



NOOKSACK VALLEY SCHOOL DISTRICT

NEW STUDENT ENROLLMENT/REGISTRATION FORM

DATE: _____

DO NOT WRITE IN SHADED AREA – FOR OFFICIAL USE ONLY

☐ EVERSON ELEM ☐ NOOKSACK ELEM ☐ SUMAS ☐ MIDDLE SCHOOL ☐ HIGH SCHOOL ☐ PRESCHOOL

Student start date:	Teacher/Advisor Assigned to:	Grade Assigned to:	Homeroom:	Bus Route AM _____ PM _____
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STUDENT INFO	STUDENT NAME: Legal LAST		Legal FIRST		LEGAL MIDDLE	
	BIRTH DATE (MONTH/DAY/YEAR)	Also known as (previous legal name or nickname)	GRADE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	STUDENT BIRTHPLACE: _____ City State Country	
				STUDENT CELL PHONE: _____		
	Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			Primary language spoken in the home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		

PRIMARY HOUSEHOLD	PRIMARY PARENT/GUARDIAN INFORMATION (Household information where student resides)						STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	
	Guardian 1 Last Name:			First Name:				
	Home Phone:		Work Phone:		Cell Phone:			
	Guardian 2 Last Name:			First Name:				
	Home Phone:		Work Phone:		Cell Phone:			
	Resident Street Address*	Street	Apt #	City	State	Zip		
	Mailing Address (if different from above)	Street	Apt #	PO Box	City	State		
E-MAIL ADDRESS:						RECEIVE REPORT CARDS YES NO		

SECOND HOUSEHOLD	SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)						RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____		
	Guardian 1 Last Name:			First Name:					
	Home Phone:		Work Phone:		Cell Phone:				
	Guardian 2 Last Name:			First Name:					
	Home Phone:		Work Phone:		Cell Phone:				
	Mailing Address	Street	Apt #	PO Box	City	State			Zip
	E-MAIL ADDRESS:								RECEIVE REPORT CARDS <input type="checkbox"/> YES <input type="checkbox"/> NO

Is there a joint-custody or parenting plan in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, please provide school a copy)
Is there a current restraining order in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, legal papers must be on file at the school for enforcement)
Restraining order is against:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other: _____

* Please note: Families may be required to provide Proof of Residency within the NVSD before the Enrollment application can be processed and/or finalized.

School previously attended (most recent)	Withdrawal Date	Grade	Previous school address (City and State)
Has student ever attended a school in the Nooksack Valley School District? Yes No	If yes, name of school attended		School Year

Please list all siblings living at the current address				
Last Name	First Name	School	Age	Grade

Has the student ever been suspended for a weapons violation?	Yes	No	Date: _____
Has the student ever been to court for attendance issues?	Yes	No	Date: _____

Are there any special circumstances that would be helpful in student placement?	Yes	No
If yes, please explain _____		
Has the student ever qualified for or been enrolled in a Special Education Program (including Speech)	Yes	No
Has the student ever qualified for or had a 504 Plan?	Yes	No
Has the student ever participated in:	Title 1 ELL Gifted LAP Counseling Headstart Migrant Other _____	
Has the student been tested by a School Psychologist:	Yes	No
If yes, when/where: _____		
Has the student ever had to repeat a grade?	Yes	No If yes, at what grade level(s) _____

The following question is optional. However, some of the information may assist in eligibility for supplemental programs. Thank you for your help. Is parent's work seasonal?			
Yes	No	(If yes, select one)	Fishing Agricultural Dairy Farming

EMERGENCY CONTACT INFORMATION		
In case of an emergency or illness when you cannot be reached, please list two persons and/or Daycare person who have agreed to care for your child. At least one phone number for these contacts is required.		
NAME (other than parent/guardian)	Relationship to student	Home phone: Cell phone: Work phone:
NAME (other than parent/guardian)	Relationship to student	Home phone: Cell phone: Work phone:
NAME (other than parent/guardian)	Relationship to student	Home phone: Cell phone: Work phone:

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of the information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Nooksack Valley School District.

