



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child’s education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>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.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don’t Know ____</p>	
<p>Prior Education</p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>	

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.



Spokane Public Schools
English Language Development Program
STUDENT ENTRY FORM

NEIGHBORHOOD SCHOOL _____ **OVERLOAD SCHOOL** _____
 NEW REGISTRATION **TRANSFER** **SCHOOL CHOICE** _____

Students First Name _____ Last Name _____ Grade _____

Student ID Number _____ Date of Birth _____ Gender: M F X _____

School Entry Date _____ US Entry Date _____

Has your child ever received **formal education** outside of the US? (Kindergarten – 12th grade) Yes ____ No ____
“Formal Education” does not include refugee camps or other unaccredited educational programs for children.
 If yes: Number of months: _____ Language of Instruction _____

When did your child first attend a school in the US? (Kindergarten – 12th grade) _____
Month Day Year

Has your child ever attended school in WA State Yes ____ No ____

In what country was your child born? _____

#2 What language did your child first learn? _____

#3 What language does your child use the most at home? _____

In what language(s) would your family prefer to communicate with the school? _____

Parents need interpreter ____ Yes ____ No Completed Lunch Application Completed Bus Registration

Registered by _____ Completed Hearing & Vision Screening
Person's Name

Previous support programs:
(Please Check): N/A Title 1 LAP Special Education 504 ELD Other

Category:
(Please Check): US Born Immigrant Refugee* Other

*RSIG requires proof of refugee status to receive additional services (Voluntary – Not required to register for school)

(THIS BOX IS FOR ELD PROGRAM ONLY)

Testing Procedure: Screener Needed Scheduled to Test (date) _____

Date of Screener Placement test: _____
 Initial Screener Proficiency Status: _____
 Initial Screener Performance Levels (Listening, Reading, Speaking, Writing): _____

L: _____
R: _____
S: _____
W: _____

CEDARS Information:

Date of Annual test/Screener Placement test within last year: _____
 Annual Screener Proficiency Status: _____
 Annual Screener Performance Levels (Listening, Reading, Speaking, Writing): _____

L: _____
R: _____
S: _____
W: _____

ELD Teacher : _____

Home Language Survey Directions

- 1) When a parent/guardian would like to register their child for school please give them the **Home Language Survey prior to providing them a registration packet. This applies to all students.** It is required by law that all students have a completed Home Language Survey in the cum file.
- 2) If a parent/guardian answers question #2 or #3 with a language other than English (ex. Marshallese or Spanish/English) they could be a potential ELL student.
- 3) If they are at the Middle or High School level, inform parents they need to register at the FROC which is located at 1807 N Washington, C101. Before they leave the building, call Debbie Battista at 509-354-6263 or a Language Specialist to set up a registration appointment. Please do not send them directly to the FROC without an appointment.
- 4) If they are at the Elementary level (K-5th grade), inform the parents that if they need an interpreter, they can register at the FROC, which is located at 1807 N Washington, C101. Before they leave the building, call Debbie Battista at 509-354-6263 or a Language Specialist to set up a registration appointment. Please do not send them directly to the FROC without an appointment. If they choose to register at the site without an interpreter, it is **required** that the parents also fill out a **Student Entry Form**.
- 5) **NEW KINDERGARTEN REGISTRATIONS FOR 2023-2024**
Have parent/guardian fill out Home Language Survey before handing them or accepting a registration packet. If they mark question #2 or #3 as a language other than English, they must register at the FROC which is located at 1807 N Washington, C101. Before they leave the building, call Debbie Battista at 509-354-6263 or a Language Specialist to set up a registration appointment and inform the parent they need to bring their child to the appointment. Please do not send them directly to the FROC without an appointment. The FROC will register the student, set up busing, schedule the WAKids conference if the parent needs an interpreter, and do the initial placement testing for the student to see if they qualify for services. **Incoming potential ELL Kindergarten student may not register at their school.**

Spokane Public Schools Student Registration

OFFICE USE ONLY						
Student Id Number	PERMIT	FTE	PROGRAM	TEACHER	ROOM	Entry Date

Student Information:

(Last) _____ (First) _____ (Middle) _____

Student Legal Name

(First) _____

Student Preferred Name (if different from above)

