



SHELTON SCHOOL DISTRICT ENROLLMENT FORM 2024-2025

OFFICE USE ONLY:
E: _____
Teacher _____
Bus No(s): _____ / _____

Student Information

School: Bordeaux Evergreen Mt. View Olympic Middle School
 Oakland Bay Junior High Shelton High School CHOICE Cedar High School

Date: _____ Grade: _____ Age: _____ Male Female Other

Student's **Legal** Name: Last: _____ First: _____ Middle: _____

If student's legal name is not their preferred name, please indicate preferred name: _____

Birth Date: _____ Verified by: _____ Birth City: _____ Birth State: _____

Birth County: _____ Birth Country: _____ (if military family – country where birth occurred)

Home Address: _____

Mailing address (if different): _____ Home phone: _____

Guardian e-mail address: _____ Student e-mail address: _____

Has your child previously attended: Shelton Schools? Yes No

Another school in WA? Yes No Another school in US? Yes No If yes, what State? _____

Has your child ever received formal education outside of the U.S.? (Grades K-12) Yes No

If yes, in what language(s) was instruction given? _____ For how many months: _____

When did your child first attend a school in the United States? Month _____ Day _____ Year _____

Last school attended: _____ Date of Withdrawal: _____ Grade: _____

School address: _____

(Street, City, State, Zip)

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 and 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.

Race and Ethnicity

Hispanic Ethnicity? Yes No

Race (select all that apply): American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Home Language Survey

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

In what language(s) would your family prefer to communicate with the school? _____

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.

What language did your child learn first? _____

What language does YOUR CHILD use the most at home? _____

What is the primary language used in the home, regardless of the language spoken by your child? _____

Has your child received English language development support in a previous school? YES NO DON'T KNOW

Parental/Guardian Permission

Do you give permission for Shelton School District to use photos taken of your child in school-related publications such as print publications, online publications, presentations, websites, and social media? Yes No Initial: _____

We have teamed up with the Timberland Library to offer our students e-library cards which allows them to access TRL's large digital collection. You must sign below if you do **not** want your child to receive an e-library card.

No I do not want my child to receive an electronic library card: _____

Signature Required

Family Information

Have you or your family made a temporary (short stay) or permanent move within the past three (3) years for the following type of work? (mark all that apply): Agriculture (Dairy, Beef, Pig, Poultry, Livestock) Nurseries Commercial Fishing Clam Digging or Oyster Picking Fruit & Vegetables Warehouses or Packing Sheds Christmas Trees or Forestry Brush Picking or Floral Greens

Family 1 - Guardian 1:

Legal Name: _____ Relationship to student: _____

Employer: _____ Work #: _____ Cell #: _____

Family 1 - Guardian 2:

Legal Name: _____ Relationship to student: _____

Employer: _____ Work #: _____ Cell #: _____

Family 2 - Guardian 1:

Legal Name: _____ Relationship to student: _____

Employer: _____ Work #: _____ Cell #: _____

Family 2 - Guardian 2:

Legal Name: _____ Relationship to student: _____

Employer: _____ Work #: _____ Cell #: _____

***Please indicate which family the child is living with: Family 1 Family 2

List below other children less than 18 years of age living at home:

Table with 4 columns: Name, Birthdate, School attending, Grade. Includes three rows of blank lines for data entry.

Emergency Information

Emergency Information: In case of illness, injury, or an emergency early release of school, whom shall we call if we cannot reach anyone at home or work?

Table with 4 columns: Name, Address, Phone, Relationship. Includes three rows of blank lines for data entry and a 'Daycare Provider' label.

If the school is unable to contact you or the emergency contact individual named above, we would like your signed release to allow treatment and/or emergency care.

Parent/Guardian Signature: _____

Military Family

Are any guardians in the family (select all that apply): US Armed Forces Active Duty National Guard Member Armed Forces/National Guard/Reserves No military affiliation

Program Participation

Has your child ever been enrolled in any of the following programs (check all that apply)?

Special Education Programs: Birth to 3 IEP SPED Preschool Emotional/Behavior classroom/program Exceptional needs classroom Occupational/physical therapy Speech therapy

State and Federal Programs: Bilingual Education Bilingual pre-school Migrant Education Indian Education: Tribe affiliation _____ (Please complete 506 form and release form)

General Programs: Gifted Education Head Start program 504 Plan General education pre-school Other _____

Parental/Guardian Signature

I certify all the information I have provided throughout this registration is legal and correct.

