

Lake Washington School District

Consent for Release and/or Exchange of Information



Kirkland Middle School
430 18th Avenue, Kirkland, Washington 98033
ATTN: Evie Lasseter- Registrar

Phone: (425) 936-2423 | Fax: (425) 889-1589 | elasseter@lwsd.org

Date of Request: _____

For the following student:

Full Name: _____

Birthdate: _____

Entering Grade: _____ **School Year:** _____

Requesting records for above student from:

School: _____

Address: _____

City and State: _____

Phone: _____ **Fax/Email:** _____

Please mail or email the following information to **Kirkland Middle School, Attention: Registrar** (see address above):

- ☐ Transcript of Grades/ Report Cards/ Progress Reports
- ☐ Discipline Records
- ☐ State Test Scores
- ☐ Attendance Records
- ☐ Health/Immunization Records
- ☐ IEP/504/Social and Psychiatric Information and/or Psychological Testing
- ☐ Other: _____

Individual Making Request

Date

Family Education Rights and Privacy Act (FERPA): Request to Prevent Disclosure of Directory Information

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. Your student's educational records are private. Schools may release them only to the student's parents/guardians.

However, FERPA allows school districts to release students' "directory information" to anyone. FERPA defines "directory information" as information in a student's education record that generally would not be considered harmful or invasive to privacy if disclosed. Parents have the option to ask the school district to keep that information private.

Lake Washington School District defines student directory information as:

- full name
- address
- email addresses (parent and school-assigned)
- phone number
- photograph/image
- schools attended
- grade level
- parent/guardian names
- participation in school activities and sports
- weight and height of members of athletic teams
- dates of school attendance
- enrollment status
- diplomas and awards received
- date and place of birth

Under FERPA, if you do NOT want Lake Washington School District to release this directory information about your student, **you must notify us by September 17 each year.** Instructions for how to opt out of the release of directory information are listed below. *Note: You can complete the process at any time, but in order to ensure your information will not be released, we request that you complete it prior to September 17.*

To make a request to withhold your child's directory information from release, you must complete one of the following processes:

- 1) Complete the request as part of the Online Student Information Verification process. (See instructions on reverse.)
- 2) Complete an online request through Skyward Family Access – after Online Student Information Verification process ends. (See instructions on reverse.)
- 3) Write a letter to your school's principal letting them know that you would like to opt out of the release of Directory Information under FERPA.

What happens if you complete and turn in the FERPA opt-out letter or opt-out through the online student information verification process? Lake Washington School District and its schools will **not** release your students' directory information in any way that could reach beyond the schoolhouse or to any outside organization. For example, your student will **not** be included in the school yearbook. They would not be mentioned in school or PTSA newsletters, or school/PTSA directories. No photos or videos of your student would be posted on district websites or social media. Your student would not be included in event programs. They would not be included in award listings in local media or school newspapers. The district will **not** provide your student's identity to others. It will not confirm enrollment in its schools.

Please note: District employees will exercise their best judgment when releasing directory information. They will seek parent/guardian permission for situations outside of the typical school-related activities or news. Also, the district cannot control the release of certain directory information such as photographs or names when students participate in school events open to the public.

For more information about your rights under FERPA: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

There are three options for submitting a request to withhold directory information:

