



**BELLINGHAM PUBLIC SCHOOLS**

Has your child ever attended Bellingham Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of school(s) attended:		Dates attended:	
Student Legal Last Name:		Legal First Name:		Legal Middle Name:	
Student Preferred Last Name:		Preferred First Name		Preferred Middle Name:	
Student Preferred Last Name:		Preferred First Name		Birthdate(MM/DD/YY)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female	Grade	Birthplace: City	State	Country
<i>If your child was born outside the United States:</i>		Date of Initial Enrollment in US Public School (mm/dd/yy)		Number of Months of K-12 Schooling Outside US	
<i>Ethnicity &amp; Race Info – see additional page</i>		Language Student Currently Speaks:		Language First Spoken By Student:	
<i>Ethnicity &amp; Race Info – see additional page</i>		Language Student Currently Speaks:		Lang. Spoken at Home:	

Name of Last School(s) Attended:	Date Last Attended:	Previous School Location (City & State):
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<b>#1 Primary Household (where student resides)</b>						
Last Name		First Name		Relationship to Student		
Home Phone: <input type="checkbox"/> Unlisted		Cell Phone:		Work Phone:		
Email:						
Last Name		First Name		Relationship to Student		
Cell Phone:		Work Phone:				
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State

<b>#2 Second Household</b>						
Last Name		First Name		Relationship to Student		
Home Phone: <input type="checkbox"/> Unlisted		Cell Phone:		Work Phone:		
Email:						
Last Name		First Name		Relationship to Student		
Cell Phone:		Work Phone:				
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State

Is there a joint custody or parenting plan in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Attached (If yes, copy must be on file with school)
Is there a restraining order in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Attached (If yes, copy must be on file with school)



# BELLINGHAM PUBLIC SCHOOLS

## Student Registration Form Middle and High School

If yes, restraining order is against:

Does your student have health insurance?  Yes  No Provider: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contacts – Please list adults you trust who are available during the day to pick up and provide care for your child in the event we can't reach a parent/guardian.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Student Home Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Has this student taken the MSP, HSPE, EOC, or another state standardized test?  Yes  No

If yes, indicate the school where test was taken: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Has this student been suspended or expelled?  Yes  No

Date of most recent incident: \_\_\_\_\_ For weapons or dangerous behavior?  Yes  No

Was student returned to school?  Yes  No

Has your child ever qualified for or received Special Education services?  Yes  No Current IEP?  Yes  No

Has your child ever qualified for or had a 504 plan?  Yes  No

Has your child ever received Chapter/LAP services?  Yes  No If yes,  Math  Reading

Has your child ever participated in:  Gifted/HCL  Title1  ESL  Other \_\_\_\_\_

Has your child ever been retained?  Yes  No If yes, at what grade level(s): \_\_\_\_\_

Has your child ever received migrant services?  Yes  No

Does your child have a parent or guardian who is EITHER a member of the active duty US Armed Forces; OR a member of the reserves of the US Armed Forces; OR a member of the Washington National Guard?  Yes  No

Please list other siblings attending Bellingham Public Schools

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Verification of Information

The information on this form is true and accurate as of this date.

I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Bellingham Public Schools.

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

*Staff use only – please do not write in gray boxes*

StuId#: _____	Address Verification: _____	Health Alert	AM Bus _____	Transfer: <input type="checkbox"/> Y <input type="checkbox"/> N
Entry Date: _____	Immunizations: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	PM Bus _____	Approved: _____
	Birth Certificate: _____			



## AFFIDAVIT OF STUDENT RESIDENCE

For the purpose of determining a students' legal residence relative to school attendance areas in Bellingham Public Schools, the legal definition of residence reads as follows:

*WAC 392-137-115 Student residence-Definition. As used in this chapter, the term "student residence" means the physical location of a students' principal abode – i.e., the home, house, apartment, facility, structure, or location, etc. – where the student lives the majority of the time. The following shall be considered in applying this section:*

- 1. The mailing address of the student – e.g. parents' address or post office box-may be different than the student's principal abode.*
- 2. The student's principal abode may be different than the principal abode of the student's parent(s).*
- 3. The lack of a mailing address for a student does not preclude residency under this section.*
- 4. If students are expected to reside at address for twenty consecutive days or more.*

**A copy of a current gas or electric bill (sewer and/or water bills are not accepted as proof of address) with your name, and current address, must be attached in order to complete the registration process and have a scheduling packet available for your student.**

I hereby certify, pursuant to the Washington Administrative Code (WAC 392-137-115 Definitions) that:

Name of student \_\_\_\_\_

legally resides at \_\_\_\_\_

**I understand that if it should be determined that the student does not reside at the above listed address, he/she may be transferred to his/her resident school.**

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

\_\_\_\_\_  
Date



## Ethnicity and Race Data Collection Form

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

**PLEASE ANSWER QUESTIONS 1A OR 1B AND QUESTION 2**

**QUESTION 1. A.** Is your child of Hispanic or Latino origin? (if so, check all that apply)

<input type="checkbox"/> CUBAN <input type="checkbox"/> DOMINICAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> PUERTO RICAN	<input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> OTHER HISPANIC/LATINO
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**QUESTION 1. B.** Child is not Hispanic/Latino

**NOT 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"/> WHITE  <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <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"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE  <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN  <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHEHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT <input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE KLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINALT THAI <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUIATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> YAKAMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN
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This information is required by the Washington State Office of the Superintendent of Public Instruction (OSPI), per Bulletin No. 004-10 Assessment and Student Information

**I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date



## Office of Superintendent of Public Instruction (OSPI) Home Language Survey

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<b>School Name:</b> _____			
<b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.		All parents have the right to information about their child's education in a language they understand.	
		1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Eligibility for Language Development Support</b> Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		2. What language did your child learn first? _____	
		3. What language does your child use the most at home? _____	
		4. What is the primary language used in the home, regardless of the language spoken by your child? _____	
		5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___	
<b>Prior Education</b> Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <i>This form is not used to identify students' immigration status.</i>		6. In what country was your child born? _____	
		7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 <sup>th</sup> grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____	
		8. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade) _____ Month                  Day                  Year	

*\*Note to district: A response of a language other than English to question #2 OR #3 triggers ELL placement testing.*

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.

### Additional Questions:

- Have you and/or your family moved in the last 3 years? Yes\_\_\_ No\_\_\_
- Was the purpose of your move to work in agriculture or the fishing industry? Yes\_\_\_ No\_\_\_
- Or are you currently working in either of the industries above? Yes\_\_\_ No\_\_\_



ANNUAL STUDENT HEALTH CONCERNS DOCUMENT

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

Student Name \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**LIFE THREATENING ALLERGY**

**Requiring an Epinephrine Auto Injector in school and medical follow-up. \*\* Must contact school nurse**

Life threatening allergy to: \_\_\_\_\_

Other Allergies, Not Life-Threatening but needs to avoid:

**ASTHMA:**

- Intermittent:- Student who has symptoms of wheezing and coughing no more than 2 days a week, with nighttime flare-ups twice a month or less. Outside of these few episodes, free of symptoms.
- Mild –Symptoms occur more than twice a week but less than once a day, flare-ups may effect activity.
- Moderate –Symptoms occur daily, flare-ups usually last several days. Symptoms disrupt normal activities and make it difficult to sleep.
- Severe –Symptoms occur daily and often, also curtail the student's activities and disrupt sleep.
- Inhaler/medications at school \*see instructions below

**ATTENTION DEFICIT DISORDER:**

- Medication at school \*see instructions below
- Medication at home
- Diagnosed, un-medicated

**DIABETES:**

**\*\*must contact the school nurse**

- Insulin dependent and will need a school program set up
- Not insulin dependent and will need school program set up

**HEARING CONCERNS:**

- History of hearing loss: right ear \_\_\_\_ left ear \_\_\_\_
- Wears hearing aid in left and/or right ear (circle one)

**VISION PROBLEMS:**

- Blind in one eye: right eye \_\_\_\_ left eye \_\_\_\_
- Other vision issue: \_\_\_\_\_
- Wears Glasses       Wears Contacts

**SEIZURES:**

**\*\* must contact school nurse**

- Medication at school \* see instructions below
- Medication at home
- History of seizures, but not presently medicated

Date of Last Seizure: \_\_\_\_\_

**PHYSICAL RESTRICTIONS THAT WOULD LIMIT ACTIVITY:**

Skeletal (bone) or muscular limitations: \_\_\_\_\_

**OTHER HEALTH OR MEDICATION NEEDS:**

Medication your child needs at school not listed:  
\*see instructions below  
\_\_\_\_\_

**ADDITIONAL HEALTH CONCERNS THAT WOULD AFFECT SCHOOL PERFORMANCE:**

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

\* **MEDICATION AT SCHOOL:** Must submit Authorization for Administration of Medication at School, which can be obtained from the school office or on the BSD website. This form must be completed by a Licensed Health Care Provider before medication can be given.

