

**WHITE PASS SCHOOL DISTRICT**  
**REQUEST FOR TRANSFER OF STUDENT RECORDS**  
(Please return a copy of this form with records)

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

FROM: \_\_\_\_\_

White Pass Elementary School  
127 Kindle Road  
Randle, WA 98377

TO: \_\_\_\_\_

Phone: (360)497-7300

\_\_\_\_\_

Fax: (360)497-2126

\_\_\_\_\_

PLEASE SEND EDUCATIONAL RECORDS OF \_\_\_\_\_  
(Student's Legal Name)

(ANY OTHER NAME USED) \_\_\_\_\_

GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLEASE INCLUDE THE FOLLOWING:

PROGRESS RECORDS

Report cards  
Attendance  
Withdrawal date from your school  
Standardized Testing Records

HEALTH RECORDS

Health Cards/Immunizations  
Copy of birth certificate

UNDER PUBLIC LAW 93-380, NOW AMENDED IN SECTION 99.34, PL 93-568, NO PARENT SIGNATURE IS REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY.

IF THE FOLLOWING RECORDS ARE AVAILABLE, PLEASE CHECK AND INCLUDE WHERE THEY MAY BE OBTAINED:

\_\_\_ SPECIAL EDUCATION REPORTS

\_\_\_ PSYCHOLOGICAL REPORTS

\_\_\_ SOCIAL WORKER REPORTS

\_\_\_ CPS REPORTS

WE WOULD APPRECIATE RECEIVING THESE RECORDS AS SOON AS POSSIBLE.  
THANK YOU.



# White Pass School District

## Student Registration

☐ White Pass Elementary School ☐ White Pass Jr./Sr. High School ☐ White Pass Learning Academy ☐ White Pass Home Link

Today's Date \_\_\_\_\_ School Entry Date: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Student's **LEGAL** Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth City: \_\_\_\_\_ Last First Middle Birth State: \_\_\_\_\_ Birth County \_\_\_\_\_ (not Country)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex: M – Male F – Female X – Gender not exclusively Male or Female  
Yes No

Is the student currently in ☐ Foster Care ☐

**Ethnic Category:** Please fill out the attached Ethnicity and Race Data Collection Form which is required for state and federal reporting purposes by OSPI (Office of Superintendent of Public Instruction).

Does your child have a first language other than English? ( ) Yes ( ) No If yes, what language? \_\_\_\_\_

Student is living with: (circle one) Both Parents Mother/Stepfather Self  
Mother Only Father/Stepmother Grandparent  
Father Only Legal Guardian Other

**Confidential Information:** Complete only if it shows (1) your child's current living situation; or (2) your situation if you are a youth not living with a parent or guardian. Check the appropriate area:

- ( ) with relatives or others due to lack of housing ( ) in a park, or car, or similar vehicle  
( ) in a motel/hotel, camping ground or other similar situation due to the lack of alternative, adequate housing  
( ) in abandoned apartment/building ( ) other  
( ) temporarily housed in shelter awaiting DCFS permanent foster care placement  
( ) disaster victim? explain \_\_\_\_\_

Is there a current Order of Protection or No Contact order which concerns this student? ( ) Yes ( ) No If yes, please attach a copy.

Do you reside within White Pass School District? \_\_\_\_\_ If no, list resident district. \_\_\_\_\_

If not residing within White Pass School District have you completed "Choice" or "Out of District" paperwork at the District Office? \_\_\_\_\_

Previous School Attended:

Phone \_\_\_\_\_ School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date Last Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

List any Special Education/Lap or Title Classes: \_\_\_\_\_

If your student was enrolled in Special Education do you have a copy of their current I.E.P.? \_\_\_\_\_ If yes, please attach a copy.

Does your child have a 504 plan? Explain: \_\_\_\_\_

### **Household Information** (Where the student is living)

Mr. Mrs. Ms \_\_\_\_\_  
Last Name First Name Work Phone Cell Phone

Mr. Mrs. Ms \_\_\_\_\_  
Last Name First Name Work Phone Cell Phone

Mailing Address \_\_\_\_\_  
Street Address/PO Box City State Zip

Physical Address \_\_\_\_\_

Parent's email address \_\_\_\_\_

### **Emergency Information**

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date.

