



Welcome!

We are excited to have your child attend Mead School District. Please make sure that all of the following registration documents are completed in full and **returned to your student's school.**



- ✓ Registration form (2 pages)
- ✓ Home Language Survey
- ✓ Federal Ethnicity form
- ✓ Residency Verification (2 pieces)
 - Mortgage Statement or Lease Agreement
 - Current Utility Bill
- ✓ Network Contract for Students
- ✓ Health Information & Emergency Treatment form
- ✓ Washington State Immunization Record (Obtain immunization dates by contacting your doctor or the student's prior school. Immunization dates are required at time of registration.)
- ✓ Unofficial Transcript (for secondary students) and state assessment scores from previous schools
- ✓ Documentation for proof of age (Kindergarten registrants only)

Please come prepared with the name and address of your student's previous school. You will need it for the Request for Transfer of Educational Records that you will sign at your new school.

For further information, please refer to the link to your neighborhood school on the main district web page. www.mead354.org





Registration Form

Child's **Legal** Name: _____
(Please Print) Last First Middle

Nickname or other name child goes by: _____

BIRTHDATE: _____ AGE: _____ GENDER: M F GRADE _____

Is the student in Foster Care? Yes No (Please circle one)

Does one of the following describe your current living situation? NO YES (check any that apply)

- Doubled up – living with another family due to loss of housing, job or income
- Currently residing in a shelter or transitional housing
- Currently residing in a hotel/motel due to loss of housing
- Currently residing in a campsite, recreational vehicle, car, or other situation that would be considered inadequate.

If you checked any of the above please complete Enrollment Information for Students Living in Transition.

Attended Mead Schools before? YES NO If yes, which school? _____ Year _____

Last school attended _____ City/State/Zip _____ School Year _____

PRIMARY HOUSEHOLD INFORMATION

Household Description: Both Parents (please circle one) Mother Only Grandparent Father Only Aunt/Uncle Mother/Stepfather **Active Duty Military?** ___Y___N Father/Stepmother **National Guard or Military Reserve?** ___Y___N Guardian Agency Self Other

Parent/Guardian _____ Employer _____ Work Phone _____

Parent/Guardian _____ Employer _____ Work Phone _____

Home Phone _____ Unlisted? YES NO E-Mail _____
(limit: 2 e-mail addresses)

Parent Cell Phone _____ Cell is primary phone. YES NO Student Cell Phone _____

Address _____ City _____ ZIP _____

Mailing Address if different from listed above: _____

SECONDARY HOUSEHOLD INFORMATION

Parent/Guardian _____ Employer _____ Work Phone _____

Parent/Guardian _____ Employer _____ Work Phone _____

Phone _____ Unlisted? YES NO E-Mail _____
(limit: 2 e-mail addresses)

Parent Cell Phone _____ Cell is primary phone. YES NO Student Cell Phone _____

Address _____ City _____ ZIP _____ Receive Mail Here? Y N

Mailing Address if different from listed above: _____

ADDITIONAL INFORMATION

Is there a JOINT CUSTODY OR PARENTING PLAN in effect? YES NO (if yes, plan must be on file with the school for enforcement)

Is there a RESTRAINING ORDER in effect? YES NO (If yes, legal papers must be on file with the school for enforcement.)

Has your child ever been **SUSPENDED OR EXPELLED** from school? YES NO SCHOOL _____ YR _____

Has your child ever qualified for or been enrolled in a special education program? YES NO

If so please specify _____

Has your child ever qualified for or had a 504 plan? YES NO

Has your child ever participated in: ___TITLE___ ___LAP___ ___GIFTED___ ___ESL___ ___OTHER___

Additional Information On Back....

Required Office Use Only

Residency Code: _____

Teacher: _____

School: _____

Student Number: _____

Building Enter Date: _____

District Enter Date: _____

FTE: _____

Grad Year: _____

Student's Primary School? YES NO

Immunization Complete? YES NO

Address Verification? YES NO

Additional Information (Continued)

PLEASE LIST ALL SIBLINGS ATTENDING MEAD SCHOOLS:

FIRST NAME	LAST NAME	SCHOOL	GRADE

Please indicate your willingness to receive general notifications via phone regarding activities and events (fundraisers, concerts, ASB and other student functions, School Board actions, parent night, meetings, etc.) by selecting one of the following options and signing.

YES NO Parent/Guardian signature _____

Emergency Contacts/Authorizations

Emergency Medical Authorization

Does your child have a **LIFE-THREATENING** ALLERGIC REACTION OR MEDICAL CONDITION? YES NO If so, describe:

Check here if any of the above health conditions concerning your child are **life threatening**. If so, State law requires that medication/treatment orders and a nursing care plan be in place before the student attends school (RCW 28A.210).