1. Complete the Directory Information Withhold portion of the Online Student Information Verification Process

- Visit the LWSD website (www.lwsd.org), then click on “Students and Families” at the top left corner. Select “For Students and Families” from the drop-down menu.
- Click “Skyward Student Access/Family Access” link on the left side of the page.
- Click “Go to Online Student Information Verification for (Student Name)”.
 - Or, click on the “Online Student Information Verification” button, then click on your student’s name.
- Go to the section titled “Verify Student Information.”
 - Under “Student Information,” you will find the “Allow Publication of Student’s Information for:” section at the bottom of the page. You can select “Yes” or “No” to any of the following options:
 - **Military:** If you select “No,” LWSD will not release student information to military recruiters (grades 9-12).
 - **Higher Ed:** If you select “No,” LWSD will not release student information to institutions of higher education (grades 9-12).
 - **Public:** If you select “No,” student information will not be shared with any person, entity or organization outside of the school district and its partner organizations such as the PTSA, Lake Washington Schools Foundation (LWSF), and school recognized booster clubs. Your child’s information will NOT: appear in news releases, be announced at graduation, or posted on school or district websites.
 - **District:** If you select “No,” student information will not be used in any communication within the school district and its partner organizations such as the PTSA, Lake Washington Schools Foundation (LWSF), and recognized school booster clubs. Your child’s information will NOT: be published in student/PTSA directories, yearbooks, or posted on internal school websites open only to classmates.

2. Complete an online request through Skyward Family Access -- after Online Student Information Verification Process ends

- Visit the LWSD website (www.lwsd.org), then click on “Students and Families” at the top left corner. Select “For Students and Families” from the drop-down menu.
- Click “Skyward Student Access/Family Access” link on the left side of the page.
- Select the Student Information tab on the left side of the page.
- Click on “Request Changes for (Student Name)” on the top right side of the page.
- Make your changes to the Directory Information Withhold options at the bottom of the page:
 - You can select “Yes” or “No” to any of the following options:
 - **Military:** If you select “No,” LWSD will not release student information to military recruiters (grades 9-12).
 - **Higher Ed:** If you select “No,” LWSD will not release student information to institutions of higher education (grades 9-12).
 - **Public:** If you select “No,” student information will not be shared with any person, entity or organization outside of the school district and its partner organizations such as the PTSA, Lake Washington Schools Foundation (LWSF), and school recognized booster clubs. Your child’s information will NOT: appear in news releases, be announced at graduation, or posted on school or district websites.
 - **District:** If you select “No,” student information will not be used in any communication within the school district and its partner organizations such as the PTSA, Lake Washington Schools Foundation (LWSF), and recognized school booster clubs. Your child’s information will NOT: be published in student/PTSA directories, yearbooks, or posted on internal school websites open only to classmates.

3. Write a letter to your school principal explaining your request to withhold directory information.

Emergency Notification - Secondary

Student Name: _____		Grade Level _____
_____ Last	_____ First	_____ Middle
Birthdate (MM/DD/YYYY)	Gender (M/F)	Teacher (Advisor/Counselor):

Primary Household Information – Resident Address – where student resides

Street _____		Apt # _____
City _____	State _____	Zip _____ Housing Development (if applicable) _____
Mailing Address (if different from above)		
Street _____		PO Box _____ Apt # _____
City _____	State _____	Zip _____
Primary Phone: (_____) _____ <input type="checkbox"/> Check if unlisted <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other		
Parent/Guardian #1 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone 2: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
Parent/Guardian #2 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone 2: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
* <input type="checkbox"/> I grant LWSD permission to use the SchoolMessenger auto-dialer system to contact me on all of the cell phones listed in the Primary Household Information section of this form. (Please note: LWSD will use SchoolMessenger to contact you with emergency messages, even if you do not check this box.)		

Second Household Information (if a parent lives at an address different from primary)

Street _____		Apt # _____
City _____	State _____	Zip _____ Housing Development (if applicable) _____
Mailing Address (if different from above)		
Street _____		PO Box _____ Apt # _____
City _____	State _____	Zip _____
Primary Phone: (_____) _____ <input type="checkbox"/> Check if unlisted <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other		
Parent/Guardian #3 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone 2: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
Parent/Guardian #4 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone 2: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
**Please note: The Second Household will use an online process through Parent Access to confirm permission to call cell phones using the SchoolMessenger auto-dialer system.		

Emergency Contacts

When injury or illness involving your child occurs, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) you trust who are available during the day to provide care for your child. We suggest at least one local contact and one out of state contact. Please be sure to list anyone who may need to pick your child up from school (i.e., carpool drivers).