**EMERGENCY INFORMATION RECORD**

Legal Name of Student \_\_\_\_\_ Birthday \_\_\_\_\_

Family 1 \_\_\_\_\_ E-mail: \_\_\_\_\_

Guardian 1's Name

Legal Custody: Yes \_\_\_ No \_\_\_

Please number the order in which Guardian 1's phone numbers should be called:

\_\_\_ Cell \_\_\_\_\_ \_\_\_ Home \_\_\_\_\_ \_\_\_ Work \_\_\_\_\_ \_\_\_ Message \_\_\_\_\_

E-mail: \_\_\_\_\_

Guardian 2's Name

Please number the order in which Guardian 2's phone numbers should be called:

\_\_\_ Cell \_\_\_\_\_ \_\_\_ Home \_\_\_\_\_ \_\_\_ Work \_\_\_\_\_ \_\_\_ Message \_\_\_\_\_

Mailing \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family 2 \_\_\_\_\_ E-mail: \_\_\_\_\_

Guardian 1's Name

Legal Custody: Yes \_\_\_ No \_\_\_

Please number the order in which Guardian 1's phone numbers should be called:

\_\_\_ Cell \_\_\_\_\_ \_\_\_ Home \_\_\_\_\_ \_\_\_ Work \_\_\_\_\_ \_\_\_ Message \_\_\_\_\_

E-mail: \_\_\_\_\_

Guardian 2's Name

Please number the order in which Guardian 2's phone numbers should be called:

\_\_\_ Cell \_\_\_\_\_ \_\_\_ Home \_\_\_\_\_ \_\_\_ Work \_\_\_\_\_ \_\_\_ Message \_\_\_\_\_

Mailing \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IN CASE OF EMERGENCY AND PARENT/GUARDIAN IS NOT AVAILABLE, PLEASE CONTACT:**

Please list the emergency contacts in the order you want them to be contacted.

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

PLEASE CONTINUE FILLING FORM OUT ON THE OTHER SIDE.

**EMERGENCY INFORMATION CONTINUED**

Student's name \_\_\_\_\_ Date \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital where student should be taken if parent or physician is unavailable:

\_\_\_\_\_

**AGREEMENT AND CONSENT FOR TREATMENT AND EMERGENCY TRANSPORT:**

Should my child require medical treatment, transportation or hospitalization for any accident or illness during school or while participating in a school activity, the attending physician, emergency medical technician or hospital is authorized to release diagnostic and treatment information as may be needed to complete any insurance claim.

In addition, this is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines (and surgical treatment) and the administration of any anesthetic which in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my son or daughter.

**Signature of parent/guardian** \_\_\_\_\_

**PLEASE LIST ALLERGIES AND OTHER MEDICAL CONDITIONS:**

Allergies: Plants \_\_\_\_ Foods \_\_\_\_ Bees or Insects \_\_\_\_ Drugs \_\_\_\_ Animals \_\_\_\_ Other \_\_\_\_\_

Describe the reaction: \_\_\_\_\_

Name of Medication needed for the allergy: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Name of Medication needed for conditions: \_\_\_\_\_

List any medications needed at school\*\*\*: \_\_\_\_\_

\*\*\* Please complete the Authorization for Administration of Medication at School form, also.

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MILITARY PARENT OR GUARDIAN AFFILIATION FORM**

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW **28A.300.507.**

**For the purpose of collecting the data please mark all that apply:**

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

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

Siblings: \_\_\_\_\_

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

(Note: If at any time though out the school year the military status changes please contact the White Pass School District office or your student's school to report the change.)





## Ethnicity and Race Data Collection



Each year, school districts in Washington State are required to report student data by ethnicity and race categories to the State's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories used in our district are the same as are used in all Washington school districts. They are set by the federal government, but do NOT report individual student data.

