in this process is that I will schedule an appointment with a school administrator to discuss my request to opt my student(s) out of the use of technology services.

Student First, Last Name (Print) _____ Student ID#: _____

School: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Please return to your child's school ONLY if you do not want them to have access to these resources.

Completion of this process requires that Parents/Guardians meet with a school Administrator to discuss the request to opt their student(s) out. Please contact your school to schedule this appointment.

>>> This request will not be processed or considered completed until after this meeting. <<<

Building Administrator Initials _____

LEGAL NOTICE

To the Parents/Guardians of Ridgefield School District Students:

In accordance with Washington State Immunization Law (RCW 28A210.080) and Ridgefield School District Board Policy #3413, **all parents/guardians must provide a completed and signed Certificate of Immunization Status (CIS) prior to a student's first day of enrollment.**

Washington State Law requires a **TDAP** vaccine for children attending **6th to 12th grade & age 11.**

Beginning in the 2016-2017 school year, a **second Varicella** vaccine is required for **K-12th grades** (see Varicella Notes below). The new requirement is based on national recommendations from the Advisory Committee on Immunization Practices.

Varicella Notes:

- *Recommended: 3 months between varicella doses, but minimum interval of 28 days acceptable.
- *Must get the same day as MMR or at least 28 days apart.

Beginning July 22, 2011, parents/guardians who want to exempt their child from immunization requirements must fill out and turn in the updated exemption form to their school. Parents/guardians must first talk to a licensed health care provider about the benefits and risks of immunization. **The provider must sign the Certificate of Exemption** verifying that the parent received this information or a provider may write and sign a letter verifying the same information instead of signing the form. A health care provider does not need to sign the form for parents/guardians who show membership in a church or religious body that does not allow medical care from a health care provider.

Immunizations are available at the following places:

- 1) Your doctor's office.
- 2) Local pharmacy (Walgreens, Fred Meyer, Rite Aid etc.)
- 3) *Sea Mar Community Health Center*, call 360-896-5128 or 360-852-9070
- 4) *The Free Clinic of Southwest Washington* – Walk-in Clinic available 1st, 2nd, 3rd Wednesday of the month from 5:30-7:30. For more information, call 360-313-1390.

Your immediate cooperation is appreciated.

Thank you,
Your Health Services Team

<input type="checkbox"/> Ridgefield High School	<input type="checkbox"/> View Ridge Middle School	<input type="checkbox"/> Sunset Ridge Intermediate School	<input type="checkbox"/> South Ridge Elementary	<input type="checkbox"/> Union Ridge Elementary
Office: 360-619-1320 Fax: 360-619-1395	Office: 360-619-1400 Fax: 360-619-7459	Office: 360-619-1420 Fax: 360-619-1458	Office: 360-619-1500 Fax: 360-619-1559	Office: 360-750-7600 Fax: 360-750-7659