



Welcome!

We are excited to have your child attend Mead School District.

Please make sure that all of the following registration documents are completed in full and returned to your child's school.

Registration Forms for the upcoming school year will be accepted starting March 1st.



- ✓ Registration Form (2 pages)
- ✓ Home Language Survey
- ✓ Federal Ethnicity form
- ✓ Residency Verification (2 pieces)
 - Mortgage Statement or Lease Agreement
 - Current Utility Bill
- ✓ Electronic Resources Guide for Students
- ✓ Health Information & Emergency Treatment form
- ✓ Washington State Immunization Record
- ✓ Unofficial transcript (for secondary students) and State Assessment Scores from previous schools
- ✓ Documentation for proof of age (Kindergarten registrants only)

Please come prepared with the name and address of your child's previous school. You will need it for the Request for Transfer of Educational Records that you will sign at your new school.

For additional information visit www.mead354.org and refer to the link to your neighborhood school.



Registration Form

Office Use Only

Entry Date: _____

Teacher: _____

School: _____

Student Number: _____

Child's **Legal** Name: _____
(Please Print) Last First Middle

Preferred name (Optional): _____

BIRTHDATE: _____ AGE: _____ GENDER: ☐ M ☐ F ☐ X GRADE _____ Student Cell # _____

Does one of the following describe your current living situation? ☐ NO ☐ YES (If yes, please check any that apply and complete Enrollment Information for Students Living in Transition)

- ☐ Doubled up – living with another family due to loss of housing, job or income
- ☐ Currently residing in a shelter or transitional housing
- ☐ Currently residing in a hotel/motel due to loss of housing
- ☐ Currently residing in a campsite, recreational vehicle, car, or other situation that would be considered inadequate.

Attended or served by Mead Schools before? YES NO If yes, which school? _____ Year _____

Last school attended _____ City/State/Zip _____ School Year _____

HOUSEHOLD/CONTACT INFORMATION

Household 1 Address: _____

Household 1 Mailing Address _____

Household 2 Address: _____

Household 2 Mailing Address _____

CONTACT 1 _____ Lives at ☐ Household 1 ☐ Household 2

Primary Phone _____ Ph Type _____ 2nd Phone _____ Ph Type _____

3rd Phone _____ Ph Type _____ Preferred e-mail _____

Relationship to student _____ ☐ Has Custody ☐ Lives with ☐ May pick up ☐ Emergency Contact

CONTACT 2 _____ Lives at ☐ Household 1 ☐ Household 2

Primary Phone _____ Ph Type _____ 2nd Phone _____ Ph Type _____

3rd Phone _____ Ph Type _____ Preferred e-mail _____

Relationship to student _____ ☐ Has Custody ☐ Lives with ☐ May pick up ☐ Emergency Contact

CONTACT 3 _____ Lives at ☐ Household 1 ☐ Household 2

Primary Phone _____ Ph Type _____ 2nd Phone _____ Ph Type _____

3rd Phone _____ Ph Type _____ Preferred e-mail _____

Relationship to student _____ ☐ Has Custody ☐ Lives with ☐ May pick up ☐ Emergency Contact

CONTACT 4 _____ Lives at ☐ Household 1 ☐ Household 2

Primary Phone _____ Ph Type _____ 2nd Phone _____ Ph Type _____

3rd Phone _____ Ph Type _____ Preferred e-mail _____

Relationship to student _____ ☐ Has Custody ☐ Lives with ☐ May pick up ☐ Emergency Contact

Is any Parent/Guardian: Active Duty Military? ____ YES ____ NO National Guard? ____ YES ____ NO Military Reserve? ____ YES ____ NO

Is there a JOINT CUSTODY OR PARENTING PLAN in effect? ____ YES ____ NO (if yes, plan must be on file with the school for enforcement)

Is there a RESTRAINING ORDER in effect? ____ YES ____ NO (If yes, legal papers must be on file with the school for enforcement.)

