

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

FRANKLIN PIERCE SCHOOL DISTRICT ENROLLMENT ROSTER CARD

| FOR OFFICE USE ONLY | | | | | | STUDENT ID #: | | | | | | | | |
|---|--------------------|------------------------------------|--|--|--|--|-----------------|-----------------------|--------|------------------------------|--|--|--|--|
| 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 <small>(Please list in order of preference for contacting) ADD ADDRESS IF DIFFERENT THAN STUDENTS</small> | RELATIONSHIP | CUSTODY <small>Yes/No</small> | LIVES W/ STUDENT <small>Yes/No</small> | PICK UP <small>Yes/No</small> | EMERGENCY CONTACT <small>Yes/No</small> | HOME PHONE | WORK/CELL PHONE | PARENT/GUARDIAN EMAIL | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| FOR SCHOOL USE ONLY | | | | | | | | | | | | | | |
| RESIDENT SCHOOL | ROUTE# | A.M. | STOP | MEDICAL ALERT YES ____ NO ____ ALERT INFO: | | RELEASE RESTRICTION YES ____ NO ____ RESTRICTION INFO: | | | | | | | | |
| RESIDENT DISTRICT | ROUTE# | P.M. | STOP | | | | | | | | | | | |
| REASON | BIRTHDATE VERIFIED | | | | | | | | | | | | | |
| 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"/> HOH |
| <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.



Forms and Translated Material from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

Family Military Status Verification

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. We thank you in advance for completing this form and returning it to your child's school office as soon as possible.

School Year

Please check the box that most accurately describes the family military status:

- ☐ **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 either a member on active duty in the U.S. Armed Forces, reserves of the U.S. Armed Forces, or Washington National Guard. (M)

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

Please list all Franklin Pierce School District students in your family:

| Student First Name | Student Last Name | School | Grade |
|--------------------|-------------------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Parent/Guardian: _____ Date: _____

If you have questions or concerns about this form or would like to learn more about the reasons for this survey, please contact Erin Wright at our district office at 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: |
|--------------------|-------------|-----------------|-----------------------|------|

| | |
|---|---|
| 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. |
|---|---|

| | | | |
|------------------------------------|------|------------------------------------|------|
| 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 |

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



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 |
|-------------|-------------------|
| | |
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|--|------------|--|---------|
| 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.

- ☐ In a motel
 ☐ A car, park, campsite, or similar location
☐ In a shelter
 ☐ Transitional Housing
☐ Moving from place to place/couch surfing
 ☐ Other _____
☐ In someone else's house or apartment with another family
☐ 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 |
|--------------------|-------------------|--------------------|-------|---------------|---------------|--------------------------------|----------------------|
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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/ncbe/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: _____

STUDENT: ACCEPTABLE USE AGREEMENT

Franklin Pierce Schools - Electronic Information Resources

Introduction:

Electronic information resources are available to students of Franklin Pierce Schools. These resources include access to the internet and other network files or accounts. Our goal in providing electronic services to students is to promote educational excellence by facilitating resource sharing, innovation, and communication.

Scope:

Internet access is coordinated through a complex association of government agencies, as well as regional and state networks. Worldwide access to computers and people may involve the availability of materials considered to be inappropriate, illegal, or of no educational value. On a global network, it is virtually impossible to control all materials. However, through a filtering and monitoring system, Franklin Pierce Schools has taken precautions to restrict access to inappropriate materials. Those users who access, publish, or attempt to access or publish inappropriate material or illegal internet sites will be subject to discipline, which may include the possibility of suspension or expulsion.

The smooth operation of the network is dependent upon the proper conduct of the users who must adhere to strict guidelines, rules, and regulations. Such are provided so that student users are aware of the responsibilities they are about to accept. In general, their responsibilities necessitate acceptable, ethical, and appropriate utilization of the electronic network resources.

Terms and Conditions of this Acceptable Use Agreement:

The student signature at the end of this Acceptable Use Agreement is legally binding. The signatures also indicate the student and parent/guardian have carefully read and understood the terms and conditions of appropriate use and thereby agree to abide by them.

1. **Acceptable Use:** Acceptable use means that a student uses the internet and other electronic information resources in an appropriate manner, abiding by the rules and regulations as described in this agreement. Students who “publish” on the internet must abide by the approved publishing procedures and district guidelines.

2. **Privileges:** The use of electronic information resources is a privilege, not a right. Inappropriate use of these resources may result in disciplinary action (including the possibility of suspension or expulsion) and/or referral to legal authorities. The principal, teacher/supervisor, or systems administrator may limit, suspend, or revoke access to electronic resources at any time.