\*\* **LIFE-THREATENING CONDITION:** Must contact school nurse! A healthcare plan and all medications must be in place with the school before the student can attend school.

**AUTHORIZATION FOR EMERGENCY PROCEDURE**

If the parents and Licensed Health Care Provider named on the registration record cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child (properly accompanied) to the hospital or Licensed Health Care Provider most easily accessible. I understand that I will assume full responsibility for the payment of any service rendered.

**The above checked health concerns may be shared with school personnel on a "need to know" basis.**

Parent/Guardian Signature: \_\_\_\_\_

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



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

**Office Use Only:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

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

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YY):</b>	<b>Sex:</b>
_____	_____	_____	_____	_____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

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

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

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

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Required Vaccines for School or Child Care Entry	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
◆ <b>DTaP, DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b> <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						

Recommended Vaccines (Not Required for School or Child Care Entry)						
<b>Flu</b> (Influenza)						
<b>Hepatitis A</b>						
<b>HPV</b> (Human Papillomavirus)						
<b>MCV, MPSV</b> (Meningococcal)						
<b>MenB</b> (Meningococcal)						
<b>Rotavirus</b>						

**Documentation of Disease Immunity**  
*Healthcare provider use only*

**If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider**

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<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	

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

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Printed Name \_\_\_\_\_

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

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

**To fill out the form by hand:**

**#1** Print your child's name, birthdate, sex, and sign your name where indicated on page one.

**#2 Vaccine information:** Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**#3 History of Varicella Disease:** If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

**#4 Documentation of Disease Immunity:** If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

**Reference guide for vaccine abbreviations in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

**Reference guide for vaccine trade names in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		



## OPT-OUT OF RELEASE OF STUDENT DIRECTORY INFORMATION

Parents/guardians should only complete this Form 4011F-1 if they do not want information shared about their child per policy and procedure 4011/P. If restriction is desired, please submit this form to your school or District Office, 1306 Dupont St., Bellingham, WA 98225. This form must be submitted annually to keep the restriction active.

### HIGH SCHOOL ONLY: MILITARY RECRUITMENT OPT-OUT

- Please do not release student directory information (name, phone, address, etc.) to military recruiters as required by law.

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### STUDENT DIRECTORY INFORMATION OPT-OUT

- Please do not publicly recognize my child for awards or release their name, photo or other student directory information.

Checking this box restricts your child's name, photo and directory information from being published in staff-produced district and school newsletters and publications (including event, activities and athletic programs), recognition, public displays of student work with names or photo, honor roll and graduation lists, district/school websites and social media, district/school photos and video, classroom video recording by higher education/practicum students, etc. Parents/guardians may not authorize certain parts of school-related publicity and not others while having an active 4011F-1 on file. Customized parent permission forms are not to be used for this purpose.

If no documentation is on file, it will be assumed that permission for release of directory information has been granted.

Please be aware that ensuring **student privacy is not possible at school-or-district-sponsored public performances or athletic/activities events where cameras are permitted.** Other students, parents, community members and news media may record/photograph/film at events and publicly share this information. By choosing to have their children participate in such activities and programs, parents/guardians are agreeing to this condition. Also, student-produced news is not legally considered student directory information. Parents/guardians who do not want their children included in student-produced news should not have their children pose for these photos or participate in student media. In addition, the district does not have control of outside news media/ publications. News media access to non-public locations and events, such as inside a classroom, will be conditioned upon agreement to honor parent/guardian preferences.

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### YEARBOOK OPT-OUT

- Please do not include my child (name, phone, etc.) in the elementary, middle or high school yearbook/annual.

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### PTA DIRECTORY INFORMATION OPT-OUT

- Please do not release student directory information (name, phone, address, etc.) to parent organizations for school directories. By checking this box, your family will not be listed in the school directory.

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STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

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SIGNATURE OF PARENT/GUARDIAN OR SIGNATURE OF STUDENT IF 18 YEARS OF AGE OR OLDER \_\_\_\_\_ DATE \_\_\_\_\_

(File in student's cumulative folder.)



1306 Dupont Street
Bellingham, Washington 98225
(360) 676-6400
www.bellinghamschools.org

Student Housing Questionnaire

Please use one form per family. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

NAME OF STUDENT: FIRST MIDDLE LAST

NAME OF SCHOOL: GRADE: BIRTH DATE: MONTH DAY YEAR AGE:

OTHER CHILDREN LIVING IN THE HOME:

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

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.

