



Lind-Ritzville Cooperative Schools

"Achieving success together"



507 North E Street
Lind WA 99341

209 E Wellsandt Ave
Ritzville WA 99169

Welcome to the Lind-Ritzville Cooperative Schools, we are very excited for you to join us. Please help us serve you better by using this Registration Checklist below as you collect the information and documents necessary to enroll your child in the Lind-Ritzville Cooperative Schools!

Registration Checklist

Registration Forms - please complete all information on the following pages and don't forget to sign the forms.

- LRCS Registration Forms
- Consent for Release of Information
- Ethnicity & Race Data Collection Form
- Home Language Survey
- Health Information Form
- Student Housing Questionnaire
- Completed Certificate of Immunization Status (CIS)
- Free and Reduced Meal Application (optional)

Parents/Guardian must provide documentation of proof of age/legal name. Examples include: certified birth certificate, adoption records, or any other documents permitted by law.

Buildings will have additional documents and forms for you to complete. Please return all completed forms to your child's school.

If you have additional questions, please contact your students' school office.

Lind Elementary School Secretary Tammy Doyle tdoyle@lrschools.org 509-677-3481

Ritzville Grade School Secretary Stephanie Stokoe sstokoe@lrschools.org 509-659-0232

Lind-Ritzville Middle School Secretary Karissa Labes klabes@lrschools.org 509-677-3408

Lind-Ritzville High School Secretary Michelle Balfe mbalfe@lrschools.org 509-659-1720



Lind-Ritzville Cooperative Schools

New Student Registration Form

SCHOOL: _____
TODAY'S DATE: _____
START DATE: _____

STUDENT INFORMATION

Last Name		First Name		Middle Name	
Gender	M F	Birth Date		Place of Birth	Current Grade
Student Lives With:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Mother/Stepfather
	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Agency	<input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Other: _____
Are there legal situations regarding the student of which the school should be aware? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____					

PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1 Last Name		Parent/Guardian #2 Last Name	
First Name		First Name	
Primary () Cell () Work () Other Phone		Primary () Cell () Work () Other Phone	Second () Cell () Work () Other Phone
Third () Cell () Work () Other Phone	Relationship To Student	Third () Cell () Work () Other Phone	Relationship To Student
Parent/Guardian #1 E-mail Address		Parent/Guardian #2 E-mail Address	

FAMILY #2 INFORMATION (WHERE STUDENT DOES NOT RESIDE) (if applicable)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1 Last Name		Parent/Guardian #2 Last Name	
First Name		First Name	
Primary () Cell () Work () Other Phone	Second () Cell () Work () Other Phone	Primary () Cell () Work () Other Phone	Second () Cell () Work () Other Phone
Third () Cell () Work () Other Phone	Relationship To Student	Third () Cell () Work () Other Phone	Relationship To Student
Parent/Guardian #1 E-mail Address		Parent/Guardian #2 E-mail Address	

PREVIOUS SCHOOL INFORMATION

Has the student attended Lind-Ritzville schools?
 No Yes If yes, please list:
 Name of School(s): _____

SIBLING INFORMATION

Does the student have siblings enrolled in the Lind-Ritzville School District? No Yes If yes, please list:
 Sibling Name: _____ School: _____
 Sibling Name: _____ School: _____
 Sibling Name: _____ School: _____

HEALTH ALERT INFORMATION

Does the student have any current health concerns of which the school should be made aware? No Yes If yes, please indicate on the **Student Health Form**.

HOME LANGUAGE INFORMATION

SEE HOME LANGUAGE SURVEY FOR THIS INFORMATION

EMERGENCY CONTACT AUTHORIZATION

The following individuals may pick up the student from school with written permission from the legal parent/guardian **OR** when contacted by school personnel in an emergency. In the event of an accident or illness, every effort will be made to contact the student's legal parent/guardian first.

