

360-647-6871
360-647-6872 (Fax)



2015 Franklin Street
(2016-17 at Bellingham High School)
Bellingham, WA 98225

Options High School is a small accredited school of choice that supports students as they develop their passions, learn at high levels and plan for a wide range of educational and vocational opportunities beyond high school. Options High School and community partners provide innovative and flexible learning experiences that prepare students to persevere towards excellence and support them on their unique path towards becoming responsible and productive citizens.

Date: _____

Student Name: _____ Birth date: _____ Age: _____

Address: _____ Zip Code: _____

Home Phone: _____ or _____ Student Cell Phone: _____

Students enrolling at Options High School must agree to good attendance, making appropriate academic progress, and acting respectfully towards all students and staff.

Options High School is transitioning to become a “Project Based Learning” high school. Students will be expected to work in teams, think deeply about topics of study, and exhibit or share their work publicly.

Options High School enrolls new students during the first two weeks of each quarter.

To be considered for enrollment:

- Student must complete all questions listed on the Student Information Page.
- Parent/Guardian must complete the Parent/Guardian Information Page.
- Student & Parent/Guardian must complete the Supplemental Enrollment Form.
- Parent/Guardian must complete both sides of the Bellingham School District Registration Form.
- Parent/Guardian must complete the Annual Student Health Concerns Document.
- Parent/Guardian must complete the Certificate of Immunization Status (or copy from previous school).
- Parent/Guardian must complete Ethnicity and Race Data Collection Form.
- Parent/Guardian must complete the Bellingham Public Schools Home Language Survey.
- Student & Parent/Guardian must read and initial that they understand the Student Acceptable Use Policy and Parent Opt-Out Form and sign if you DO NOT want your student to have email and/or internet access.
- Student & Parent/Guardian to read and sign the Student Rights & Responsibility Contract.
- Submit a copy of student’s transcript or have one faxed from previous school.
- **Provide proof of students legal name (Birth Certificate), and proof of home address (Utility Bill with parent/guardian name, or Rental or Purchase Agreement).**

Please return all application materials to the Options High School office. Applications will not be reviewed for admission until all parts have been received. Following the review of your application you will be invited to interview with our principal.

Student Information & Writing Assignment

The following writing assignment provides us with information about why you want to attend Options High School, how we can help you be successful, and what has made school difficult for you in the past.

Directions: Write a response to each of the following items: Provide your ideas and opinions supported with facts and examples. Please write neatly and in pen.

1. Why do you want to attend Options High School? _____

2. Why do you want to leave your current high school, or why did you leave your previous school? _____

3. List all high schools you have attended and reason for leaving. _____

4. Evaluate your past academic performance, attendance and general attitude at your current/previous school. Score yourself on a 1-5 scale (5 – high, 1-low) in each area. Please explain the reason for your score.

Academics 1 _____ 2 _____ 3 _____ 4 _____ 5

Explain: _____

Attendance 1 _____ 2 _____ 3 _____ 4 _____ 5

Explain: _____

Attitude 1 _____ 2 _____ 3 _____ 4 _____ 5

Explain: _____

5. Analyze stumbling blocks or learning difficulties you have experienced in the past. Explain how the staff at Options High School can assist you in overcoming these obstacles. _____

6. Is there anything else you would like us to know? _____

7. Do you know anyone currently attending Options High School or who previously attended Options?

8. Do you have any concerns about attending Options High School?

Parent/Guardian Information Sheet

1. Name _____
2. Address _____ HM Phone _____
3. Place of Work _____ WK Phone _____
 - Can we call you at work? _____
4. Does your child live with you? If no, please explain the circumstances and provide and legal documentation of legal guardianship _____

5. Please explain why you believe Options High School is a better option for your child than his/her current situation. _____

6. What concerns do you have about your child attending Options? _____

7. Are there any barriers that would challenge your child's ability to be successful in this school? (such as a medical condition, drug use problem, behavior concerns, etc.) _____

8. What are you planning to do at home to support your student's success at Options High School? _____

9. What should we know about your child? _____

10. Does your child have a current or expired IEP (Special Education Plan)? Yes / No
11. Does your child have a current or expired 504 plan? Yes / No
12. Does your student attend counseling or therapy outside of school? If yes please explain. _____

Parent's Signature

Date

Supplemental Enrollment Form

In accordance with Washington State Law (RCW28A225,330), please answer the following questions:

1. Have you ever been placed in a special education program? Yes/No
Do you currently have an active 504 Plan? Yes/No
If yes, please explain the nature of the program and dates of your attendance. A copy of a current IEP or 504 Plan will suffice if you have one. *Each student with a current or inactive Individualized Educational Plan (IEP) will be considered on a case-by-case basis to determine the appropriateness of enrollment at Options High School.* _____