Date of Birth: _____ Gender: Male Female _____ Entering Grade: _____

Primary Residence Address (Street, City, State)

Zip

Mailing Address (if different than above)

Zip

(_____) _____

Primary/Home Phone Unlisted

(_____) _____

Student Cell Phone (if applicable)

Does student now reside within Spokane Public Schools Boundary? Yes No

If NO, what District? _____



Country of Birth _____

If NOT In the U.S., please list the student's U.S. entry date _____

What language did your child learn first? _____

What language does your child use the most at home? _____

In what language would your family prefer to communicate with the school? _____

Has your child previously attended Spokane Public Schools? Yes No SPS Student ID# (if known) _____

LAST SCHOOL ATTENDED: (Complete information will assist us in requesting student records)

School: _____ District: _____

Address: _____ City, State: _____ Phone: _____

I authorize my child to participate in field trips conducted under the supervision of Spokane Public Schools: Yes No

I authorize emergency treatment of this child by staff of any hospital emergency room: Yes No

PRIVACY INFORMATION - Spokane Public Schools policy defines directory information as: name, address, telephone numbers, date of birth, field of study, photographs, participation in officially recognized activities/sports, weight/height, attendance data, awards, previous schools attended, and other similar information that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information is NOT deliberately given to solicitors for commercial purposes.

PLEASE CHECK **ONE** OF THE BOXES BELOW:

It is OK for Spokane Public Schools to release directory information to various agencies such as parent organizations, the media, colleges/universities, Free Application for Federal Student Aid (FAFSA) information and the military

Withhold ALL directory information—Student's Name/Photo will NOT appear on Rosters, Honor Rolls, Yearbook, arts performance programs, Grad Announcements, etc.

Withhold directory information ONLY from the military

ELEMENTARY GRADE LEVEL STUDENTS:

Did your child attend any of the following prior to Kindergarten? Special Ed Preschool HeadStart ECEAP Child Care PreSchool

Other _____

Does your child have a life-threatening medical condition? Yes No

Physician orders and nursing care plan must be in place **before any child with a life-threatening health condition may attend school.** RWA28A.210

If medication will be taken at school, please obtain the necessary forms for authorization from the school office.

Spokane Public Schools Student Registration

Student Name: _____

Parent/Guardian Information:

Emancipated Student Unaccompanied Youth Foster Care Foreign Exchange

Parent / Guardian #1

Name: _____ Relationship to Student: _____

Primary Phone: (_____) _____ Cell/Landline Responsible for Student? Y N

Secondary Phone: (_____) _____ Cell/Landline Student Lives with? Y N Interpreter Needed? Y N

Is an extra copy of mailed school communications needed? (i.e. report cards, newsletters, etc.) Y N

Address, if different than student

Employer: _____ Work Phone (_____) _____

Email: _____

Parent / Guardian #2

Name: _____ Relationship to Student: _____

Primary Phone: (_____) _____ Cell/Landline Responsible for Student? Y N

Secondary Phone: (_____) _____ Cell/Landline Student Lives with? Y N Interpreter Needed? Y N

Is an extra copy of mailed school communications needed? (i.e. report cards, newsletters, etc.) Y N

Address, if different than student

Employer: _____ Work Phone (_____) _____

Email: _____

Parent / Guardian #3

Name: _____ Relationship to Student: _____

Primary Phone: (_____) _____ Cell/Landline Responsible for Student? Y N

Secondary Phone: (_____) _____ Cell/Landline Student Lives with? Y N Interpreter Needed? Y N

Is an extra copy of mailed school communications needed? (i.e. report cards, newsletters, etc.) Y N

Address, if different than student

Employer: _____ Work Phone (_____) _____

Email: _____

Parent / Guardian #4

Name: _____ Relationship to Student: _____

Primary Phone: (_____) _____ Cell/Landline Responsible for Student? Y N

Secondary Phone: (_____) _____ Cell/Landline Student Lives with? Y N Interpreter Needed? Y N

Is an extra copy of mailed school communications needed? (i.e. report cards, newsletters, etc.) Y N

Address, if different than student

Employer: _____ Work Phone (_____) _____

Email: _____

Name and Address of Other Responsible Legal Agency

Contact person _____ Phone _____

Active Military Parent or Guardian:

(N) No parent/guardian currently serving in the U.S. Military. Veteran No Response / Refuse to Answer

One parent/guardian currently serving in the U.S. Military:

(A) Armed Forces (R) Reserves (G) National Guard (M) More than one parent or guardian currently serving in A, R or G at left.

