

Enrollment Packet

Checklist

Welcome to Franklin Pierce Schools where we work to engage all students in rigorous, relevant, high quality work. We are so glad you are here! This checklist will help you through completing the forms required for enrolling your student in our district.

Required for Enrollment

- ☐ Enrollment Roster Card
- ☐ Ethnicity and Race Data Collection Form
- ☐ Home Language Survey
- ☐ Family Military Status Verification
- ☐ Certificate of Immunization Status
- ☐ Student Health History Form
- ☐ Verification of Residency Statement

Kindergarten and Preschool Students

- ☐ Birth Certificate (or alternative document to verify student's name and age)
Kindergarten students must be five (5) prior to September 1 of the current school year

Middle School Students

- ☐ Last Report Card
- ☐ Withdrawal Grades (if transferring mid-year)

High School Students

- ☐ Transcript & Withdrawal Grades
Incoming 9th graders should provide their last report card
- ☐ Attendance & Discipline Records

District Office: (253) 298-3000

315 129th St. South Tacoma, WA 98444

Facebook: Franklin Pierce Schools | Twitter: FPSD402

Dear Parent or Guardian,

It is with pleasure that we welcome you to Franklin Pierce Schools where we work to engage all students in rigorous, relevant, high quality work. We are so glad you're here!

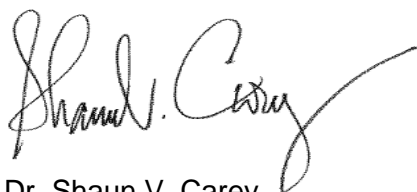
Due to the tentative and fluctuating nature of school enrollment, we sometimes find it necessary to make class size adjustments, which may affect the placement of a few students. For instance, if a classroom or grade level reaches capacity, recently enrolled students may be reassigned to other classrooms. Such reassignment of children may occur between classrooms within the same school, or it may mean reassignment of several children to a nearby school, with the district providing daily transportation on a school bus. We do this to balance class sizes as evenly as possible to ensure that every child receives the best education and attention we can provide.

One thing you can do to reduce the potential that your child would be affected is to complete the forms required for enrolling your student in our district and turn in the completed enrollment packet to your child's school office as soon as possible.

Please be assured that every effort is made to keep the number of affected students as limited as possible, and, should it become necessary, we will work closely with you to help make the transition a smooth one for your child.

Again, welcome, and we look forward to having your child as a student in Franklin Pierce Schools. We hope the educational program your child receives while attending our schools will provide a firm foundation for ongoing growth and learning.

Sincerely,



Dr. Shaun V. Carey
Deputy Superintendent

FRANKLIN PIERCE SCHOOL DISTRICT ENROLLMENT ROSTER CARD

FOR OFFICE USE ONLY			STUDENT ID #:		SSID#:			
LEGAL LAST NAME (as recorded on birth certificate)			FIRST NAME		MIDDLE	PRIMARY PHONE # TO BE CALLED		
GENDER		DATE OF BIRTH	BIRTH PLACE (CITY, STATE, COUNTRY)					
PHYSICAL ADDRESS			APT#	CITY	STATE	ZIP CODE		
MAILING ADDRESS			APT#	CITY	STATE	ZIP CODE		
OTHER FRANKLIN PIERCE SCHOOLS ATTENDED			HOME LANGUAGE					
SCHOOL LAST ATTENDED		DISTRICT & STATE						
PARENTS STEP-PARENTS GUARDIANS (Please list in order of preference for contacting) ADD ADDRESS IF DIFFERENT THAN STUDENT'S	RELATIONSHIP	CUSTODY Yes/No	LIVES W/ STUDENT Yes/No	PICK UP Yes/No	EMERGENCY CONTACT Yes/No	HOME PHONE	WORK/CELL PHONE	PARENT/GUARDIAN EMAIL
FOR SCHOOL USE ONLY								
RESIDENT SCHOOL	ROUTE#	A.M.	STOP	MEDICAL ALERT		RELEASE RESTRICTION		
RESIDENT DISTRICT	ROUTE#	P.M.	STOP	YES NO		YES NO		
REASON	BIRTHDATE VERIFIED			ALERT INFO:		RESTRICTION INFO:		
GRADE								
ENTRY DATE								
TEACHER								
WITHDREW TO				DATE	TRANSCRIPT SENT			DATE