Parent/Guardian Signature: _____ Date: _____

RACE AND ETHNICITY FORM

Please complete this survey. It asks you to tell us the race and ethnic heritage of each of your children.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

PLEASE ANSWER BOTH QUESTIONS 1 & 2

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

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

Question 2: What race(s) do you consider your child? (Please check ALL that apply)

	Black/African American		Black/African American – Central African (cont.)		Black/African American – East African (cont.)
B00	<input type="checkbox"/> Black/African American	B22	<input type="checkbox"/> Cameroonian	B45	<input type="checkbox"/> Seychellois/Seychelloise
B01	<input type="checkbox"/> African American	B23	<input type="checkbox"/> Central African (Central African Rep)	B46	<input type="checkbox"/> Somali
B02	<input type="checkbox"/> African Canadian	B24	<input type="checkbox"/> Chadian	B47	<input type="checkbox"/> South Sudanese
	Black/ African American – Caribbean	B25	<input type="checkbox"/> Congolese (Republic of the Congo)	B48	<input type="checkbox"/> Sudanese
B03	<input type="checkbox"/> Anguillian	B26	<input type="checkbox"/> Congolese (Democratic Republic of the Congo)	B49	<input type="checkbox"/> Ugandan
B04	<input type="checkbox"/> Antiguan	B27	<input type="checkbox"/> Equatorial Guinean	B50	<input type="checkbox"/> Tanzanian (United Republic of Tanzania)
B05	<input type="checkbox"/> Bahamian	B28	<input type="checkbox"/> Gabonese	B51	<input type="checkbox"/> Zambian
B06	<input type="checkbox"/> Barbadian	B29	<input type="checkbox"/> São Tomé	B52	<input type="checkbox"/> Zimbabwean
B07	<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy)	B30	<input type="checkbox"/> Principe	B53	<input type="checkbox"/> East African (Write in)
B08	<input type="checkbox"/> British Virgin Islander	B31	<input type="checkbox"/> Central African (Write in)		Black/African American – Latin America
B09	<input type="checkbox"/> Caymanian (Cayman Island)		Black/African American – East African	B54	<input type="checkbox"/> Argentine
B10	<input type="checkbox"/> Cuba Dominican	B32	<input type="checkbox"/> Burundian	B55	<input type="checkbox"/> Belizean
B11	<input type="checkbox"/> Dominican (Dominican Republic)	B33	<input type="checkbox"/> Comoran	B56	<input type="checkbox"/> Bolivian
B12	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)	B34	<input type="checkbox"/> Djiboutian	B57	<input type="checkbox"/> Brazilian
B13	<input type="checkbox"/> Grenadian	B35	<input type="checkbox"/> Eritrean	B58	<input type="checkbox"/> Chilean
B14	<input type="checkbox"/> Guadeloupean	B36	<input type="checkbox"/> Ethiopian	B59	<input type="checkbox"/> Colombian
B15	<input type="checkbox"/> Haitian	B37	<input type="checkbox"/> Kenyan	B60	<input type="checkbox"/> Costa Rican
B16	<input type="checkbox"/> Jamaican	B38	<input type="checkbox"/> Malagasy (Madagascar)	B61	<input type="checkbox"/> Ecuadorian
B17	<input type="checkbox"/> Martiniquais/Martiniquaise	B39	<input type="checkbox"/> Malawian	B62	<input type="checkbox"/> El Salvadoran
B18	<input type="checkbox"/> Montserratian	B40	<input type="checkbox"/> Mauritian (Mauritius)	B63	<input type="checkbox"/> Falkland Islander
B19	<input type="checkbox"/> Puerto Rican	B41	<input type="checkbox"/> Mahoran (Mayotte)	B64	<input type="checkbox"/> French Guianese
B20	<input type="checkbox"/> Caribbean (Write in) _____	B42	<input type="checkbox"/> Mozambican	B65	<input type="checkbox"/> Guatemalan
	Black/African American – Central African	B43	<input type="checkbox"/> Reunionese	B66	<input type="checkbox"/> Guyanese
B21	<input type="checkbox"/> Angolan	B44	<input type="checkbox"/> Rwandan	B67	<input type="checkbox"/> Honduran