- 1. Is this student's home address a temporary living arrangement, other than rental?
2. Is this a temporary living arrangement due to a loss of housing or economic hardship?
3. Is this student in a temporary foster care placement or awaiting foster care?
4. As a student, are you living with someone other than your parent or legal guardian?

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- In a motel
In a shelter
With more than one family in a house or apartment
Moving from place to place
In a location not designed for sleeping accommodations such as a car, park or campsite
Transitional housing (through community agency)
Awaiting Foster Care

ADDRESS OF CURRENT RESIDENCE: (OR)

NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE: (OR)

NAME OF GENERAL AREA OF CURRENT RESIDENCE:

PHONE NUMBER OR CONTACT NUMBER: NAME OF CONTACT:

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

Signature of parent/legal guardian: Date:



1306 Dupont Street  
Bellingham, Washington 98225  
(360) 676-6400  
bellinghamschools.org

## Required Attendance Form for All Families

**SEE REVERSE FOR SIGNATURE AREA.**

**Please use one form per family.**

**Parents/guardians, please sign the reverse and return to your school of ce within 14 days of receipt. Please retain a copy for your records. This information is online at [bellinghamschools.org/attendance](https://bellinghamschools.org/attendance).**

Consistent attendance helps children do well in school, college and at work. Attending school regularly also helps children feel better about school—and themselves. Your child can start building this habit at any age, but the earlier the better so they learn right away that going to school on time, every day is important.

We ask for your help in ensuring that your child attends regularly and is successful in school. **If your child is going to be absent, please contact your school's of ce as soon as possible. Ideally, this would be the day prior or the morning of the absence.**

**We track attendance daily to notice when your student is missing from class, and we will communicate with you to understand why they were absent and to identify barriers and supports.**

### SCHOOL POLICIES, NEW STATE LAWS

It is important that you understand our policies and procedures, as well as Washington state law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children to attend a public school, private school, or a district-approved home school program.

- If your student has three unexcused absences in one month, state law requires we schedule a conference

with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

- In elementary school, after five excused absences in any month, or ten or more excused absences in the school year, the district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your child. A conference is not required if your child has provided a doctor's note, or pre-arranged the absence in writing, and the parent, child and school have made a plan so your child does not fall behind academically. If your child has an Individualized Education Plan or a 504 Plan the team that created the plan needs to reconvene.
- If your child has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed and your child and family may be referred to a Community Truancy Board, or you and your child may need to appear in Juvenile Court. If your child continues to be truant, you may need to go to court.

**If you have questions about attendance or need support, please talk with your school principal.**

### **DID YOU KNOW?**

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind.
- By ninth grade, regular and high attendance is a better predictor of graduation rates than eighth grade test scores.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- Being late to school may lead to poor attendance.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Missing 10 percent (or about 18 days) increases the chance that your child will not read or master math at the same level as their peers.
- By sixth grade, absenteeism is one of three signs that a child may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a child is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.

### **WHAT YOU CAN DO**

- Set a regular bed time and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day and time school starts and monitor the school calendar closely.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your child's attendance. Missing more than nine days could put your student at risk of falling behind.
- Talk to your child about the importance of attendance.
- Talk to your child's teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful after-school activities, including sports and clubs.

### **Excused absence criteria (Please refer to policy and procedure 3122 for more details):**

- |  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>1.</b> Participation in school-approved activity or instructional program | <b>2.</b> Absence due to illness, health condition, family emergency, religious purpose, etc. | <b>3.</b> Absence for parental-approved activities | <b>4.</b> Absence resulting from disciplinary actions or short-term suspension | <b>5.</b> Extended illness or health condition | <b>6.</b> Excused absence for chronic health condition |
|--|---|--|--|--|--|

For more information about the Becca bill and Common School Provisions Title 28A, visit [app.leg.wa.gov/RCW](http://app.leg.wa.gov/RCW).

**Bellingham Public Schools has provided me with a copy of this attendance information for families. Please sign and return to your school of ce within 14 days of receipt:**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CHILD'S NAME (PRINT)**

\_\_\_\_\_  
**GRADE**

\_\_\_\_\_  
**CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)**

\_\_\_\_\_  
**CHILD'S NAME (PRINT)**

\_\_\_\_\_  
**GRADE**

\_\_\_\_\_  
**CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)**

\_\_\_\_\_  
**CHILD'S NAME (PRINT)**

\_\_\_\_\_  
**GRADE**

\_\_\_\_\_  
**CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)**

\_\_\_\_\_  
**STAFF SIGNATURE**

\_\_\_\_\_  
**DATE RECEIVED**