ADDITIONAL ENROLLMENT INFORMATION

STUDENT NAME

Please check all boxes below that apply to the child you are registering and add supportive details:

GENERAL EDUCATION

☐ 504 PLAN _____

☐ IEMP OR EMERGENCY HEALTH PLAN _____

☐ BECCA/TRUANCY PETITION; Please list county and date _____

☐ COUNSELING _____

☐ DISCIPLINE & SUSPENSION; Please list dates and reasons _____

☐ GIFTED OR HIGHLY CAPABLE _____

☐ RESTRAINING ORDER PROTECTING THE STUDENT
The school must have a copy of the court documents on file in order to enforce. _____

☐ REPEATED GRADE LEVEL _____ WHICH GRADE _____

☐ OTHER SERVICES _____

SPECIAL EDUCATION

☐ IEP/SPECIAL EDUCATION IF YES, WHAT GRADE DID SERVICES BEGIN
Check all that apply below and add detail _____

☐ RESOURCE _____ ☐ SELF-CONTAINED _____

☐ DEAF OR HEARING IMPAIRED _____ ☐ VISUALLY IMPAIRED _____

☐ SPEECH _____ ☐ OTHER SERVICES _____

☐ (OT) OCCUPATIONAL THERAPY OR (PT) PHYSICAL THERAPY _____

Ethnicity and Race Data Collection Form

Student Name: _____

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

- | | |
|---|---|
| <input type="checkbox"/> NOT Hispanic / Latino | <input type="checkbox"/> Mexican / Mexican American / Chicano |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic / Latino |

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

- | | |
|---|--|
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Chehalis |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Colville |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Cowlitz |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> How |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Jamestown |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Kalispel |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Lower Elwha |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Lummi |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Makah |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Muckleshoot |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Nisqually |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Nooksack |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Port Gamble Klallam |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Puyallup |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Quileute |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Quinault |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Samish |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Shoalwater |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Melanesian | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Micronesian | <input type="checkbox"/> Squaxin Island |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Swinomish |
| | <input type="checkbox"/> Tulalip |
| | <input type="checkbox"/> Yakima |
| | <input type="checkbox"/> Other Washington Indian |
| | <input type="checkbox"/> Other American Indian |



Office of Superintendent of Public Instruction (OSPI) Home Language Survey

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

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____	
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___	
Prior Education Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12 th grade) _____ Month Day Year	

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

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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Family Military Status

Annual Verification

Dear Parent or Guardian,

The State of Washington requires school districts to survey all families annually about military status. Please take a moment to complete this form or log into your Skyward Family Access account to complete the survey.

You may include all students on one form who attend the same school and share the same family military active duty status. Please contact your school office if you require additional forms.

20__ - 20__ School Year

Verified on _____ (date) by _____ (name of person completing this form)

☐ **Please check this box if your family military status has NOT changed during the last year.**

Student First Name	Student Last Name	Grade

Please check the box below that most accurately describes the family military status for the students listed above:

- ☐ **NO** parent/guardian is currently serving as a member of the active duty U.S. Armed Forces, reserves of the U.S. Armed Forces, or Washington National Guard. (N)
- ☐ **ONE** parent/guardian is currently serving as a member of the active duty U.S. Armed Forces. (A)
- ☐ **ONE** parent/guardian is currently serving as a member of the reserves of the U.S. Armed Forces. (R)
- ☐ **ONE** parent/guardian is currently serving as a member of the Washington National Guard. (G)
- ☐ **MORE THAN ONE** parent/guardian is currently serving as a member of any combination of the following: active duty U.S. Armed Forces, reserves of the U.S. Armed Forces, or Washington National Guard. (M)

Reasons for this survey include:

- To create a student identifier which will allow schools and policymakers to better serve students whose families are impacted by military service.
- To remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents.
- To monitor critical elements of military students' educational success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts.
- To gather reliable information about student performance which will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices.

Thank you for completing this form and returning it to your child's school office as soon as possible.

If you have any questions or concerns about this form, please contact our district office 253-298-3021.

Request to Restrict Release of Information

Student directory information may be released publicly without consent upon the condition that the parent/guardian or adult student be notified annually of the school's intention to release such information and be provided the opportunity to indicate that such information is not to be released without prior consent.

