ENROLLMENT FORM
CHELAN MIDDLE/SENIOR HIGH SCHOOL
CHELAN, WASHINGTON

DATE_____
Grade Level____

Legal Name_____M__F__Ethnic_____
(last) (first) (M.I.)
Birthdate_____ City of Birth_____State_____

Student resides with :_____Relationship_____

****Legal Guardian _____ Joint Custody: Yes ___ No ___

Entered Chelan from:_____
(Name of School)
_____Phone:_____
(Address)
_____Fax:_____
(City, State ZIP)

Legal Father's Name_____Employer_____
Phone_____
Legal Mother's Name_____Employer_____
Phone_____
Step/Father-Mother_____Employer_____
Phone_____

****

Chelan School District Resident YES____ NO____

Street address:_____Phone_____

Mailing Address: _____City_____

Primary home language: _____ E-Mail _____

In case of emergency notify: _____Phone_____

+++PLEASE CHECK ANY THAT MAY APPLY.

____ Any history of placement in Special Education (IEP)?

____ Any past, current or pending disciplinary actions: any history of violent behavior or convictions, adjudication or diversion agreements related to a violent offense, a sex offense, inhaling toxic fumes, a drug offense, a liquor violation, assault, kidnapping, harassment, stalking or arson?

____ Any unpaid fines or fees from other schools?

____ Any health conditions affecting the student's educational needs.

Please supply a brief explanation on any above checked items.

CHELAN MIDDLE / HIGH SCHOOL
- PO BOX 369
215 W. WEBSTER
CHELAN, WA. 98816

****

H.S. (509) 682-4061 M.S. (509) 6824073 FAX (509) 682-5001

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RECORDS & TRANSCRIPT REQUEST

To Whom It May Concern:

_____ GRADE_____

FIRST NAME MIDDLE LEGAL LAST NAME

_____ _____

Student's Birth Date Parent's Last Name if Different

School transferring from:_____

Address:_____

Phone#_____ Fax_____

The above named student has applied for admission to our school. Please send all records to date including **sports physical, immunization records, and any test data or personal information** that might assist us in the guidance and correct placement of the student. **** ANY SPECIAL SERVICES, PSYCHOLOGICAL, COUNSELING, AND/OR SPEECH RECORDS SHOULD BE SENT TO:

SPECIAL EDUCATION DEPARTMENT
LAKE CHELAN SCHOOL DISTRICT
PO BOX 369
CHELAN, WA. 98816

Thank you,

_____
Registrar/School Official

_____
Date

STUDENT HEALTH INFORMATION GRADE_____

STUDENT NAME:_____

PARENT/GUARDIAN:_____Phone-Home_____
Work_____

Emergency contact if parent is not available:

1._____Phone_____

2._____Phone_____

STUDENT MEDICAL HISTORY:

Frequent earaches, infections, colds	Frequent nosebleeds	Heart conditions
Kidney or bladder trouble	Physical defects	Asthma
Eczema/skin trouble	Tuberculosis	Diabetes
Frequent headaches	Speech problem	Convulsions/seizures
Hearing problem	Scarlet fever	Rheumatic fever
Allergic reaction requiring medication	Other health issues	

***Please explain special health problems _____

_____

ALLERGIES:

___plants ___foods ___animals ___bees or insect sting requiring medication

___drugs ___other

**Describe allergic reaction and treatment _____

_____

Do any health problems affect his/her school participation? YES___NO___ **If YES, please explain _____

_____

Is student required to take any medications or treatments? YES___NO___ **If YES, please explain _____

_____

Does the student wear glasses_____contact lenses_____?

***I understand that the information given above may be shared with staff who have a need to know. In the case of a medical emergency, I give district staff my permission to seek medical attention for the above named student at the nearest medical emergency facility. I understand that I will be notified as soon as possible by district staff.

PARENT SIGNATURE:_____DATE:_____

MEDICAL INSURANCE COMPANY: Name_____

Policy Holder_____Policy Number_____

Home Language Survey
Washington State
Transitional Bilingual Instructional Program

Student's Name	Date
School	Grade
SSID	Gender

1. ____Yes ____No If yes, list language(s)	Is a language other than English spoken in the home? Language(s) most often used by : Father _____ _____ Mother _____ _____ Guardian _____ _____
2. ___ Yes ____ No If yes, list language(s)	Is your child's first language a language other than English? _____ _____

_____ ( ) _____
Parent or Guardian's Name Phone Number

_____
Address City Zip

_____
Student's Country of Origin

_____ _____/____/_____
Parent or Guardian's Signature Date

Reference to WAC392-160-005.

- *"Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.*
- *"Eligible student" means any student who meets the following two conditions:*
  - *(a) The primary language of the student must be other than English; and*
  - *(b) The student's English skills must be sufficiently deficient or absent to impair learning.*

IF THE ANSWER TO QUESTION **NUMBER TWO** ABOVE WAS **"YES"**: REFER THE STUDENT FOR TESTING ON THE WASHINGTON LANGUAGE PROFICIENCY PLACEMENT TEST.

Please Complete the Following:

A. _____For how many months has the student attended school in the United States (grades K – 12) before enrolling in this district?

B. _____For how many months has the student received formal education outside the United States in his/her native language (equivalent to grades K – 12) before enrolling in this district?

Guidance:

- One (1) school year = ten (10) months.
- "Formal education" does not include refugee camp schools or other unaccredited programs for children.
- "Native Language" refers to the family's dominant language.

Dear, parents or guardians:

Each year, school districts in Washington are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories used in our district are the same as are used in all Washington school districts. These reports help our district and the state keep track of changes in student enrollment and various outcomes (such as graduation rates) to ensure that all students receive the educational programs and services to which they are entitled. Please provide this information needed by the state as soon as possible.