If it is necessary for your child to take medication at school, you must provide the school with the physician's written instruction and your written permission. Medication at school must be kept in its original container. No medication of any kind (prescription or non-prescription) will be given at school unless the above conditions are met.

I do not authorize emergency treatment of this child by staff of any hospital emergency room: _____
Please initial

In case of illness/injury or other emergency, **when household cannot be contacted**, I authorize the School District to call one of the following:

Emergency Contact _____

PHONE (____) _____ ALT. PHONE (____) _____ Relationship _____

Emergency Contact _____

PHONE (____) _____ ALT. PHONE (____) _____ Relationship _____

In an emergency I authorize the Mead School District to release my child to the person(s) listed above ___ Yes ___ No

Notice: Only students who physically reside within the boundaries of the Mead School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Mead School District may legally attend school within the Mead School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Mead School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Mead School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student, including sending the student to his/her resident district.

Legal Parent/Guardian Signature _____ Date _____



Enrollment Information for Students Living in Transition

Student Name Age Grade Birth Date School

Where does the student stay at night?

- Shelter
Motel/Hotel
Car
Unaccompanied youth
Campsite
Temporarily doubled up with another family due to loss of housing/income
Another location that is not appropriate for people (e.g. and abandoned building)
Other

Current Temporary Address:

Street/Apt# City/State/Zip

Best phone number :

Contact Person at shelter/agency or other (if applicable):

Other Contact Person phone number:

Where would you like us to send your mail?

Street/P.O. Box/City/State/Zip

- Child has been attending Mead School District #354 at school.
Child has been attending school in school district at school.
I would like my child to stay at their current school.
I would like my child re-assigned to our new neighborhood school.

I certify that the information I have provided is true and accurate, and I understand that falsification of any information may be cause for revoking the student's school assignment.

Signature of Parent/Guardian/Unaccompanied Youth

Printed Name

Date

Cc: Kelly Schultz, Building Registrar



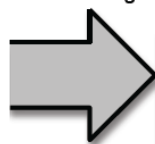
Office of Superintendent of Public Instruction (OSPI)
Washington State Transitional Bilingual Instructional Program
Home Language Survey

Mead School District

Student Name:			Date:
Birth Date:	Gender:	Grade:	SSID:
Form Completed by:			
Parent/Guardian Name _____		Relationship to Student _____	
Parent/Guardian Signature _____			

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parents/guardians</u> use the most when you speak to your child?	_____
5. If available, in what language would you prefer to receive communication from the school?	_____
6. Has your child ever received formal education** outside of the United States? _____Yes _____No If yes, in what language(s) was instruction given? _____	For how many months? _____months *One (1) school year =10 months
7. When did your child first attend a school in the United States? (Kindergarten – 12 th grade)	_____ Month Day Year
8. Did your child receive English language development (ELL) support through the Transitional Bilingual Instruction Program in the last school your child attended? ____Yes____No____Don't Know	
9. Do grandparent(s) or parent(s) have a Native American tribal affiliation? _____Yes _____No	

*WAC 392-160-005: "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.



OFFICE USE: IF #1 is other than United States **OR** #2, 3, 4 or 5 is other than English **OR** #6, 8 or 9 are yes; then please send a copy of this form to the ELD Department.

The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.

Mead Schools Ethnicity and Race Data Collection Form

Note the two sections below. Each must be completed, permitting those of multi-ethnic backgrounds to be fully described. In the first, choose either Not Hispanic/Latino, OR, if your child is of Hispanic/Latino origin, choose one or more specific ethnicities from Section 1. Section 2 offers 58 non-Hispanic choices. You may claim as many as necessary to describe your child's race. Even if Hispanic ethnicities have been selected, a race from section 2 is required.

Student Full Name

Date of Birth

Parent Signature

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

- | | |
|--|--|
| <input type="checkbox"/> NOT HISPANIC/LATINO
<input type="checkbox"/> CUBAN
<input type="checkbox"/> DOMINICAN
<input type="checkbox"/> SPANIARD
<input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO
<input type="checkbox"/> CENTRAL AMERICAN
<input type="checkbox"/> SOUTH AMERICAN
<input type="checkbox"/> LATIN AMERICAN
<input type="checkbox"/> OTHER HISPANIC/LATINO |
|--|--|

SECTION 2. What race(s) do you consider your child? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> AFRICAN AMERICAN/ BLACK