Student directory information is defined as:

Student Name	Most Recent Previous School Attended
Address	Diploma and Awards Received
Telephone Number	Participation in Officially Recognized Activities and Sports
Photograph	Weight and Height of Members of Athletic Teams
Date and Place of Birth	Dates of Attendance

If you wish to restrict release of student information, please complete this form and return it to your student's school within ten school days of the start of the school year (or two weeks from date of enrollment). If no form is received, no restrictions will be applied.

School Year

Requests to restrict release of student information must be renewed each school year.

Yes	No	A. Student Directory Information
		<u>Allow Release of Student Directory Information?</u> Schools periodically release student directory information to outside organizations for purposes such as scholarship nominations, public library information, additional learning opportunities, athletic memberships, special organizational membership eligibility, etc.

Yes	No	B. Partial Release or Restriction
		<u>Allow Release of Photo/Video of Student and Work?</u> Photos and videos of students and copies of their work may be used in district publications, newsletters, websites, and news releases for television and local news.
		<u>Allow Release Information to Military Recruiters?</u> Under the federal Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA), public high schools must give the names, addresses, and telephone numbers of students to military recruiters upon request (ESSA, Title IV, 8528). This information is to be used specifically for armed forces recruiting purposes. Parents and students over the age of 18, have the right to instruct the school in writing that this information is not to be released.
		<u>Allow Release To Higher Education?</u> Student information may be shared with institutions of higher learning, i.e. vocational schools, skill centers, colleges, universities.
		<u>Allow Release For Yearbook?</u> Pictures taken during the school year will be published in the yearbook

Student Name:	Birth Date:
Address:	Phone:
City State/Zip	School Attending:
Parent/Guardian Name(s):	Relation to Student:
Parent/Guardian Signature:	Date:
Student Signature:	Date:

Note: Students who are 18 years of age may sign their own request form.



Required Immunizations for All Students and Additional Requirements for Students with Life-Threatening Health Conditions

Per RCW 392-380-045 and FPS Policy 3413 and Procedure 3413P

Dear Parent or Guardian,

We are excited your child will be attending the Franklin Pierce School District!

To ensure a seamless transition into our district, we are providing you with the immunization requirements for all students (see reverse side), as well as the additional requirements for students with life threatening health conditions.

Immunizations

The initial and continuing attendance of every student at every public school in the state is dependent upon proof of immunization. Please submit a completed and signed *Certificate of Immunization Status (CIS)* with your student's enrollment documents.

Students with Life-Threatening Health Conditions

A life-threatening condition shall mean a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.

Each student who has a life-threatening health condition is required to provide the following items to the school prior to initial or continued attendance:

- a) **Medication and treatment orders from the child's doctor** addressing any life-threatening health condition the child has that may require medical services to be performed at the school. You may need to schedule an appointment with your child's doctor to complete the forms/orders.
- b) **Nursing plan (Individualized Medical Health Plan - IHP)** to implement the orders. This plan is created by the parent and a district registered nurse.
- c) **Any medication, supplies, or equipment** identified in the medication or treatment orders necessary to carry out the orders, including:
 - 1) Daily supply of medications and medical supplies; and
 - 2) 3-day supply of medication and medical supplies for emergency purposes.
- d) **Any necessary training of school staff members on medical procedures specific to the orders.**

A new medication or treatment order must be submitted whenever there are changes in the medication or treatment needs of the child and the nursing plan shall be amended accordingly. The order, medications, and health plan must also be updated prior to the beginning of each school year.

Students who have a life-threatening condition and no medication or treatment order presented to the school will be excluded from school to the extent that the district can do so consistent with federal requirements for students with disabilities under the Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation Act of 1973.

Please let me know if you have any questions or if I can assist in any way.

Sincerely,

A handwritten signature in cursive script that reads "J. Hampton RN".