2. Have you been disciplined for violent behavior at your prior school? Yes/No
If yes, please give dates and explain the nature of the behavior and discipline. _____

3. Have you been subject to a suspension or expulsion from your prior school? Yes/No
If yes, please give dates and details of the suspension or expulsion. _____

4. Are you currently on probation or parole? Yes/No
If yes, reason _____

Name of P.O. _____ Phone number _____

5. Do you have any unpaid fines or fees imposed by your prior school? Yes/No
If yes, please explain. _____

6. Do you have any health conditions affecting your educational needs? Yes/No
If yes, please explain. _____

7. Have you or are you currently involved in BECCA for attendance issues? Yes/No
If yes, please explain. _____

I attest to the accuracy of this information. Inaccurate or incomplete information may be grounds for revocation of admission. Schools will not send official transcripts for students who owe fines.

Student Signature

Parent Signature



BELLINGHAM PUBLIC SCHOOLS

Student Registration Form
Middle and High School
Form205MSHS-Rev10-1-14

Staff use only – please do not write in gray boxes

StuId#: _____	Address Verification: _____	Health Alert	AM Bus _____	Transfer: <input type="checkbox"/> Y <input type="checkbox"/> N	
Entry Date: _____	Immunizations: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	PM Bus _____	Approved: _____	
Birth Certificate: _____	If yes, please provide name of school(s) attended: _____			Dates attended: _____	
Has your student ever attended Bellingham Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student Legal Last Name:	Legal First Name:	Legal Middle Name:	Prefers to be Called:		
Birthdate(MM/DD/YY)	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace: City	State Country	
<i>If your child was born outside the United States:</i>		Date of Initial Enrollment In US Public School (mm/dd/yy)	Number of Months of K-12 Schooling Outside US		
<i>Ethnicity & Race Info – see additional page</i>		Language Student Currently Speaks:	Language First Spoken By Student:	Language Spoken at Home:	
Name of Last School(s) Attended:		Date Last Attended:	Previous School Location (City & State):		
#1 Primary Household (where student resides)					
Last Name		First Name		Relationship to Student	
Home Phone:	<input type="checkbox"/> Unlisted	Cell Phone:	Work Phone:		
Email:					
Last Name		First Name		Relationship to Student	
Cell Phone:				Work Phone:	
Email:					
Street Address	Street Address (Include Apt#)		Mailing Address	Street/PO Box#	
	City	State Zip		City	State Zip
#2 Second Household					
Last Name		First Name		Relationship to Student	
Home Phone:	<input type="checkbox"/> Unlisted	Cell Phone:	Work Phone:		
Email:					
Last Name		First Name		Relationship to Student	
Cell Phone:				Work Phone:	
Email:					
Street Address	Street Address (Include Apt#)		Mailing Address	Street/PO Box#	
	City	State Zip		City	State Zip



BELLINGHAM PUBLIC SCHOOLS

Student Registration Form
Middle and High School
Form205MSHS-Rev10-1-14

Staff use only – please do not write in gray boxes

Is there a joint custody or parenting plan in effect? Yes No Attached (If yes, copy must be on file with school)

Is there a restraining order in effect? Yes No Attached (If yes, copy must be on file with school)

If yes, restraining order is against:

Does your student have health insurance? Yes No Provider: _____

Primary Physician: _____ Name: _____ Phone: _____

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

Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

1.

2.

3.

Student Home Email: _____ Student Cell Phone: _____

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

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

Has this student been suspended or expelled? Yes No

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

Was student returned to school? Yes No

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

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

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

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

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

Has your child ever received migrant services? Yes No

Please list other siblings attending Bellingham Public Schools
Last Name _____ First Name _____ School _____ Grade _____

Verification of Information

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

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

Legal Parent/Guardian Signature: _____ Date: _____



AFFIDAVIT OF STUDENT RESIDENCE

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

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

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

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

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

Name of student _____

legally resides at _____

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

Signature of Parent/Legal Guardian

Date



Ethnicity and Race Data Collection Form

Student Name: _____

PLEASE ANSWER QUESTIONS 1A OR 1B AND QUESTION 2

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

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

NOT HISPANIC/LATINO

QUESTION 2. What race(s) do you consider your child? (Check all that apply)

<input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHEHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT <input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE KLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINALT THAI <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUIATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> YAKAMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN
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This information is required by the Washington State Office of the Superintendent of Public Instruction (OSPI), per Bulletin No. 004-10 Assessment and Student Information

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.

