

GOLDENDALE PRIMARY SCHOOL

Today's Date: _____ Is your child going to be a: Walker _____ Bus & #: _____ Car rider _____

Student's Legal Name _____ M/F _____
(Last) (First) (Middle) (Sex) (Birthdate) (Grade)

Address _____ Mailing _____
(Street) (City/State) (Zip Code) (P.O. Box)

Parent(s) or Guardian(s) who reside at the same address as student:

1. _____
(Parent Name) (Relationship) (Home #) (Cell #)

Place of Work _____ Work Phone _____

2. _____
(Parent Name) (Relationship) (Home #) (Cell #)

Place of Work _____ Work Phone _____

Parent or Parent(s) E-mail address _____

Other Legal Parent/Guardian _____
(Name) (Relationship) (Phone)

If requested, non-custodial parents have the right to receive information about student grades, attendance records and other school notices. If you wish to make arrangements at this time for the non-custodial parent to receive school mailings, please list name and address here. _____

Household Language: _____

Special Education Services? Yes/No (*please circle one*)

Who can we contact in case of an emergency if you are not available? (*Please secure person's consent*)

Name _____ Phone _____
(Relationship)

Name _____ Phone _____
(Relationship)

In case of an emergency, accident or illness, and in the event that persons listed above cannot be reached, the undersigned hereby gives consent to surgical or medical treatment deemed necessary for my child to be seen by any licensed physician or hospital. In addition, I give authority to school personnel to exercise necessary judgment in obtaining medical care. **Parent /Guardian X** _____

Child's Insurance Information _____
(Include Group Name, ID number, Group Number, and Subscriber)

Brothers and sisters in Goldendale Schools:

Names: _____ Age/Grade _____

Names: _____ Age/Grade _____

Names: _____ Age/Grade _____

CONTINUED ON BACK.....

Name _____
(Last)

(First)

(Middle)

Teacher _____

Grade _____

**GOLDENDALE PRIMARY SCHOOL
STUDENT EMERGENCY INFORMATION/HEALTH INFO UPDATE**

Student Name _____ Birth date _____ M / F Grade _____

Health Care Provider/Doctor _____ Phone _____ (please provide if student is not a GOLDENDALE FAMILY PRACTICE CLINIC patient)

Preferred Hospital _____ Phone _____ (student will be taken to KLICKITAT VALLEY HEALTH or closest facility in the event of an emergency)

Does your child have health insurance? Yes or No (please circle one)

Life-Threatening Health Conditions

WA state law requires a medication and/or treatment order from a licensed health professional if your child's health condition can put him/her in danger of death during the school day. Life threatening health conditions can include severe allergies, asthma, diabetes, seizures, or other significant health problems. **Those children must have orders in place before they can attend school. Contact the school if your child has or might have a life-threatening condition.**

Student Health Conditions _____

Current medications or treatments _____

Medications needed at school* _____

Is medication (inhaler) needed during sports activities?* _____

Medications needed for overnight school trips* _____

Allergies _____

Activity or Physical Education restriction _____

Other Notes / Accommodations needed _____

Any changes in health condition or treatment should be reported to the school immediately.

*WA state law requires new orders for medications at school every school year – for prescription and over-the-counter drugs. The orders must be signed by a licensed health care provider and the parent or guardian. Medications must be current (not expired), and in the original container. Forms are available at the school.

I understand that physician/HCP orders are needed for my student to use any medication at school, and that without needed paperwork in place my student may not be allowed to participate in sports or school activities.

If the parents/guardians or authorized persons listed cannot be reached, I authorize the Goldendale School District to contact emergency services for transport via ambulance, and give my permission for the provision of emergency medical care.

Parent/Guardian Signature _____ Date _____

GOLDENDALE SCHOOL DISTRICT
MILITARY STATUS SURVEY

According to RCW 28A.300.505(2)(b) school districts are required to report parent or guardian military status no later than the 2016-17 school year.

RCW 28A.300.505(2)(b)

School data systems—Standards—Reporting format.

(2)(b) Starting no later than the 2016-17 school year, data on students from military families. The K-12 data governance group established in RCW 28A.300.507 must develop best practice guidelines for the collection and regular updating of this data on students from military families.