Is the student in Foster Care? ____ YES ____ NO

Has your child ever qualified in the following areas? ____ Special Ed ____ 504 Previous Suspensions or Expulsions? ____ YES ____ NO

Has your child ever participated in: ____ TITLE ____ LAP ____ GIFTED ____ ESL ____ OTHER _____

Additional Information (Continued)

PLEASE LIST ALL SIBLINGS ATTENDING MEAD SCHOOLS:

FIRST NAME	LAST NAME	SCHOOL	GRADE

Please indicate your willingness to receive general notifications via phone regarding activities and events (fundraisers, concerts, ASB and other student functions, School Board actions, parent night, meetings, etc.) by selecting one of the following options and signing.

☐ YES ☐ NO Parent/Guardian signature _____

Emergency Contacts/Authorizations

Emergency Medical Authorization

Does your child have a **LIFE-THREATENING** ALLERGIC REACTION OR MEDICAL CONDITION? YES NO If so, describe:

☐ Check here if any of the above health conditions concerning your child are **life threatening**. If so, State law requires that medication/treatment orders and a nursing care plan be in place before the student attends school (RCW 28A.210).

If it is necessary for your child to take medication at school, you must provide the school with the physician's written instruction and your written permission. Medication at school must be kept in its original container. No medication of any kind (prescription or non-prescription) will be given at school unless the above conditions are met.

I **do not** authorize emergency treatment of this child by staff of any hospital emergency room: ☐ _____
Please initial

In case of illness/injury or other emergency, **when household cannot be contacted**, I authorize the School District to call one of the following:

Emergency Contact _____

PHONE () _____ ALT. PHONE () _____ Relationship _____

Emergency Contact _____

PHONE () _____ ALT. PHONE () _____ Relationship _____

In an emergency I authorize the Mead School District to release my child to the person(s) listed above ___ Yes ___ No

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

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student, including sending the student to his/her resident district.

Legal Parent/Guardian Signature _____ Date _____



School

Cc: Kelly Schultz, Building Registrar



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

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<p>Right to Translation and Interpretation Services</p> <p>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.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>		
<p>Eligibility for Language Development Support</p> <p>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.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p>		
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>		

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.



The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.

Name _____

School _____

Race / Ethnicity Self-Identification Form

Beginning with the 2018-19 school year, all K-12 schools in Washington State are required to collect disaggregated student race and ethnicity data using the U.S. Department of Education's 2007 Race and Ethnicity Reporting Guidelines, with modifications that include many additional categories.

Please select all ethnicities and races that apply or that you wish to identify (2 pages front and back). ****Please note that if you refuse to identify an ethnicity and at least one race, staff at your school will be required to use observation to identify those for your student.**

☐ **HISPANIC OR LATINO** (may check categories and use write-in)

<input type="checkbox"/> Argentine	<input type="checkbox"/> Mexican
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Mestizo
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Native
<input type="checkbox"/> Chicano (Mexican American)	Write in: _____
<input type="checkbox"/> Chilean	<input type="checkbox"/> Nicaraguan
<input type="checkbox"/> Colombian	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Cuban	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Dominican	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Spaniard
<input type="checkbox"/> Guyanese	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Honduran	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Jamaican	<input type="checkbox"/> Venezuelan
	Write in: _____

☐ **MIDDLE EASTERN AND NORTH AFRICAN** (may check categories and use write-in)

<input type="checkbox"/> Algerian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Saudi Arabian
<input type="checkbox"/> Amazigh or Berber	<input type="checkbox"/> Israeli	<input type="checkbox"/> Syrian
<input type="checkbox"/> Arab or Arabic	<input type="checkbox"/> Jordanian	<input type="checkbox"/> Tunisian
<input type="checkbox"/> Assyrian	<input type="checkbox"/> Kurdish Kuwaiti	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Bahraini	<input type="checkbox"/> Lebanese	
<input type="checkbox"/> Bedouin	<input type="checkbox"/> Libyan	Middle Eastern Write in: _____
<input type="checkbox"/> Chaldean	<input type="checkbox"/> Moroccan	
<input type="checkbox"/> Copt	<input type="checkbox"/> Omani	North African Write in: _____
<input type="checkbox"/> Druze	<input type="checkbox"/> Palestinian	
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Qatari	
<input type="checkbox"/> Emirati		
<input type="checkbox"/> Iranian		

Race / Ethnicity Self-Identification Form

☐ **ASIAN** (may check categories and use write-in)