Jeanne Hampton, RN
Health Services Coordinator
jhampton@fpschools.org
(253) 298-3047

VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

July 1, 2018 – June 30, 2019

VACCINE	Kindergarten - 5 th Grade	6 th – 7 th Grade	8 th - 11 th Grade	12 th Grade
Hepatitis B	3 doses Dose 3 must be given on or after 24 weeks of age			Dose 3 must be given on or after 4 months of age
Diphtheria, Tetanus, and Pertussis (DTap)	5 doses (4 doses only IF 4 th dose given on or after 4 th birthday)			
Diphtheria, Tetanus, and Pertussis (Tdap)	Not Required	1 dose Tdap if 11 years of age or older <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 dose of 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 (K-11 th) 4 months (12 th)	16 weeks between Dose 1 & 3 (K-11 th) 12 weeks between Dose 1 & 3 (12 th grade only)	
Diphtheria, Tetanus, and Pertussis DTaP	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. 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 grade 6th-12th requirement. Can be given regardless of the interval between DTaP or Td. 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	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"> 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
Polio IPV or OPV	Dose 1	6 weeks	4 weeks between Dose 1 & 2	
	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 Varicella 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, such as between MMR and Varicella or between Varicella and live flu vaccine.
	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 2017

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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 Washington Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:
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I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.	I certify that the information provided on this form is correct and verifiable.
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Parent/Guardian Signature Required	Date	Parent/Guardian Signature Required	Date
------------------------------------	------	------------------------------------	------

◆ Required for School and Child Care/Preschool	Date	Date	Date	Date	Date
● Required Only for Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry					
◆ DTaP, DT (Diphtheria, Tetanus, Pertussis)					
◆ Tdap (Tetanus, Diphtheria, Pertussis)					
◆ Td (Tetanus, Diphtheria)					
◆ Hepatitis B					
□ 2-dose schedule used between ages 11-15					
● Hib (Haemophilus influenzae type b)					
◆ IPV / OPV (Polio)					
◆ MMR (Measles, Mumps, Rubella)					
● PCV / PPSV (Pneumococcal)					
◆ Varicella (Chickenpox)					
□ History of disease verified by IIS					
Recommended Vaccines (Not Required for School or Child Care Entry)					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV, MPSV (Meningococcal)					
MenB (Meningococcal)					
Rotavirus					

Documentation of Disease Immunity <i>Healthcare provider use only</i>		
If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider		
I certify that the child named on this CIS has:		
<input type="checkbox"/> a verified history of Varicella (Chickenpox).		
<input type="checkbox"/> laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers 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.

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

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

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

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

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

Reference guide for vaccine abbreviations in alphabetical order For updated list, visit <https://fortress.wa.gov/doh/cpir/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	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal
Adacel®	Tdap	Fluceivax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib
Bexsero®	MenB	FluMist®	Flu	IpoJ®	IPV	Pentacel®	DTaP + Hib + IPV
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B



Consent Form for Exchange of Confidential Information

Student's Name: _____
(List all names this student has used.)

Date of Birth: _____

I hereby authorize the exchange of any educational, psycho-social, legal, or medical records regarding the above-named student between Franklin Pierce Schools and the service providers listed below (physicians, psychologists, schools, hospitals, agencies, clinics, etc.) that have had significant contact with this student.

I certify that I am the parent or legal guardian of the above-named student and have the authority to sign this release.

Parent Name (Please Print)

Address

Signature

City State Zip Code

Date

Phone

Name/Agency	Phone and Address

Student Name:			
Grade:	Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female	School:
Has your student required a special health or emergency plan: <input type="checkbox"/> No <input type="checkbox"/> Yes		Form Completed By:	
MEDICAL HISTORY <i>Check all that apply, then discuss on lines below:</i>		ALLERGIES <i>Check all that apply to your child:</i>	
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Asthma/Breathing Problems <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Behavior/Emotional Concerns <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Bladder Problems <input type="checkbox"/> History of Head Injury <input type="checkbox"/> Blood Disorder <input type="checkbox"/> Hospitalizations <input type="checkbox"/> Bone, Joint, Muscle Problems <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Color Blindness <input type="checkbox"/> Migraines <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Physical Handicap <input type="checkbox"/> Dental Problems <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Severe Headaches <input type="checkbox"/> Eczema <input type="checkbox"/> Skin Condition <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Speech Concerns <input type="checkbox"/> Frequent Ear Infection/Tubes <input type="checkbox"/> Surgeries <input type="checkbox"/> Gastrointestinal Problems <input type="checkbox"/> Vision Problems <input type="checkbox"/> Glasses		<input type="checkbox"/> Plants <input type="checkbox"/> Foods <input type="checkbox"/> Nuts <input type="checkbox"/> Drugs <input type="checkbox"/> Animals <input type="checkbox"/> Insects <input type="checkbox"/> Bees <input type="checkbox"/> Other _____ Please describe the allergic reaction: _____ _____ _____ _____ _____	
Notes/Concerns: _____ _____ _____ _____ _____ _____ _____		MEDICATION <i>Medication is best given at home. However, if medication needs to be given at school, then a physician/parent permission form is required.</i> Is medication needed at school? <input type="checkbox"/> Yes <input type="checkbox"/> No Is medication needed at home? <input type="checkbox"/> Yes <input type="checkbox"/> No List all Medications: _____ _____ _____ _____ _____ _____ _____	



