CHIEF KITSAP ACADEMY SCHOOL ENROLLMENT APPLICATION

STUDENT INFORMATION **SCHOOL YEAR 2017/2018**

❑ Male ❑ Female

Last Name First Name Middle Name

Other Name child goes by Date Of Birth Age Grade (2017/2018)

Name and Grade of Brothers/Sisters who attend OR are applying for admission to CKA_____

STUDENT ETHNIC CATEGORY

❑ NATIVE AMERICAN ❑ ALASKA NATIVE ❑ BLACK

Tribe _____ ❑ ASIAN ❑ HISPANIC

Enrollment _____ ❑ PACIFIC ISLANDER ❑ WHITE

STUDENT DEMOGRAPHICS – PRIMARY HOUSEHOLD

Home Address Apt City Zip Code

Home Phone Message Phone Cell Phone E-Mail Address

Mailing Address if different_____

STUDENT RESIDES WITH

❑ BOTH PARENTS ❑ LEGAL GUARDIAN[1]

❑ MOTHER ONLY ❑ FOSTER PARENTS[1]

❑ FATHER ONLY ❑ OTHER (EXPLAIN) _____

SECONDARY HOUSEHOLD

Home Address Apt City Zip Code

Home Phone Message Phone Cell Phone E-Mail Address

Are there any court orders or restraining orders the school should know about? ❑Yes ❑No If yes, please provide legal documentation to the school. Briefly explain:_____

Court Order_____ Caseworker_____ Phone_____

Mother or Legal Guardian (PRINT NAME) Daytime Emergency Phone #

Tribal Affiliation Membership# Employer Work Phone & ext.

Father or Legal Guardian (PRINT NAME) Daytime Emergency Phone #

Tribal Affiliation Membership# Employer Work Phone & ext.

TRANSPORTATION INFORMATION

❑ Pick up my child at home address ❑ Pick up address _____

❑ Drop off my child at home address

❑ My child's pick up/drop address is other than home → ❑ Drop off address _____

Does your child have any special transportation requirements?_____

EMERGENCY MEDICAL AUTHORIZATION

I declare that I am the Parent or Legal Guardian of the above named child and that I am responsible for him/her. In the event that he/she is injured or seriously ill and I or any other responsible adult from the home cannot be reached, I hereby delegate the Principal or the School's delegated agent to do whatever is in the best interest of my child.

»

PARENT OR LEGAL GUARDIAN SIGNATURE DATE

Chief Kitsap Academy

EMERGENCY CONTACTS/ PICK UP

In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day and have agreed to provide care for your child. *<u>One person/contact per line.</u> Please do not list out of state contacts.

Name_____ Relationship to student_____ Phone_____

Name_____ Relationship to student_____ Phone_____

Name_____ Relationship to student_____ Phone_____

E D U C A T I O N A L H I S T O R Y / C O N C E R N S

LIST THE LAST TWO SCHOOLS YOUR CHILD ATTENDED: (List Most Recent School First)

1. School Name_____ School Address_____

City_____ State_____ School Phone ( ) _____

Dates Student Attended: _____ For what grade(s)?_____

Reason left:_____

2. School Name_____ School Address_____

City_____ State_____ School Phone ( ) _____

Dates Student Attended: _____ For what grade(s)?_____

Reason left:_____

Has your child ever been retained?

❑Yes ❑No If yes, for what grade?

Is your Child currently receiving or has your Child ever received services from Special Education, Speech Therapy or had a 504 Plan?

❑Yes ❑No If yes, where and when?

Has your Child ever been Suspended or Expelled from school?

❑Yes ❑No If yes, please explain.

Is your Child experiencing Academic Problems?

❑Yes ❑No If yes, in what areas?

Has your Child had any of the following evaluations?

❑ MEDICAL ❑ EDUCATIONAL ❑ PSYCHOLOGICAL ❑ SPEECH ❑ OTHER (EXPLAIN)

❑ VISION ❑ HEARING

LANGUAGE BACKGROUND

Check EACH language your child(ren) has heard or is spoken in your home

☐ English	☐ Native American	☐ Other Please list:
☐ Spanish	Which one(s)?	
☐ Vietnamese		

Primary Language spoken in the home: _____ Second Language spoken in the home:_____

Has your child received ESL/ELL services in other schools? ☐YES ☐NO

NATIVE LANGUAGE INSTRUCTION CONSENT

I give permission for my child to receive Native Language instruction for the purpose of maintenance or restoration and enhancement.