<input type="checkbox"/> Asian Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Bhutanese <input type="checkbox"/> Burmese/Myanmar <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Cham <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Lao	<input type="checkbox"/> Malaysian <input type="checkbox"/> Mien <input type="checkbox"/> Mongolian <input type="checkbox"/> Nepali <input type="checkbox"/> Okinawan <input type="checkbox"/> Pakistani <input type="checkbox"/> Punjabi <input type="checkbox"/> Singaporean <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Tibetan <input type="checkbox"/> Vietnamese
Write in: <hr style="border: 1px solid black;"/>	

☐ **PACIFIC ISLANDER** (may check categories and use write-in)

<input type="checkbox"/> Carolinian <input type="checkbox"/> Chamorro <input type="checkbox"/> Chuukese <input type="checkbox"/> Fijian <input type="checkbox"/> i-Kiribati / Gilbertese <input type="checkbox"/> Kosraean <input type="checkbox"/> Maori <input type="checkbox"/> Marshallese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Ni-Vanuatu <input type="checkbox"/> Palauan	<input type="checkbox"/> Papuan <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Samoan <input type="checkbox"/> Solomon Islander <input type="checkbox"/> Tahitian <input type="checkbox"/> Tokelauan <input type="checkbox"/> Tongan <input type="checkbox"/> Tuvaluan <input type="checkbox"/> Yapese
Write in: <hr style="border: 1px solid black;"/>	

☐ **BLACK** (may check categories and use write-in)

- ☐ **African American**
☐ **African Canadian**

☐ **Caribbean**

<input type="checkbox"/> Anguillian <input type="checkbox"/> Antiguan <input type="checkbox"/> Bahamian <input type="checkbox"/> Barbadian <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) <input type="checkbox"/> British Virgin Islander <input type="checkbox"/> Caymanian (Cayman Island)	<input type="checkbox"/> Cuba Dominican <input type="checkbox"/> Dominican (Dominican Republic) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) <input type="checkbox"/> Grenadian <input type="checkbox"/> Guadeloupian <input type="checkbox"/> Haitian	<input type="checkbox"/> Jamaican <input type="checkbox"/> Martiniquais/Martiniquaise <input type="checkbox"/> Montserratian <input type="checkbox"/> Puerto Rican
Write in: <hr style="border: 1px solid black;"/>		

☐ **Central African**

<input type="checkbox"/> Angolan <input type="checkbox"/> Cameroonian <input type="checkbox"/> Central African (Central African Republic) <input type="checkbox"/> Chadian	<input type="checkbox"/> Congolese (Republic of the Congo) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) <input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Gabonese <input type="checkbox"/> São Toméan <input type="checkbox"/> Príncipe
Write in: <hr style="border: 1px solid black;"/>		

Race / Ethnicity Self-Identification Form

☐ East African

<input type="checkbox"/> Burundian <input type="checkbox"/> Comoran <input type="checkbox"/> Djiboutian <input type="checkbox"/> Eritrean <input type="checkbox"/> Ethiopian <input type="checkbox"/> Kenyan <input type="checkbox"/> Malagasy (Madagascar) <input type="checkbox"/> Malawian	<input type="checkbox"/> Mauritian (Mauritius) <input type="checkbox"/> Mahoran (Mayotte) <input type="checkbox"/> Mozambican <input type="checkbox"/> Reunionese <input type="checkbox"/> Rwandan <input type="checkbox"/> Seychellois/Seychelloise <input type="checkbox"/> Somali <input type="checkbox"/> South Sudanese	<input type="checkbox"/> Sudanese <input type="checkbox"/> Ugandan <input type="checkbox"/> Tanzanian (United Republic of Tanzania) <input type="checkbox"/> Zambian <input type="checkbox"/> Zimbabwean Write in: <hr/>
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☐ Latin American

<input type="checkbox"/> Argentine <input type="checkbox"/> Bolivian <input type="checkbox"/> Brazilian <input type="checkbox"/> Chilean <input type="checkbox"/> Colombian <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Falkland Islander <input type="checkbox"/> French Guianese	<input type="checkbox"/> Guyanese <input type="checkbox"/> Paraguayan <input type="checkbox"/> Peruvian <input type="checkbox"/> South Georgia and the South Sandwich Islands <input type="checkbox"/> Surinamese <input type="checkbox"/> Uruguayan <input type="checkbox"/> Venezuelan	<input type="checkbox"/> Belizean <input type="checkbox"/> Costa Rican <input type="checkbox"/> El Salvadoran <input type="checkbox"/> Guatemalan <input type="checkbox"/> Honduran <input type="checkbox"/> Mexican <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Panamanian Write in: <hr/>
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☐ South African