I agree Yes No _____ _____

Legal Parent/Guardian Name Date

Student Name: _____, _____, _____Grade: _____School: _____

Last NameFirst NameMIDiv>

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State 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 are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. **Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply.** Be sure to notice the **bold** categories prior to selecting the race(s).

ETHNICITY	Hispanic:		Yes	No (H01)					
	Hispanic	<input type="checkbox"/>	Hispanic (H00)	<input type="checkbox"/>	Cuban (H09)	<input type="checkbox"/>	Mestizo (H17)	<input type="checkbox"/>	Salvadoran (H24)
		<input type="checkbox"/>	Argentine (H02)	<input type="checkbox"/>	Dominican (H10)	<input type="checkbox"/>	Native (H18)	<input type="checkbox"/>	Spaniard (H25)
		<input type="checkbox"/>	Bolivian (H03)	<input type="checkbox"/>	Ecuadorian (H11)	<input type="checkbox"/>	Nicaraguan (H19)	<input type="checkbox"/>	Surinamese (H26)
		<input type="checkbox"/>	Brazilian (H04)	<input type="checkbox"/>	Guatemalan (H12)	<input type="checkbox"/>	Panamanian (H20)	<input type="checkbox"/>	Uruguayan (H27)
		<input type="checkbox"/>	Chicano (Mexican American) (H05)	<input type="checkbox"/>	Guyanese (H13)	<input type="checkbox"/>	Paraguayan (H21)	<input type="checkbox"/>	Venezuelan (H28)
		<input type="checkbox"/>	Chilean (H06)	<input type="checkbox"/>	Honduran (H14)	<input type="checkbox"/>	Peruvian (H22)		
		<input type="checkbox"/>	Colombian (H07)	<input type="checkbox"/>	Jamaican (H15)	<input type="checkbox"/>	Puerto Rican (H23)		
		<input type="checkbox"/>	Costa Rican (H08)	<input type="checkbox"/>	Mexican (H16)				Hispanic/Latino Write In (H29)
		RACE-NATIVE HAWAIIAN/OTHER PACIFIC	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)					
Pacific Islander	<input type="checkbox"/>		Carolinian (P01)	<input type="checkbox"/>	Maori (P07)	<input type="checkbox"/>	Pohpeian (P13)	<input type="checkbox"/>	Tongan (P18)
	<input type="checkbox"/>		Chamorro (P02)	<input type="checkbox"/>	Marshallese (P08)	<input type="checkbox"/>	Samoan (P14)	<input type="checkbox"/>	Tuvaluan (P19)
	<input type="checkbox"/>		Chuukese (P03)	<input type="checkbox"/>	Native Hawaiian (P09)	<input type="checkbox"/>	Solomon Islander (P15)	<input type="checkbox"/>	Yapese (P20)
	<input type="checkbox"/>		Fijian (P04)	<input type="checkbox"/>	Ni-Vanuatu (P10)	<input type="checkbox"/>	Tahitian (P16)		
	<input type="checkbox"/>		i-Kiribati/Gilbertese (P05)	<input type="checkbox"/>	Palauan (P11)	<input type="checkbox"/>	Tokelauan (P17)		
	<input type="checkbox"/>		Kosraean (P06)	<input type="checkbox"/>	Papuan (P12)				Pacific Islander Write In (P21)
	RACE-BLACK/AFRICAN-AMERICAN		Black/African	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> Black Write In (C02)					
Caribbean		<input type="checkbox"/>	Anguillan (B03)	<input type="checkbox"/>	Caymanian (Cayman Island) (B09)	<input type="checkbox"/>	Grenadian (B13)	<input type="checkbox"/>	Jamaican (B16)
		<input type="checkbox"/>	Antiguan (B04)	<input type="checkbox"/>	Cuba Dominican (B10)	<input type="checkbox"/>	Guadeloupiian (B14)	<input type="checkbox"/>	Martiniquais/Martiniquaise (B17)
		<input type="checkbox"/>	Bahamian (B05)	<input type="checkbox"/>	Dominican (Dominican Republic) (B11)	<input type="checkbox"/>	Haitian (B15)	<input type="checkbox"/>	Montserratian (B18)
		<input type="checkbox"/>	Barbadian (B06)	<input type="checkbox"/>	Antillean (Netherlands Antilles) (B12)			<input type="checkbox"/>	Puerto Rican (B19)
		<input type="checkbox"/>	Barthélemois/Barthélemoises (Saint Barthélemy) (B07)						