Physician's Orders for Medication at School

Patient: _____

Date of Birth: _____

Medication should be given to a student at school only when absolutely necessary. Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the Health Room Assistant will dispense the medication. The principal will designate the person responsible to dispense medication on an individual basis. The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the physician's directions.

Is it necessary to dispense this medication during school hours? ____ Yes ____ No

If yes, please give diagnosis or reason: _____

Drugs and dosage form: _____

Dose and mode of administration: _____

Time(s) to be given: ____ Lunch ____ Hour _____

Duration without subsequent order: ____ Weeks ____ School Year

Side effects of drug (if any) to be expected: _____

Medication to be carried by student: ____ Yes ____ No

Physician Signature: _____ Print or Stamp Name: _____

Date: _____ Phone: _____

Parent's Permission

I request that the school nurse, principal, or a staff member designated by him/her be permitted to dispense to my child, (name of child) _____, the medication prescribed by (name of physician) _____, for a period from _____ to _____.

- The medication to be furnished is to be brought in by me in the original container labeled by the pharmacy or physician with the child's name, name of the medicine, the amount to be taken, the time of day to be taken, and the physician's name.
- I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions.
- This authorization is good for the current school year only.
- In case of necessity, the school district may discontinue administration of the medication with proper advance notice. If notified by school personnel that medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed.
- I give permission to the school nurse to consult my child's health care provider with any concerns about medication related issues and I release school personnel from liability should reactions result from the medication.

Signature of Parent/Guardian: _____ Date: _____

Parent's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435 (definition located at end of this document). The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

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

If you do not own/rent your own home/apartment, please check all that apply below.

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

Is your living arrangement due to the loss of housing or economic hardship? ☐ YES ☐ NO

Student First Name	Student Last Name	Student No. (SSID)	Grade	Date of Birth	SPED/IEP /504	Current Franklin Pierce School	Last School Attended

Address of Current Residence: _____

Phone Number or Contact Number: _____ Name of Contact: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth/School Liaison)

**I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.*

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Additional Resources

Parent information and resources can be found at the following:

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

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

Verification of Residency Statement

To verify residency within the boundaries of Franklin Pierce School District, **one** current document from the following list must be provided. The document must be dated within the last thirty (30) days and include parent/guardian **name** and **residence address**. Post office box numbers are not acceptable as residence addresses.

- ☐ Escrow papers, mortgage book or statement, or property tax form
- ☐ Lease agreement/rental contract **and** current rent receipt
- ☐ Letter from apartment complex or mobile home park on their letterhead, signed by the landlord, stating that parent/guardian lives at the residence address
- ☐ One of the following utility bills:
Gas, electric, water, cable TV, garbage, or phone (landline only, not cell)
- ☐ Residence insurance statement
- ☐ Verification of social services
- ☐ Signed and notarized Franklin Pierce School District *Affidavit of Residence* and one of the above items to verify name and address of owner/person responsible for residence.

I, _____ (*print name*) the parent/guardian of
_____ (*print student's name*) declare that the named
student resides at the address shown on the document indicated above and attached. I will notify the school within two weeks of residency change and agree to provide a new verification of residency document and updated, signed statement. If I move outside the boundary area of this school, I understand that a within district or out-of-district transfer application must be filed to request continued attendance for this student.

Falsification of any information or document required for residency verification, or the use of the address of another person without residing there, may result in the revocation of student enrollment.

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY:

The attached document(s) show(s) the name and address of the person(s) enrolling the above-named student. If not the parent, documentation of guardianship or foster license is required.