- ☐ **YES, I CONSENT**
- ☐ **NO, I DO NOT CONSENT**

Chief Kitsap Academy

PARENT/GUARDIAN MEDIA CONSENT

"I hereby consent to and authorize the use and reproduction by Chief Kitsap Academy School or anyone authorized by Chief Kitsap Academy School, of any and all photographs that have been taken of me and/or my children. All negatives, positives, together with prints, are owned by the school. Chief Kitsap Academy School reserves the right to use these photographs in any of its prints or electronic publications."

- ☐ **YES, I CONSENT**
- ☐ **NO, I DO NOT CONSENT**

_____

► Parent / Legal Guardian Signature **DATE**

REQUEST FOR CERTIFICATION OF INDIAN BLOOD

PLEASE FILL IN ALL BLANKS AS COMPLETELY AS POSSIBLE - USE LAST AND MIDDLE NAMES.

USE MAIDEN NAME FOR MOTHER AND GRANDMOTHER.

IF EITHER PARENT OR GRANDPARENT IS NON-INDIAN, INDICATE "**N/I**" AFTER TRIBE.

STUDENT INFORMATION

Last Name_____First_____Middle_____

STUDENT'S PARENTS

	Student's Biological Father	Student's Biological Mother
Last Name		
First Name		
Birth Date		
Tribe & BIA Agency		
Tribal Enrollment Number		
Degree of Indian Blood		

STUDENT'S GRANDPARENTS

	Students Biological Grandparents			
	Father's Side		Mother's Side	
	Father	Mother	Father	Mother
Last Name				
First Name				
Birth Date				
Tribe & BIA Agency				
Tribal Enrollment Number				
Degree of Indian Blood				

Chief Kitsap Academy

P R I V A C Y A C T S T A T E M E N T

GENERAL:

This information is collected as provided by 5 U.S.C. 552A.

AUTHORITY:

The Office of Indian Education Programs is authorized to collect this information in accordance with Public Laws 95-561, 98-511, 99-89, and 100-297. Collection of each eligible student's social security number is authorized by Executive Order 9397 to avoid duplicate counts and for tracking purposes.

PURPOSES AND USES:

The information will be used to determine the level of funding to be distributed by formula to BIA funded elementary and secondary schools. The information may be disclosed to appropriate Department of the Interior and Congressional Offices for policy and budgetary purposes.

EFFECTS OF NON-DISCLOSURE:

Furnishing personal information to this office is purely voluntary. However, failure to supply complete and accurate information may preclude the applicant from eligibility to attend the Chief Kitsap Academy School.

Paperwork Reduction Act Statement: This information is collected to identify each student's instructional and residential program classification. It will be used to allocate appropriated funds on a weighted student unit formula. The information is supplied by a respondent to obtain or retain a benefit, that is provide appropriate schooling and the needed funding. It is estimated that a respondent to the request will take an average of 15 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Control Office, Bureau of Indian Affairs, 1849 C St NW, Mail Stop 4603 MTB Washington DC 20240. Note: comments, names and addresses of commenter are available for public view during regular business hours. If you wish to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget.

Chief Kitsap Academy – Student – Parent/Legal Guardian – School Compact

AS A STUDENT I PROMISE TO:	AS A CARING SUPPORTIVE ADULT I PROMISE TO:	AS A SCHOOL WE PROMISE TO:
Attend school regularly and be on time	Foster a positive attitude towards school	Respect and enhance the unique culture of each child
Be responsible for my own actions	Be actively involved in my child's education	Provide quality instruction in a safe and drug free school
Do my part to make my school a safe place	Communicate regularly with my child's teacher	Provide an intellectually stimulating curriculum that reflects and preserves the cultural integrity of the people and holds high expectations of all children
Take pride in the grounds and property of my school	Actively promote literacy in our home	Communicate with and include families in the education process
Complete all school assignments including homework neatly and on time	See that my child attends school every day – rested and ready to learn	Support positive behavior in the classroom
	Encourage my child to complete school work and homework	Encourage your child to reach his/her potential
	Obtain and have my child complete assignments after absences	
	Provide telephone and address changes to school offices	
Student Signature	**Parent Signature**	**Superintendent** **Joe Davalos**

Attendance regulations require that students be in attendance each day unless they are ill or previous arrangements were made with the principal and/or designee for a planned absence. Excessive absences greatly reduce the chances of your child's success in school.