		<input type="checkbox"/>	British Virgin Islander (B08)						Caribbean Write In (B20)
Central African		<input type="checkbox"/>	Angolan (B21)	<input type="checkbox"/>	Congolese (Rep. of the Congo) (B25)			<input type="checkbox"/>	São Toméan (B29)
		<input type="checkbox"/>	Cameroonian (B22)	<input type="checkbox"/>	Congolese (Democratic Republic of the Congo) (B26)			<input type="checkbox"/>	Principe (B30)
	<input type="checkbox"/>	Central African (Central African Rep.) (B23)	<input type="checkbox"/>	Equatorial Guinean (B27)					
	<input type="checkbox"/>	Chadian (B24)	<input type="checkbox"/>	Gabonese (B28)				Central African Write In (B31)	
East African	<input type="checkbox"/>	Burundian (B32)	<input type="checkbox"/>	Malagasy (Madagascar) (B38)	<input type="checkbox"/>	Rwandan (B44)	<input type="checkbox"/>	Tanzanian (United Republic of Tanzania) (B50)	
	<input type="checkbox"/>	Comoran (B33)	<input type="checkbox"/>	Malawian (B39)	<input type="checkbox"/>	Seychellois/Seychelloise (B45)	<input type="checkbox"/>	Zambian (B51)	
	<input type="checkbox"/>	Djiboutian (B34)	<input type="checkbox"/>	Mauritian (Mauritius) (B40)	<input type="checkbox"/>	Somali (B46)	<input type="checkbox"/>	Zimbabwean (B52)	
	<input type="checkbox"/>	Eritrean (B35)	<input type="checkbox"/>	Mahoran (Mayotte) (B41)	<input type="checkbox"/>	South Sudanese (B47)			
	<input type="checkbox"/>	Ethiopian (B36)	<input type="checkbox"/>	Mozambican (B42)	<input type="checkbox"/>	Sudanese (B48)			
	<input type="checkbox"/>	Kenyan (B37)	<input type="checkbox"/>	Reunionese (B43)	<input type="checkbox"/>	Ugandan (B49)			
								East African Write In (B53)	
Latin American	<input type="checkbox"/>	Argentine (B54)	<input type="checkbox"/>	Ecuadorian (B61)	<input type="checkbox"/>	Mexican (B68)	<input type="checkbox"/>	Uruguayan (B75)	
	<input type="checkbox"/>	Belizean (B55)	<input type="checkbox"/>	El Salvadoran (B62)	<input type="checkbox"/>	Nicaraguan (B69)	<input type="checkbox"/>	Venezuelan (B76)	
	<input type="checkbox"/>	Bolivian (B56)	<input type="checkbox"/>	Falkland Islander (B63)	<input type="checkbox"/>	Panamanian (B70)			
	<input type="checkbox"/>	Brazilian (B57)	<input type="checkbox"/>	French Guianese (B64)	<input type="checkbox"/>	Paraguayan (B71)			
	<input type="checkbox"/>	Chilean (B58)	<input type="checkbox"/>	Guatemalan (B65)	<input type="checkbox"/>	Peruvian (B72)			
	<input type="checkbox"/>	Colombian (B59)	<input type="checkbox"/>	Guyanese (B66)	<input type="checkbox"/>	S. Georgia/S. Sandwich Islands (B73)			
	<input type="checkbox"/>	Costa Rican (B60)	<input type="checkbox"/>	Honduran (B67)	<input type="checkbox"/>	Surinamese (B74)			
South African	<input type="checkbox"/>	Botswanan (B78)	<input type="checkbox"/>	Namibian (B80)	<input type="checkbox"/>	Swazi (B82)			
	<input type="checkbox"/>	Mosotho (Lesotho) (B79)	<input type="checkbox"/>	South African (B81)				South African Write In (B83)	
West African	<input type="checkbox"/>	Beninese (B84)	<input type="checkbox"/>	Gambian (B89)	<input type="checkbox"/>	Mauritanian (B93)	<input type="checkbox"/>	Senegalese (B97)	
	<input type="checkbox"/>	Bissau-Guinean (B85)	<input type="checkbox"/>	Ghanaian (B90)	<input type="checkbox"/>	Nigerien (Niger) (B94)	<input type="checkbox"/>	Sierra Leonean (B98)	
	<input type="checkbox"/>	Burkinabé (Burkina Faso) (B86)	<input type="checkbox"/>	Liberian (B91)	<input type="checkbox"/>	Nigerian (Nigeria) (B95)	<input type="checkbox"/>	Togolese (B99)	
	<input type="checkbox"/>	Cabo Verdean (B87)	<input type="checkbox"/>	Malian (B92)	<input type="checkbox"/>	Saint Helenian (B96)			
	<input type="checkbox"/>	Ivorian (Cote d'Ivoire) (B88)							
								West African Write In (C01)	