1. Name:	Relationship:	Phone: (_____)_____
2. Name:	Relationship:	Phone: (_____)_____
3. Name:	Relationship:	Phone: (_____)_____
Student Release Authorization: In the event the school is unable to contact the parent/guardian, I authorize the school to release my student to the person(s) listed above.		
For grades 6-8, in the event of an unanticipated dismissal of school we will attempt to contact parents/guardians. If we are unable to reach you, please indicate if your student has permission to: <input type="checkbox"/> bus home (if buses run early) <input type="checkbox"/> walk home		

Siblings in District

Name:	School:
Name:	School:
Name:	School:

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Lake Washington School District.

Legal Parent/Guardian Signature _____ **Date** _____

Please notify your student's school if any of the information on this form changes during the school year.



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: _____		Birthdate: _____	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 is the primary language used in the home, regardless of the language spoken by your child? _____ (Language Field) 3. What language did your child learn first? _____ (Native Language Field) 4. What language does your child use the most at home? _____ (Home Language Field) 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 #3 OR question #4 triggers English language proficiency placement testing. Responses to questions #1 or #2 of a language other than English could prompt further conversation with the family to ensure that #3 and #4 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by:

Date:

Signed Cert. of Exemption on file? ☐ Yes ☐ 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.



Parent/Guardian Signature Required

Date

I certify that the information provided on this form is correct and verifiable.



Parent/Guardian Signature Required

Date

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

Date
MM/DD/YY

Date
MM/DD/YY

Date
MM/DD/YY

Date
MM/DD/YY

Date
MM/DD/YY

Date
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

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.**

☐ Diphtheria

☐ Mumps

☐ Other: _____

☐ Hepatitis A

☐ Polio

☐ Hepatitis B

☐ Rubella

☐ Hib

☐ Tetanus

☐ Measles

☐ Varicella

Licensed healthcare provider signature
(MD, DO, ND, PA, ARNP)

Date

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 statewide 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	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
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	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

Student Registration Form

School _____ Today's Date _____

Student Information

Legal Last Name	Legal First Name	Legal Middle Name	Also known as	
Birthdate (M/D/Y)	Gender	Birthplace: City	State	Country
Grade Level				

Has your child ever been in programs such as:

<input type="checkbox"/> Highly Capable	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Special Education	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Other _____
<input type="checkbox"/> 504 Accommodation	<input type="checkbox"/> Speech/Language	

Is the student's parent/guardian currently in the military? If Yes:

<input type="checkbox"/> No	<input type="checkbox"/> Armed Forces, Active Duty
<input type="checkbox"/> Yes:	<input type="checkbox"/> Armed Forces, Reserves
Number of parents/guardians currently in the military: _____	<input type="checkbox"/> Washington National Guard

Ethnic Code: The district is required to report the following information to the state.
(Categories are determined by the state and federal government).

Question 1: Is your child of Hispanic or Latino origin? (Check all that apply)

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

Question 2: What race do you consider your child? (Check all that apply)

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

Previous School Information

Number of previous schools attended: _____	Last school student attended (include year, grade and address of former school): _____
Has your child ever enrolled in a school or schools in Washington state?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school(s) and year(s) attended? _____	
Has your child ever attended Lake Washington School District (including Headstart, Readystart or Pre-school)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school and year(s) attended? _____	

For Office
Use Only

School Entry Date	Advisor Name	Student ID #	B/D Verified (initial)
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Primary Household Information – Resident Address – where student resides

Street _____ Apt # _____				For Office Use Only
City _____	State _____	Zip _____	Housing Development (if applicable) _____	
Address Verified (initial) _____				
Mailing Address (if different from above)				
Street _____		PO Box _____		Apt # _____
City _____	State _____	Zip _____		
Primary Phone: (_____)_____ <input type="checkbox"/> Check if unlisted <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other				
Parent/Guardian #1 Last Name _____ First Name _____ Employer _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____ Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____		
Parent/Guardian #2 Last Name _____ First Name _____ Employer _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____ Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____		