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

Please answer both of the following questions

**1. Is this student of Hispanic or Latino origin?** (please check all that apply)

- |                    |   |                                      |                                       |   |
|--------------------|---|--------------------------------------|---------------------------------------|---|
| HISPANIC<br>LATINO | <input type="checkbox"/> Hispanic                   | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Salvadorian                    |
|                    | <input type="checkbox"/> Not Hispanic/Latino        | <input type="checkbox"/> Cuban       | <input type="checkbox"/> Mestizo      | <input type="checkbox"/> Spaniard                       |
|                    | <input type="checkbox"/> Argentine                  | <input type="checkbox"/> Dominican   | <input type="checkbox"/> Native       | <input type="checkbox"/> Surinamese                     |
|                    | <input type="checkbox"/> Bolivian                   | <input type="checkbox"/> Ecuadorian  | <input type="checkbox"/> Nicaraguan   | <input type="checkbox"/> Uruguayan                      |
|                    | <input type="checkbox"/> Brazilian                  | <input type="checkbox"/> Guatemalan  | <input type="checkbox"/> Panamanian   | <input type="checkbox"/> Venezuelan                     |
|                    | <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Guyanese    | <input type="checkbox"/> Paraguayan   | <input type="checkbox"/> Hispanic/Latino Write In _____ |
|                    | <input type="checkbox"/> Chilean                    | <input type="checkbox"/> Honduran    | <input type="checkbox"/> Peruvian     |   |
|                    | <input type="checkbox"/> Colombian                  | <input type="checkbox"/> Jamaican    | <input type="checkbox"/> Puerto Rican |   |

**2. What race(s) do you consider this student?** (please check all that apply)

- |                     |  |  |                                       |  |
|---------------------|--|--|---------------------------------------|--|
| ASIAN               | <input type="checkbox"/> Asian           | <input type="checkbox"/> Chinese                       | <input type="checkbox"/> Malaysian    | <input type="checkbox"/> Singaporean                     |
|                     | <input type="checkbox"/> Asian Indian    | <input type="checkbox"/> Filipino                      | <input type="checkbox"/> Mien         | <input type="checkbox"/> Sri Lankan                      |
|                     | <input type="checkbox"/> Bangladeshi     | <input type="checkbox"/> Hmong                         | <input type="checkbox"/> Mongolian    | <input type="checkbox"/> Taiwanese                       |
|                     | <input type="checkbox"/> Bhutanese       | <input type="checkbox"/> Indonesian                    | <input type="checkbox"/> Nepali       | <input type="checkbox"/> Thai                            |
|                     | <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Japanese                      | <input type="checkbox"/> Okinawan     | <input type="checkbox"/> Tibetan                         |
|                     | <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Korean                        | <input type="checkbox"/> Pakistani    | <input type="checkbox"/> Vietnamese                      |
|                     | <input type="checkbox"/> Cham            | <input type="checkbox"/> Lao                           | <input type="checkbox"/> Punjabi      | <input type="checkbox"/> Asian Write In _____            |
| CARIBBEAN           | <input type="checkbox"/> Anguillian      | <input type="checkbox"/> British Virgin Islands        | <input type="checkbox"/> Grenadian    | <input type="checkbox"/> Montserratian                   |
|                     | <input type="checkbox"/> Antiguan        | <input type="checkbox"/> Cayman Island                 | <input type="checkbox"/> Guadeloupian | <input type="checkbox"/> Puerto Rican                    |
|                     | <input type="checkbox"/> Bahamian        | <input type="checkbox"/> Cuban Dominican               | <input type="checkbox"/> Haitian      | <input type="checkbox"/> Caribbean Write In _____        |