Parent/Guardian Initials: _____

#1 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

Last
Name

First
Name

Primary () Cell () Work () Other
Phone

Second () Cell () Work () Other
Phone

Third () Cell () Work () Other
Phone

Relationship
To Student

#2 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

Last
Name

First
Name

Primary () Cell () Work () Other
Phone

Second () Cell () Work () Other
Phone

Third () Cell () Work () Other
Phone

Relationship
To Student

#3 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

Last
Name

First
Name

Primary () Cell () Work () Other
Phone

Second () Cell () Work () Other
Phone

Third () Cell () Work () Other
Phone

Relationship
To Student

SPECIAL PROGRAMS/SERVICES

Has the student received special classes/special education services within the last year? No Yes If yes, please mark all that apply below:

ESL/ELL Gifted OT/PT Self-Contained Special Ed. Resource Room Speech Title I Math Title I Reading 504 Care Plan
 Other: _____

PHOTO RELEASE AUTHORIZATION

The student's photo may be taken for inclusion in: District publications, District websites, and/or other District-related websites; local newspaper articles, magazine articles, and/or letters relating to school activities. Please choose one of the following options:

Yes, I give my permission for photos to be used. No, I do not give permission for photos to be used.

STUDENT DISCIPLINE INFORMATION

Has the student been suspended or expelled from school in the past 12 months? No Yes If yes, please explain below:

Date(s): _____ Reason(s): _____

MILITARY FAMILY INFORMATION (Please mark appropriate box)

- Student has parent/guardian who is a member of active duty U.S. Armed Forces (A)
 Student has parent/guardian who is a member of the Reserves of the U.S. Armed Forces (R)
 Student has parent/guardian who is a member of the Washington National Guard (G)
 Student has more than one parent/guardian who is a member of any of the above (M)
 No affiliation (N) No Response/Refuse to State (Z)

PARENTAR/GUARDIAN SIGNATURE

Signature: _____

Today's Date: _____

OFFICE USE ONLY

Proof of Birth Date on file Immunizations on file

Updated 6/7/2022



Lind-Ritzville Cooperative Schools



CONSENT FOR MUTUAL RELEASE AND/OR EXCHANGE OF INFORMATION

Today's Date: _____

Student's Name: _____ Date of Birth: _____ Grade: _____

INFORMATION ABOUT LAST SCHOOL ATTENDED

Previous School District: _____ School: _____

Street Address: _____ City: _____ State: _____

Phone Number: _____ Withdraw Date from Last School: _____

In accordance with the Family Educational Rights and Privacy Act, and Washington State Law, I hereby authorize the release of all records regarding the above student(s). I understand that I have a right to receive a copy of my own expense, if requested, and have an opportunity for a hearing to change the content of the records. I understand the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent

Parent/Guardian Signature: _____ Date: _____

Please send all pertinent information/records for the student, including:

- Transcript of Grades and Credits
- Withdrawal Grades
- Health Records/Immunizations
- Discipline Records
- Birth Certificate
- Behavior Records
- Attendance
- Special Education Records
- All of the Above Listed Items

Please Send Records to the School Indicated Below

Lind Elementary School (K-5)
 PO Box 340
 Lind, WA 99341
 (509) 677-3481 fax (509) 677-3463
 Attn: Tammy Doyle
 Email: tdoyle@lrschools.org

Lind-Ritzville High School (9-12)
 209 E Wellsandt Ave
 Ritzville, WA 99169
 (509) 659-1720 fax (888) 974-3546
 Attn: Michelle Balfe
 Email: mbalfe@lrschool.org

Ritzville Grade School (K-5)
 401 E 6th Ave
 Ritzville, WA 99169
 (509) 659-0232 fax (888) 974-3546
 Attn: Stephanie Stokoe
 Email: sstokoe@lrschools.org

Lind-Ritzville Academy
 209 E Wellsandt Ave
 Ritzville, WA 99169
 (509) 659-1720 fax (888) 974-3546
 Attn: Paul McAnally
 Email: pmcanally@lrschools.org

Lind-Ritzville Middle School (6-8)
 PO Box 340
 Lind, WA 99341
 (509) 677-3408 fax (509) 677-3420
 Attn: Karissa Labes
 Email: klabes@lrschools.org

Student Name: _____

Lind-Ritzville Cooperative Schools Race/Ethnicity Collection Form

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part 1 and Part 2

Part 1: HISPANIC OR LATINO Is your student of Hispanic or Latino origin? yes no (If "yes" please check all that apply)

- | | | | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Chilean | <input type="checkbox"/> Cuban | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Honduran | <input type="checkbox"/> Native | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Mexican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Venezuelan | |
- Hispanic or Latino** Write in: _____ ****Please also complete Part 2 (Race Category)**

