Enrollment Form | Shelton School District | 2026 - 2027

School	Date received

Student information

Student name: Legal last name		Legal First Name	Legal Middle Name	Preferred name (if different from legal name):
Date of birth (mm/dd/yyyy)	Gender ☐ Female ☐ Male ☐ X	Birthplace (City, State, Country)		Grade level
First day of enrollment in a US school (mm/dd/yyyy)		Has the student attended a school outside of the US? ☐ No ☐ Yes *If yes, how many months of education did the student have?*		
Name of last school attended and grade		Has the student ever attended a school in Shelton? ☐ No ☐ Yes *If yes, please provide the name of the school and date last attended (month/year):*		
Name of previous school district *please provide mailing address, city, state, zip*		Did the student have a different name when previously enrolled? ☐ No ☐ Yes *If yes, please provide the full name the student used:*		

Attendance and discipline

Has your student ever been suspended for a weapon violation? ☐ No ☐ Yes	Does your student have a juvenile record? ☐ No ☐ Yes If yes, is your student currently on probation? ☐ No ☐ Yes
Has your student been in court for Becca Bill? ☐ No ☐ Yes	Is your student currently expelled from any school in any district? ☐ No ☐ Yes

Special programs

Has your student ever been retained (held back)? ☐ No ☐ Yes If yes, which grade? _____			
Has your student ever qualified for or been enrolled in a Special Education program? ☐ No ☐ Yes If yes, do they have a current IEP? ☐ No ☐ Yes			
Has your student ever qualified for or had a 504 Plan? ☐ No ☐ Yes If yes, do they have a current 504 Plan?			
Has your student ever participated in	☐ Title I	☐ LAP	☐ Gifted/Highly Capable
	☐ English learner/Multilingual	☐ Indian Education	☐ Migrant

Additional family

Please list other siblings who attend the Shelton School District Last name First name	School	Grade

Is there a joint-custody or parenting plan in effect? ☐ No ☐ Yes
Is there a restraining order in effect? ☐ No ☐ Yes Restraining order against? ☐ Mother ☐ Father ☐ Other (name)

Demographic Distribution

Student photos, names, addresses, and certain other information are considered Directory Information. Parents may prohibit the release of such information **annually** by submitting written notice to the school prior to October 1 or within 10 days of late registration.

Check the box below only if you do not give your permission. This permission expires at the end of the school year.

☐ Photo release ☐ Directory release (e.g., name, grade level, school…) ☐ Timberland Regional Library Card	☐ Contact information to military recruiters (grades 7 – 12 only) ☐ Directory information to higher education partners (grades 7 – 12 only)

Enrollment Form | Shelton School District | 2026 - 2027

Primary household information | Parents/Guardians where student lives

Guardian 1

Legal Last Name, First Name, and Middle Initial	Relationship to student	Phone #1	☐ Unlisted number
	☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandmother ☐ Grandfather ☐ Guardian ☐ Agency ☐ Other ☐ Self	Phone #2	☐ Work ☐ Mobile
		Phone #3	☐ Work ☐ Mobile

Email address

Resident Address (Street, Apt #...)	City	State	Zip
Mailing Address (if different)	City	State	Zip

You must provide at least one of the documents below to verify your residency within the Shelton School District attendance area. The document must show the name and address listed above and be dated within the last 30 days. Post office boxes are not acceptable as residential addresses. If you do not live within the Shelton School District attendance area, but would like your student to attend here, the school registrar can assist you with completing a transfer request.