Second Household Mailing Information

Street _____ Apt # _____			
City _____	State _____	Zip _____	Housing Development (if applicable) _____
Mailing Address (if different from above)			
Street _____		PO Box _____ Apt # _____	
City _____	State _____	Zip _____	
Primary Phone: (_____)_____ <input type="checkbox"/> Check if unlisted <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other			
Parent/Guardian #3 Last Name _____ First Name _____ Employer _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____ Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____	
Parent/Guardian #4 Last Name _____ First Name _____ Employer _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____ Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____	

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Lake Washington School District.

Legal Parent/Guardian Signature _____ **Date** _____

Nurse Alert Form

Information on this form will be completed for each new school year. Please return this form as soon as possible. In order to provide a safe and healthy environment for your child, this information will be reviewed by the school nurse and shared with staff.

Student Name _____ Birth date _____

School _____
Last First Middle Teacher _____

Serious Health Conditions (check box 1 or 2 below)

*If your child has a serious health condition, it is vital that you discuss this with your school nurse **immediately**. Washington state law (RCW 28A.210.320) requires that medication, treatment orders and an individual health plan be in place prior to the start of school. Contact your school nurse through the school office in order to develop a health plan for your child.*

☐ **1. My child does not have any health conditions that will affect them at school.**

If this box is checked, no further information. Please sign/date at bottom and return to school.

☐ **2. My child has the following serious health condition – Check boxes below:**

☐ **Asthma:**

Requires an inhaler? ☐ Yes ☐ No

☐ **Cardiac diagnosis:** _____

Restrictions: _____

☐ **Diabetes** (Date of diagnosis: _____)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Insulin pump | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Insulin via pen | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Insulin via syringe | |

☐ **Life Threatening Allergy:**

Requires an Epipen or Auvi-Q injector? ☐ Yes ☐ No

Allergens: _____

☐ **Seizure Disorder:** Type - _____

Medication: _____

☐ **Other health condition:** _____

Medications (prescription, supplements, and over-the-counter)

All medications at school require an **Authorization for Administration of Medication** form available at www.lwsd.org or at the school office.

Medication to be given at school: _____ Medication taken at home: _____

Emergency Preparedness for Medical/Dietary Conditions

We request that parents/guardians of students with serious medical/dietary conditions provide medication and/or appropriate food to be kept at school in case there is an emergency that would detain them at school. A three-day supply is requested.

Emergency Contact Information

Parent/guardian name _____ Primary phone _____

Email address _____ Secondary phone _____

Health care provider _____ Phone number _____

Parent signature _____ Date _____

Residency Verification Form

Washington law generally requires schools to be open to the admission of all persons between the ages of 5 and 21 residing in that school district. (RCW 28A.225.160). Lake Washington School District (LWSD) is required to take appropriate steps to ensure that students attending our schools satisfy applicable laws. This Residency Verification Form must be completed, signed and submitted with appropriate documentation demonstrating compliance with Washington's residency laws. **Please complete one form for each student.**

Student Name _____ Birth date _____
Last First Middle

School _____ Grade (Effective Year) _____

Parent/guardian _____

Address _____
Number Street Unit # City ZIP code

Primary phone _____ Secondary phone _____

DOCUMENTS: Two need to be presented for residency verification. (Please bring original documents.)

Please refer to the **Residency Verification Checklist** for required documents. (Below to be completed by the registrar.)

1. _____
2. _____

ACKNOWLEDGEMENT (To be completed by parent/guardian.)

I acknowledge and agree to the following (initial each statement below):

- My student (listed above) resides with me **at least four nights per week** at the address listed above, which is my primary residence. _____
Initial
- I agree to notify the district/school within **five school days** when I change my residence or that of my student to a new address, either within or outside the district. _____
Initial
- I understand that the district will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, which may include the use of private investigators to verify residency status. Verification may include home visits. _____
Initial
- I understand that investigations that reveal students have enrolled on the basis of providing false information will be cause for revocation of the student's school assignment and disenrollment from the district. _____
Initial

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.