<input type="checkbox"/> WHITE

<input type="checkbox"/> ASIAN INDIAN
<input type="checkbox"/> CAMBODIAN
<input type="checkbox"/> CHINESE
<input type="checkbox"/> FILIPINO
<input type="checkbox"/> HMONG
<input type="checkbox"/> INDONESIAN
<input type="checkbox"/> JAPANESE
<input type="checkbox"/> KOREAN
<input type="checkbox"/> LAOTIAN
<input type="checkbox"/> MALAYSIAN
<input type="checkbox"/> PAKISTANI
<input type="checkbox"/> SINGAPOREAN
<input type="checkbox"/> TAIWANESE
<input type="checkbox"/> THAI
<input type="checkbox"/> VIETNAMESE
<input type="checkbox"/> OTHER ASIAN

<input type="checkbox"/> NATIVE HAWAIIAN
<input type="checkbox"/> FIJIAN
<input type="checkbox"/> GUAMANIAN or CHAMORRO
<input type="checkbox"/> MARIANA ISLANDER
<input type="checkbox"/> MELANESIAN
<input type="checkbox"/> MICRONESIAN
<input type="checkbox"/> SAMOAN
<input type="checkbox"/> TONGAN
<input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> ALASKA NATIVE
<input type="checkbox"/> CHEHALIS
<input type="checkbox"/> COLVILLE
<input type="checkbox"/> COWLITZ
<input type="checkbox"/> HOH
<input type="checkbox"/> JAMESTOWN
<input type="checkbox"/> KALISPEL
<input type="checkbox"/> LOWER ELWHA
<input type="checkbox"/> LUMMI
<input type="checkbox"/> MAKAH
<input type="checkbox"/> MUCKLESHOOT
<input type="checkbox"/> NISQUALLY
<input type="checkbox"/> NOOKSACK
<input type="checkbox"/> PORT GAMBLE KLALLAM
<input type="checkbox"/> PUYALLUP
<input type="checkbox"/> QUILEUTE
<input type="checkbox"/> QUINAULT
<input type="checkbox"/> SAMISH
<input type="checkbox"/> SAUK-SUIATTLE
<input type="checkbox"/> SHOALWATER
<input type="checkbox"/> SKOKOMISH
<input type="checkbox"/> SNOQUALMIE
<input type="checkbox"/> SPOKANE
<input type="checkbox"/> SQUAXIN ISLAND
<input type="checkbox"/> STILLAGUAMISH
<input type="checkbox"/> SUQUAMISH
<input type="checkbox"/> SWINOMISH
<input type="checkbox"/> TULALIP
<input type="checkbox"/> YAKAMA
<input type="checkbox"/> OTHER WASHINGTON INDIAN
<input type="checkbox"/> OTHER AMERICAN INDIAN |
|---|--|



Network Contract for Students

STUDENT:

I understand and agree to abide by Mead School District's Policy and Procedure 2022 on Electronic Resources. I further understand that if I commit a violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action may be taken.

Student Name _____ School _____
(Please print neatly)

User Signature _____ Date _____

PARENT OR GUARDIAN CONSENT FOR ELECTRONIC RESOURCES USE:

As the parent or guardian of this student I have read and understand Mead School District's Policy and Procedure 2022 on Electronic Resources. I grant permission for the District to provide my child access to the Internet and to computer network services, including an email account and Google Apps (for more information visit these sites: <https://support.google.com/a/answer/139019?hl=en> and <https://www.google.com/policies/>) as needed for the classes in which my child is enrolled. Google supports the Student Privacy Pledge (<http://studentprivacypledge.org/>).

PARENT OR GUARDIAN OPT-OUT FOR PUBLICATION:

Mead School District shares student work and individual student photographs, with names, to showcase student accomplishments, classroom activities and school events in district media, public news outlets and for third party educational usage. If you wish to exclude your child's image, work or directory information (Click here for a definition: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/mndirectoryinfo.html>) from publication, please respond **NO** to the appropriate question(s) below.

My child's image, name and work may be used in news media, educational websites or Mead publications. _____

My child's directory information may be published in his/her school directory for distribution to students. _____

My child's directory information may be released to those who school officials deem appropriate for educational purposes. _____

Parent or Guardian Name _____

Parent/Guardian Signature _____ Date _____

Hold Harmless

Mead School District makes no warranties of any kind, whether express or implied, for the electronic resources it provides. Use of any information obtained via the network is at your own risk. The Mead School District specifically denies any responsibility for quality of information obtained through its electronic systems. Users must be aware that there are services available on the network that might be offensive to certain groups of users. The administrators of Mead's electronic resources cannot eliminate access to all such services.

