

**1<sup>st</sup>-5<sup>th</sup> Grade  
Registration Packet  
2012-13**



**Early Registration Deadline:  
April 30<sup>th</sup>, 2012**

Chautauqua Elementary School  
9309 SW Cemetery Rd  
Vashon, WA 98070  
206-463-2882 office  
206-463-0937 fax

[www.vashonsd.org/chautauqua](http://www.vashonsd.org/chautauqua)

**Please include a copy of  
student's birth certificate.**

**It is required for enrollment.**

**Thank you.**

## Registration Time Lines and Important Dates

### Preschool

- Early Interest Wait List: January 3<sup>rd</sup>-February 17<sup>th</sup>
- Lottery Drawing for Wait List Order: February 17<sup>th</sup>
- Notification of Offered Slot or Wait List Number: Week of February 27<sup>th</sup>

### Half-Day Kindergarten

- Early Registration: January 3<sup>rd</sup>-April 30<sup>th</sup>
- Kindergarten Open House: March 13<sup>th</sup>
- Late Registration: May 1<sup>st</sup>-Start of School Fall 2012

### Extended-Day Kindergarten Program (Tuition-Based)

- Registration: January 3<sup>rd</sup>-April 20<sup>th</sup>
- Information Night: February 1<sup>st</sup>
- Kindergarten Open House: March 13<sup>th</sup>
- Deadline for Registrations: April 20<sup>th</sup>
- Lottery Drawing (if necessary) for placement in program/wait list order: April 20<sup>th</sup>
- Notification of Program Placement or Wait List Order: Week of April 23<sup>rd</sup>
- If the program is not filled, but we have enough students registered to offer the class, we will continue to accept registrations beyond April 20<sup>th</sup>.
- If the class does not have enough registrants by April 20<sup>th</sup>, the class will not be offered and those interested will a half-day Kindergarten class.

### 1<sup>st</sup>-5<sup>th</sup> Grade New Students

- Early Registration: January 3<sup>rd</sup>-April 30<sup>th</sup>
- Late Registration: May 1<sup>st</sup>-Start of School Fall 2012
- Tour Dates:
  - January 11<sup>th</sup> at 11:45am and 27<sup>th</sup> at 1:30pm
  - February 10<sup>th</sup> at 1:30pm
  - March 7<sup>th</sup> at 11:45am and 9<sup>th</sup> & 23<sup>rd</sup> at 1:30pm
  - April 4<sup>th</sup> at 11:45am and 6<sup>th</sup> & 20<sup>th</sup> at 1:30pm
  - May 11<sup>th</sup> & 25<sup>th</sup> at 1:30pm
  - Jun 8<sup>th</sup> at 1:30pm

## Registration FAQ's

### **Why is the Early Registration deadline SO early?**

- Those who complete their registration materials for the early deadline help define our staffing needs and so it has an earlier cut-off date. When families wait to register, we may not have the adequate staffing to support the numbers and have to hire a new teacher in August. This can be confusing and complicated to manage, and we ask our families to help reduce this by registering early.

### **What is the Kindergarten Open House?**

- The Open House is for ALL incoming Kindergarteners. It is an opportunity for families, including their upcoming student, to come to Chautauqua and learn more about us. Our format includes two different sessions for classroom visits to accommodate personal family schedules and reduce the numbers of people in the classroom at one time. In between, we invite all families to join us in the lunchroom (multi-purpose room) for a pizza and salad dinner (cost is \$5 per person). During the dining time, we will be projecting more detailed FAQ's and inviting anyone who has a question to share it.

### **What happens if I don't register my child before Early Registration ends?**

- You can still register. We continue to accept all registrations when the school is open and through the summer in our District Office when the school office is closed.