☐ Gas or Electic bill ☐ Water/Sewer bill ☐ Renter's insurance statement ☐ Escrow papers or mortgage statement
☐ Cable TV bill ☐ Garbage bill ☐ Rental agreement/lease

Guardian 2

Legal Last Name, First Name, and Middle Initial	Relationship to student	Phone #1	☐ Unlisted number
	☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandmother ☐ Grandfather ☐ Guardian ☐ Agency ☐ Other ☐ Self	Phone #2	☐ Work ☐ Mobile
		Phone #3	☐ Work ☐ Mobile

Email address

Is any member of this household an employee of the Shelton School District? ☐ No ☐ Yes
Is any member of this household a former student of the Shelton School District? ☐ No ☐ Yes
If "yes" for either question, please provide the full name of this person:

Military affiliation | Select **one** option

☐ A | Parent/Guardian is a **current** member of the US Armed Forces; **Active duty**.
☐ R | Parent/Guardian is a **current** member of the US Armed Forces; **Reserves.**
☐ G | Parent/Guardian is a **current** member of the **Washington National Guard**.
☐ M | More than one parent/guardian qualifies for A, R, or G above.
☐ N | No parent/guardian is currently serving in the US Armed Forces or Washington National Guard.
☐ Z | No response/refuse to state.

Emergency contacts

In the event we cannot reach a parent or guardian when your student is ill, please list person(s) you trust, and who are available during the day to provide care for your student.

Last Name	First Name	Relation to student	Local (Y/N)	Phone 1 (include area code)	Phone 2 (include area code)
				☐ Primary ☐ Work	☐ Primary ☐ Work
				☐ Primary ☐ Work	☐ Primary ☐ Work
				☐ Primary ☐ Work	☐ Primary ☐ Work

Enrollment Form | Shelton School District | 2026 - 2027

Second household information | Parents/Guardians not residing full-time with student

Guardian 1

Legal Last Name, First Name, and Middle Initial	Relationship to student	Phone #1	☐ Unlisted number
	☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandmother ☐ Grandfather ☐ Guardian ☐ Agency ☐ Other ☐ Self	Phone #2	☐ Work ☐ Mobile
		Phone #3	☐ Work ☐ Mobile

Email address			
Resident Address (Street, Apt #...)	City	State	Zip
Mailing Address (if different)	City	State	Zip

Guardian 2

Legal Last Name, First Name, and Middle Initial	Relationship to student	Phone #1	☐ Unlisted number
	☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandmother ☐ Grandfather ☐ Guardian ☐ Agency ☐ Other ☐ Self	Phone #2	☐ Work ☐ Mobile
		Phone #3	☐ Work ☐ Mobile

Email address

Is any member of this household an employee of the Shelton School District? ☐ No ☐ Yes
Is any member of this household a former student of the Shelton School District? ☐ No ☐ Yes
If "yes" for either question, please provide the full name of this person:

Verification of information

The information on this form is true and accurate as of this date. I declare that the student resides at the address stated and on the document provided. I will notify the school within two weeks if residency changes and agree to provide new residency documentation. If I move outside of the district, I understand that a Choice Transfer Request must be submitted for the student to continue enrollment with the Shelton School District. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment of a school in the Shelton School District.

Legal Parent/Guardian Signature _____ Date _____

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Home Language Survey - English

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

All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.

1. a) In what language(s) would your family prefer to receive written communication from the school? _____

   b) Do you need an interpreter for meetings and phone calls (including ASL)?

   Parent/Guardian Name #1:_____

   Interpreter Needed? _____ Yes _____ No | Language_____

   Parent/Guardian Name #2:_____

   Interpreter Needed? _____ Yes _____ No | Language_____

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** does your child use the most at home?_____
3. What language(s) did your child first speak or understand (**native language**)?_____
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:

- 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.

This form is not used to identify students' immigration status.

6. In what country was your child born? _____
7. Has your child ever received formal education outside of the United States? (K-12th Grade) _____Yes _____No

   If yes: Number of months: _____

   Language(s) of instruction: _____
8. When did your child first attend a school in the United States? (K-12th 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.

Forms and Translated Material from the Multilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a Creative Commons Attribution 4.0 International License.

Student race and ethnicity

Please complete this survey. It asks you to tell us the race and ethnic heritage of your student. You must select at least one option from Question 1 and one option from Question 2. You may check as many boxes as you feel apply to your student.

We are required to report this information to the state and federal government. It is used, along with census information, to determine funding for schools and educational programs and services for all students. Washington state now has 222 racial categories to choose from. If you do not see your race or ethnicity listed, you will be able to write it in or ask the school registrar for the full list.

