

# **PORT ANGELES SCHOOL DISTRICT**

## **FALL 2022-2023**

### **KINDERGARTEN REGISTRATION PACKET**

*(Return packet to your neighborhood elementary school office to be considered registered – boundary map on our website at [www.portangelesschools.org](http://www.portangelesschools.org))*

#### **Required forms:**

- ☐ Blue Registration
- ☐ Race & Ethnicity
- ☐ Home Language Survey
- ☐ Health Inventory
- ☐ Copy of official Immunization record (CIS form) from doctor
- ☐ Copy of students' birth certificate

#### **Optional forms:**

- ☐ Special Education Questionnaire
- ☐ Title VI ED 506 Indian Student Eligibility Certification Form
- ☐ McKinney-Vento form (for families in a temporary living situation)
- ☐ Variance Form (if you are requesting your child attend a school other than your neighborhood school – variances are reviewed in August)
- ☐ Additional Health Forms (inquire at school office):
  - Authorization for Administration of Medication – No medication can be administered at school without signed doctor's orders and parent-supplied medications. This includes over the counter medication, eye drops, and allergy medication.
  - Health Care Plan – If your child has life-threatening conditions such as asthma, seizures, diabetes, allergies, heart conditions, etc.
  - Special Diet Order Form – If your child has a special diet need such as lactose intolerance, peanut/nut allergy, etc. This form must be signed by a doctor.



office use only Sch Yr: \_\_\_\_\_  
Date: \_\_\_\_\_ ID: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Previous School: \_\_\_\_\_

PLEASE PRINT LEGIBLY

## STUDENT REGISTRATION FORM

Updated: 02/22/2021

### STUDENT INFORMATION

Student's Legal Last Name:	Legal First Name:	Legal Middle Name:	Also known as:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Grade
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Birth Date: _____ Mo Day Year	What language did your child first learn to speak? <input type="checkbox"/> English <input type="checkbox"/> Other	Parent's first language:  Do you need an interpreter (e.g. for school meetings)? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you need official school materials to be translated? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If student <b>WAS</b> born in the US:  Birth City _____ State: _____	If student was <b>NOT</b> born in the US, date first entered: ____/____/____  Birth City _____ Country _____
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### If this student was born outside of the United States:

How many months did your student attend school **outside** of the United States? \_\_\_\_\_  
Has your student attended a public school (K-12) in the United States? Yes ☐ No ☐ If Yes, what date did your student first enroll in a public school (K-12) in the United States? \_\_\_\_\_ How many months has your student attended public school (K-12) before coming to PASD? \_\_\_\_\_ (one school year is equal to 10 months)

### PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)

Student lives with: (circle) Both Parents Mother Father Father/Stepmother Mother/Stepfather  
Foster Parents Legal Guardian Grandparent(s) Alternates Parents Emancipated Minor  
Other (specify relationship) \_\_\_\_\_

**Student's Physical Residence:** Street: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Complex: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Students Mailing Address (if different):** Street/PO Box#: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### HOUSEHOLD 1 – GUARDIAN 1

Parent/guardian living with Student: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone ☐ Confidential? Work Phone Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone/Other Phone

Current Member of Active Duty U.S. Armed Forces?	Yes _____ No _____
Current Member of the Reserves?	Yes _____ No _____
Current Member of the Washington National Guard?	Yes _____ No _____

### HOUSEHOLD 1 – GUARDIAN 2

Parent/guardian living with Student: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone

Current Member of Active Duty U.S. Armed Forces?	Yes _____ No _____
Current Member of the Reserves?	Yes _____ No _____
Current Member of the Washington National Guard?	Yes _____ No _____

Is this a temporary living situation? ☐ Yes ☐ No  
If yes, please indicate below where the student is living:

☐ In a shelter ☐ In a car ☐ In a motel/hotel ☐ With more than one family in a house or apt. ☐ With friends or a relative  
☐ Other (please specify): \_\_\_\_\_ **YOU MAY BE ELIGIBLE FOR SUPPORT FROM THE DISTRICT**

SIBLING INFORMATION - PLEASE LIST THE STUDENT'S BROTHERS AND/OR SISTERS					
Last Name	First Name	DOB	Sex	Live at Home	School Currently Attending
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### PREVIOUS SCHOOL INFORMATION

Last School Attended: \_\_\_\_\_ School District: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ to \_\_\_\_\_ Grade level(s): \_\_\_\_\_