### **What paperwork do I need to complete my child's registration?**

- Our registration packet will include a registration card, immunization form (we must have immunizations listed on this form, not the doctor's record), health history, transportation form, and placement form. Kindergarten packets will also include a checkbox for those with an interest in our Full-Day Kindergarten program. Students in 1st-5th grade will also have a request for records form and special services form.
- Incoming Kindergarten and students from private school or homeschooling will need to provide a copy of their child's birth certificate. We are happy to make a copy of your original for you, if necessary. If you do not currently have a copy of the birth certificate, you can order one from the appropriate state agency. We need the official state birth certificate, not what the parent receives from the hospital. This is required by state law, and we must have this in the student's file.

### **What if I have more questions?**

- Our office staff is always happy to answer your questions. You can either call at 206-463-2882 or email our registrar, Gillian Callison, at [gcallison@vashonsd.org](mailto:gcallison@vashonsd.org). We will also have question cards at our Open House that you can take home and return if you think of any more questions you forgot to ask that evening!

### **I have a new student who will be entering 1st-5th grade. Do we have an Open House?**

- We do not have an Open House for these students, but we do offer tours of the school. We encourage all families new to our school to sign up for one. These dates are pre-set and will start in January. They are posted on our website and calendar. The tours are open to families, not just adults, so bring your children with you!



**Chautauqua Elementary School**  
**9309 SW Cemetery Road Vashon, WA 98070**  
**(206) 463-2882 / Fax (206) 463-0937**

## STUDENT REGISTRATION FORM

<b>DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY</b>					
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	FAMILY ALERT	BUS STOP	BUS ROUTE _____ AM          PM

STUDENT NAME: Legal Last Name ( <i>per WAC 180-57-070</i> )		Legal First Name	Legal Middle Name	Goes by:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country
				Home Phone Number: Check if unlisted <input type="checkbox"/>
STUDENT SOCIAL SECURITY # ( <i>optional</i> )	NATIVE LANGUAGE (first language spoken by student) <input type="checkbox"/> English <input type="checkbox"/> Espanol <input type="checkbox"/> Other: _____	HOME LANGUAGE (language student speaks at home) <input type="checkbox"/> English <input type="checkbox"/> Espanol <input type="checkbox"/> Other: _____	THE STUDENT'S CURRENT LIVING SITUATION IS: <input type="checkbox"/> Temporary due to economic hardship or disaster <input type="checkbox"/> Temporary in foster care or group home <input type="checkbox"/> An unaccompanied youth (living without the support of parent or guardian)	

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?  Yes  No  
 IS THERE A RESTRAINING ORDER IN EFFECT?  Yes  No (**If yes, legal papers must be on file with the school for enforcement**)  
 Restraining order is against:  Mother  Father  Other \_\_\_\_\_

PRIMARY HOUSEHOLD

PRIMARY RESIDENCE ADDRESS	Street _____ Apt # _____	City _____	State _____	ZIP _____
MAILING ADDRESS (If different)	Street or PO Box _____ Apt # _____	City _____	State _____	ZIP _____
Parent(s)/guardian(s) where student resides Last Name _____ First Name _____		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:
E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:		
Parent(s)/Guardian(s) where student resides Last Name _____ First Name _____		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:
E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:		

SECOND HOUSEHOLD

RESIDENCE ADDRESS	Street _____ Apt # _____	City _____	State _____	ZIP _____
MAILING ADDRESS (If different from above)	Street or PO Box _____ Apt # _____	City _____	State _____	ZIP _____
Parent(s)/Guardian(s) where student resides part-time Last Name _____ First Name _____		RELATIONSHIP TO STUDENT:	HOME PHONE:	CELL PHONE/PAGER:  WORK PHONE:
E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:		
Parent(s)/Guardian(s) where student resides part-time Last Name _____ First Name _____		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:
E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:		

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED VASHON PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DATE ATTENDED (Month/Year)
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ School: _____		
State House Bill 1153 Provides that when enrolling a student who has attended another school in another district, the school enrolling the student may request the parent and the student to indicate in writing whether or not the student has a history of violent behavior or behavior listed in RCW 13.04.155		

HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Learning Assistance Program <input type="checkbox"/> Gifted/Highly Capable <input type="checkbox"/> English as Second Language <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other:	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes - Grade level(s) _____ <input type="checkbox"/> No
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When injury, illness or another situation occurs involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons, in order of preference, you trust who are available during the day to pick up and provide care for your child.