Question 1: Is your student of Hispanic or Latino origin?

☐ H01 | Not Hispanic Latino (move to Question #2)

☐ H00 | Hispanic/Latino (select from list below, then move to Question #2)

☐ H02 | Argentine	☐ H09 | Cuban	☐ H17 | Mestizo	☐ H23 | Puerto Rican
☐ H04 | Brazilian	☐ H11 | Ecuadorian	☐ H18 | Native	☐ H24 | Salvadorian
☐ H05 | Chicano (Mexican American)	☐ H12 | Guatemalan	☐ H19 | Nicaraguan	☐ H25 | Spaniard
☐ H06 | Chilean	☐ H14 | Honduran	☐ H20 | Panamanian	☐ H28 | Venezuelan
☐ H07 | Colombian	☐ H16 | Mexican	☐ H22 | Peruvian	☐ H29 | Hispanic/Latino Write-in: _____

Question 2: What race(s) do you consider your student?

☐ N00 | American Indian/Alaska Native

☐ N01 | Chinook Tribe	☐ N13 | Makah Indian Tribe Reservation	☐ N25 | Skokomish Indian Tribe
☐ N02 | Confederated Tribes of the Yakama Nation	☐ N15 | Muckleshoot Indian Tribe	☐ N26 | Snohomish Tribe
☐ N03 | Confederated Tribes of the Chehalis Reservation	☐ N16 | Nisqually Indian Tribe	☐ N27 | Snoqualmie Indian Tribe
☐ N04 | Confederated Tribes of the Colville Reservation	☐ N18 | Port Gamble S'Klallam Tribe	☐ N29 | Spokane Tribe
☐ N05 | Cowlitz Indian Tribe	☐ N19 | Puyallup Tribe of Puyallup Reservation	☐ N30 | Squaxin Island Tribe
☐ N07 | Hoh Indian Tribe	☐ N20 | Quileute Tribe	☐ N31 | Steilacoom Tribe
☐ N12 | Lummi Tribe of the Lummi Reservation	☐ N21 | Quinault Indian Nation	☐ N34 | Swinomish Indian Tribal Community
☐ N36 | Alaska Native Write-in: _____ or ☐ N37 | American Indian Write-in: _____		

☐ A00 | Asian

☐ A01 | Asian Indian	☐ A08 | Filipino	☐ A13 | Lao
☐ A05 | Cambodian/Khmer	☐ A09 | Hmong	☐ A14 | Malaysian
☐ A06 | Cham	☐ A11 | Japanese	☐ A24 | Thai
☐ A07 | Chinese	☐ A12 | Korean	☐ A26 | Vietnamese
☐ A27 | Asian Write-in: _____		

☐ B00 | Black/African American

☐ B01 | African American

☐ B14 | Guadeloupian	☐ B25 | Congolese	☐ B84 | Beninese
☐ B16 | Jamaican	☐ B36 | Ethiopian	☐ B88 | Ivorian
☐ B19 | Puerto Rican	☐ B37 | Kenyan	☐ B99 | Togolese
☐ B22 | Cameroonian	☐ B50 | Tanzanian	☐ C02 | Black Write-in: _____

Student race and ethnicity

Latin or Central American

☐ B55 | Belizean	☐ B61 | Ecuadorian	☐ B68 | Mexican
☐ B57 | Brazilian	☐ B62 | El Salvadoran	☐ B69 | Nicaraguan
☐ B58 | Chilean	☐ B65 | Guatemalan	☐ B70 | Panamanian
☐ B59 | Colombian	☐ B67 | Honduran	☐ B76 | Venezuelan
☐ B77 | Central or Latin American Write-in: _____		

☐ P00 | Native Hawaiian or Other Pacific Islander

☐ P02 | Chamorro	☐ P09 | Native Hawaiian	☐ P14 | Samoan
☐ P04 | Fijian	☐ P11 | Palauan	☐ P18 | Tongan
☐ P21 | Pacific Islander Write-in: _____		

☐ W00 | White

☐ W01 | Bosnian	☐ W05 | Russian	☐ W28 | Palestinian
☐ W03 | Polish	☐ W06 | Ukrainian	☐ W31 | Syrian
☐ W04 | Romanian	☐ W10 | Arab or Arabic	☐ W36 | White Write-in: _____

Revised 1/30/2025

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 the student lives in a home owned or rented by the parent or guardian, you do not need to complete this form unless there are inadequate facilities (no water, heat, electricity, etc.)