Previously enrolled in an early learning program? ☐ Yes ☐ No ☐ If yes, check all that apply:

☐ PASD Preschool ☐ Other Preschool ☐ Childcare ☐ Playgroup ☐ Early Headstart ☐ Headstart ☐ Friends/Neighbors

Other schools attended (list most recent first)

School	City	State	From Date	To Date	Grade Levels

**School Experience Data:** Has this student: (please circle)

	Yes	No	If yes, school:	Year:
Previously attended Port Angeles School District?				
Been enrolled in any special education program (served with an IEP?)				
Had a 504 Plan?				
Had an Individual Health Care Plan?				
Been enrolled in ESL programs?				
Been enrolled in a Gifted/Talented/Highly Capable Program?				
~ Been tested/identified as a Gifted/Talented/Highly Capable Student?				
Ever been retained?				
Ever been suspended or expelled for disciplinary reasons?				
Had a history of violent or criminal behavior?				
Had any history of weapons possession?				
Been convicted of a felony?			If yes, type:	

### BUSING INFORMATION

Will Student ride the bus? Yes ☐ No ☐ AM Route #: \_\_\_\_\_ PM Route #: \_\_\_\_\_ Comments: \_\_\_\_\_

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

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





905 West 9th Street  
Port Angeles, Washington 98363  
v 360-457-8575 f 360-457-0795  
www.portangelesschools.org

Dear PASD Parents and Guardians,

All public schools and districts in Washington State are required to collect student race and ethnicity data and report findings to OSPI. Accurately identifying groups of students currently underserved by the education system is the first step in creating positive changes at the local, state, and national level. Student data improves teaching and learning, identifies struggling students who need additional help, monitors student/district/school progress, and informs educational policies.

Washington State, by collecting more detailed student race and ethnicity data, will promote racial equity, create systemic change, advocate for racial and ethnic underserved populations and better serve all communities in Washington.

We need the race and ethnicity form completed for each student and signed by the parent/guardian. These forms should be returned to your child's school. It should be noted that you are not required by law to identify the race or ethnicity of your child on school forms. However, if you choose not to identify the race and ethnicity of your child, school staff will choose for you. This is called "observer identification". We will only use this as a last resort. We prefer if parents fill this form out instead because it is more accurate.

With kind regards,

Michelle Olsen  
Assistant Superintendent, Port Angeles School District

### Race & Ethnicity Student Survey Form

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Part 1: Is your child of Hispanic or Latino origin? Yes \_\_\_ No \_\_\_ If yes, please check all that apply.

<input type="checkbox"/>	H00	Hispanic	<input type="checkbox"/>	H15	Jamaican
<input type="checkbox"/>	H01	Not Hispanic/Latino	<input type="checkbox"/>	H16	Mexican
<input type="checkbox"/>	H02	Argentine	<input type="checkbox"/>	H17	Mestizo
<input type="checkbox"/>	H03	Bolivian	<input type="checkbox"/>	H18	Native
<input type="checkbox"/>	H04	Brazilian	<input type="checkbox"/>	H19	Nicaraguan
<input type="checkbox"/>	H05	Chicano (Mexican American)	<input type="checkbox"/>	H20	Panamanian
<input type="checkbox"/>	H06	Chilean	<input type="checkbox"/>	H21	Paraguayan
<input type="checkbox"/>	H07	Colombian	<input type="checkbox"/>	H22	Peruvian
<input type="checkbox"/>	H08	Costa Rican	<input type="checkbox"/>	H23	Puerto Rican
<input type="checkbox"/>	H09	Cuban	<input type="checkbox"/>	H24	Salvadoran
<input type="checkbox"/>	H10	Dominican	<input type="checkbox"/>	H25	Spaniard
<input type="checkbox"/>	H11	Ecuadorian	<input type="checkbox"/>	H26	Surinamese
<input type="checkbox"/>	H12	Guatemalan	<input type="checkbox"/>	H27	Uruguayan
<input type="checkbox"/>	H13	Guyanese	<input type="checkbox"/>	H28	Venezuelan
<input type="checkbox"/>	H14	Honduran	<input type="checkbox"/>	H29	Hispanic/Latino Write in:

**Part 2: What race(s) do you consider your child? Please check all that apply.**

A00	<b>Asian</b>
A01	Asian Indian
A02	Bangladeshi
A03	Bhutanese
A04	Burmese/Myanmar
A05	Cambodian/Khmer
A06	Cham
A07	Chinese
A08	Filipino
A09	Hmong
A10	Indonesian
A11	Japanese
A12	Korean
A13	Lao
A14	Malaysian
A15	Mien
A16	Mongolian
A17	Nepali
A18	Okinawan
A19	Pakistani
A20	Punjabi
A21	Singaporean
A22	Sri Lankan
A23	Taiwanese
A24	Thai
A25	Tibetan
A26	Vietnamese
A27	<i>Asian Write in:</i>
B00	<b>Black/ African-American</b>
B01	African American
B02	African Canadian
B03	Anguillian
B04	Antiguan
B05	Bahamian
B06	Barbadian
B07	Barthélemois/Barthélemoises (Saint Barthélemy)
B08	British Virgin Islander
B09	Caymanian (Cayman Island)
B10	Cuba Dominican
B11	Dominican (Dominican Republic)
B12	Dutch Antillean (Netherlands Antilles)
B13	Grenadian
B14	Guadeloupian
B15	Haitian
B16	Jamaican
B17	Martiniquais/Martiniquaise
B18	Montserratian
B19	Puerto Rican
B20	<i>Caribbean Write in:</i>
B21	Angolan
B22	Cameroonian
B23	Central African (Central African Republic)
B24	Chadian
B25	Congolese (Republic of the Congo)
B26	Congolese (Democratic Republic of the Congo)
B27	Equatorial Guinean
B28	Gabonese
B29	São Toméan
B30	Principe
B31	<i>Central African Write in:</i>
B32	Burundian
B33	Comoran
B34	Djiboutian
B35	Eritrean
B36	Ethiopian
B37	Kenyan
B38	Malagasy (Madagascar)
B39	Malawian
B40	Mauritian (Mauritius)
B41	Mahoran (Mayotte)
B42	Mozambican
B43	Reunionese
B44	Rwandan
B45	Seychellois/Seychelloise
B46	Somali
B47	South Sudanese
B48	Sudanese
B49	Ugandan
B50	Tanzanian (United Republic of Tanzania)
B51	Zambian
B52	Zimbabwean
B53	<i>East African Write in:</i>
B54	Argentine
B55	Belizean
B56	Bolivian
B57	Brazilian
B58	Chilean
B59	Colombian
B60	Costa Rican
B61	Ecuadorian
B62	El Salvadoran
B63	Falkland Islander
B64	French Guianese
B65	Guatemalan
B66	Guyanese
B67	Honduran
B68	Mexican
B69	Nicaraguan
B70	Panamanian
B71	Paraguayan
B72	Peruvian
B73	South Georgia and the South Sandwich Islands
B74	Surinamese
B75	Uruguayan
B76	Venezuelan
B77	<i>Latin American Write in:</i>
B78	Botswanan
B79	Mosotho (Lesotho)
B80	Namibian
B81	South African
B82	Swazi
B83	<i>South African Write in:</i>
B84	Beninese
B85	Bissau-Guinean
B86	Burkinabé (Burkina Faso)
B87	Cabo Verdean
B88	Ivorian (Cote d'Ivoire)
B89	Gambian
B90	Ghanaian
B91	Liberian
B92	Malian
B93	Mauritanian
B94	Nigerien (Niger)
B95	Nigerian (Nigeria)