<input type="checkbox"/> Botswanan <input type="checkbox"/> Mosotho (Lesotho) <input type="checkbox"/> Namibian	<input type="checkbox"/> South African <input type="checkbox"/> Swazi Write in: <hr/>
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☐ West African

<input type="checkbox"/> Beninese <input type="checkbox"/> Bissau-Guinean <input type="checkbox"/> Burkinabé (Burkina Faso) <input type="checkbox"/> Cabo Verdean <input type="checkbox"/> Ivorian (Cote d'Ivoire) <input type="checkbox"/> Gambian	<input type="checkbox"/> Ghanaian <input type="checkbox"/> Liberian <input type="checkbox"/> Malian <input type="checkbox"/> Mauritanian <input type="checkbox"/> Nigerien (Niger) <input type="checkbox"/> Nigerian (Nigeria)	<input type="checkbox"/> Saint Helenian <input type="checkbox"/> Senegalese <input type="checkbox"/> Sierra Leonean <input type="checkbox"/> Togolese Write in: <hr/>
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☐ Write in: _____

Race / Ethnicity Self-Identification Form

The American Indian/Alaska Native (AIAN) race and ethnicity category is disaggregated into two subgroups: Federally Recognized Tribes and Non-Federally Recognized Tribes. The Task Force wishes to respect the unique sovereignty and treaty rights of tribes. In addition to the relationship with the U.S. federal government established through nine treaties, the [Centennial Accord](#) provides a framework for the government-to-government relationship between the state of Washington and each of the twenty-nine federally recognized, sovereign tribes. Students belonging to tribes outside of Washington are able to select their race and ethnicity on the survey by checking a fill-in box and writing in their tribe.

☐ **AMERICAN INDIAN/ALASKA NATIVE** (may check categories and use write-in)

☐ **Washington State Federally Recognized & Non-Federally Recognized Tribes**

<input type="checkbox"/> Chinook Tribe <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation <input type="checkbox"/> Confederated Tribes of the Colville Reservation <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation <input type="checkbox"/> Cowlitz Indian Tribe <input type="checkbox"/> Duwamish Tribe <input type="checkbox"/> Hoh Indian Tribe <input type="checkbox"/> Jamestown S'Klallam Tribe <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation <input type="checkbox"/> Kikiallus Indian Nation <input type="checkbox"/> Lower Elwha Tribal Community <input type="checkbox"/> Lummi Tribe of the Lummi Reservation <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation <input type="checkbox"/> Marietta Band of Nooksack Tribe <input type="checkbox"/> Muckleshoot Indian Tribe	<input type="checkbox"/> Nisqually Indian Tribe <input type="checkbox"/> Nooksack Indian Tribe of Washington <input type="checkbox"/> Port Gamble S'Klallam Tribe <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation <input type="checkbox"/> Quileute Tribe of the Quileute Reservation <input type="checkbox"/> Quinault Indian Nation <input type="checkbox"/> Samish Indian Nation <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation <input type="checkbox"/> Skokomish Indian Tribe <input type="checkbox"/> Snohomish Tribe <input type="checkbox"/> Snoqualmie Indian Tribe <input type="checkbox"/> Snoqualmoo Tribe	<input type="checkbox"/> Spokane Tribe of the Spokane Reservation <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation <input type="checkbox"/> Steilacoom Tribe <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation <input type="checkbox"/> Swinomish Indian Tribal Community <input type="checkbox"/> Tulalip Tribes of Washington <input type="checkbox"/> Upper Skagit Indian Tribe of Washington
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☐ **Alaska Native**
Write in: _____

☐ **American Indian**
Write in: _____

☐ **WHITE** (may check categories and use write-in)