Signature below indicates your willingness to ensure that your child attends school regularly, and your willingness to abide by Chief Kitsap Academy Schools Attendance and Discipline Regulations.

_____ _____

► Parent / Legal Guardian Signature **► Date**

Chief Kitsap Academy

HEALTH HISTORY
CHIEF KITSAP ACADEMY SCHOOL **Grade:_____**
2017-2018

STUDENT NAME | BIRTHDATE | HOME PHONE | WORK PHONE

LEGAL GUARDIAN NAME | ADDRESS | CELL PHONE

MEDICAL HISTORY

CHECK ALL ITEMS THAT APPLY TO YOUR CHILD – **EXPLAIN BELOW**

☐ ADD/ADHD	☐ Vision Problems	☐ History of Head Injury	☐ Frequent Headaches
☐ Asthma	☐ Glasses	☐ History of Loss of Consciousness	☐ Drug/Alcohol Use/ Treatment
☐ Hay Fever	☐ Hearing Problem	☐ Depression/ Anxiety	☐ Ulcer/ Colitis
☐ Diabetes	☐ Hearing Aid	☐ Speech Difficulty	☐ Frequent Colds
☐ Heart Disease	☐ Frequent Sore Throat	☐ Speech Therapy	☐ Poor Appetite
☐ Seizures	☐ Frequent Ear Infections / Tubes	☐ Menstrual Problems	☐ Dental Problems
☐ Bone Disease	☐ Frequent Stomach Aches	☐ Tires Easily	☐ Color Blindness

Please Explain Check Items:_____

Hospitalizations or Surgeries (year and reason)_____

Physical Disabilities:_____
Is your student on a Section 504 plan for any physical or mental impairment? _____Yes _____No

Is Physical Education activity limited? ☐YES ☐NO
If activity is limited, please explain: (**A physician's letter is needed for activity restrictions at school**) _____

Last eye exam: DATE:_____DOCTOR:_____
Last medical exam DATE:_____DOCTOR:_____

Is there anything else you can tell us that you feel will help the school staff to better understand and work with your child?_____

ALLERGIES Specify Type of allergy (type of food, medicine, insects, animals)

Please describe allergic reaction:_____
How is reaction controlled? (Epipen, oral medication, inhaler, etc)_____

MEDICATIONS: "Medications at School" Form must be completed by both physician and legal guardian and must be on file to administer any medication at school.

Name of medication:_____
Administered at home? ☐ Yes ☐No Administered at school? ☐ Yes ☐No
Purpose of medication_____
Name of medication:_____
Administered at home? ☐ Yes ☐No Administered at school? ☐ Yes ☐No
Purpose of medication_____

LIFE THREATENING CONDITION:

☐ YES ☐NO My child has a life threatening condition that could put him/her in danger of death during the school day. *If yes, an emergency health care plan and physician orders are required to be on file with the school prior to student attending school.* **This includes students with ASTHMA, DIABETES and ANAPHYLAXIS ALLERGIC REACTIONS REQUIRING AN EPIPEN.**

LEGAL GUARDIAN SIGNATURE:_____**DATE**_____

Chief Kitsap Academy

CHIEF KITSAP ACADEMY

SUQUAMISH TRIBAL EDUCATION DEPARTMENT

Telephone: (360)394-8566 E-mail: CKA@Suquamish.nsn.us Fax: (360)930-8665

Records Request Form

School Registrar:
Chief Kitsap Academy (CKA) accepts students based on their performance in school. The student identified below is applying for admittance to CKA and we request that a copy of permanent records for this student be forwarded (faxed, emailed, or mailed) to our address listed on this Transcript Request Form. Thank you for your assistance:

- ☐ Most current transcript and current grade report
- ☐ School testing information (MSPE, HSPE, EOC, PSAT, ASVAB, etc.)
- ☐ Attendance records
- ☐ Disciplinary records
- ☐ Counseling/ special needs documentation
- ☐ Shot Records

Dear Parent/ Guardian of Applicant:
Please complete the following portion of this form. Your prompt attention will ensure that your child's application receives a thorough and prompt review. Thank you!