**Part 2 (continued): What race(s) do you consider your child? Please check all that apply.**

B96	Saint Helenian
B97	Senegalese
B98	Sierra Leonean
B99	Togolese
C01	West African Write in:
C02	Black Write in:
N00	<b>American Indian/Alaskan Native</b>
N01	Chinook Tribe
N02	Confederated Tribes/ Bands of the Yakama Nation
N03	Confederated Tribes of the Chehalis Reservation
N04	Confederated Tribes of the Colville Reservation
N05	Cowlitz Indian Tribe
N06	Duwamish Tribe
N07	Hoh Indian Tribe
N08	Jamestown S'Klallam Tribe
N09	Kalispel Indian Community/Kalispel Reservation
N10	Kikiallus Indian Nation
N11	Lower Elwha Tribal Community
N12	Lummi Tribe of the Lummi Reservation
N13	Makah Indian Tribe of the Makah Indian Reservation
N14	Marietta Band of Nooksack Tribe
N15	Muckleshoot Indian Tribe
N16	Nisqually Indian Tribe
N17	Nooksack Indian Tribe of Washington
N18	Port Gamble S'Klallam Tribe
N19	Puyallup Tribe of Puyallup Reservation
N20	Quileute Tribe of the Quileute Reservation
N21	Quinault Indian Nation
N22	Samish Indian Nation
N23	Sauk-Suiattle Indian Tribe of Washington
N24	Shoalwater Bay Indian Tribe/Shoalwater Bay Reservation
N25	Skokomish Indian Tribe
N26	Snohomish Tribe
N27	Snoqualmie Indian Tribe
N28	Snoqualmoo Tribe
N29	Spokane Tribe of the Spokane Reservation
N30	Squaxin Island Tribe/ Squaxin Island Reservation
N31	Steilacoom Tribe
N32	Stillaguamish Tribe of Indians of Washington
N33	Suquamish Indian Tribe/Port Madison Reservation
N34	Swinomish Indian Tribal Community
N35	Tulalip Tribes of Washington
N36	Alaska Native Write in:
N37	American Indian Write in:
P00	<b>Native Hawaiian/Other Pacific Islander</b>
P01	Carolinian
P02	Chamorro
P03	Chuukese
P04	Fijian
P05	i-Kiribati/Gilbertese
P06	Kosraean
P07	Maori
P08	Marshallese
P09	Native Hawaiian
P10	Ni-Vanuatu
P11	Palauan
P12	Papuan
P13	Pohpeian
P14	Samoan
P15	Solomon Islander
P16	Tahitian
P17	Tokelauan
P18	Tongan
P19	Tuvaluan
P20	Yapese
P21	Pacific Islander Write in:
W00	<b>White</b>
W01	Bosnian
W02	Herzegovinian
W03	Polish
W04	Romanian
W05	Russian
W06	Ukrainian
W07	Eastern European Write in:
W08	Algerian
W09	Amazigh or Berber
W10	Arab or Arabic
W11	Assyrian
W12	Bahraini
W13	Bedouin
W14	Chaldean
W15	Copt
W16	Druze
W17	Egyptian
W18	Emirati
W19	Iranian
W20	Iraqi
W21	Israeli
W22	Jordanian
W23	Kurdish Kuwaiti
W24	Lebanese
W25	Libyan
W26	Moroccan
W27	Omani
W28	Palestinian
W29	Qatari
W30	Saudi Arabian
W31	Syrian
W32	Tunisian
W33	Yemeni
W34	Middle Eastern Write in:
W35	North African Write in:
W36	White Write In:

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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

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

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<b>Right to Translation and Interpretation Services</b> 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? _____		
<b>Eligibility for Language Development Support</b> 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___		
<b>Prior Education</b> Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <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 <sup>th</sup> 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 <sup>th</sup> 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.



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Board of Directors • Cindy Kelly • Sandy Long • Katie Marks • Sarah Methner • Jacob Wright

### STUDENT HEALTH INVENTORY FORM

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Name (Last, First and Middle): \_\_\_\_\_ DOB: \_\_\_\_\_ M/F \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Last Physical Date: \_\_\_\_\_

Daily medications at home? Yes/No Name of medication(s): \_\_\_\_\_

Reason for medication(s): \_\_\_\_\_ (If student requires medication at school, please obtain the appropriate form in the school office)

Immunization Status (please circle): Up to date Exemption OR In progress

(Please submit a copy of immunization records verified by medical provider. MMR can only be medical or religious exemption)

List any serious illnesses or injuries: \_\_\_\_\_

Wears Any Medical Device? \_\_\_\_\_

Special Education or Services? \_\_\_\_\_ Does your child see a Behavioral Specialist? Yes/No

Name of Behavioral Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL HISTORY:

(Please check if your child has any of the followings and provide details below)

ALLERGIES	LIFE THREATNING MEDICAL CONDITIONS	MENTAL/ BEHAVIORAL ISSUES	CHRONIC CONDITIONS
<input type="checkbox"/> Peanut/Nuts	<input type="checkbox"/> Allergies	<input type="checkbox"/> ADD	<input type="checkbox"/> Headaches
<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Asthma	<input type="checkbox"/> ADHD	<input type="checkbox"/> Vision Issues
<input type="checkbox"/> Dairy	<input type="checkbox"/> Seizures	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Issues
<input type="checkbox"/> Dust	<input type="checkbox"/> Heart Issues	<input type="checkbox"/> Autism	<input type="checkbox"/> Bladder Issues
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Bowel Issue
<input type="checkbox"/> Food	<input type="checkbox"/> Other (List)	<input type="checkbox"/> Other (List)	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Other (List)			<input type="checkbox"/> Other (List)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you selected any of the above please provide details below:

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT** I understand that the information given about my child will be shared with appropriate school staff to provide for the health and safety of my child. If either I, or an authorized emergency contact person, cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

This form to remain valid for successive years-unless there is an update/change in condition and it is provided to the school in written format.