Please note: These race and ethnicity categories are provided by the State of Washington and the Lind-Ritzville Cooperative Schools is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

Part 2: What race(s) do you consider your student? You may check categories and/or use write-in - Check all that apply

AMERICAN INDIAN or ALASKAN NATIVE

- American Indian/Alaskan Native
- American Indian** (Write in): _____ **Alaska Native** (Write in): _____

Washington State Tribes:

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

ASIAN

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Lao | |

Asian Write in: _____

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

- | | |
|---|---|
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Papuan |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohpeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> i-Kiribati / Gilbertese | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Yapese |

Pacific Islander Write in: _____

Lind-Ritzville Cooperative Schools Race/Ethnicity Collection Form

Part 2 Continued - What race(s) do you consider your student?

You may check categories and/or use write-in -- Check all that apply

Black or African American

- Black/ African American
- African American
- African Canadian

Caribbean

- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)
- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupien
- Haitian
- Jamaican
- Martiniquais/Martiniquaise
- Montserratian
- Puerto Rican

Caribbean Write in: _____

Black (Write in): _____

Central African

- Angolan
- Cameroonian
- Central African (Central African Republic)
- Chadian
- Congolese (Republic of the Congo)
- Congolese (Democratic Republic of the Congo)
- Equatorial Guinean
- Gabononese
- São Toméan
- Príncipe

Central African Write in: _____

South African

- Botswanan
- Mosotho (Lesotho)
- Namibian
- South African
- Swazi

South African Write in: _____

East African

- Burundian
- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Mahoran (Mayotte)
- Mozambican
- Reunionese
- Rwandan
- Seychellois/Seychelloise
- Somali
- South Sudanese
- Sudanese
- Ugandan
- Tanzanian (United Republic of Tanzania)
- Zambian
- Zimbabwean

East African Write in: _____

Latin American

- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- French Guianese
- Guatemalan
- Guyanese
- Honduran
- Mexican
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- South Georgia and the South Sandwich Islands
- Surinamese
- Uruguayan
- Venezuelan

Latin American (Write in): _____

West African

- Beninese
- Bissau-Guinean
- Burkinabé (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Liberian
- Malian
- Mauritanian
- Nigerien (Niger)
- Nigerian (Nigeria)
- Saint Helenian
- Senegalese
- Sierra Leonean
- Togolese

West African Write in: _____

WHITE

White

Eastern European

- Bosnian
- Herzegovinian
- Polish
- Romanian
- Russian
- Ukrainian

Eastern European Write in: _____

Middle Eastern and North African

- Algerian
- Amazigh or Berber
- Arab or Arabic
- Assyrian
- Bahraini
- Bedouin
- Chaldean
- Copt
- Druze
- Egyptian
- Emirati
- Iranian
- Iraqi
- Israeli
- Jordanian
- Kurdish Kuwaiti
- Lebanese
- Libyan
- Moroccan
- Omani
- Palestinian
- Qatari
- Saudi Arabian
- Syrian
- Yemeni

Middle Eastern Write in: _____

North African Write in: _____

White (Write in): _____

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.



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

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 Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
<p>Eligibility for Language Development Support 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 did your child learn first? _____</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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>		
<p>Prior Education 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? (Kindergarten – 12th grade) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 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.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



2022-2023
Lind-Ritzville Cooperative Schools
Student Health & Annual Update

Nurse initial _____
504 _____ ECP _____

**This form must be completed for each new school year.*

Name: _____ Birthdate: _____ Gender: _____
Last First

School: _____ Grade: _____

Doctor: _____ Clinic: _____

Student Lives with: Both Parents Mother Father Mother & Stepfather Father & Stepmother
 Agency Legal Guardian Self Other: _____

Father's Name: _____ Mother's Name: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Emergency Contact: _____