Washington State Ethnicity and Race Data Collection Form									
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RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<div><input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> Alaska Native Write In (N36) <input type="checkbox"/> American Indian Write In (N37)</div>							
	Washington State Tribes	<div><input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)</div>	<div><input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35)</div>						
RACE-ASIAN	Asian	<div><input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)</div>	<div><input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)</div>	<div><input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)</div>	<div><input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26)</div> <div><input type="checkbox"/> Asian Write In (A27)</div>				
RACE-WHITE	White	<div><input type="checkbox"/> White (W00) <input type="checkbox"/> White Write In (W36)</div>							
	Eastern European	<div><input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)</div>	<div><input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)</div>	<div><input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)</div>	<div><input type="checkbox"/> Eastern European Write In (W07)</div>				
	Middle Eastern and North African	<div><input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)</div>	<div><input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23)</div>	<div><input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31)</div>	<div><input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33)</div> <div><input type="checkbox"/> Middle Eastern Write In (W34)</div> <div><input type="checkbox"/> North African Write In (W35)</div>				

I agree Yes No

Parent/Guardian NameDate

Nooksack Valley School District

Parent/Guardian Military Status
2023-24 School Year

Student Name: _____, _____ School: _____
Last Name *First Name*

The state legislature has passed a law requiring Washington State public schools to collect information, yearly on military affiliation beginning with the 2016-17 school year. The legislature requires this data collection to accurately monitor critical elements of academic progress and proficiency for students from military families. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices to meet the needs of our military family students.

Please indicate whether or not the student's parent(s) or guardian(s) are currently active in any branch of the US Military.

No (please sign and date below) (N)

Yes (if yes, please check the appropriate option below that indicates the type of service, and then sign and date below)

U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. **(A)**

National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. **(G)**

More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. **(M)**

US Armed Forces Reserves – Student/Family reported having a parent or guardian who is a current member of the reserves of the U.S. Armed Forces **(R)**

Data not available **(X)**

No response/refused to state **(Z)**

I agree

Yes

No

Parent/Guardian Name

Date

PLEASE RETURN THIS TO YOUR STUDENT'S SCHOOL



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

Student Name:		Grade:	Date:
Parent/Guardian Name _____		Name of person completing this form	
Right to Translation and Interpretation Services All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	1. a) In what language(s) would your family prefer to receive written communication from the school? _____ b) Do you need an interpreter for meetings and phone calls (including ASL)? Parent/Guardian Name #1: _____ Interpreter Needed? ____ Yes ____ No Language _____ Parent/Guardian Name #2: _____ Interpreter Needed? ____ Yes ____ No Language _____		
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.	2. What language(s) did your child first speak or understand? _____ 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 ____		
Prior Education Your responses about your child's birth country and previous education: <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>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (K-12 th Grade) ____ Yes ____ No If yes: Number of months: _____ Language(s) of instruction: _____ 8. When did your child first attend a school in the United States? (K-12 th Grade) _____ Month Day Year		

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.