Please list all student's sibling(s) who attend Spokane Public Schools (Name, School & Grade)

OTHER EMERGENCY CONTACTS In case of illness/injury or other emergency, when household cannot be contacted, I authorize Spokane Public Schools to call and/or release my child to one of the following:

1 Name: _____ Relationship to student: _____
 Phone 1: _____ Cell/Home/Work Phone 2: _____ Cell/Home/Work

2 Name: _____ Relationship to student: _____
 Phone 1: _____ Cell/Home/Work Phone 2: _____ Cell/Home/Work

3 Name: _____ Relationship to student: _____
 Phone 1: _____ Cell/Home/Work Phone 2: _____ Cell/Home/Work

Daycare: _____ Phone: _____ They Will transport? Y N

Before School M T W TH F After School M T W TH F

Doctor: _____ Phone: _____ Preferred Hospital: _____

Schools attended at other school districts during grades 9 - 12 (This information is required content for the Washington State High School Transcript)

School Name, City, State - Please list in chronological order	From Date	To Date

Ethnicity and Race

What race/ethnicity do you consider your child? (Check all that apply or write in on other)

Schools are required to report ethnicity and race to both the State and U.S. Department of Education. The U.S. Department of Education's 2007 Race and Ethnicity Reporting Guidelines have identified ethnic and racial categories collected in the U.S. Census. Washington State has further disaggregated the categories into sub-categories to further represent our student populations. These categories were chosen by a state task force to meet both state and federally mandated reporting. By law, you are not required to identify the race or ethnicity of your child on school forms. However, if you choose not to identify, schools are federally mandated to choose for you by school staff observer identification **as a last resort**. We prefer if parents fill out this form instead. Information is collected for the purpose of improving teaching and learning by accurately identifying populations of and advocating for students currently underserved and to better serve all communities.

Question 1: Is your child of Hispanic or Latino origin? (Answer MUST be given) **NO** - my child is not of Hispanic or Latino origin

YES - Hispanic or Latino (Check all categories that apply or use write-in)

- | | | | | |
|---|--------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Honduran | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Cuban | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Native (Write In) | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other (Write In) |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Guyanese | | <input type="checkbox"/> Salvadoran | |

Question 2: What race(s) do you consider your child? (Answer MUST be given, even when answered YES on Q1) - Check all that apply,

White (Check all categories that apply or use write-in)

- | | | | |
|---|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Russian | <input type="checkbox"/> Bosnian | <input type="checkbox"/> Herzegovinian |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Romanian | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Eastern European (write in) |

Ethnicity and Race - continued next page

Ethnicity and Race – continued

Question 2 (cont.): What race(s) do you consider your child? (Answer MUST be given, even when answered YES on Q1) - Check all that apply,

Middle Eastern and North African (Check all categories that apply or use write-in)

- | | | | | |
|--|-----------------------------------|--|--|---|
| <input type="checkbox"/> Algerian | <input type="checkbox"/> Chaldean | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Tunisian |
| <input type="checkbox"/> Amazigh or Berber | <input type="checkbox"/> Copt | <input type="checkbox"/> Israeli | <input type="checkbox"/> Omani | <input type="checkbox"/> Yemeni |
| <input type="checkbox"/> Arab or Arabic | <input type="checkbox"/> Druze | <input type="checkbox"/> Jordanian | <input type="checkbox"/> Palestinian | <input type="checkbox"/> Middle Eastern <i>(write in)</i> |
| <input type="checkbox"/> Assyrian | <input type="checkbox"/> Egyptian | <input type="checkbox"/> Kurdish Kuwaiti | <input type="checkbox"/> Qatari | |
| <input type="checkbox"/> Bahraini | <input type="checkbox"/> Emirati | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Saudi Arabian | <input type="checkbox"/> North African <i>(write in)</i> |
| <input type="checkbox"/> Bedouin | <input type="checkbox"/> Iranian | <input type="checkbox"/> Libyan | <input type="checkbox"/> Syrian | |