|                     | <input type="checkbox"/> Barbadian       | <input type="checkbox"/> Dominican Republic            | <input type="checkbox"/> Jamaican     |  |
|                     | <input type="checkbox"/> Barthelemois    | <input type="checkbox"/> Dutch Antillean               | <input type="checkbox"/> Martiniquais |  |
| CENTRAL<br>AFRICAN  | <input type="checkbox"/> Angolan         | <input type="checkbox"/> Congolese                     | <input type="checkbox"/> Equatorial   | <input type="checkbox"/> Sao Tomean                      |
|                     | <input type="checkbox"/> Cameroonian     | (Democratic Republic)                                  | Guinean                               | <input type="checkbox"/> Chadian                         |
|                     | <input type="checkbox"/> Central African | <input type="checkbox"/> Congolese (Republic of Congo) | <input type="checkbox"/> Gabonese     | <input type="checkbox"/> Central African Write In _____  |
| EAST<br>AFRICAN     | <input type="checkbox"/> Burundian       | <input type="checkbox"/> Mahoran (Mayotte)             | <input type="checkbox"/> Rwandan      | <input type="checkbox"/> Tanzanian                       |
|                     | <input type="checkbox"/> Camoran         | <input type="checkbox"/> Malagasy (Madagascar)         | <input type="checkbox"/> Seychellois  | <input type="checkbox"/> Ugandan                         |
|                     | <input type="checkbox"/> Djiboutian      | <input type="checkbox"/> Malawian                      | <input type="checkbox"/> Somali       | <input type="checkbox"/> Zambian                         |
|                     | <input type="checkbox"/> Eritrean        | <input type="checkbox"/> Mauritian (Mauritius)         | <input type="checkbox"/> South        | <input type="checkbox"/> Zimbabwean                      |
|                     | <input type="checkbox"/> Ethiopian       | <input type="checkbox"/> Mozambican                    | <input type="checkbox"/> Sudanese     | <input type="checkbox"/> East Africa Write In _____      |
|                     | <input type="checkbox"/> Kenyan          | <input type="checkbox"/> Reunionese                    | <input type="checkbox"/> Sudanese     |  |
|                     |  |  |                                       |  |
| EASTERN<br>EUROPEAN | <input type="checkbox"/> Bosnian         | <input type="checkbox"/> Polish                        | <input type="checkbox"/> Russian      | <input type="checkbox"/> Eastern European Write In _____ |
|                     | <input type="checkbox"/> Herzegovinian   | <input type="checkbox"/> Romanian                      | <input type="checkbox"/> Ukrainian    |  |
| LATIN<br>AMERICAN   | <input type="checkbox"/> Argentine       | <input type="checkbox"/> Ecuadorian                    | <input type="checkbox"/> Mexican      | <input type="checkbox"/> South Georgia                   |
|                     | <input type="checkbox"/> Belizean        | <input type="checkbox"/> El Salvadorian                | <input type="checkbox"/> Nicaraguan   | And the South  |
|                     | <input type="checkbox"/> Bolivian        | <input type="checkbox"/> Falkland Islander             | <input type="checkbox"/> Panamanian   | Sandwich Islands   |
|                     | <input type="checkbox"/> Brazilian       | <input type="checkbox"/> French Guianese               | <input type="checkbox"/> Paraguayan   | <input type="checkbox"/> Uruguayan                       |
|                     | <input type="checkbox"/> Chilean         | <input type="checkbox"/> Guatemalan                    | <input type="checkbox"/> Peruvian     | <input type="checkbox"/> Venezuelan                      |
|                     | <input type="checkbox"/> Colombian       | <input type="checkbox"/> Guyanese                      | <input type="checkbox"/> Surinamese   | <input type="checkbox"/> Latin America                   |
|                     | <input type="checkbox"/> Costa Rican     | <input type="checkbox"/> Honduran                      |                                       | Write In _____   |
|                     |  |  |                                       |  |
|                     |  |  |                                       |  |