The District does not guarantee that the network will be error free or that services will not be interrupted on occasion. The District will not be liable for any direct or indirect, incidental or consequential damages, costs, expenses or fees which may be suffered or incurred due to information gained, data lost or inability to use the network.

Mead School District

HEALTH INFORMATION AND EMERGENCY MEDICAL TREATMENT

Child's Name _____ Legal Name _____ Birth Date _____
Last First M.I. (If Different)

Address _____ Zip _____ Phone _____ Grade _____ Teacher _____

Living With: (Circle One) Both Parents Mother Only Father Only Self Agency Legal Guardian Other _____

Father/Mother/Guardian Name _____ Best Phone _____ E-Mail _____
(Circle One)

Father/Mother/Guardian Name _____ Best Phone _____ E-Mail _____
(Circle One)

PLEASE CIRCLE ANY LIFE-THREATENING CONDITIONS

RCW 28A.210 requires that students with life-threatening conditions must have physician orders and a nursing care plan before attending school. This information may be shared with school district staff that have a "need to know," in order to provide a healthy, safe environment.

NO KNOWN HEALTH CONCERNS <input type="checkbox"/>	
HEART PROBLEM	Type: Special Needs:
DIABETES	Medication: Special Needs:
SEIZURE DISORDER - Epilepsy, etc.	Type: Special Needs/Medication:
NEUROLOGICAL PROBLEM Hydrocephalus, cerebral palsy, etc.	Type: Special Needs/Medication:
A.D.D./A.D.H.D.	Special Needs/Medication:
SEVERE ALLERGIES TO: Foods, Insects, medication, etc. Life Threatening? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type & Reaction: Medication Needed:
RESPIRATORY PROBLEM Asthma, Cystic Fibrosis, etc.	Severity: Special Needs/Medication:
ORTHOPEDIC PROBLEM Arthritis, Scoliosis, Braces, Wheelchair	Type: Surgeries/Limitations:
CANCER, LEUKEMIA, TUMORS	Type: Special Needs/Medication:
DIGESTIVE PROBLEMS - Ulcer, Colitis, etc.	Type: Special Needs/Medication:
URINARY, KIDNEY DISORDER - Nephritis, etc.	Type: Special Needs/Medication:
VISION PROBLEM OR COMPLETE LOSS	Type: Special Needs/Corrections:
HEARING PROBLEM OR COMPLETE LOSS	Describe: Special Needs:
SERIOUS ILLNESSES, INJURIES, OPERATIONS	Describe/Dates: Special Needs:
OTHER DIAGNOSED HEALTH PROBLEMS	Describe: Special Needs/Medication:

NOTE: If medication is needed at school, please ask the school office for the appropriate forms.

Emergency contact person other than parent to be called if parent cannot be reached:

Name: _____ Phone: _____ Alt Phone: _____ Relationship _____

Name: _____ Phone: _____ Alt Phone: _____ Relationship _____

Dr. _____ Phone _____ Dentist _____ Phone _____

I authorize school staff to contact my child's health care provider and/or 911 to procure emergency treatment for my child, including transportation to the nearest medical emergency facility.

I agree to inform the school of any changes in my child's health care information.

Parent/Legal Guardian Signature: _____ Date: _____



VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

July 1, 2016 – June 30, 2017

VACCINE	Kindergarten - 5 th Grade	6 th - 9 th Grade	10 th - 12 th Grade
Hepatitis B	3 doses Dose 3 must be given on or after 24 weeks of age		3 doses Dose 3 must be given on or after 4 months of age
Diphtheria, Tetanus, and Pertussis (DTaP/DT/Td/Tdap)	5 doses (4 doses only IF 4 th dose given on or after 4 th birthday) <i>Plus</i> 1 dose Tdap required for 6th-12th grade AND on or after 11 years of age <i>(see page 2 for more details)</i>		
Polio (IPV or OPV)	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday) <ul style="list-style-type: none"> The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose. 	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday)	
Measles, Mumps, and Rubella	2 doses		
Varicella	2 doses OR Healthcare provider verified disease		

- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information.
- Review the Individual Vaccine Requirements Summary for more detailed information:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx

Minimum Age & Interval for Valid Vaccine Doses

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B HepB	Dose 1	Birth	4 weeks between Dose 1 & 2 (K-12 th)	<ul style="list-style-type: none"> 2 doses valid if adult Recombivax HB[®] given between ages 11 and 15 and doses separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between Dose 2 & 3 (K-12 th)	
	Dose 3	24 weeks 4 months	16 weeks between Dose 1 & 3 (K-9 th) 12 weeks between Dose 1 & 3 (10 th -12 th)	
Diphtheria, Tetanus, and Pertussis DTaP/DT	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> DTaP: for children through age 6. 6 month interval is recommended between Dose 3 and Dose 4, but minimum interval of 4 months is acceptable. Students 7-10 years of age not fully immunized with DTaP should get one Tdap followed by additional doses of Td if needed. DTaP given after age 7 counts for the Tdap dose; no Tdap required at 11-12 years of age.
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	12 months	6 months between Dose 4 & 5	
	Dose 5	4 years	–	
Tetanus, Diphtheria, and Pertussis Tdap	Dose 1	10 years recommended. See notes for exceptions	–	<ul style="list-style-type: none"> Tdap: for children 7 years of age or older. If no DTaP doses given before age 7, students must get Tdap followed by 2 doses of Td. Tdap given between 7-10 years of age is valid and meets the requirement. Can be given regardless of the interval between DTaP or Td.
Tetanus and Diphtheria Td	Dose 1	7 years	5 years	<ul style="list-style-type: none"> Td: for children 7 years of age or older.
Polio IPV or OPV	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> Not required for students 18 years and older. Please see Individual Vaccine Requirements Summary for more details: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	4 years	–	
Measles, Mumps, and Rubella MMR	Dose 1	12 months	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> MMRV (MMR + varicella) may be used instead of separate MMR and varicella vaccines. Must get the same day as VAR OR at least 28 days apart. 4-day grace DOES apply between doses of the same live vaccine such as MMR and MMR. The 4 day grace period DOES NOT apply between Dose 1 and Dose 2 of different live vaccines, such as between MMR and Varicella or between MMR and live flu vaccine.
	Dose 2	13 months	–	
Varicella (chickenpox) VAR	Dose 1	12 months	3 months between Dose 1 & 2 (12 months through 12 years) 4 weeks between Dose 1 & 2 (13 years and older)	<ul style="list-style-type: none"> Recommended: 3 months between varicella doses, but minimum interval of 28 days acceptable. Minimum age of 13 months also acceptable. Must get the same day as MMR OR at least 28 days apart. 4-day grace DOES apply between doses of the same live vaccine; DOES NOT apply between doses of different live vaccines.
	Dose 2	15 months	–	

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

DOH 348-051 December 2015



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:	
Reviewed by:	Date:
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	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.	
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only ■ Recommended, but not required						
I certify that the information provided on this form is correct and verifiable.					Parent/Guardian Signature Required	Date
					Parent/Guardian Signature Required	Date

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

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS)
 Must be marked by printout (not by hand) to be valid.

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

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

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

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

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

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

Printed Name: _____

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

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history 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 information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

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

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

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

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

- If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS**, and return to the school or child care.

Vaccine Trade Names in alphabetical order (For updated lists, 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	FluLaval	Flu	Ipov	IPV	PedvaxHIB	Hib	Twinrix (Twinrx)	Hep A + Hep B
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Hep A
Afluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order (For updated lists, 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
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

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

DOH 348-013 January 2015

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Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2016-2017



Parent/Guardian Resource

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/Td/Tdap* (Diphtheria, Tetanus, Pertussis)	Polio*	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten – 5th Grade	3 doses	5 doses	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease
6th – 12th Grade	3 doses	5 doses DTaP <i>AND</i> 1 dose Tdap	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease

*Vaccine doses required may be fewer than listed.

- Students must meet minimum intervals and ages 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/



Parents: Are Your Kids Ready for Child Care or Preschool? Required Immunizations for 2016-2017

Instructions: To see which vaccines are required for child care or preschool, find your child's age and look only at that row going across to find the vaccines and number of doses required.

	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not given before 12 months of age	Not given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	3 doses	2 doses	3 doses		
By 16 Months	2 doses	3 doses	4 doses	2 doses	4 doses	1 dose	1 dose OR Healthcare provider verifies child had disease
By 19 Months	3 doses	4 doses	4 doses	3 doses	4 doses	1 dose	1 dose OR Healthcare provider verifies child had disease
By 7 Years or Kindergarten	3 doses	5 doses	Not given after 5 years of age unless child has medical condition	4 doses	Not given after 5 years of age unless child has medical condition	2 doses	2 doses OR Healthcare provider verifies child had disease

- Children must meet minimum intervals and ages to be in compliance. Please talk with your healthcare provider or child care or preschool if you have questions.
- Find information on other vaccines recommended, but not required, for child care/preschool attendance: www.immunize.org/cdc/schedules/

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