☐ **Eastern European**

<input type="checkbox"/> Polish <input type="checkbox"/> Romanian <input type="checkbox"/> Russian	<input type="checkbox"/> Ukrainian <input type="checkbox"/> Bosnian <input type="checkbox"/> Herzegovinian Write in: <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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☐ **Write in:** _____



GUARDIAN NOTIFICATION ELECTRONIC RESOURCES USED BY OUR STUDENTS

As the parent or guardian of the child named below, I have read and understand Mead School District's [Policy 2022](#) and [Procedure 2022](#) on Electronic Resources (<https://tinyurl.com/MSD-Board-Policies>). I acknowledge the District will provide all students access to the Internet, to computer network services, including an email account and to online learning platforms as needed for classes in which they are enrolled.

Mead supplies minimal COPPA-compliant information to these platforms. For more information visit these sites: https://edu.google.com/k-12-solutions/privacy-security/?modal_active=none and <https://www.ftc.gov/search/site/coppa>.

The majority of platforms we use support the Student Privacy Pledge (<http://studentprivacypledge.org/>).

A student's access to electronic resources may be abridged if he/she fails to abide by Mead School District's Policy and Procedure 2022 and Electronic Resources.

I understand and agree my child will abide by Mead School District's Policy and Procedure 2022 on Electronic Resources. I have discussed with my child the rules and regulation and he/she will abide by them.

Hold Harmless

Mead School District makes no warranties of any kind, whether express or implied, for the electronic resources it provides. Use of any information obtained via the network is at your own risk. The Mead School District specifically denies any responsibility for quality of information obtained through its electronic systems. Users must be aware that there are services available on the network that might be offensive to certain groups of users. The administrators of Mead's electronic resources cannot eliminate access to all such services.

The District does not guarantee that the network will be error-free or that services will not be interrupted on occasion. The District will not be liable for any direct or indirect, incidental or consequential damages, costs, expenses or fees that may be suffered or incurred due to information gained, data lost or inability to use the network.

Student Image Opt Out

If you wish to have your student's image excluded from publications such as yearbooks, student directories, newsletters or web platforms, please submit a letter naming your child and specifying the publications from which you prefer to exclude your child to your building principal no later than the first Monday of October or within 10 days of registration.

Revised January 2021



Text Messaging

Mead School District engages SchoolMessenger, an industry leader, to provide the communication tools we use to deliver important information to you. **SMS text messaging**, or Short Message Service texting, enhances our existing means of communication (e-mail and phone calls) by allowing us to send quick, brief messages directly to your phone. Currently the district plans to use this service only to provide alerts and emergency information.

In order to participate in this free* service, you must indicate your willingness to receive text messages to your phone. The process is simple and only takes a few seconds to complete.

You'll want to repeat the opt-in process for any wireless numbers that you wish to include.

Simply text any one of the following to the number **67587**:
Subscribe, Optin, Yes or Y.

You'll know you were successful if you receive the following reply message:

You are registered to receive aprox 3 msgs/mo. Txt STOP to quit, HELP for help.



You may also opt out of these messages at any time by simply replying to one of our messages with **"Stop"**.

Please note: In addition to performing the opt-in process above you must ensure that the district has your wireless number(s) in our student information database. If you haven't already provided that information to your school please contact them and do so.

The district will be officially launching the new service in late March, 2018, so until then you won't receive any text messages.

SchoolMessenger is compliant with the Student Privacy Pledge™, so you can rest assured that your information is safe and will never be given or sold to anyone.

**Opt-In from
your mobile
phone now!**



**Just send
"Y" or "Yes"
to 67587**

Info on SMS texting and Short Codes:

SMS stands for Short Message Service and is commonly referred to as a "text message." Most cell phones support this type of text messaging. SchoolMessenger uses true SMS protocol developed by the telecommunications industry specifically for mass text messaging, referred to as "short code" texting. This method is fast, secure and highly reliable because it is strictly regulated by the wireless carriers and only allows access to approved providers. If you've ever sent a text vote for a TV show to a number like 46999, you have used short code texting.

*Terms and Conditions – Message frequency varies. Standard message and data rates may apply – check with your carrier. Mobile carriers are not liable for delayed or undelivered messages. See schoolmessenger.com/txt for more info.