Black (Check all categories that apply or use write-in)

- African American** **African Canadian** **Other** *(write in)*

Caribbean

- | | | | | |
|-------------------------------------|---|---|--|---|
| <input type="checkbox"/> Anguillian | <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) | <input type="checkbox"/> Cuba Dominican | <input type="checkbox"/> Grenadian | <input type="checkbox"/> Martiniquais/Martiniquaise |
| <input type="checkbox"/> Antiguan | <input type="checkbox"/> British Virgin Islander | <input type="checkbox"/> Dominican (Dominican Republic) | <input type="checkbox"/> Guadeloupean | <input type="checkbox"/> Montserratian |
| <input type="checkbox"/> Bahamian | <input type="checkbox"/> Caymanian (Cayman Island) | <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) | <input type="checkbox"/> Haitian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Barbadian | | | <input type="checkbox"/> Jamaican | |
| | | | <input type="checkbox"/> Caribbean <i>(write in)</i> | |

Central African

- | | | | | |
|--------------------------------------|---|---|--|-------------------------------------|
| <input type="checkbox"/> Angolan | <input type="checkbox"/> Central African (Central African Republic) | <input type="checkbox"/> Congolese (Republic of the Congo) | <input type="checkbox"/> Equatorial Guinean | <input type="checkbox"/> São Toméan |
| <input type="checkbox"/> Cameroonian | <input type="checkbox"/> Chadian | <input type="checkbox"/> Congolese (Democratic Republic of the Congo) | <input type="checkbox"/> Gabonese | <input type="checkbox"/> Principe |
| | | | <input type="checkbox"/> Central African <i>(write in)</i> | |

East African

- | | | | | |
|-------------------------------------|--|---|---|--|
| <input type="checkbox"/> Burundian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Mahoran (Mayotte) | <input type="checkbox"/> Somali | <input type="checkbox"/> Tanzanian (United Republic of Tanzania) |
| <input type="checkbox"/> Comoran | <input type="checkbox"/> Kenyan | <input type="checkbox"/> Mozambican | <input type="checkbox"/> South Sudanese | <input type="checkbox"/> Zambian |
| <input type="checkbox"/> Djiboutian | <input type="checkbox"/> Malagasy (Madagascar) | <input type="checkbox"/> Reunionese | <input type="checkbox"/> Sudanese | <input type="checkbox"/> Zimbabwean |
| <input type="checkbox"/> Eritrean | <input type="checkbox"/> Malawian | <input type="checkbox"/> Rwandan | <input type="checkbox"/> Ugandan | |
| | <input type="checkbox"/> Mauritian (Mauritius) | <input type="checkbox"/> Seychellois/Seychelloise | <input type="checkbox"/> East African <i>(write in)</i> | |

Latin America

- | | | | | |
|------------------------------------|--|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Colombian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Belizean | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Honduran | <input type="checkbox"/> South Georgia and the South Sandwich Islands | |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> El Salvadoran | <input type="checkbox"/> Mexican | <input type="checkbox"/> Surinamese | |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Falkland Islander | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Latin America <i>(write in)</i> | |
| | <input type="checkbox"/> French Guianese | <input type="checkbox"/> Panamanian | | |

South African

- | | | | | |
|------------------------------------|--|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Botswanan | <input type="checkbox"/> Mosotho (Lesotho) | <input type="checkbox"/> Namibian | <input type="checkbox"/> South African | <input type="checkbox"/> Swazi |
| | | | <input type="checkbox"/> South African <i>(write in)</i> | |

West African

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Beninese | <input type="checkbox"/> Cabo Verdean | <input type="checkbox"/> Liberian | <input type="checkbox"/> Nigerian (Nigeria) | <input type="checkbox"/> Sierra Leonean |
| <input type="checkbox"/> Bissau-Guinean | <input type="checkbox"/> Ivorian (Cote d'Ivoire) | <input type="checkbox"/> Malian | <input type="checkbox"/> Saint Helenian | <input type="checkbox"/> Togolese |
| <input type="checkbox"/> Burkinabé (Burkina Faso) | <input type="checkbox"/> Gambian | <input type="checkbox"/> Mauritanian | <input type="checkbox"/> Senegalese | |
| | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Nigerien (Niger) | <input type="checkbox"/> West African <i>(write in)</i> | |