Student Housing Questionnaire 2023-24

NAME OF STUDENT: _____
FIRST MIDDLE LAST

GRADE: _____ BIRTH DATE: ____/____/____ AGE: _____ SEX: MALE FEMALE
MONTH DAY YEAR

SCHOOL: Everson Elementary Nooksack Elementary Sumas Elementary
NV Middle School NV High School NV Preschool

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? | Yes | No |
| 2. Is this a temporary living arrangement due to a loss of housing or economic hardship? | Yes | No |
| 3. Is this student in a foster care placement? | Yes | No |
| 4. As a student, are you living with someone other than your parent or legal guardian? | Yes | No |
| 5. Was student eligible for homeless services the previous school year or at the last school attended? | 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)

- | | |
|---|--|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> Transitional Housing (through community agency) |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> With more than one family in a house or apartment | |
| <input type="checkbox"/> Moving from place to place | |
| <input type="checkbox"/> In a location not designed for sleeping accommodations such as a car, park or campsite | |

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)

Agreement of parent/legal
guardian:

Yes

No

Date: _____

(Or unaccompanied youth)

Please send completed original to: Ana Enselman, NVSD-RTL/Family Resource Coordinator.

Nooksack Valley School District Health History

This questionnaire is designed to aid the school in anticipating any health concerns that might affect your child's learning.

Student's Name _____
First Middle Initial Last

Grade: _____ **Sex:** _____ **Date of Birth:** _____

MEDICAL

Does your child have a doctor or nurse practitioner that he/she sees regularly?	Yes	No*
---	-----	-----

Name of doctor or nurse practitioner: _____ Phone number: _____

Describe the condition of your child's health:	Good	Fair	Poor	Don't Know
1. How often does your child have a cold or flu?				
2. How often does your child have a fever?				
3. How often does your child have a cough or wheeze?				
4. How often does your child have a sore throat?				
5. How often does your child have a stomach ache?				
6. How often does your child have a headache?				
7. How often does your child have a skin rash or eczema?				
8. How often does your child have a sleep problem?				
9. How often does your child have a behavior problem?				
10. How often does your child have a learning problem?				

In the past 12 months, did you have problems obtaining medical care for your child? Yes No

DENTAL

Does your child have a dentist or a dental clinic that he/she goes to regularly?	Yes	No*
--	-----	-----

Name of dentist office or clinic: _____ Phone number: _____

Describe the condition of your child's teeth?	Good	Fair	Poor	Don't Know
1. How often does your child brush their teeth?				
2. How often does your child floss?				
3. How often does your child visit the dentist?				
4. How often does your child eat sugary foods?				
5. How often does your child drink sugary beverages?				
6. How often does your child use a mouthguard?				
7. How often does your child use a retainer?				
8. How often does your child use a toothbrush with fluoride toothpaste?				
9. How often does your child use a mouthwash?				
10. How often does your child use a dental floss?				