Student's Name:_____ Current Grade Level:_____

Current School:_____
School Name School Address City State Zip

I give permission to my child's current school of attendance, listed above, to release the identified information to Chief Kitsap Academy. I give my permission for my child's current school administrators, teachers, and counselors to communicate directly with the staff at Chief Kitsap Academy in regard to the information requested on this form.

Parent/ Guardian Signature:_____ Date:_____

P.O. Box 498 Suquamish, Wa. 98392 **15838 Sandy Hook Road Pousbo, Wa. 98370**

Suquamish Tribal Education Department
P.O. Box 498 / Suquamish, WA 98392 / 360.394.8566 Main / 360.930-8665 Fax

AUTHORIZATION OF RELEASE OF CONFIDENTIAL INFORMATION

Student's Name:_____Birth date:____-_____-_____

Address: _____ Phone: (____) _____-_____

_____ Email: _____

To assist and promote my child's academic success, I authorize and request

_____ North Kitsap School District _____

Name of School ***School District*** ***Grade (2017-2018)***

and its personnel, staff, officers, agents, teachers, authorized representatives, to discuss my child's academic needs and to release confidential records to the Suquamish Tribe's Education Department. Only authorized Suquamish Tribal Education Department personnel will access or review the student files on a "need to know basis." The sole purpose of this authorization is to monitor student grades, attendance, and discipline records in order to advocate for and assist the student if necessary. This authorization is effective for the duration of my student's enrollment in the above listed school or school district and shall only expire upon my request. I understand that I may revoke this authorization at any time and that I have the right to inspect the information disclosed upon reasonable notification to the Tribe's Education Department.

By checking the boxes below, I authorize the following confidential records to be disclosed to the Suquamish Tribe Education Department:

□ School Records: Grades / Attendance / Discipline / Testing / Credit Evaluations □ Special Education Records: IEP / 504 / Grades / Attendance / Discipline / Testing / Credit Evaluations □ Tribal Enrollment Records	□ Other (Please specify): _____

☒ ____ (Please initial) I understand that the confidentiality of these records will be protected in compliance with tribal, state and/or federal law. No information will be released without my written consent unless disclosure is permitted by a court order.

☒ ____ (Please initial) I understand that a validated copy of this release will be kept on file with the Native American Program Office of the North Kitsap School District or at a specific school within the District.

_____	_____	_____
Parent/Legal Guardian (Print Name)	Parent/Legal Guardian (Signature)	Date
_____	_____	_____
Tribal Education Dept. Staff (Print Name)	Tribal Education Dept. Staff (Signature)	Date

CHIEF KITSAP ACADEMY

SUQUAMISH TRIBAL EDUCATION DEPARTMENT

Student Network/Internet User Agreement
and Parent Permission Form

Introduction

We are pleased to offer students of Chief Kitsap Academy access to the school computer network resources, electronic mail and the Internet. To use these resources, all students must sign and return this form, and those under age 18 must obtain parental permission. Parents, please read and complete this document carefully, review its contents with your son/daughter, and sign and initial where appropriate. Any questions or concerns about this permission form or any aspect of the computer network should be referred to the school principal.

General Network Use

The network is provided for students to conduct research, complete assignments, and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Access is a privilege - not a right. As such, general school rules for behavior and communications apply and users must comply with school standards and honor the agreements they have signed (see reverse side). Beyond the clarification of such standards, the school is not responsible for restricting, monitoring or controlling the communications of individuals utilizing the network.

Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on school servers will always be private.

Internet / World Wide Web / E-mail Access

Access to the Internet and e-mail will enable students to use thousands of libraries and databases. Within reason, freedom of speech and access to information will be honored. Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. Filtering software is in use, but no filtering system is capable of blocking 100% of the inappropriate material available on the Internet. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, Chief Kitsap Academy supports and respects each family's right to decide whether or not to apply for access (see reverse side).

(OVER)

Chief Kitsap Academy

Student Network/Internet User Agreement and Parent Permission Form

To use networked resources, all students must sign and return this form, and those under age 18 must obtain parental permission. The activities listed below are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Giving personal information, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian
- Harassing, insulting or attacking others
- Damaging or modifying computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes, financial gain, or fraud.