Races (continued)

Black/African American – Latin America (cont.)			White – White		White – White (cont.)
B68	<input type="checkbox"/> Mexican	W00	<input type="checkbox"/> White	W36	<input type="checkbox"/> White (Write in) _____
B69	<input type="checkbox"/> Nicaraguan		White – Eastern European	American Indian/Alaska Native – WA State Tribes	
B70	<input type="checkbox"/> Panamanian	W01	<input type="checkbox"/> Bosnian	N00	<input type="checkbox"/> American Indian/Alaskan Native
B71	Paraguayan	W02	<input type="checkbox"/> Herzegovinian	N01	<input type="checkbox"/> Chinook Tribe
B72	<input type="checkbox"/> Peruvian	W03	<input type="checkbox"/> Polish	N02	<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation
B73	<input type="checkbox"/> South Georgia and the South Sandwich Islands	W04	<input type="checkbox"/> Romanian	N03	<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation
B74	<input type="checkbox"/> Surinamese	W05	<input type="checkbox"/> Russian	N04	<input type="checkbox"/> Confederated Tribes of the Colville Reservation
B75	<input type="checkbox"/> Uruguayan	W06	<input type="checkbox"/> Ukrainian	N05	<input type="checkbox"/> Cowlitz Indian Tribe
B76	Venezuelan	W07	<input type="checkbox"/> Eastern European (Write in) _____	N06	<input type="checkbox"/> Duwamish Tribe
B77	<input type="checkbox"/> Latin American (Write in) _____		White – Middle Eastern & North African	N07	Hoh Indian Tribe
	Black/African American – South African	W08	<input type="checkbox"/> Algerian	N08	<input type="checkbox"/> Jamestown S’Klallam Tribe
B78	<input type="checkbox"/> Botswanan	W09	<input type="checkbox"/> Amazigh or Berber	N09	<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation
B79	<input type="checkbox"/> Mosotho (Lesotho)	W10	<input type="checkbox"/> Arab or Arabic	N10	<input type="checkbox"/> Kikiallus Indian Nation
B80	<input type="checkbox"/> Namibian	W11	<input type="checkbox"/> Assyrian	N11	<input type="checkbox"/> Lower Elwha Tribal Community
B81	<input type="checkbox"/> South African	W12	<input type="checkbox"/> Bahraini	N12	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation
B82	<input type="checkbox"/> Swazi	W13	<input type="checkbox"/> Bedouin	N13	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation
B83	<input type="checkbox"/> South African (Write in) _____	W14	<input type="checkbox"/> Chaldean	N14	<input type="checkbox"/> Marietta Band of Nooksack Tribe
	Black/African American – West African	W15	<input type="checkbox"/> Copt	N15	<input type="checkbox"/> Muckleshoot Indian Tribe
B84	<input type="checkbox"/> Beninese	W16	<input type="checkbox"/> Druze	N16	<input type="checkbox"/> Nisqually Indian Tribe
B85	<input type="checkbox"/> Bissau-Guinean	W17	<input type="checkbox"/> Egyptian	N17	<input type="checkbox"/> Nooksack Indian Tribe of Washington
B86	<input type="checkbox"/> Burkinabé (Burkina Faso)	W18	<input type="checkbox"/> Emirati	N18	<input type="checkbox"/> Port Gamble S’Klallam Tribe
B87	<input type="checkbox"/> Cabo Verdean	W19	<input type="checkbox"/> Iranian	N19	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation
B88	<input type="checkbox"/> Ivorian (Cote d’Ivoire)	W20	<input type="checkbox"/> Iraqi	N20	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation
B89	<input type="checkbox"/> Gambian	W21	<input type="checkbox"/> Israeli	N21	<input type="checkbox"/> Quinault Indian Nation
B90	<input type="checkbox"/> Ghanaian	W22	<input type="checkbox"/> Jordanian	N22	<input type="checkbox"/> Samish Indian Nation
B91	<input type="checkbox"/> Liberian	W23	<input type="checkbox"/> Kurdish Kuwaiti	N23	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of WA
B92	<input type="checkbox"/> Malian	W24	<input type="checkbox"/> Lebanese	N24	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
B93	<input type="checkbox"/> Mauritanian	W25	<input type="checkbox"/> Libyan	N25	<input type="checkbox"/> Skokomish Indian Tribe
B94	<input type="checkbox"/> Nigerien (Niger)	W26	<input type="checkbox"/> Moroccan	N26	<input type="checkbox"/> Snohomish Tribe
B95	<input type="checkbox"/> Nigerian (Nigeria)	W27	<input type="checkbox"/> Omani	N27	<input type="checkbox"/> Snoqualmie Indian Tribe
B96	<input type="checkbox"/> Saint Helenian	W28	<input type="checkbox"/> Palestinian	N28	<input type="checkbox"/> Snoqualmoo Tribe
B97	<input type="checkbox"/> Senegalese	W29	<input type="checkbox"/> Qatari	N29	<input type="checkbox"/> Spokane Tribe of the Spokane Res.
B98	<input type="checkbox"/> Sierra Leonean	W30	<input type="checkbox"/> Saudi Arabian	N30	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
B99	<input type="checkbox"/> Togolese	W31	<input type="checkbox"/> Syrian	N31	<input type="checkbox"/> Steilacoom Tribe
C01	<input type="checkbox"/> West African (Write in) _____	W32	<input type="checkbox"/> Tunisian	N32	<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
	Black/African American – Black	W33	<input type="checkbox"/> Yemeni	N33	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
C02	<input type="checkbox"/> Black (Write in) _____	W34	<input type="checkbox"/> Middle Eastern (Write in) _____	N34	<input type="checkbox"/> Swinomish Indian Tribal Community
		W35	<input type="checkbox"/> North African (Write in) _____	N35	<input type="checkbox"/> Tulalip Tribes of Washington