In the past 12 months, did you have problems obtaining dental care for your child? Yes No

INSURANCE

<u>Does your child have medical insurance coverage?</u>	Yes	No*	Don't Know
---	-----	-----	------------

Does your child have dental insurance coverage?	Yes	No*	Don't Know
---	-----	-----	------------

Does Medicaid (DSHS, “medical coupon”) insure him/her?	Yes	No*	Don't Know
1. Male			
2. Female			
3. Hispanic			
4. Black			
5. White			
6. Other			
7. Hispanic and Black			
8. Hispanic and White			
9. Black and White			
10. Hispanic, Black, and White			
11. Hispanic and Other			
12. Black and Other			
13. White and Other			
14. Hispanic, Black, and Other			
15. Hispanic, White, and Other			
16. Black, White, and Other			
17. Hispanic, Black, White, and Other			

*If no would you like to be contacted by WAHA about, Apple Health for Kids (DSHS health insurance) or for assistance with finding doctor/dentist? Yes No

MEDICAL HISTORY

Have you ever been told by a physician or health care professional that your child has:

Asthma	Physical Disability	Bleeding Disorder	ADD/ADHD
Diabetes	Bone/Muscle Disease	Skin Condition	Depression
Heart Condition	Learning Disability	Anxiety	Eating Disorder
Seizures Disorder		Other:	

Would you say your child experiences any of the following?

Nosebleeds	Frequent earaches	Overweight for age
Poor appetite	Frequent stomachaches	Underweight for age
Often feels sad	Frequent headaches	Difficulty concentrating
Difficulty breathing	Tires easily	Fainting spells
Often feels angry	Needs to use bathroom frequently	
Other:		

ALLERGIES

Plants Animals Food Molds Drugs Bees

Other:

Please describe the allergic reaction and the treatment:

Will medication/treatment be needed at school?	Yes	No
--	-----	----

PLEASE COMPLETE BACK SIDE

Nooksack Valley School District Health History

LIFE THREATENING CONDITIONS

Does your child have a life-threatening condition? Yes* No

Describe: _____

***If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan to be in place PRIOR to starting school.**

MEDICATION

Does your child take any medication at home? Yes No

If yes, name of medication: _____

Purpose: _____

Will medication be needed at school? Yes No

If your child needs to take medication at school please contact the office for the necessary authorization form. This form must be completed prior to the administration of any medication at school.

HEARING/VISION

Do you have concerns about your child's hearing? Yes No

Does your child wear hearing aides? Yes No

Do you have concerns about your child's vision? Yes No

Does your child wear glasses or contacts? Yes No

SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes No

Do others have difficulty understanding your child? Yes No

If yes, please explain _____

Please list any other information you feel would be helpful:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand that the information given above will be shared on a need to know basis to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Name

Date

For more information regarding local health care providers or if you need assistance with insurance call the Whatcom Alliance for Healthcare Access at (360)788-6594

Nooksack Valley School District No. 506

PO Box 4307, Nooksack, WA 98276
(360) 988-4754

**Release of Directory Information Consent
2023-2024 School Year**

Student Name: _____ School: _____ Grade: _____

You must complete and return this form **each year** only if you do **not** want photos or directory information released about your student for specific purposes. If no documentation is on file, it will be assumed that permission for release of directory information has been granted. Please use one form per student. Release of Directory Information forms remain in effect from September 15, 2023 through September 15, 2024.

Directory information can be made public without the consent of parents/guardians, according to the federal Family Educational Rights and Privacy Act. Directory information means the student's name, address, phone number, photo, parent/guardian name, student's birth date and place of birth, major field of study, post-high school career plans, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, and most recent school attended.

Families have the right to restrict the release of directory information for certain circumstances. By checking the checkboxes below, you are giving permission for your student's information to be shared for that specific purpose(s). If you do not want directory information released about your student, please leave that specific checkbox unchecked. These permissions and restriction are recorded in the student's information system and the form is kept on file in the school and district offices.

I give permission to share directory information with those areas that are checked below.

District – Student's information can be shared within the District – internal posters, signage, banners, honor roll, etc.

Higher Education – Student's information can be shared and sent to institutions of Higher Education

Local – Student's information can be shared within the District for purposes such as photographs, programs, or articles where students' directory information is identified

Media – Student's information can be shared with media sources such as newspapers, online media, magazines, etc. available outside of the District

Military – Student's information can be shared with military recruiters

Public – Student's information can be shared outside of the district including non-local, non-district agencies & companies (outside of enrolled Students / Families) publications available to the general public including media

Trips – Student's information can be shared for the purposes of field trips and shared with chaperones, staff at venue, etc.