If the student does not live in a home owned or rented by the parent or guardian, please check all that apply below. (Submit form to the district's designated McKinney-Vento liaison. Contact information can be found at the bottom of the page.)

- ☐ Transitional Housing
- ☐ In a motel
- ☐ In a shelter
- ☐ In someone else's house or apartment with another person/family
- ☐ Moving from place to place/couch surfing
- ☐ A car, park, campsite, or similar location
- ☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
- ☐ Other_____

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 phone number: _____ Name of contact: _____

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

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

☐ The student(s) named above have younger siblings/children (not yet school age) who need developmental screening, community support, or referrals to early childhood services. The district's McKinney-Vento liaison may be able to assist you with age-appropriate resources.

Please return completed form to:

Darren Marshall | 360-426-4471 x 16166 | dmarshall@sheltonschools.org
District McKinney-Vento Liaison | Phone Number | Email Address

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

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:

National Center for Homeless Education (NCHE)
National Association for the Education of Homeless Children and Youth (NAEHCY)
SchoolHouse Connection

OMB Control No. 1810-0021 (Exp. 06/30/2026)

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 _____

For Parent/Guardians:

Definitions:
Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Shelton School District No. 309

700 South First Street • Shelton, Washington 98584
Phone: 360-426-1687 • Nurse's Fax: 360-426-9727

Dear families,

Welcome to the Shelton School District. There are four School Nurses in our district. If you have any questions regarding the health of your students, their immunizations, or medications, please be sure to reach out and ask the School Nurse. You can find health documents and information on our health services webpage:

https://www.sheltonschools.org/departments/health_wellness

Please review our Medication and Sickness policies below. Always make sure your contact information (phone numbers, work numbers, email addresses, and mailing addresses) are up to date in Skyward and that you have identified individuals who can be contacted in the event of an emergency if you are not immediately reachable.

Medications at school:
It is best if the student can take medications at home, before or after school. However, if it becomes necessary for a student to take any form of medication at school, prescription or over the counter, there is a procedure required including physician signature, parent/guardian signature, and School Nurse approval.

- Medications may be taken at school with proper documentation from their prescribing doctor and parent/guardian. There is a School District form for medication administration at the school, or under the health forms tab on the health services webpage: https://www.sheltonschools.org/departments/health_wellness/health_forms or the doctor's office can also provide their own.
- Physician orders must be updated every school year-we cannot use orders from previous years.
- **Medications are to be delivered and picked up by an adult, not by the student.**
- **Medications at school must be in the original container/box.** Pharmacies can give an extra labeled bottle if some medication needs to stay at home and some at school. Pharmacies can also give a small container to be used for field trips.
- Medications at school are kept by the health room assistant. Students report to the health room to take their medication.
- In certain situations, students may have permission to carry their medication at school with written permission from the doctor and approval by the School Nurse.
- Changes in the dose of the medication require new documentation from the doctor and parent/guardian.

The following OTC medications will need a doctor signed order before a student can receive the medication at school - if there are no signed orders - do not let it come to school:

*Vitamins/supplements
*Acetaminophen
*Ibuprofen/Advil
*Tums
*Antibiotic ointment
*Benadryl
*Cough drops
*Nicorette gum

If you have any questions or concerns, please contact your School Nurse:
All Preschool and Elementary schools – Nikki Bettis, BSN, RN (360) 490-8829; NBettis@sheltonschools.org
OMS, OBJH, Cedar, and Choice – Avet Waldrop, BSN, RN (360) 463-6027; AWaldrop@sheltonschools.org
SHS – Markie Smith, RN (360) 490-9169; MASmith@sheltonschools.org
SHS – Jamie McClanahan, BSN, RN (360) 490-2718; JMcClanahan@sheltonschools.org

Please return completed forms to your school's front office Attn: Health room.