Ethnicity and Race - continued next page

Ethnicity and Race – continued

Question 2 (cont.): What race(s) do you consider your child? (Answer MUST be given, even when answered YES on Q1) - Check all that apply,

American Indian / Alaska Native (Check all categories that apply or use write-in)

Alaska Native

Other Alaska Native (write in)

Other American Indian (write in)

Washington State Federally & Non-Federally Recognized Tribes

Confederated Tribes of the Chehalis Reservation

Kikiallus Indian Nation

Quileute Tribe of the Quileute Reservation

Spokane Tribe of the Spokane Reservation

Confederated Tribes of the Colville Reservation

Lower Elwha Tribal Community

Quinault Indian Nation

Squaxin Island Tribe of the Squaxin Island Reservation

Confederated Tribes And Bands of the Yakama Nation

Lummi Tribe of the Lummi Reservation

Samish Indian Nation

Steilacoom Tribe

Chinook Tribe

Makah Indian Tribe of the Makah Indian Reservation

Sauk-Suiattle Indian Tribe of Washington

Stillaguamish Tribe of Indians of Washington

Cowlitz Indian Tribe

Muckleshoot Indian Tribe

Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation

Suquamish Indian Tribe of the Port Madison Reservation

Duwamish Tribe

Nisqually Indian Tribe

Skokomish Indian Tribe

Swinomish Indian Tribal Community

Hoh Indian Tribe

Nooksack Indian Tribe of Washington

Snohomish Tribe

Tulalip Tribes of Washington

Jamestown S'Klallam Tribe

Port Gamble S'Klallam Tribe

Snoqualmie Indian Tribe

Upper Skagit Indian Tribe of Washington

Kalispel Indian Community of The Kalispel Reservation

Puyallup Tribe of the Puyallup Reservation

Snoqualmoo Tribe

Asian (Check all categories that apply or use write-in)

Asian Indian

Chinese

Lao

Pakistani

Tibetan

Bangladeshi

Filipino

Malaysian

Punjabi

Vietnamese

Bhutanese

Hmong

Mien

Singaporean

Other (write in)

Burmese/Myanmar

Indonesian

Mongolian

Sri Lankan

Cambodian/Khmer

Japanese

Nepali

Taiwanese

Cham

Korean

Okinawan

Thai

Pacific Islander (Check all categories that apply or use write-in)

Carolinian

Kosraean

Palauan

Tahitian

Other (write in)

Chamorro

Maori

Papuan

Tokelauan

Chuukese

Marshallese

Pohpeian

Tongan

Fijian

Native Hawaiian

Samoan

Tuvaluan

i-Kiribati/Gilbertese

Ni-Vanuatu

Solomon Islander

Yapese

Unrestricted Student Email (This section for Middle School & High School Student Parent/Guardians only.)

Purposes and Benefits of Student Email

With parent/guardian approval we are offering students in grades 8 -12 an unrestricted e-mail account that will have full access to communicate with any other internet e-mail account. This account will be important to your student in college and career preparation activities, collaboration work with other students and communication regarding school activities and events. If you choose to not authorize your student for district email it may be difficult for them to fully participate and benefit from some classroom and career/college readiness activities as more and more services require students to provide an email address for communication and registration. While the account is unrestricted, this email account is intended to be used by students solely and exclusively for purposes consistent with Spokane Public Schools' curricular and educational needs.

The School District will not voluntarily share student e-mail addresses with any party outside of the school district. However, the School District may be compelled by public records laws or other laws to disclose district-provided student e-mail addresses and/or e-mail messages. Students have no right to privacy or expectations of privacy when using a District issued e-mail account because, among other reasons, student e-mail accounts are subject to inspection by the District at any time and shall be monitored by the District to assure compliance with district policy.