MIDDLE EASTERN NORTH AFRICAN	<input type="checkbox"/>	Algerian	<input type="checkbox"/>	Copt	<input type="checkbox"/>	Jordanian	<input type="checkbox"/>	Syrian
	<input type="checkbox"/>	Amazigh/Berber	<input type="checkbox"/>	Druze	<input type="checkbox"/>	Kurdish Kuwaiti	<input type="checkbox"/>	Tunisian
	<input type="checkbox"/>	Arab or Arabic	<input type="checkbox"/>	Egyptian	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>	Yemeni
	<input type="checkbox"/>	Assyrian	<input type="checkbox"/>	Emirati	<input type="checkbox"/>	Libyan	<input type="checkbox"/>	Middle Eastern
	<input type="checkbox"/>	Bahraini	<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Moroccan	<input type="checkbox"/>	Write In _____
	<input type="checkbox"/>	Bedouin	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Qatari	<input type="checkbox"/>	North African
	<input type="checkbox"/>	Chaldean	<input type="checkbox"/>	Israeli	<input type="checkbox"/>	Saudi Arabian	<input type="checkbox"/>	Write In _____
PACIFIC ISLANDER	<input type="checkbox"/>	Carolinian	<input type="checkbox"/>	Maori	<input type="checkbox"/>	Pohpeian	<input type="checkbox"/>	Tuvaluan
	<input type="checkbox"/>	Chamorro	<input type="checkbox"/>	Marshallese	<input type="checkbox"/>	Samoa	<input type="checkbox"/>	Yapese
	<input type="checkbox"/>	Chuukese	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Solomon Islander	<input type="checkbox"/>	Pacific Islander
	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Ni-Vanuatu	<input type="checkbox"/>	Tahitian	<input type="checkbox"/>	Write In _____
	<input type="checkbox"/>	I-Kiribati/Gilbertese	<input type="checkbox"/>	Palauan	<input type="checkbox"/>	Tokelauan		
	<input type="checkbox"/>	Kosraean	<input type="checkbox"/>	Papuan	<input type="checkbox"/>	Tongan		
SOUTH AFRICAN	<input type="checkbox"/>	Botswana	<input type="checkbox"/>	Namibian	<input type="checkbox"/>	Swazi		
	<input type="checkbox"/>	Mosotho	<input type="checkbox"/>	South African	<input type="checkbox"/>	South African	Write In _____	
WASHINGTON STATE TRIBES	<input type="checkbox"/>	Chinook Tribe	<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation	<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the		
	<input type="checkbox"/>	Confederated Tribes and Bands of	<input type="checkbox"/>	Makah Indian Tribe of the Makah	<input type="checkbox"/>	Shoalwater Bay Indian Reservation		
	<input type="checkbox"/>	The Yakama Nation	<input type="checkbox"/>	Reservation	<input type="checkbox"/>	Skokomish Indian Tribe		
	<input type="checkbox"/>	Confederated Tribes of the Chehalis	<input type="checkbox"/>	Marietta Band of the Nooksack Tribe	<input type="checkbox"/>	Snohomish Tribe		
	<input type="checkbox"/>	Reservation	<input type="checkbox"/>	Muckleshoot Indian Tribe	<input type="checkbox"/>	Snoqualmie Indian Tribe		
	<input type="checkbox"/>	Confederated Tribes of the Colville	<input type="checkbox"/>	Nisqually Indian Tribe	<input type="checkbox"/>	Snoqualmoo Tribe		
	<input type="checkbox"/>	Reservation	<input type="checkbox"/>	Nooksack Indian Tribe of Washington	<input type="checkbox"/>	Spokane Tribe of the Spokane		
	<input type="checkbox"/>	Cowlitz Indian Tribe	<input type="checkbox"/>	Port Gamble S'Klallam Tribe	<input type="checkbox"/>	Reservation		
	<input type="checkbox"/>	Duwamish Tribe	<input type="checkbox"/>	Puyallup Tribe of the Puyallup	<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin		
	<input type="checkbox"/>	Hoh Indian Tribe	<input type="checkbox"/>	Reservation	<input type="checkbox"/>	Indian Reservation		
	<input type="checkbox"/>	Jamestown S'Klallam Tribe	<input type="checkbox"/>	Quileute Tribe of the Quileute	<input type="checkbox"/>	Steilacoom Tribe		
	<input type="checkbox"/>	Kalispel Indian Community of the	<input type="checkbox"/>	Reservation	<input type="checkbox"/>	Stillaquamish Tribe of Indians		
	<input type="checkbox"/>	Kalispel Reservation	<input type="checkbox"/>	Quinault Indian Tribe	<input type="checkbox"/>	Suquamish Indian Tribe of the Port		
	<input type="checkbox"/>	Kikiallus Indian Nation	<input type="checkbox"/>	Samish Indian Nation	<input type="checkbox"/>	Madison Reservation		
	<input type="checkbox"/>	Lower Elwha Tribal Community	<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington	<input type="checkbox"/>	Swinomish Indian Tribal Community		
				<input type="checkbox"/>	Tulalip Tribes of Washington			
WEST AFRICAN	<input type="checkbox"/>	Beninese	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Nigerian (Nigeria)	<input type="checkbox"/>	Togolese
	<input type="checkbox"/>	Bissau-Guinean	<input type="checkbox"/>	Ivorian (Cote d'Ivoire)	<input type="checkbox"/>	Nigerien (Niger)	<input type="checkbox"/>	West African
	<input type="checkbox"/>	Burkinabe (Burkina Faso)	<input type="checkbox"/>	Liberian	<input type="checkbox"/>	Saint Helenian	<input type="checkbox"/>	Write In _____
	<input type="checkbox"/>	Cabo Verdean	<input type="checkbox"/>	Malian	<input type="checkbox"/>	Senegalese		
	<input type="checkbox"/>	Gambian	<input type="checkbox"/>	Mauritanian	<input type="checkbox"/>	Sierra Leonean		
FEDERAL RACE	<input type="checkbox"/>	American Indian or Alaskan Native						
	<input type="checkbox"/>	Black or African American						
	<input type="checkbox"/>	White						