Name	Relationship to Child	Phone
------	-----------------------	-------

___ **Yes, my child has a life-threatening health condition - Please complete Section 1 and 2**

___ **No, my child does not have a life-threatening health condition - Please skip to Section 2**

Section 1 – LIFE-THREATENING HEALTH CONDITIONS

- Asthma and requires rescue inhaler at school:** (*Only Grade 6-12 has permission to self-carry*) Yes No
 What triggers the asthma: Exercise Illness Allergies Other: _____
- Anaphylaxis (Life-Threatening Allergy) and requiring emergency medication:** EpiPen: Yes No
 (*Only Grade 6-12 Student has permission to self-carry EpiPen*) Yes No
 What causes the allergic reaction? Bee sting Food: _____ Other: _____
- Diabetes:** Age of diagnosis: _____ Type I Type II Uses Insulin Oral Medication
- Seizure disorder:** Type _____ Date of last seizure: _____ Uses seizure medication
- V/P Shunt (in brain) Cardiac arrhythmia or other cardiac problems which require activity restrictions?**
- Hemophilia/Other blood disorder** _____
- Other Life-Threatening Health Condition:** _____

For students with life threatening health conditions, RCW 28A.210.320, requires that a licensed health care provider (LHP) order, medication and a nursing care plan be in place before the student attends school.

Please complete the back

Section 2 - NON-LIFE-THREATENING HEALTH CONDITIONS

- Vision concerns? Glasses Contacts Other: _____
- Hearing concerns? Wears hearing aids
- History of Concussion(s): Age(s) ____ Was a doctor seen? _____ Lasting Effects: _____
- Other _____

Please list any other significant health concerns that the school nurse should know about (allergies, surgeries, hospitalizations, disorders, mental health disorders such as ADHD, autism, depression, anxiety, etc.)

MEDICATION (Prescription or Non-Prescription)

- Does your child take any medication? No Yes, name of medication: _____
- Will medication be needed at school? No *Yes, name of medication: _____

***If your child needs medication at school, a "Medication Authorization" form is required every year before any medication may be given. This form is available from the school office or on the district website at www.lrschools.org**

AUTHORIZATION FOR SHARING HEALTH INFORMATION/ACCESSING MEDICAL CARE

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Lind-Ritzville Cooperative Schools staff to contact health care professionals, including 911, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that Lind-Ritzville Cooperative Schools, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I give permission to my child's school to add immunization information into the Immunization Information System to help the school maintain my child's record.

***IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR. ***

Date

Parent or legal guardian signature



Lind-Ritzville Cooperative Schools

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

Name of School: _____

Name of Student: _____
 First Middle Last

Grade: _____ Birthdate (Month/Day/Year): _____ Age: _____

Gender: _____
 Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

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

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to:
Annie Trunkle-Smart
Lind-Ritzville School District Liaison
atrunklesmart@lrschools.org 509-659-5024

For School Personnel Only: For data collection purposes and student information system coding

(N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



Lind-Ritzville Cooperative Schools

Lind-Ritzville GRIT



507 North E Street
Lind WA 99341

209 E Wellsandt Ave
Ritzville WA 99169

Immunization Record Requirements

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned into schools or child care centers are required by state law to be medically verified. **Immunization records must be turned into the school on or before the first day of attendance.** This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. **Your child cannot attend school until you provide these records.**

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact me.

Sincerely,

Aimee Schell BSN RN
Ritzville School Nurse
aschell@lrschools.org
509-660-0400

Superintendent: Don Vanderholm



Parents – Are Your Kids Ready for School?

Required Immunizations for School Year 2022-2023

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 (Haemophilus influenzae Type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 Years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses (depending on vaccine)	1 dose	4 doses	3 doses	1 dose**
Preschool/ Transitional Age 24 Years on 09/01/2022	5 doses DTaP*	3 doses	3 or 4 doses (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses* (Not required at age ≥5 years)	4 doses	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**
7th through 9th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**
10th through 12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines 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.



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

Certificate of Immunization Status (CIS)

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

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.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

▲ Required for School	Date	Date	Date	Date	Date
● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY

Required Vaccines for School or Child Care Entry

● ▲ DTaP (Diphtheria, Tetanus, Pertussis)					
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)					
● ▲ DT or Td (Tetanus, Diphtheria)					
● ▲ Hepatitis B					
● Hib (<i>Hemophilus 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)

Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV/MPSV (Meningococcal Disease types A, C, W, Y)					
MenB (Meningococcal Disease type B)					
Rotavirus					

Documentation of Disease Immunity (Health care provider use only)

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.

I certify that the child named on this CIS has:
 A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<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

Polio (all 3 serotypes must show immunity)

▶ Licensed Health Care Provider Signature Date

▶ Printed Name

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.