HEALTH INFORMATION AND EMERGENCY MEDICAL TREATMENT

Child's Name _____ Legal Name _____ Birth Date _____
Last First M.I. (If Different)

Address _____ Zip _____ Phone _____ Grade _____ Teacher _____

Living With: (Circle One) Both Parents Mother Only Father Only Self Agency Legal Guardian Other _____

Father/Mother/Guardian Name _____ Best Phone _____ E-Mail _____
(Circle One)

Father/Mother/Guardian Name _____ Best Phone _____ E-Mail _____
(Circle One)

PLEASE CIRCLE ANY LIFE-THREATENING CONDITIONS

RCW 28A.210 requires that students with life-threatening conditions must have physician orders and a nursing care plan before attending school. This information may be shared with school district staff that have a "need to know," in order to provide a healthy, safe environment.

NO KNOWN HEALTH CONCERNS <input type="checkbox"/>	
HEART PROBLEM	Type: _____ Special Needs: _____
DIABETES	Medication: _____ Special Needs: _____
SEIZURE DISORDER - Epilepsy, etc.	Type: _____ Special Needs/Medication: _____
NEUROLOGICAL PROBLEM Hydrocephalus, cerebral palsy, etc.	Type: _____ Special Needs/Medication: _____
A.D.D./A.D.H.D.	Special Needs/Medication: _____
SEVERE ALLERGIES TO: Foods, Insects, medication, etc. Life Threatening? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type & Reaction: _____ Medication Needed: _____
RESPIRATORY PROBLEM Asthma, Cystic Fibrosis, etc.	Severity: _____ Special Needs/Medication: _____
ORTHOPEDIC PROBLEM Arthritis, Scoliosis, Braces, Wheelchair	Type: _____ Surgeries/Limitations: _____
CANCER, LEUKEMIA, TUMORS	Type: _____ Special Needs/Medication: _____
DIGESTIVE PROBLEMS - Ulcer, Colitis, etc.	Type: _____ Special Needs/Medication: _____
URINARY, KIDNEY DISORDER - Nephritis, etc.	Type: _____ Special Needs/Medication: _____
VISION PROBLEM OR COMPLETE LOSS	Type: _____ Special Needs/Corrections: _____
HEARING PROBLEM OR COMPLETE LOSS	Describe: _____ Special Needs: _____
SERIOUS ILLNESSES, INJURIES, OPERATIONS	Describe/Dates: _____ Special Needs: _____
OTHER DIAGNOSED HEALTH PROBLEMS	Describe: _____ Special Needs/Medication: _____

NOTE: If medication is needed at school, please ask the school office for the appropriate forms.

Emergency contact person other than parent to be called if parent cannot be reached:

Name: _____ Phone: _____ Alt Phone: _____ Relationship _____

Name: _____ Phone: _____ Alt Phone: _____ Relationship _____

Dr. _____ Phone _____ Dentist _____ Phone _____

I authorize school staff to contact my child's health care provider and/or 911 to procure emergency treatment for my child, including transportation to the nearest medical emergency facility.

I agree to inform the school of any changes in my child's health care information.

Parent/Legal Guardian Signature: _____ Date: _____

IMMUNIZATION UPDATES

As of August 1, 2020, the revised rule of Chapter 246-105 WAC **requires medically verified immunization records for school and child care entry**. Medically verified record includes one or more of the following:

- A Certificate of Immunization Status (CIS) printed from the Immunization Information System (WAIS)
- A physical copy of the CIS form with a healthcare provider signature
- A physical copy of the CIS with accompanying medical immunization records from a healthcare provider verified and signed by school staff
- A CIS printed from [MyIR](https://wa.myir.net/) by the parent at this web address: <https://wa.myir.net/>
- For out-of-state immunizations that are not in the WAIS, contact the [IIS \(CDC\)](https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html#state) from the state where your child received his/her most recent immunizations. (<https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html#state>)
- Please contact your health care provider if you do not have a completed CIS to bring to the school for registration.

As of the 2020-2021 school year all students attending grades 7 through 12 must have had one dose of Tdap vaccine:

- For students in 7th and 8th grade, the Tdap vaccine must be given at or after age 10 to be accepted for school entry.
- For students in 9th to 12th grades, the Tdap vaccine must be given at or after age 7 to be accepted for school entry.