Wellness Assessment Health History | 2026 - 2027

Student name	Date of Birth	School	Grade
Name of Parent/Guardian		Phone/email	
Name of medical clinic/doctor		Phone	
Name of dental clinic/dentist		Phone	
Hospital		Health insurance provider	

PLEASE ANSWER THE QUESTIONS WITH A "YES" OR "NO". For all answers marked "**YES**", please give further details as needed on the bottom of this page or attach a separate piece of paper to describe the condition, concerns or needs of your student. ***ALL SERIOUS & LIFE THREATENING CONDITIONS REQUIRE A MEDICAL PLAN FROM THE STUDENT'S DOCTOR AT SCHOOL PRIOR TO THE STUDENT BEGINNING SCHOOL IN ORDER TO PROVIDE THE SAFEST CARE FOR YOUR STUDENT.*** This includes a medication or treatment order addressing the condition. (Policy 3413)

Condition		Condition	
☐ Yes ☐ No	Anaphylaxis Does the student need medication at school? ☐ Yes ☐ No	☐ Yes ☐ No	Ear or hearing Does the student wear hearing aides? ☐ Yes ☐ No
☐ Yes ☐ No	Asthma Does the student need an inhaler at school? ☐ Yes ☐ No	☐ Yes ☐ No	Eye or vision problem Does the student wear glasses for ☐ Distance ☐ Reading ☐ Both
☐ Yes ☐ No	Diabetes Does the student use ☐ insulin injections? ☐ insulin pump?	☐ Yes ☐ No	Tooth or dental (braces, cavities)
☐ Yes ☐ No	Seizures Does the student need medication at school? ☐ Yes ☐ No	☐ Yes ☐ No	Heart or blood pressure (murmur, pacemaker)
☐ Yes ☐ No	Other life-threatening condition	☐ Yes ☐ No	Mental/behavioral disorder (such as anxiety, depression, sleep)
☐ Yes ☐ No	ADD/ADHD Does the student need medication at school? ☐ Yes ☐ No	☐ Yes ☐ No	Neurological disorder (such as headaches, cerebral palsy)
☐ Yes ☐ No	Allergy to food/insects/bees? Does the student need medication at school? ☐ Yes ☐ No	☐ Yes ☐ No	Developmental disability (autism, Aspergers, Downs…)
☐ Yes ☐ No	Take medication daily at home	☐ Yes ☐ No	Receive daily treatments at home (oral or tube feeding, suctioning, catheter…)
☐ Yes ☐ No	Any other health conditions (skin, cancer, bleeding, injuries…)		
☐ Yes ☐ No	Does your student need medication at school? Doctor's orders need to be received each year for the student to have or take medication at school. Contact the school for the form.		
☐ Yes ☐ No	Do you need help finding a clinic, doctor, dentist or health insurance? If yes, initial here _____		
☐ Yes ☐ No	Does the student need accommodations, aids, or services in order to access and benefit from their education? If yes, initial here _____		
Comments for "Yes" answers and notes.			

Parent/Guardian Signature: _____ Date: _____

Version en español del otro lado de esta forma.→→→→→→

Revised 02/28/2025

Parents– Are Your Kids Ready for School?

Required Immunizations for School Year 2025-2026

Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	**Hepatitis B**	**Hib** (*Haemophilus influenzae* type B)	**MMR** (Measles, mumps, rubella)	**PCV** (Pneumococcal Conjugate)	**Polio**	**Varicella** (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on September 1st	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 12th	5 doses DTaP* *Plus* Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*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.

Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions.

Find information on other important vaccines not required for school at: www.immunize.org/cdc/schedules.

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 doh.information@doh.wa.gov

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Washington State Department of HEALTH