Students Name: _____

QUESTION 1. Is your son/daughter of Hispanic or Latin Origin? (Circle all that apply.)

NOT HISPANIC/LATINO	MEXICAN/MEXICAN AMERICAN/CHICANO
CUBAN	CENTRAL AMERICAN
DOMINICAN	SOUTH AMERICAN
SPANIARD	LATIN AMERICAN
PUERTO RICAN	OTHER HISPANIC/LATINO

QUESTION 2. What race(s) do you consider your son/daughter (Circle all that apply.)

AFRICAN AMERICAN/BLACK	ALASKA NATIVE
WHITE	CHEHALIS
ASIAN INDIAN	COLVILLE
CAMBODIAN	COWLITZ
CHINESE	HOH
FILIPINO	JAMESTOWN
HMONG	KALISPEL
INDONESIAN	LOWER ELWHA
JAPANESE	LUMMI
KOREAN	MAKAH
LOATIAN	MUCKLESHOOT
MALAYSIAN	NISQUALLY
PAKISTANI	NOOKSACK
SINGAPOREAN	PORT GAMBLE KLALLAM
TAIWANESE	PUYALLAP
THAI	QUILEUTE
VIETNAMESE	QUINAULT
OTHER ASIAN	SAMISH
NATIVE HAWAIIAN	SAUK-SUIATTLE
FIJIAN	SHOALWATER
GUAMANIAN or CHAMORRO	SKOKOMISH
MARIANA ISLANDER	SNOQUALIMIE
MELANESIAN	SPOKANE
MICRONESIAN	SQUAXIN ISLAND
SOMOAN	STILLAGUAMISH
TONGAN	SUQUAMISH
OTHER PACIFIC ISLANDER	SWINOMISH
OTHER WASHINGTON INDIAN	TULALIP
OTHER AMERICAN INDIAN	YAKAMA

LAKE CHELAN SCHOOL DISTRICT NO. 129
P.O. Box 369 • Chelan, Washington 98816 • (509) 682-3515
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

Lake Chelan School District
District Network and Internet
Individual User Informed Consent Form

By signing below, the user (and parent if user is under the age of 18) indicates that he/she has read the terms and conditions as outlined in the Student Handbook (p.14 & 15), understands their significance and agrees to abide by them at all times.

In consideration for the privilege of using the network and in consideration for having access to that public networks, I hereby release the Lake Chelan School District, the Educational Service District #171, Washington School Information Processing Cooperative, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the WedNet including, without limitation, the type of damages identified in the Lake Chelan School District's Acceptable Use Guidelines. Further my child and I agree to abide by the District's policy and procedures for Electronic, Information systems, which we have reviewed and understand; and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges.

My child and I acknowledge and agree that Lake Chelan School District has the right to review, edit, or remove any materials installed, used, stored, or distributed on or through the network or District's system and we hereby waive any right of privacy which my child may otherwise have into such material.

Student Password _____

Signature of User	Signature of Parent or Guardian if student is under 18
Printed Name of User	Printed Name of Parent or Guardian
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Date Signed	Date Signed

This form must be filled out anually. Student must also list their current grade level and their advisory teacher.

Current Grade Level: _____ Advisor: _____

FOR OFFICIAL USE ONLY/DO NOT WRITE BELOW THIS LINE

Account Number/Student Number: _____

Approved by: _____ Date: _____

Reviewed by: Staff Signature	Date:	Is there an accompanying signed Certificate of Exemption on file? ☐ Yes ☐ No

Washington State Department of Health

DOH 348-013
Rev: 10/15/08

Certificate of Immunization Status (CIS)

Child's Last Name:	First Name:	Middle Initial:	Child's Address:
Child's Birthdate:		Child's Sex:	
Parent/Guardian Name:			Parent/Guardian Day Phone:

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.

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

Vaccine	Dose	Date	Age
◆ **Hepatitis B (Hep B)**			
	1		
	2		
	3		
Hepatitis B (Hep B) Alternate schedule for teens			
	1		
	2		
Rotavirus			
	1		
	2		
	3		
◆ **Diphtheria, Tetanus, Pertussis** (DTaP, DTP, DT)			
	1		
	2		
	3		
	4		
	5		
◆ **Diphtheria, Tetanus, Pertussis** (Tdap, Td)			
	1		
	2		
● ***Haemophilus influenzae*** **type b (Hib)**			
	1		
	2		
	3		
	4		

See the back of this page for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.

Vaccine	Dose	Date	Age
● **Pneumococcal (PCV, PPV)**			
	1		
	2		
	3		
	4		
◆ **Polio (IPV, OPV)**			
	1		
	2		
	3		
	4		
Influenza (most recent)			
◆ **Measles, Mumps, Rubella (MMR)**			
	1		
	2		
◆ **Varicella (chickenpox)**			
	1		
	2		

Vaccine	Dose	Date	Age
Hepatitis A (Hep A)			
	1		
	2		
Meningococcal (MCV4, MPSV4)			
	1		
Human Papillomavirus (HPV)			
	1		
	2		
	3		
Other			

I certify that the information provided here is correct and verifiable.

Signature of Parent or Guardian Date

▽ **Verification of varicella disease history** ▽

☐ Health Care Provider (HCP) Verified ▶	☐ Signed note from HCP attached or ☐ HCP provider signature here: ▶	
☐ HCP Verified by Registry ▶	No HCP Sig required if box at left checked.	**If school staff find verification in the Registry, then school staff must:** ▶
☐ Parental Report ▶	**ONLY** acceptable for some grades. Write date or age child had disease:	

Licensed HCP Signature (MD, DO, ND, PA, ARNP) Date

Either initial with parent approval or get parent signature below:

Staff initials indicating parent approval: _____

Parent Signature indicating approval: _____