Email Assumption of Risk

Email accounts carry with them certain inherent risks, which may include but are not limited to: the inadvertent dissemination of personal information or other information that is desired to be private whether by the sender or as a result of an email being forwarded; receiving communication from unwanted, unauthorized and/or dangerous persons; access to the email account by unauthorized persons; accessing email account when such distractions could result in harm, such as while driving; and receiving threatening, harassing, sexually explicit, obscene or illegal emails.

PLEASE CHECK BOX IF APPROVED

It is OK for Spokane Public Schools to issue my student an unrestricted email address pursuant to the above information. I understand that this authorization will remain in effect for my student unless I provide further communication withdrawing my approval.

PLACEMENT (Information will be kept confidential.)

WE BELIEVE THOUGHTFUL PLACEMENT IMPROVES THE LIKELIHOOD OF SCHOOL SUCCESS.

Does student have a history of placement in a Special Education Program? Y N Does he/she have a current IEP? Y N

Please indicate special programs in which your child has been enrolled. Speech Physical Therapy Occupational Therapy

Does the student have a current 504 plan? Y N

Has the student attended an English Language Development (ELD) Program, or English as a Second Language (ESL) Program? Y N

Has the student been involved in any of the following programs ? LAP (Learning Assistance) Title 1

Has your child ever been retained? Y N If YES, in what grade? _____

Elementary Students: Please indicate any behavior problems: At Home In Class Playground Towards: Students Staff Family

Has the student been involved in any of the following?

Suspension(s) Weapons Expulsion(s) Attendance Problems Violence (fighting, harassment, etc.)
 BECCA Petition (Court order to attend school)

Does student have unpaid fines or fees imposed by other schools? Y N

Is middle or high school student planning to participate in extra curricular activities, sports, or clubs. Y N
 (If Yes, student must be passing all classes and have current physical on file.)

Please describe any physical limitations that would necessitate special accommodations:

Please verify all info is complete and accurate, complete privacy information on page 1 and placement information above, then sign and date below:

 PARENT / GUARDIAN SIGNATURE

 DATE

Student _____ Sex: Male Female X _____ Birth Date _____

First Middle Last

Parent/Guardian _____ Home/Cell# _____ Work# _____

Last First Initial

School _____ Grade _____ Room _____

Please describe your child's current health condition on the form below. It is important that you keep the school informed of any changes in health or medication that would affect your child at school. If your child needs to take medication at school, please notify the school office.

My child has NONE of the health concerns/conditions listed below.

LIFE THREATENING CONDITIONS

If anything is checked as LIFE THREATENING, notify your school's nurse immediately and obtain LIFE THREATENING paperwork from school office. This is REQUIRED PER RCW 28A.210.320 for attendance at school.

Allergy/Anaphylaxis **REQUIRING** an Epi-Pen/Adrenalin auto-injector prescription (example: food, insect stings)

Allergen(s): _____

Asthma: **ALL ASTHMA IS CONSIDERED LIFE THREATENING AND REQUIRES A PHYSICIAN'S ORDER AND EMERGENCY ACTION PLAN**

Diabetes: TYPE 1 TYPE 2

Seizure Disorder: My student needs emergency medication for **Seizures**. Name of medication: _____

Other LIFE THREATENING HEALTH CONDITION:

SPECIAL HEALTH CARE PLANNING

My child has special health care needs such as: wheelchair, tube feedings, catheter, intravenous tubes, eating and swallowing concerns*, or other. Please describe your child's condition(s) _____

*School Nurse is to notify speech language pathologist for eating and swallowing concerns.

HEALTH CONDITIONS

Check any conditions that your child has:

- Behavioral/Mental health Digestive Disorder (**requires LHP orders**) Orthopedic
- Blood Disorder Hearing Loss and/or wears hearing devices Respiratory Problem
- Bowel/Bladder Heart Problems Skin
- Cancer Medication/Drug Allergy Other _____
- Depression/Anxiety Neurological

I understand that all students in Spokane Public Schools are required by state law to be fully vaccinated prior to the first day of attendance (RCW 28A.210.080). I give Spokane Public Schools permission to add my child's immunization information into the Washington State Immunization Information System (WAIS) to help the school maintain my child's record.

I affirm that the information provided on this form is true, correct, and complete to the best of my knowledge and belief.