Races (continued)

	American Indian/Alaskan Native – Alaska Native (cont.)		Asian – Asian (cont.)		Native Hawaiian/Other Pacific Islander – Pacific Islander (cont.)
N36	<input type="checkbox"/> Alaska Native (Write in)	A15	<input type="checkbox"/> Mien	P04	<input type="checkbox"/> Fijian
	American Indian/Alaska Native – American Indian	A16	<input type="checkbox"/> Mongolian	P05	<input type="checkbox"/> i-Kiribati/Gilbertese
N37	<input type="checkbox"/> American Indian (Write in)	A17	<input type="checkbox"/> Nepali	P06	<input type="checkbox"/> Kosraean
	Asian – Asian	A18	<input type="checkbox"/> Okinawan	P07	<input type="checkbox"/> Maori
A00	<input type="checkbox"/> Asian	A19	<input type="checkbox"/> Pakistani	P08	<input type="checkbox"/> Marshallese
A01	<input type="checkbox"/> Asian Indian	A20	<input type="checkbox"/> Punjabi	P09	<input type="checkbox"/> Native Hawaiian
A02	<input type="checkbox"/> Bangladeshi	A21	<input type="checkbox"/> Singaporean	P10	<input type="checkbox"/> Ni-Vanuatu
A03	<input type="checkbox"/> Bhutanese	A22	<input type="checkbox"/> Sri Lankan	P11	<input type="checkbox"/> Palauan
A04	<input type="checkbox"/> Burmese/Myanmar	A23	<input type="checkbox"/> Taiwanese	P12	<input type="checkbox"/> Papuan
A05	<input type="checkbox"/> Cambodian/Khmer	A24	<input type="checkbox"/> Thai	P13	<input type="checkbox"/> Pohpeian
A06	<input type="checkbox"/> Cham	A25	<input type="checkbox"/> Tibetan	P14	<input type="checkbox"/> Samoan
A07	<input type="checkbox"/> Chinese	A26	<input type="checkbox"/> Vietnamese	P15	<input type="checkbox"/> Solomon Islander
A08	<input type="checkbox"/> Filipino	A27	<input type="checkbox"/> Asian (Write in)	P16	<input type="checkbox"/> Tahitian
A09	<input type="checkbox"/> Hmong		Native Hawaiian/Other Pacific Islander	P17	<input type="checkbox"/> Tokelauan
A10	<input type="checkbox"/> Indonesian	P00	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	P18	<input type="checkbox"/> Tongan
A11	<input type="checkbox"/> Japanese		Native Hawaiian/Other Pacific Islander – Pacific Islander	P19	<input type="checkbox"/> Tuvaluan
A12	<input type="checkbox"/> Korean	P01	<input type="checkbox"/> Carolinian	P20	<input type="checkbox"/> Yapese
A13	<input type="checkbox"/> Lao	P02	<input type="checkbox"/> Chamorro	P21	<input type="checkbox"/> Pacific Islander (Write in)
A14	<input type="checkbox"/> Malaysian	P03	<input type="checkbox"/> Chuukese		