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

\*Should there be a major disaster, your student may be required to remain in the care of the school staff until Emergency Services personnel authorizes the release of students. At that time, students will be released **only** to pre-authorized parents and/or designees. If telephone service is interrupted within our area, emergency telephone centers may be set up using communication satellites to allow out of state calls. Therefore, it is important that an out of state telephone number of a relative or close friend be provided.

*OUT OF STATE CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
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DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone</i> <i>Number</i>
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ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

CHILD'S PHYSICIAN	PHONE NUMBER (include area code)	INSURANCE (optional)
ALLERGIES AND/OR SPECIAL MEDICAL CONDITIONS (Please list)		PREFERRED HOSPITAL

PLEASE LIST OTHER SIBLINGS ATTENDING VASHON ISLAND PUBLIC SCHOOLS			
<i>Last Name</i>	<i>First Name</i>	<i>School</i>	<i>Grade</i>

If a student has a shared custody arrangement, please choose and indicate below, ONE primary contact for absences, illness, transportation questions, etc, to best assist us in making contact:

- Mother       Father       Primary Residence Legal Guardian/Other       Second Residence Legal Guardian/Other

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

Thank you for completing this form. This information is important to your child's health and safety. REV: 12/15/2010

**STUDENT HEALTH HISTORY FORM**

*This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.*

**MEDICAL**

Does your child have a doctor or nurse practitioner? Yes \_\_\_ No \_\_\_  
Name of child's doctor or nurse practitioner \_\_\_\_\_ phone number \_\_\_\_\_  
In the past 12 months, did you have problems obtaining medical care for your child? Yes \_\_\_ No \_\_\_

**DENTAL**

Does your child have a dentist? Yes \_\_\_ No \_\_\_ Name of child's dentist \_\_\_\_\_ phone number \_\_\_\_\_  
Did your child receive a dental exam in the last 12 months? Yes \_\_\_ No \_\_\_ Don't know \_\_\_  
Describe the condition of your child's teeth? Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Don't know \_\_\_  
In the past 12 months, did you have problems obtaining dental care for your child? Yes \_\_\_ No \_\_\_

**INSURANCE**

Does your child have medical insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_  
Does your child have dental insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_  
Does Medicaid insure him/her? (Apple Health for kids) Yes \_\_\_ No \_\_\_ Don't know \_\_\_

**MEDICAL HISTORY**

*Have you ever been told by a physician or health care professional that your child has:*

\_\_\_ Asthma                      \_\_\_ Seizure disorder                      \_\_\_ Bleeding disorder                      \_\_\_ ADD/ADHD  
\_\_\_ Diabetes                      \_\_\_ Bone/muscle disease                      \_\_\_ Skin condition                      \_\_\_ Learning disability  
\_\_\_ Heart condition                      \_\_\_ Mental health condition (i.e., depression, anxiety, eating disorder)                      \_\_\_ Other \_\_\_\_\_

*Does your child experience any of the following?*

\_\_\_ Nose bleeds                      \_\_\_ Frequent ear aches                      \_\_\_ Overweight for age                      \_\_\_ Physical disability  
\_\_\_ Poor appetite                      \_\_\_ Frequent stomach aches                      \_\_\_ Frequent headaches                      \_\_\_ Fainting spells  
\_\_\_ Tires easily                      \_\_\_ Emotional concerns                      \_\_\_ Underweight for age                      \_\_\_ Other \_\_\_\_\_

Do any of the above condition(s) limit/affect your child at school? \_\_\_\_\_

**LIFE-THREATENING CONDITIONS**

Does your child have a life-threatening health condition? Yes \* \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

**\*If yes, a meeting with the school nurse is required. Washington State Law requires medication or treatment orders and a health care plan be in place prior to starting school.**

**ALLERGIES**

Plants \_\_\_ Animals \_\_\_ Food \_\_\_ Molds \_\_\_ Drugs \_\_\_ Bees \_\_\_ Other \_\_\_\_\_