Parent/Guardian Signature

Date

_____ School Nurse Signature	_____ Date
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**IMPORTANT NOTICE TO PARENT/GUARDIAN OF
STUDENTS WITH
LIFE THREATENING HEALTH CONDITIONS**

Washington State law requires that all students with life threatening health conditions have the needed medical orders, medication/equipment, and a health care plan in place before the child may attend school (RCW 28A.210).

If your student has a life threatening ALLERGY, ASTHMA, DIABETES, or SEIZURE DISORDER, please request a parent packet. These packets include forms that will be needed at school. These are available at your school office. If your student requires other medication for a life threatening health condition, please request to speak with your school's nurse.

THE FOLLOWING MUST BE COMPLETE AND RETURNED TO SCHOOL:

DIABETES, SEVERE ALLERGY, SEIZURE, & ASTHMA:

See Parent Packets for forms and instructions available at your student's school.

OTHER LIFE THREATENING HEALTH CONDITIONS:

- A current "medication request" form for each medication, if medication is needed at school (available from the school office OR www.spokaneschools.org (Health Services)).
- A current "treatment request" form, if a medical treatment is needed at school (available from the school nurse or www.spokaneschools.org (Health Services)).
- Please include any additional information that you or your health care provider would like to share.

NOTE: A nursing care plan, completed/reviewed by the school nurse must be in place before a student with a life threatening health condition can attend school.

Reminder:

- It is the parent/guardian responsibility to alert other school programs that their student has a health condition and/or a care plan in a place. Such programs may include, Express child care, before or after school activities, etc. It is a parent/guardian responsibility to make sure that any additional emergency medications that might be needed for such a program is made available and is accessible.
- Please report immediately any changes needed in emergency contact information, medication, health status, etc. to the school office.
- Please report immediately any changes needed in your student's health care plan to the school nurse

If you have any questions or concerns, please contact the principle or the school nurse assigned to your student's school.

Thank you for your assistance in helping us provide a safe school experience for your student.

Provide this form to all parents at the time of registration or when notified that a student has life threatening health condition

Health Services
200 North Bernard Street
Spokane, WA 99201-0282

phone (509) 354-7298
fax (509) 354-5910
www.spokaneschools.org



2023/2024 School Year

To Parent/Guardian of new student:

Health Services would like to welcome you to Spokane Public Schools. Our staff of nurses stand ready to help keep your child healthy and able to fully benefit from their educational experience.

Please be aware that all students in Spokane Public Schools are required by state law to be fully vaccinated **prior to the first day of attendance** (RCW 28A.210.080). If the student's immunization record is not complete prior to the first day of attendance, **the student will be excluded from school**. If your child is exempt from vaccination, please ensure that your school receives this documentation. All forms can be found on the district website.

For a list of immunizations and number of vaccine doses required by law (except for exempted children), please see the enclosed list. In Washington, all children 18-years old or younger may get vaccines at low or no cost from their health care provider. Spokane Public Schools, in partnership with Spokane Regional Health District, will be hosting vaccination clinics this spring.

If you have any questions about our vaccination policies, please contact Health Services at 509-354-7298.



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	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
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.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the 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: waisrecords@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 Pediarix 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 28A.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	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
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		

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

McKinney-Vento Questionnaire Form

Student Name: _____

Date of Birth: _____

School Name: _____

Grade: _____

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. The information you provide is confidential. If eligible, students are to be *immediately enrolled* in accordance with The McKinney-Vento Assistance Act.

If you own/rent your own home, you do not need to complete this form.

Do you/your student live in any of these following situations?

- In a motel
- In a shelter, or transitional housing program
- Moving from place to place/couch surfing
- Sharing the housing of others due to a loss of housing, economic hardship, or similar reason
- In a car, park, campsite, abandoned building, bus/train station or similar location
- In a residence with inadequate facilities (no water, no heat, no electricity, etc.)

The undersigned certifies that the information provided here is true and correct under penalty of perjury under the laws of the State of Washington:

Print name of person completing form: _____

Phone number or message number: _____

Address of current residence: _____

Student is living with a legal parent/guardian OR not living with a legal parent/guardian

Signature: _____

Date: _____

For more information please contact the HEART program office at 354-7302.
Enrollment staff: Please forward questionnaire to the HEART program at the Administration Building.