3. **Network Etiquette:** Each student is expected to abide by the generally accepted rules of user etiquette. These rules include, but are not limited to, the following:

- Be polite
- Never send or encourage others to send abusive messages
- Use appropriate language
- No sales, advertisements, or solicitations, etc...

Use electronic mail appropriately. Whatever is written, sent, or received on an isolated terminal has the potential to be viewed globally.

Email is not guaranteed to be private. Everyone on the system has potential access to email. Parents or legal guardians may gain access to their student's email upon request. Messages relating to, or in support of, illegal activities or inappropriate activities as pertaining to this Acceptable Use Policy must be reported to the principal, teacher/supervisor, or systems administrator.

4. **Unacceptable Network Use:** Transmission or intentional receipt of any inappropriate material or material in violation of law or district policy is prohibited. This includes, but is not limited to: copyrighted material; threatening or obscene material; material protected by trade secrets; commercial activities by for-profit institutions; use of product advertisement or political lobbying, including lobbying for student body office; the design or detailed information pertaining to explosive devices; criminal activities or terrorist acts; sexism or sexual harassment; pornography; gambling; illegal solicitation; racism; and inappropriate language. Illegal or inappropriate activities, including games, use of the network in any way that would disrupt network use by others, or activities of any kind that do not conform to the policies and rules and regulations of Franklin Pierce Schools, are forbidden.

5. **Vandalism:** Vandalism is defined as any malicious attempt to harm or destroy property of the user, another user, or of any other agencies or networks that are connected to the network or the internet. Vandalism also includes, but is not limited to: abusive overloading of data on the server and/or the uploading, downloading, or creation of computer viruses. Any engagement in network vandalism constitutes unacceptable use and will subject the student to appropriate disciplinary action.

6. **Security:** Security on any computer system is a high priority because of multiple users. Do not use another individual's account, nor log on to the system as the systems administrator. Any security concern must be reported to the principal, teacher/supervisor, or systems administrator.

7. **Privacy:** It is advised that students not reveal personal information such as: home address, phone numbers, passwords, credit card numbers, or social security numbers. This also applies to others' personal information or that of organizations. When publishing on the internet, students' pictures should not be identifiable by name.

8. **Updating:** Account changes, such as to phone numbers, locations, or addresses, must be reported by the account owner to the systems administrator.

9. **Service Disclaimer:** Franklin Pierce Schools makes no warranties of any kind, whether expressed or implied, for the service it is providing. Franklin Pierce Schools will not be responsible for any damages the student may suffer while on this system. These damages may include, but are not limited to: loss of data as a result of delays, non-deliveries, mis-deliveries, or service interruptions caused by the system or by student error or omission. Use of any information obtained via the information system is at the student's own risk. Franklin Pierce Schools specifically denies any responsibility for the accuracy of information obtained through electronic information resources.

Student Signature of Agreement:

Rules of conduct are described in this Student Acceptable Use Agreement for Franklin Pierce Schools and apply when the electronic information system is in use. I understand any violations of the above provisions will result in the loss of my user account and may result in further disciplinary and/or legal action including, but not limited to, suspension, expulsion, or referral to legal authorities. I therefore agree to maintain acceptable standards and to report any misuse of the system to the appropriate teacher or administrator. Also, should I choose to "publish" on the internet, I will work under the guidance of a content sponsoring teacher.

Misuse or violation of this agreement comes in many forms, but can be viewed as any messages, information, or graphics sent or received that include/suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and/or other listings previously described in this user agreement. I agree to report any misuse of the electronic information resources to my principal, teacher/supervisor, or systems administrator.

I have read this Acceptable Use Agreement and understand that internet sites are filtered and that internet use on my district computer may be monitored. I hereby agree to comply with the above described conditions of acceptable use.

Student Name (please print): _____ Grade: _____

Student Signature: _____ Date: _____

PARENT OR GUARDIAN:

As the parent or guardian of the above named student, **I have read this Acceptable Use Agreement and understand that internet sites are filtered and that electronic information resource accounts may be monitored.** I understand my child may be disciplined for inappropriate or unacceptable use of electronic information resources. I further understand that student use of the electronic information resource system is designed for educational purposes. I understand that it is impossible for Franklin Pierce Schools to filter or restrict access to all inappropriate materials. I will not hold Franklin Pierce Schools responsible for inappropriate or unacceptable materials my child may acquire on the network system.

I hereby give my permission and approve the issuance of an electronic account for my child.

Parent or Guardian Name (please print): _____

Signature: _____ Date: _____