Please check the appropriate box for parent/guardian information

Student Name: _____

Parent/Guardian Name: _____

Check	Code	Description
<input type="checkbox"/>	N	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
<input type="checkbox"/>	A	Parent/guardian is a current member of the active duty U.S. Armed Forces
<input type="checkbox"/>	R	Parent /guardian is a current member of the reserves of the U.S. Armed Forces
<input type="checkbox"/>	G	Parent/guardian is a current member of the Washington National Guard
<input type="checkbox"/>	M	More than one parent/guardian is a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard
<input type="checkbox"/>	Z	No response/refused to state

De acuerdo con RCW 28A.300.505(2)(b) se requiere que los distritos escolares reportar el padre o tutor estado militar a más tardar el año escolar 2016-17.

RCW 28A.300.505(2)(b)

Sistemas de datos de la escuela —Normas—Formato de notificación.

(2)(b) Empezarán a más tardar el año escolar 2016-17, los datos sobre los estudiantes de familias de militares. El grupo de gobierno de datos K-12 establecido en RCW 28A.300.507 debe desarrollar guías de buenas prácticas para la colección y actualización periódica de estos datos sobre los estudiantes de familias de militares.

Por favor marque la casilla apropiada para los padres / tutores información

Nombre del estudiante: _____

Nombre del Padre/Tutor: _____

Marque	Código	información
<input type="checkbox"/>	N	Ningún padre/tutor está sirviendo actualmente como miembro del servicio activo de las Fuerzas Armadas de Estados Unidos, las Reservas de las Fuerzas de Estados Unidos o la Guardia Nacional de Washington
<input type="checkbox"/>	A	Padre/tutor es un miembro actual del servicio activo de las Fuerzas Armadas de EE.UU.
<input type="checkbox"/>	R	Padre/tutor es un miembro actual de las reservas de las Fuerzas Armadas de EE.UU.
<input type="checkbox"/>	G	Padre/tutor es un miembro actual de la Guardia Nacional de Washington
<input type="checkbox"/>	M	Más de un padre/tutor es un miembro del servicio activo Armado EE.UU. Fuerzas, las Reservas de la Fuerzas de EE.UU. o la Guardia Nacional de Washington
<input type="checkbox"/>	Z	No respuesta/niiego a responder



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 _____		
<p>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.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>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.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ___ No ___ Don't Know ___</p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___ Yes ___ No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade) _____ Month Day Year</p>	

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

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.



STUDENT NAME _____



Ethnicity and Race Data Collection Form

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"/> | NÖOKSACK |
| <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"/> | YAKAMA |
| | | <input type="checkbox"/> | OTHER WASHINGTON INDIAN |
| | | <input type="checkbox"/> | OTHER AMERICAN INDIAN |



Chip Ferrell, Principal
Karla Hctor, Secretary
Liz Ihrig, Secretary

Goldendale Primary School

820 South Schuster
Goldendale, WA 98620

(509) 773-4665 Office

(509) 773-6602 Fax

REQUEST FOR STUDENT RECORDS

Date of request: _____

Name of Student

Date of Birth

Grade

I hereby give my permission for ALL EDUCATIONAL RECORDS (achievement, behavioral, special education, and immunization) of the above named child to be transmitted to the above school.

I understand my right to receive a copy of the records at my own expense, if requested, and to have an opportunity for a hearing to challenge the content of the records. The information transferred will be treated in confidence and will not be transmitted to a third party without my consent as provided for in the Family Educational Rights and Privacy Act of 1974, as amended June 17, 1976.

Signature of Parent or Legal Guardian

Records Requested From:

Name of School: _____

Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

Please fax us student's shot records (509-773-6602). Thank you!



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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

Office Use Only: Date: _____
 Reviewed by: _____
 Signed Cert. of Exemption on file? Yes No

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
- Required Only for Child Care/Preschool

Required Vaccines for School or Child Care Entry

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

Documentation of Disease Immunity
Healthcare provider use only

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:

- a verified history of Varicella (Chickenpox).
- 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 _____