Vendors – Student's information can be shared with vendors such as photographers, graduation supply vendors (cap and gown, class rings), etc.

Name of parent/guardian (or of student if 18 years of age or older):

Date

NOOKSACK VALLEY SCHOOL DISTRICT
AUTHORIZATION FOR TRANSFER OF EDUCATIONAL RECORDS AND CONFIDENTIAL INFORMATION

Student's Name:			
	<i>Last,</i>	<i>first</i>	<i>Middle</i>
Current Address			
Grade:	Gender:	Birthdate:	

Previous District Attended:			
Previous School Attended:			
School Address:			
City:	State:	Zip:	
Phone:	Fax:		

Requesting all the appropriate records:

	All Academic Records/Transcripts, Grades at Withdrawal
	Discipline/Attendance Information
	State Assessment Scores
	Health Records (including OT and PT records)
	Speech Records
	Special Education Records
	Other

	Yes	No	
<i>Parent/Guardian Name</i>	Electronic Signature Yes/No		Date of Signature

<i>The above student has enrolled in our school.</i>	<i>Expected Start Date for the student:</i>
<i>Please send academic and health records to:</i>	

Everson Elementary Attention: Richelle Newton richelle.newton@nv.k12.wa.us 216 Everson-Goshen Rd Everson, WA 98247 Ph: 360 966-2030 ext. 6191 Fax: 360 966-0945	Nooksack Elementary Attention: Sandy Compton sandra.compton@nv.k12.wa.us 3333 Breckenridge Rd Everson, WA 98247 Ph: 360 966-3321 ext. 1191 Fax: 360 966-7512	Sumas Elementary Attention: Melanie Jensen melanie.jensen@nv.k12.wa.us 1024 Lawson St Sumas WA 98295 Ph: 360 988-9423 ext. 2191 Fax: 360 988-0005
<i>Please fax or email Special Education records to:</i>		
NV Middle School Attention: Liz Heeringa liz.heeringa@nv.k12.wa.us 404 W Columbia Nooksack, WA 98276 Ph: 360 966-7561 ext. 7191 Fax: 360 966-7805	NV High School Attention: Alice Linterman alice.linterman@nv.k12.wa.us 3326 E Badger Rd Everson, WA 98247 Ph: 360 988-2641 ext. 3102 Fax: 360 988-2064	Special Education Records Attention: Carol Lagassé carol.lagasse@nv.k12.wa.us 3326 E Badger Rd Everson, WA 98247 Ph: 360 988-4754 ext. 5296 Fax: 360 988-8983

FOR OFFICE USE ONLY

<i>School Official Secretary Name</i>	<i>School Official Electronic Signature</i>	<i>Date</i>

Records Release Authorization: As per the Family Educational Rights and Privacy Act (FERPA) (U.S.C. 1232g; 34 CFR Part 99:31) parent consent is not required for transfer of educational records to another school where the student intends to enroll. Date Request Mailed/Faxed: _____ Date Records Received: _____

***Nooksack Valley School District
Student School Attendance History***

Student's Name: _____
First
Middle
Last

**List year(s) of attendance and all district schools attended.
Include Home School and periods of time that are not accounted for.**

Grade	Name of School Attended	State	Year(s) Attended

Additional school(s) of attendance may be listed on the other side of this form.

Example Only:

Grade	Name of School Attended	State	Year(s) Attended
K-5	Challenger Elementary School	AZ	2012-2017
6	Nooksack Valley Middle School	WA	2017
6	Mount Baker Jr. High School	WA	2018
7	Home School	WA	2018-2019
8	Blaine Middle School	WA	2019-2020
9 – 10	Blaine High School	WA	2020-2022



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: 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 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	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influnza	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		