Signature _____
Date



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

Student Name: _____			Date: _____
Birth Date: _____	Gender: _____	Grade: _____	_____
Form Completed by:			
Parent/Guardian Name _____ Relationship to Student _____			
Parent/Guardian Signature _____			
**Home Phone number _____			
If available, in what language would you prefer to receive communication from the school? _____			
**School Name _____			
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes__ No__ Don't Know__			

1. In what country was your child born?	Country name: _____
2. What language did your child first learn to speak?*	Language: _____
3. What language does <u>YOUR CHILD</u> use the most at home?*	Language: _____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	Language: _____
5. Has your child ever received formal education* outside of the United States? (Kindergarten – 12 th grade) _____Yes _____No – For how many months? _____ <small>*"Formal education" does not include refugee camps or other unaccredited programs for children.</small>	If yes, in what language(s) was instruction given? _____
6. When did your child <i>first attend a school in the United States?</i> (Kindergarten – 12 th grade)	Month____ Day ____ Year ____
7. Do grandparent(s) or parent(s) have a tribal affiliation? _____Yes _____No	Tribal Name: _____

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

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

Additional Questions:

- Have you and/or your family moved in the last 3 years? Yes__ No__
- Was the purpose of your move to work in agriculture or the fishing industry? Yes__ No__
- Or are you currently working in either of the industries above? Yes__ No__

The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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



ANNUAL STUDENT HEALTH CONCERNS DOCUMENT

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

Student Name _____ School Year _____

School _____ Grade _____ Sex _____ Date of Birth _____

LIFE THREATENING ALLERGY

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

Life threatening allergy to: _____

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

ASTHMA:

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

ATTENTION DEFICIT DISORDER:

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

DIABETES:

****must contact the school nurse**

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

HEARING CONCERNS:

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

VISION PROBLEMS:

- Blind in one eye: right eye ____ left eye ____
- Other vision issue: _____
- Wears Glasses Wears Contacts

SEIZURES:

**** must contact school nurse**

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

Date of Last Seizure: _____

PHYSICAL RESTRICTIONS THAT WOULD LIMIT ACTIVITY:

Skeletal (bone) or muscular limitations: _____

OTHER HEALTH OR MEDICATION NEEDS:

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

ADDITIONAL HEALTH CONCERNS THAT WOULD AFFECT SCHOOL PERFORMANCE:

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

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

AUTHORIZATION FOR EMERGENCY PROCEDURE

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

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

Parent/Guardian Signature: _____

Date: _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

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

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Symbols below:
 ◆ Required for School and Child Care/Preschool
 ● Required for Child Care/Preschool Only
 ■ Recommended, but not required

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

Parent/Guardian Signature Required _____ Date _____

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 _____

Office Use Only:
 Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			

■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			

◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			

◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			

● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			

■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			

◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			

◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			

◆ Varicella (chickenpox)				
	1			
	2			

■ Hepatitis A (Hep A)				
	1			
	2			

■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.

Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS) Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP)
 If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

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

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

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

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.

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history 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 information will fill in automatically. Be sure to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child had chickenpox (varicella) disease and not the vaccine, **use only one** of these three options to record this on the CIS:
 1) If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
 2) If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
 3) If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS**, and return to the school or child care.

Vaccine Trade Names in alphabetical order					
(For updated lists, visit https://fortress.wa.gov/doh/cpir/web/homepage/completelistofvaccinenames.pdf)					
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	FluAval	Flu	Ipol	IPV
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP
Afluria	Flu	Fluvirin	Flu	Kinrix (Krix)	DTaP + IPV
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4
Cervarix	HPV2	Gardasil	HPV4	MenHibrix	Meningococcal C'Y- HIB-PRP
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal
Fluarix	Flu	HibTTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV
				Rotatq	Rotavirus (RV1)
				Rotatq	Rotavirus (RV5)

Vaccine Abbreviations in alphabetical order					
(For updated lists, visit https://fortress.wa.gov/doh/cpir/web/homepage/completelistofvaccinenames.pdf)					
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine
Flu (IV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine
				VAR or VZV	Varicella

Reference Guide

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

Options High School Student Rights & Responsibilities

Student responsibilities are outlined in the Bellingham School District's 3200 series Policies and Procedures. This document is available on the District website, and outlines in detail all of the Washington Administrative Code (WAC) that pertains to student behavior guidelines. It is the policy of the Bellingham School District to provide an educational environment free from discrimination on the basis of gender, race, religion, creed, color, national origin, non-program-related physical, sensory, mental disabilities, or any other basis prohibited by law.