Principal or Designee's Signature: _____ Date: _____

Additional Comments: _____



Franklin Pierce Schools

315 129th Street S, Tacoma, WA 98444

253-298-3085, Fax 253-298-3016

www.fpschools.org

Acceptable Use Agreement – Network and Internet Use 2018-2019 School Year

Franklin Pierce Schools is pleased to offer students access to the district network resources and internet. Parents, please review this document carefully with your son/daughter. Families have the right to allow the use of the internet at school by completing this form and returning it to school. Agreements remain in effect for the current school year.

General Network Use

FPS provides computer, network, e-mail, and Internet access to individuals as part of the learning environment. The use of these resources is a privilege and not a right. While these systems have the power to deliver a vast number of resources to classrooms and enhance education, their effectiveness depends on the responsible and ethical use by every individual. As such, general school rules for behavior and communications apply and students must comply with district standards.

Internet Access, Filtering, and Monitoring Computer Resources

- Technology is constantly changing and evolving. Due to the nature of the Internet, online communications, and evolving technology, the District cannot ensure or guarantee the absolute safety of students during the use of technology, including email and the Internet. Parents and students should contact the school immediately with any concerns related to the use of technology. Filtering software is in use, but no filtering system is capable of blocking 100% of the inappropriate material available on the internet. We believe that the benefits to students from access to the internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages.
- Students must adhere to the behavior expectations while using technology and email, including but not limited to those expectations contained in board policy.

Unacceptable Network Use Includes but is not limited to:

- Sending, storing, or displaying offensive pictures or messages;
- Using obscene language;
- Giving personal information, such as complete name, phone number, address, or identifiable photo, without permission from the teacher and parent/guardian;
- Cyberbullying, hate mail, harassing, insulting, attacking others, discriminatory jokes and remarks;
- Damaging or modifying computers, computer systems, or computer networks: downloading, installing and using games, audio files, video files or other applications including shareware or freeware without permission to do so;
- Violating copyright laws;
- Sharing or using others' login or password or other confidential information;
- Accessing others' folders, work, or files without the teacher or owner's permission;

Engage Their Minds

- Intentionally wasting limited network resources;
- Posting information sent or stored, online that could endanger others;
- Using the network for non-academic, personal, commercial, or political purposes, financial gain, or fraud;
- Attaching unauthorized equipment to the District network.

Violations may result in a loss of access or disciplinary action determined at the building level.

Parent/Guardian Permission

Please complete the section below if you want your child to have access to the Internet and district network resources. *

*The District currently has filters in place consistent with federal regulations including, but not limited to the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA).

☐

I give my permission for my son/daughter to access District Computer Network Resources and the Internet for the current school year.

Print Student Full Name

Grade Level

Print Parent/Guardian Full Name

Signature of Parent Guardian

Date Signed

****RETURN COMPLETED FORM TO STUDENT'S SCHOOL****



Franklin Pierce Schools

315 129th Street S, Tacoma, WA 98444

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K-5 Responsible Use Agreement

As a part of my schoolwork, my school, _____, gives me the use of a technology device and internet access for my work. I will follow the same rules I follow in my class and in my school. I know I am responsible for my actions. I agree to the following promises:

- I will use technology only to do school work.
- I will not share my password or ask for someone else's password and will keep my information private.
- I will not use technology to bully or threaten anyone including teachers, schoolmates or other children.
- I will take care of technology equipment by not damaging it (remove keys, spill, etc.).
- If I have or see a problem, I will not try to fix it myself, but I will tell the teacher.
- I know that what is posted digitally is permanent, so I will think before I post anything online.
- I will follow the Student Expectations – Laptop Care that is on my laptop cover.
- I know my technology use is not private; my teacher and/or my parents may look at my work to be sure that I am following these rules and if I am not, there will be consequences for my actions.

Print Student Full Name

Print Parent/Guardian Full Name

Signature of Parent Guardian

Date Signed

Student Email Accounts (Microsoft Office365 for Education)

To facilitate communication between students and teachers, the District will create email accounts for all students in grades 3-5.

If you do not want the District to create an email account for your child, please check the box and initial the form below:

☐

_____ I **do not** want the District to create an email account for my child.

Initial