Revised 2/1/2024



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 are in need of 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:

<u>Amanda Gonzales</u> _____	<u>360-426-2151</u> _____	<u>534 E K. St. Shelton</u> _____
District McKinney-Vento Liaison	Phone Number	Location



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](#)

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 • Fax: 360-426-8610

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:

http://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. 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 – Tara Denton, RN (360) 490-8829; TDenton@sheltonschools.org
OMS, OBJH, Cedar, and Choice – Avet Waldrop, BSN, RN (360) 463-6027; AWaldrop@sheltonschools.org
SHS – Brianna Rasmussen, RN (360) 490-9169; BRasmussen@sheltonschools.org
SHS – Jamie McClanahan, RN (360) 490-2718; JMcClanahan@sheltonschools.org

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



Wellness Assessment Health History

2023-2024

STUDENT NAME:	DATE OF BIRTH:	GRADE:
GUARDIAN / PARENT NAME:	PHONE/EMAIL:	
MEDICAL CLINIC/DOCTOR:	PHONE:	
DENTAL CLINIC/DENTIST:	PHONE:	
HOSPITAL:	HEALTH INSURANCE NAME:	

PLEASE ANSWER THE FOLLOWING 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)

YES- NO DOES YOUR STUDENT HAVE ANY OF THE FOLLOWING:

- *ANAPHYLAXIS:** Need medication at school? _____
- *ASTHMA:** Need inhaler at school? _____
- *CARDIAC CONDITION:**
Have a medical device: pacemaker, AED, other? _____
- *DIABETES:** Insulin injections? ____ Insulin Pump? _____
- *SEIZURES:** Need medication at school? _____
- *ANY OTHER LIFE-THREATENING CONDITION:** _____
- ADD/ADHD:** Need medication at school? _____
- ALLERGY TO FOOD/INSECTS/BEES:** Need medication at school? _____
- EYE OR VISION PROBLEM:** Wear Glasses? For Distance ____ Reading ____ or Both ____
- NEED MEDICATION AT SCHOOL- Doctor orders need to be received each year for student to have or take medication at school.** (Pick-up form at school).
- NEED HELP FINDING A CLINIC, DOCTOR, DENTIST, or HEALTH INSURANCE: If yes, initial:** _____
- DOES STUDENT NEED ACCOMMODATIONS, AIDS, OR SERVICES IN ORDER TO ACCESS AND BENEFIT FROM THEIR EDUCATION? If yes, initial:** _____

YES- NO

- DEVELOPMENTAL DISABILITY:** (Autism, Asperger's, Downs, other)
- EAR OR HEARING PROBLEM:** Wear Hearing Aides? _____
- HEART OR BLOOD PRESSURE PROBLEM:** (murmur, pacemaker, other)
- MENTAL/BEHAVIORAL DISORDER:** (anxiety, depression, sleep, other)
- NEUROLOGICAL DISORDER:** (headaches, Cerebral Palsy, other)
- TOOTH OR DENTAL PROBLEM:** (braces, cavities, other)
- TAKE DAILY MEDICATION AT HOME**
- DAILY TREATMENTS:** (oral or tube feeding; suctioning; catheter; other)
- ANY OTHER HEALTH CONDITIONS** (skin/cancer/bleeding/injuries/other)

Comments for "YES" answers and notes:

Parent/Guardian Signature: _____ **Date:** ____/____/____

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2024-2025



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 (<i>Haemophilus influenzae</i> 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 11th	5 doses DTaP* Plus Tdap at age ≥ 10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
12th	5 doses DTaP* Plus Tdap at age ≥ 7 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

DOH 348-295 Dec. 2023