Student Rights

- Students have the right to an appropriate education that prepares them for college, their career and their role as a citizen.
 - Students have the right to be safe while they learn.
 - Students have the right to learn, free of harassment, bullying, teasing or other forms of discrimination. Harassment is against federal, state, district and school laws and regulations.
- Initials:** _____ , _____
- Students have the right to be treated respectfully.
 - Students have the right to be informed of their academic progress in school. Mid-term progress reports and semester grade reports serve this function. Individual conferences with teachers regarding your academic progress are strongly encouraged.

Student Responsibilities

Below is a list of expectations for students that attend Options:

- **Class disruptions:**
No one has the right to interfere with the learning, safety or well being of anyone else in the school.
- **Being Prepared for Class:**
Students are expected to have a positive attitude about learning. Demonstrate this by bringing necessary materials to each class. We will have homework in many classes, daily. Students & parents need to commit to this policy/habit.
- **Passes:**
Hall passes are required if you are out of class during class time.
- **Food and Drink:**
Food and drink in class is at the discretion of the teacher.
- **Dress Code:**
Attire should not be a distraction to learning. Excessive holes in clothing, short shorts or short skirts, sagging pants, exposed mid drifts or cleavage, and visible undergarments are not permitted. WE DON'T WANT TO SEE IT! Please be respectful of our learning environment. We will ask students to change or to call for a change of clothing –otherwise students will be sent home and marked absent unexcused.
- **Skateboards:**
Please park your skateboards in the office for safekeeping. Do not ride your skateboard on school district property.

Attendance Policy:

Daily, on-time attendance is essential for success in school and is required by state law and district policy. Students should attend all scheduled classes unless officially excused. Absences, unless waived by the principal, require a written, signed excuse from a parent/guardian when the student returns. Medical, dental and legal appointments should be cleared with the principal or designee before the student leaves the building. Excused absences are determined by the principal and include:

- Illness, health condition, medical or dental appointment
- Religious observance when requested by student’s parent/guardian
- Family emergency approved by the school principal
- Disciplinary exclusion from class and short-term and long-term suspension (that do not result in loss of grade or credits or emergency expulsion)
- Appearance in court when required by state law
- Family planned activity, pre-approved by the principal
- School-sponsored event/activity.
- Students who are more than 15 minutes late to any class will result in an absence.

The district is required to file a petition with the juvenile court for students who accumulate seven unexcused absences in a month or 10 in one year. The student will be ordered to attend school.

Students are responsible for being on time to all classes. Students and families share the responsibility for attendance and punctuality.

Initials: _____ , _____

Cell Phone Policy:

Cell Phones must be turned off and put away during class.

- 1st Offense Cell phone is confiscated and held in the office until after school.
- 2nd Offense Cell phone is confiscated and held in the office until after school. The parent is notified that the student has had two cell phone offenses.
- 3rd Offense* Cell phone is confiscated and held in the office until after school. A meeting with the parent/guardian will be scheduled.

*After the 3rd Offense, the student may be expected to turn the phone into the office at the beginning of the school day and pick it up at the end of the day for the remainder of the school year.

Refusal to turn over a cell phone to staff will result in a student being sent to the office and may result in a student ultimately being suspended for the school day.

Initials: _____ , _____

The Bellingham School District has a Progressive Discipline Policy. **If any one behavior becomes chronic, discipline progresses to a higher level.** For example, fighting is an automatic 3-day suspension. Weapons, drugs, etc. are emergency expulsions. Chronic blurting out, becomes disruption of school, which is suspendable.

Consequences may include one or more of the following:

- Verbal Warning
- Conference with teachers/team
- Conference with adult/family member
- Time owed—before school, after school, during Early Release or by special arrangement
- Suspension
- Dropped from Program

I understand and will follow the guidelines set forth above:

Student Signature _____ Date _____

Student Printed Name _____

Parent Signature _____ Date _____

Parent/Guardian Printed Name _____



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

Student Housing Questionnaire

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

NAME OF STUDENT: _____
FIRST MIDDLE LAST

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

OTHER CHILDREN LIVING IN THE HOME:

Name: _____ School: _____
Name: _____ School: _____
Name: _____ School: _____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

- 1. Is this student's home address a temporary living arrangement, other than rental? 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 temporary foster care placement or 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 Transitional housing (through community agency)
- In a shelter "Awaiting" Foster Care
- 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

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

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

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

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

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

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

OPT-OUT OF RELEASE OF STUDENT DIRECTORY INFORMATION

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

HIGH SCHOOL ONLY: MILITARY RECRUITMENT OPT-OUT

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

STUDENT DIRECTORY INFORMATION OPT-OUT

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

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

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

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

YEARBOOK OPT-OUT

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

PTA DIRECTORY INFORMATION OPT-OUT

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

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____

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

(File in student's cumulative folder.)