Please describe the allergic reaction and the treatment for **each** checked allergy \_\_\_\_\_

Do you plan for your child to receive school prepared meals? Yes \* \_\_\_ No \_\_\_

\*an additional form must be completed for food allergies

**MEDICATION**

Does your child take any medication? Yes \_\_\_ No \_\_\_ If yes, name of medication: \_\_\_\_\_

Purpose \_\_\_\_\_ Will medication be needed at school? Yes\* \_\_\_ No \_\_\_

**\*If your child needs to take medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.**

**HEARING/VISION**

Do you have concerns about your child's hearing? Yes \_\_\_ No \_\_\_ Does your child wear hearing aides? Yes \_\_\_ No \_\_\_

Do you have concerns about your child's vision? Yes \_\_\_ No \_\_\_ Does your child wear glasses or contacts? Yes \_\_\_ No \_\_\_

**SPEECH/LANGUAGE**

Do you have concerns about your child's speech and/or language? Yes \_\_\_ No \_\_\_ Do others have difficulty understanding your child? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

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

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





# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

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 Immunization Registry.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_ Sex: \_\_\_\_\_

Symbols below:   
 ◆ Required for School and Child Care/Preschool   
 ● Required for Child Care/Preschool Only

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

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

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)	1			
	2			
● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4	1			
	2			
Hepatitis A (Hep A)	1			
	2			
Meningococcal (MCV, MPSV)	1			
	2			
Human Papillomavirus (HPV)	1			
	2			
	3			

Office Use Only: Immunization information updated and verified with parent/guardian permission:

Printed Staff Name	Date	Printed Staff Name	Date

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

**1)  Chickenpox disease verified by printout from CHILD Profile Immunization Registry**  
Must be marked by printout (not by hand) to be valid.

**2)  Chickenpox disease verified by Health Care Provider (HCP)**  
If you choose this box, mark 2A OR 2B below.  
2A)  Signed note from HCP attached OR  
2B)  HCP signed here and print name below:

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)  
HCP Printed Name: \_\_\_\_\_

**3)  Chickenpox disease verified by school staff from CHILD Profile Immunization Registry**  
If you choose this box, staff must initial that parent or guardian approves: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

**4)  Chickenpox disease verified by parent\***  
If you choose this box, fill in the date or child's age when he or she had the disease:  
Age/Date of disease: \_\_\_\_\_  
\*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

**Documentation of Disease Immunity**  
I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)  
HCP Printed Name: \_\_\_\_\_

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.**

**#1 To print with info filled in:** First, ask if your health care provider's office puts vaccination history into the CHLD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHLD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHLD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
DTaP	<b>1</b>	01	12	2011
DTaP	<b>2</b>	03	20	2011
DTaP	<b>3</b>	06	01	2011

**#2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box.

**#3** Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

**#4** 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**.

**#5** If your child has had chickenpox (varicella) disease and not the vaccine, use only one of these four options to record this on the CIS:

- If your child's CIS is printed directly from the CHLD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- If school staff access the CHLD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>

**#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

**#7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

**#8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order				(For updated lists, visit <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf">http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf</a> )			
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
AectHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrcel)	DTaP + IPV
Comvax (Cmrvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)

Vaccine Abbreviations in alphabetical order				(For updated lists, visit <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf">http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf</a> )			
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	HPV	Human Papillomavirus	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

# Reference Guide

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

### Ethnicity and Race Data Collection Form

**QUESTION 1.** Is your child of Hispanic or Latino origin? (Check all that apply.)

- |                          |                     |                          |                                     |
|--------------------------|---------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN / MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> | CUBAN               | <input type="checkbox"/> | CENTRAL AMERICAN                    |
| <input type="checkbox"/> | DOMINICAN           | <input type="checkbox"/> | SOUTH AMERICAN                      |
| <input type="checkbox"/> | SPANIARD            | <input type="checkbox"/> | LATIN AMERICAN                      |
| <input type="checkbox"/> | PUERTO RICAN        | <input type="checkbox"/> | OTHER HISPANIC/LATINO               |