Violations may result in a loss of access as well as other disciplinary or legal action.

Student User Agreement:
As a user of the Chief Kitsap Academy computer network, I hereby agree to comply with the statements and expectations outlined in this document and to honor all relevant laws and restrictions.
(Initial appropriate items)

_____ agree to use the network responsibly
_____ grant permission to have my materials published to the World Wide Web

Student Signature _____ Date _____

Parent/Guardian Permission:
All students are provided with access to school computer resources. In addition to accessing our school computer network, as the parent or legal guardian, I grant permission for the above named student to:
(Initial appropriate items)

_____ access the Internet and e-mail systems
_____ have his/her materials published to the World Wide Web

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

Parent Signature _____ Date _____

Student's Name: _____ School
Name: _____

Chief Kitsap Academy

15838 Sandy Hook Rd, Poulsbo, Wa. 98370

Student Housing Questionnaire

Please use one form per student. 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: _____ Birthdate: _____ Age: _____
Month/Day/Year

Sex: ☐ Male ☐ Female

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No child Left Behind Act. Your 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? ☐ Yes ☐ No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? ☐ Yes ☐ No
3. Is this awaiting foster care? ☐ Yes ☐ No
4. As a student, are you living with someone other than your parent or legal guardian? ☐ Yes ☐ No

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
- ☐ Group Home

For School Use Only:

- ☐ Double-Up
- ☐ Doubled-Up/Unaccompanied Youth
- ☐ Hotel/Motel
- ☐ Unsheltered
- ☐ Sheltered

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 guardian(s): _____
(Or unaccompanied youth)

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

For School Staff Only: Forward qualifying questionnaire to District Office, Attn: McKinney-Vento Coordinator or fax to (360) 930-8665

OMB Number: 1810-0021 Expiration Date: 02/29/2020

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

_____ Federally Recognized
_____ State Recognized
_____ Terminated Tribe (Documentation required. Must attach to form)
_____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

OMB Number: 1810-0021 Expiration Date: 02/29/2020

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized**- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized**- an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe**-a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group**- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

Certificate of Immunization Status (CIS)

For Kindergarten-12th 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.

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

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

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
♦ **DTaP / DT** (Diphtheria, Tetanus, Pertussis)						
♦ **Tdap** (Tetanus, Diphtheria, Pertussis)						
♦ **Td** (Tetanus, Diphtheria)						
♦ **Hepatitis B** ☐ 2-dose schedule used between ages 11-15						
● **Hib** (*Haemophilus influenzae* type b)						
♦ **IPV / OPV** (Polio)						
♦ **MMR** (Measles, Mumps, Rubella)						
● **PCV / PPSV** (Pneumococcal)						
♦ **Varicella** (Chickenpox) ☐ 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)						
MenB (Meningococcal)						
Rotavirus						

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.**

☐ Diphtheria	☐ Mumps	☐ Other:
☐ Hepatitis A	☐ Polio	_____
☐ Hepatitis B	☐ Rubella	_____
☐ Hib	☐ Tetanus	
☐ Measles	☐ Varicella	

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

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: waiisrecords@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 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 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	*Haemophilus influenzae* 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		

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 December 2016

Suquamish Tribe Tribal Education Department P.O. Box 498 Suquamish, WA 98392
Main (360) 394-8566 Fax (360) 930-8665

On Reservation Field Trip Permission Form

The undersigned is the parent/guardian of:

Name: _____

I give permission for my son/daughter to participate in any and all activities within the Port Madison Indian Reservation boundaries and Suquamish Tribal facilities, including Cowling Creek Center, Grover Creek Hatchery, and White Horse Golf Course for the 2017-2018 school year. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. The undersigned agrees to release and hold harmless the Suquamish Tribal Education Department, its staff members and representatives from all claims and liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the Suquamish Tribal Education Department staff member or representative(s).

I authorize any medical treatment in case of an emergency and agree I am responsible for the cost of such treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

I agree to indemnify the Suquamish Tribe any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

In case of emergency during the field trip, I can be reached at the following phone numbers:

_____ Home_____ Work _____Other

If I am unable to be contacted, please contact the following person who has my permission to pick up my son/daughter or make such decisions that are in the best interest of my son/daughter.

Name _____ Relationship _____ Phone No. _____

_____ _____

Signature of Parent/Guardian Date