**For Internal Use Only**

Ethnicity verification date: \_\_\_\_\_

**Ethnicity verified by:**

- |   |   |
|---|---|
| <input type="checkbox"/> District Staff     | <input type="checkbox"/> Reported by parent/guardian or student |
| <input type="checkbox"/> Family Access      | <input type="checkbox"/> Not reported, observed                 |
| <input type="checkbox"/> Individual Student |   |
| <input type="checkbox"/> Not Verified       |   |

The White Pass School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Paul Farris, P.O. Box 188, Randle, WA. 98377; (360) 497-3791 (Title IX/ Section 504/ ADA Coordinator/Compliance Coordinator for 28A.640 and 28A.642)

# RELEASE OF DIRECTORY INFORMATION

2022-2023

White Pass School District #303

Certain information is defined by the federal FAMILY RIGHTS and PRIVACY ACT as "directory information". The law says we may release "directory information" about your child unless you request in writing that such information not be released.

"Directory information" includes:

- The student's name, address, and telephone number,
- date and place of birth,
- major field of study,
- participation in officially recognized activities and sports,
- weight and height of members of athletic teams,
- dates of attendance,
- degrees and awards received
- the most previous educational agency or institution attended by the student, and
- photographs or other similar information.

In most cases, requests for this type of information come from the news media or from the armed forces (for recruiting purposes). We will not release any "directory information" for commercial purposes or for other purposes not related to the conduct of school business.

Occasionally, photographs may be taken of students for use in news media or in district publications. Please let us know if you do not want your child to appear in a photograph, videotape, film or slide presentation. Please check and sign this form and return it to the school office.

\_\_\_\_\_ I do NOT want photographs (as described above) taken of my child.

\_\_\_\_\_ The school has my permission to take photographs of my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date



# Instructions for completing the Certificate of Immunization Status (CIS): Print the form from the Immunization Information System (IIS) or fill it in by hand.

## To print with the immunization information filled in:

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

## To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pertussis under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

## Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

## Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose.) To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 26A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHib	Hib	Fluarix	Flu	Haavix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)
Afluria	Flu	FluAval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tentivac	Td
Bexsero	MenB	FluMist	Flu	Ipofl	IPV	Pentacel	DTaP + Hib + IPV	Trimebha	MenB
Boostrix	Tdap	Fluvirin	Flu	Inflaurix	DTaP	Pneumovax	PPSV	Twintrix	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).

# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

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

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

X

Parent/Guardian Signature

Date

X

Parent/Guardian Signature Required if Starting in Conditional Status

Date

Required for School • Required Child Care/Preschool

Required Vaccines for School or Child Care Entry

	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
• <b>DTaP</b> (Diphtheria, Tetanus, Pertussis)					
• <b>Tdap</b> (Tetanus, Diphtheria, Pertussis) (grade 7+)					
• <b>DT or Td</b> (Tetanus, Diphtheria)					
• <b>Hepatitis B</b>					
• <b>Hib</b> ( <i>Haemophilus influenzae type b</i> )					
• <b>IPV</b> (Polio) (any combination of IPV/OPV)					
• <b>OPV</b> (Polio)					
• <b>MMR</b> (Measles, Mumps, Rubella)					
• <b>PCV/PPSV</b> (Pneumococcal)					
• <b>Varicella</b> (Chickenpox)					
<input type="checkbox"/> History of disease verified by IIS					

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

COVID-19					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV/MPSV (Meningococcal Disease types A, C, W, Y)					
MenB (Meningococcal Disease type B)					
Rotavirus					

## Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

☐ A verified history of varicella (chickenpox) disease.

☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

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

☐ Polio (all 3 serotypes must show immunity)

Licensed Health Care Provider Signature Date

Printed Name

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

Health Care Provider or School Official Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If verified by school or child care staff the medical immunization records must be attached to this document.