**QUESTION 2.** What race(s) do you consider your child? (Check all that apply.)

- |                          |                         |                          |                                     |
|--------------------------|-------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> | ALASKA NATIVE                       |
| <input type="checkbox"/> | WHITE                   | <input type="checkbox"/> | CHEHALIS                            |
| <input type="checkbox"/> | ASIAN INDIAN            | <input type="checkbox"/> | COLVILLE                            |
| <input type="checkbox"/> | CHINESE                 | <input type="checkbox"/> | COWLITZ                             |
| <input type="checkbox"/> | FILIPINO                | <input type="checkbox"/> | HOH                                 |
| <input type="checkbox"/> | HMONG                   | <input type="checkbox"/> | JAMESTOWN                           |
| <input type="checkbox"/> | INDONESIAN              | <input type="checkbox"/> | KALISPEL                            |
| <input type="checkbox"/> | JAPANESE                | <input type="checkbox"/> | LOWER ELWHA                         |
| <input type="checkbox"/> | KOREAN                  | <input type="checkbox"/> | LUMMI                               |
| <input type="checkbox"/> | LAOTIAN                 | <input type="checkbox"/> | MAKAH                               |
| <input type="checkbox"/> | MALAYSIAN               | <input type="checkbox"/> | MUCKLESHOOT                         |
| <input type="checkbox"/> | PAKISTANI               | <input type="checkbox"/> | NISQUALLY                           |
| <input type="checkbox"/> | SINGAPOREAN             | <input type="checkbox"/> | NOOKSACK                            |
| <input type="checkbox"/> | TAIWANESE               | <input type="checkbox"/> | PORT GAMBLE KLALLAM                 |
| <input type="checkbox"/> | THAI                    | <input type="checkbox"/> | PUYALLUP                            |
| <input type="checkbox"/> | VIETNAMESE              | <input type="checkbox"/> | QUILEUTE                            |
| <input type="checkbox"/> | OTHER ASIAN             | <input type="checkbox"/> | QUINAULT                            |
| <input type="checkbox"/> | NATIVE HAWAIIAN         | <input type="checkbox"/> | SAMISH                              |
| <input type="checkbox"/> | FIJIAN                  | <input type="checkbox"/> | SAUK-SUIATTLE                       |
| <input type="checkbox"/> | GUAMANIAN or CHAMORRO   | <input type="checkbox"/> | SHOALWATER                          |
| <input type="checkbox"/> | MARIANA ISLANDER        | <input type="checkbox"/> | SKOKOMISH                           |
| <input type="checkbox"/> | MELANESIAN              | <input type="checkbox"/> | SNOQUALMIE                          |
| <input type="checkbox"/> | MICRONESIAN             | <input type="checkbox"/> | SPOKANE                             |
| <input type="checkbox"/> | SAMOAN                  | <input type="checkbox"/> | SQUAXIN ISLAND                      |
| <input type="checkbox"/> | TONGAN                  | <input type="checkbox"/> | STILLAGUAMISH                       |
| <input type="checkbox"/> | OTHER PACIFIC ISLANDER  | <input type="checkbox"/> | SUQUAMISH                           |
|                          |                         | <input type="checkbox"/> | SWINOMISH                           |
|                          |                         | <input type="checkbox"/> | TULALIP                             |
|                          |                         | <input type="checkbox"/> | YAKAMA                              |
|                          |                         | <input type="checkbox"/> | OTHER WASHINGTON INDIAN             |
|                          |                         | <input type="checkbox"/> | OTHER AMERICAN INDIAN/ALASKA NATIVE |

# CHAUTAUQUA ELEMENTARY SCHOOL

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9309 SW Cemetery Road  
Vashon, WA 98070

Telephone 206-463-2882  
Fax 206-463-0937

## Student Services

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Has your child received any assistance in the following areas:

- \_\_\_\_\_ Counseling
- \_\_\_\_\_ 504 Plan
- \_\_\_\_\_ Title I/LAP
- \_\_\_\_\_ Remedial Reading/Math
- \_\_\_\_\_ Resource Room
- \_\_\_\_\_ Speech Therapy
- \_\_\_\_\_ OT/PT
- \_\_\_\_\_ Self-Contained Special Education
- \_\_\_\_\_ Gifted Education/Challenge
- \_\_\_\_\_ ELL Services
- \_\_\_\_\_ Sensory
- \_\_\_\_\_ Visual Impairment
- \_\_\_\_\_ Hearing Impairment

Is your child currently on an Individualized Education Plan (IEP)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you believe your child is in need of special services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain and complete a Mutual Exchange of Information Form:

---

Parent Signature

Date

## Student Transportation Plan

<b>Student Name</b>	Phone:
To School (AM)* <input type="checkbox"/> Parent Provided <input type="checkbox"/> School Bus**	Take Home (PM)* <input type="checkbox"/> Parent Provided <input type="checkbox"/> School Bus**

**\*\*Student Default Address:**

\_\_\_\_\_

The bus stop closest to this address will be considered the default bus stop for this student. Can be home or daycare.

\*No mid-day bus service for half-day kindergarten students.

<b>Half-Day Kindergarten Students:</b> <input type="checkbox"/> I have no preference. <input type="checkbox"/> I would like my child placed in a AM class. <input type="checkbox"/> I would like my child placed in a PM class.	If requesting AM or PM, please state reason for request: _____ _____
<i>Please note that preference will be given to balanced classes over parental preference.</i>	

This is the base plan for your student after school. If we do not receive a note outlining a different after-school plan, this will be what we follow. If you do have a different plan for your child after school, please contact the office to find out what you need to do to arrange the perfect bus/pick-up note.



# Parent Input Form on Student Placement

Please give us information on your child's . . .

Student Name:

Current Grade:

Strengths-What does your child like about school?

Challenges-Special needs, physical, emotional or social considerations:

Other-Interests, Activities, Hobbies, Friendships, etc:

## NEW STUDENT

As parents, your introduction of your child to our staff is helpful and gives their new teacher a little background. Please share with us as much information as possible that you feel would be beneficial for the new teacher to know.

Thank you for sharing your child with our staff!

Please consider my child for one of the following placements (see reverse for descriptions):

- Multi-Age Classroom\* (Grades 1,2 & 3 together)       Blended Classroom\*\*, if there is one for my child's grade
- Straight Grade

\* **Multi-Age Classroom:** Students in multi-age stay with the same teacher and group of friends in a three year cycle. These friends and teachers work closely and form a close group of community during their three-year rotation together. Mathematics is provided at the grade level – first with other first graders, second with other second graders, etc. The curriculum is a three year cycle where students progress at a developmentally appropriate level rather than a chronological continuum. Parents seeking instructional based projects and centers may favor the multi-age instructional pathway.

\*\* **Blended Classroom:** A blended class is an excellent environment for students who are capable of working independently and enjoy interacting with their peers, regardless of grade level. While students do not study the same units as their peers in the straight grades, the academic and social skills appropriate to each grade level are taught. It's an opportunity for a class to have a flexible weekly schedule, and for students to become friends with others they might not normally get to know. **Unlike the multi-age program which spans three years, the blended classroom is a response to class size overloads at more than one grade level, not necessarily continuing from one year to the next.**



# CHAUTAUQUA ELEMENTARY SCHOOL

Jody Metzger, Principal

9309 SW Cemetery Rd.  
Vashon, WA 98070  
Telephone (206) 463-2882  
Fax (206) 463-0937

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

To the principal of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the school records of:

Student	Grade	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

To Chautauqua Elementary School, where he/she is now enrolled.

Sincerely,

  
Jody Metzger  
Principal

+++++

To whom it may concern: I hereby consent to the release and/or exchange of pertinent medical and psychological information, transcript of grades earned to the date of withdrawal, and cumulative health card(s) for the above-named student(s).

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