I certify the foregoing information to be true and correct, and that any and all copies of documents submitted to verify my residency are original documents. Evidence that false information was provided will be cause for immediate revocation of the student's school assignment and withdrawal from the district.

Parent/guardian signature _____ Date _____

ESTABLISHING AND VERIFYING RESIDENCY AND RESIDENCY VERIFICATION CHECKLIST

State law requires that a student reside within the district boundaries and be able to prove residency or have been approved for an Interdistrict transfer to enroll in school. In order to establish or reestablish residency in the Lake Washington School District you will need to complete the steps below.

- 1. Establish Residency.** If you live within the Lake Washington School District, before your student may be enrolled, you must establish residency within the attendance boundaries of your neighborhood school. Residency is defined as the physical location of the student's principal abode e.g., the home, house, apartment, etc. where the student spends the majority of their time. This is generally defined as where the student spends the night a minimum of four nights out of the week. Owning or renting a house or an apartment in the district does not establish residency – the student and parent or guardian must physically live within the district. The following locations do not constitute places of residence: secondary homes or other property (whether rented, leased or owned); places of business apart from primary residences; or addresses designated only for receipt of mail. There is no provision for families who live outside of the Lake Washington School District to claim residency in the District because they have made arrangements for their child to live with another family member or friend who lives in the District. Parents/guardians must supply documentation to their neighborhood school prior to or at the time of enrollment.

Exceptions

- Students who live in a foster home, officially established group home to which they have been legally assigned, residential treatment center, or juvenile detention, are considered to be residents of the attendance area in which the foster home, group home, or other such facility is located.
 - Students under the joint custody of separated or divorced parent(s) or guardian(s) are considered to be residents of the attendance area in which the student actually resides with a parent or guardian, subject to residence verification and the provisions of a parenting plan or divorce decree if applicable.
 - Students 18 years of age or older not living under the care and custody of parent/guardian, or legally emancipated minor students, are considered to be residents of the attendance area in which they reside, subject to comparable address verification required of parent(s) or guardian(s) for non-emancipated minor students.
 - Students who are homeless are assigned pursuant to the requirements of federal law.
- 2. Verify Residency.** During the Enrollment Process, you will be required to carefully read, agree to, and sign a Residency Verification Form. Misrepresentation of residency information or failure to follow through with the statements on the Residency Verification Form will result in your student's withdrawal from the district.
 - 3. Enrollment.** Once you have established your student's residency and have agreed to the terms on the Residency Verification form, enrollment may proceed.

Residency Verification Checklist

To verify residency, you must provide **two** of the items listed below; each bullet counts as one item. **All addresses on the documents must include the parent/guardian's name and match the address of your residence.**

Please bring original documents.

- **Government Mail**
 - Examples include: car registration; Good to Go! bill or letter; letter from Social Security, immigration, unemployment, DMV; USPS Change of Address form; election ballot.
 - Correspondence from Lake Washington School District does not qualify as government correspondence.
- **Mortgage Statement or Homeowner's Insurance Policy Declaration or Property Tax Statement.**
- **Unexpired Lease/Rental Agreement.** Must be signed by both parties and include the contact information for the lessor/landlord.
- **Utility Bill dated within the last 2 months.**
 - Accepted utilities include water, sewer, gas, electricity, or garbage; the mailing and service address must be the residence address.
 - Cable, internet and phone bills are not accepted.

If you are part of the Washington State Address Confidentiality Program, an official letter from the Address Confidentiality Program stating the attendance area school fulfills the requirement to establish residency in the Lake Washington School District. You **must** submit a renewed letter to the school **each school year**.

Additional Verification of guardianship and/or residency may be required.