Signature of Legal Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



# INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State  
**SCHOOL YEAR 2022-2023**

## VACCINES REQUIRED FOR SCHOOL, GRADES Preschool-12

<b>Vaccines Required for School: Preschool -12th</b> August 1, 2022 to July 31, 2023							
	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (Haemophilus influenzae type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
<b>Preschool</b> Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose***
<b>Preschool/Kindergarten</b> (including Transitional Kindergarten) Age =4* years on 09/01/2022	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) [Not required at age ≥5 years]	2 doses	4 doses** [Not required at age ≥5 years]	4 doses**	2 doses***
<b>Kindergarten through 6th</b> Age ≥5 years on 09/01/2022	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***
<b>7th through 9th</b>	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***
<b>10th through 12th</b>	5 doses DTaP** Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***

\*Consistent with ACIP CDC Immunization Schedule. \*\*Vaccine doses may be acceptable with fewer than listed depending on when they were given. \*\*\*Health care provider verification of history of chickenpox disease is also acceptable. See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.  
Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: [www.immunize.org/cdc/schedules](http://www.immunize.org/cdc/schedules).  
Review the Individual Vaccine Requirements Summary for more detailed information, located on our web page: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

DOH 348-051 Dec 2021

Students entering school must get the required doses listed in this chart to be in compliance with the immunization requirements. School-aged children (Preschool-12) in before and after-school programs must meet the immunization requirements for their grade in school. The requirements follow the national Advisory Committee on Immunization Practices (ACIP) Immunization Schedule with requirements specified by grade level.

To find the doses required, look at the row that includes the student's grade and the column for the required vaccine. For example, a student entering Kindergarten needs 2 doses of MMR vaccine. The requirements and rules vary depending on the student's grade.

Children in Preschool <4 years of age on 09/01 who turn 4 during the school year do not need to meet the requirements for Preschool/Kindergarten age ≥4 years until the following school year.

PORT ANGELES SCHOOL DISTRICT  
Special Services Questionnaire

Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Previous school \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Please describe the special services that your child was receiving at his/her previous school: \_\_\_\_\_  
\_\_\_\_\_

Agencies or individuals that have information relevant to your child's special education program: \_\_\_\_\_  
\_\_\_\_\_

Check any of the following that may apply:

- |  |                                    |
|--|------------------------------------|
| ____ Individualized Education Plan (IEP) | ____ Gifted/Talented program       |
| ____ Behavior Disorder (BD)              | ____ Emotional Disorders (ED)      |
| ____ Counseling                          | ____ Speech therapy                |
| ____ English as a second language (ESL)  | ____ 504 Plan accommodations       |
| ____ Hearing impaired                    | ____ Self-contained/resource room  |
| ____ Learning disabled (LD)              | ____ Physical/Occupational therapy |

When a student with special education history transfers into PASD from out of district the school psychologist will be notified immediately. The school psychologist will coordinate with the principal, counselor, teacher and parents a proper program for the student. The school psychologist becomes case manager for the special education portion of their educational program until this responsibility is transferred to the IEP case manager, which is normally the special education teacher.

Reviewing special education records are very important with a new transfer student and the school psychologist can also be of assistance in obtaining special education records. If records are available at the time, the school psychologist can review them and provide the school staff with pertinent information in regard to placement and program decisions. If no records are available, a release of confidential information and/or a documented phone call to the previous school district can be made. Temporary program placement can usually be made by obtaining verbal information for parents following a phone call to the previous district. Ideally, a signed temporary IEP should be put in place during this evaluative placement.

A documented current assessment review needs to be in place before the IEP committee meets and signs a current IEP.



905 West 9th Street  
Port Angeles, Washington 98363  
v 360-457-8575 f 360-457-0795  
www.portangelesschools.org

## 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. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

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

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- |  |   |
|--|---|
| <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.) |   |

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_  
☐ Student is unaccompanied (not living with a parent or legal guardian)  
☐ Student is living with a parent or legal guardian

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)

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

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

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

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

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

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

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

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

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

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

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

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

**Attestation Statement**

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

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_