Parents– Are Your Kids Ready for School?

Required Immunizations for School Year 2023-2024



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 09/01/2023	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 09/01/2023	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 10th	5 doses DTaP* <i>Plus</i> Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
11th through 12th	5 doses DTaP* <i>Plus</i> 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 that are 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 civil.rights@doh.wa.gov.

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Vaccine	Dose #	Minimum Age	Minimum Interval* Between Doses	Notes
Hepatitis B (Hep B)	Dose 1	Birth	4 weeks between dose 1 & 2	2 doses are acceptable if both doses are documented as adult doses of Recombivax HB* given between ages 11 and 15. The doses must be separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP and Tdap)	Dose 1	6 weeks	4 weeks between dose 1 & 2	A 6 month interval is recommended between dose 3 and dose 4, but a minimum interval of 4 months is acceptable. Dose 5 not needed if dose 4 on or after the 4th birthday and at least 6 months after dose 3
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	DTaP can be given to children through age 6. If catch-up doses are needed at age 7 and older, Tdap is used followed by additional doses of Tdap or Td if needed. A Tdap booster dose is required for all students in grades 7-12. For students in 7th–10th grade, Tdap dose is acceptable if given on or after 10 years of age. For students in 11th–12th grades, Tdap dose is acceptable if given on or after 7 years of age.
	Dose 5	4 years	—	
	Booster	10 years	—	
Haemophilus influenzae type B (Hib)	Dose 1	6 weeks	4 weeks between dose 1 & 2	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be ≥12 months of age. Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 12.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Pneumococcal Conjugate (PCV13)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 17. Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Dose 4 not needed if dose 3 on or after the 4th birthday and at least 6 months after dose 2. OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	4 years	—	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between dose 1 & 2	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see* footnote.
	Dose 2	13 months	—	
Varicella (Chickenpox) (VAR)	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years). 4 weeks between dose 1 & 2 (13 years and older)	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable. Must be given the same day as MMR OR at least 28 days apart, see* footnote. Healthcare provider verification of disease history is acceptable to document immunity.
	Dose 2	15 months	—	

*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist).

See the Individual Vaccine Requirements Summary for more details about the schedules: <https://www.doh.wa.gov/SCCI>

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Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: _____		First Name: _____		Middle Initial: _____		Birthdate (MM/DD/YYYY): _____	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.					
X		X		Parent/Guardian Signature Required if Starting in Conditional Status		Date	

Parent/Guardian Signature _____		Date _____		Documentation of Disease Immunity (Health care provider use only)			
X		X		If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.			
X		X		I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.			
X		X		<input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Polio (all 3 serotypes must show immunity)			
X		X		Licensed Health Care Provider Signature Date			
X		X		Printed Name			

Required Vaccines for School or Child Care Entry						
▲ Required for School	▲ Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
▲ DT or Td (Tetanus, Diphtheria)						
▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
▲ IPV (Polio) (any combination of IPV/OPV)						
▲ OPV (Polio)						
▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)		
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td		
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib + IPV	Trumenba	MenB		
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twiairix	Hep A + Hep B		
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A		
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella		
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B				

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 June 2021



Transportation Services

The Mead School District provides transportation to and from school for K-12 grade students who live outside the suggested walk area for their assigned school.

We require families to pre-register their children if they plan on using bus transportation regardless if they have been riding the bus the previous year. Please visit www.mead354.org and click on Transportation. You will find the registration link near the center of the transportation page. Once you have registered, the transportation team will contact you via email with a link to "where to find my stop."

We utilize over 100 buses to transport students to and from school and extracurricular/sporting events. Our goal is to provide safe, professional, timely, and cost-effective transportation services which support the focus on planning for future students' needs. Our buses are equipped with GPS units and video systems. These systems aid in locating buses in emergency situations, help with routing efficiency, and assist our drivers and schools in supporting positive student behavior on the bus.

We encourage students to arrive at their **assigned** bus stop 5 minutes before the scheduled pick-up time and ride the bus to AND from their **assigned** bus stop.

Transportation Department office hours during the school year are Monday-Friday, 6 am to 5 pm. You can reach us by phone (509-465-6107) or email (transportation@mead354.org).