

## Are you interested in an *in-demand, high wage career in the trades?*

### INDUSTRIAL TRADES TECHNOLOGY

- **Grades:** 11-12
- **Length:** Full Year Class
- **Class Time:** Monday-Friday, 7:15 a.m. – 8:50 a.m.
- **Credits:** 3.0 (1.0 earned per completed Trimester)
- **Graduation Requirement:** CTE, Elective
- **Supplies:** All tools and supplies are provided
- **Location:** Lower Columbia College campus  
**MUST PROVIDE OWN TRANSPORTATION**

Students in this class will develop knowledge and skill sets related to the industrial trades. This course offers training in machining, manufacturing and welding, including safe operation of milling machines. Students will have the opportunity to explore topics like the manufacturing processes, such as heat treating and finish coating, and expand their knowledge of welding and cutting processes. Instruction is delivered through project-based exercises that include blueprint reading and completing projects based on technical diagrams. To receive Dual Credit, students must successfully complete all 3 Trimesters with a "B" or better. Students are eligible to earn up to eight college credits that may directly apply to an Advanced Manufacturing, Machine Trades, Welding Certificate or Associate degree through Lower Columbia College.

[lowercolumbia.edu/industrial-trades](http://lowercolumbia.edu/industrial-trades)



For more information, please contact:  
Denise Prescott (360) 501-1838  
or Melissa Boudreau (360) 501-1839





# Industrial Trades Technology

NON-KELSO  
2023-2024

Industrial Trades Technology is a high school community collaborative program that presents an overview of skills required for a career in the machining and/or welding trades. This course emphasizes work place safety, equipment operations, basic professional knowledge, ethics, work place responsibility, and employability skills. This course is offered to juniors and seniors interested in advancing their skills as related to a high demand career in the labor trades.

## COURSE INFORMATION

**Class location:** 1600 Maple St, Longview, WA 98632

**Course Length:** Full year, 3 trimesters

**Class Time:** 7:15 am to 8:55 am daily

**Credits:** 3.0 credits (*NOTE: college credits also available upon successful completion of all 3 trimesters*)

1. Student provided personal transportation preferred. *Do you require district transportation?* YES NO

*NOTE: This is an elective course; therefore, district transportation is not guaranteed. It is based on student enrollment and driver availability.*

2. Students will follow the policies of Lower Columbia College as related to shop Dress Code, Attendance, Professional Behavior, and Safety.

3. There is a **MANDATORY** orientation meeting for parents/guardians in September.  
Time and date to be announced.

This packet includes mandatory forms that must be completed and signed:

1. Kelso High School Student Registration/Emergency Contact Form.
2. Parent/Guardian Approval/Emergency Information Form.

### PLEASE READ, COMPLETE AND RETURN THE ATTACHED FORMS

**APPLICATIONS DUE BY JUNE 16, 2023**

**EMAIL COMPLETED APPLICATION TO:**

[denise.prescott@kelsosd.org](mailto:denise.prescott@kelsosd.org)

Denise Prescott, Administrative Assistant

(360) 501-1838

### Questions about the course? Ask the instructors...

Nathan Shepherd, Machining Instructor

[nshepherd@lcc.ctc.edu](mailto:nshepherd@lcc.ctc.edu)

(360) 442-2746

David Pittsley, Welding Instructor

[dpittsley@lcc.ctc.edu](mailto:dpittsley@lcc.ctc.edu)

(360) 442-2958

# Industrial Trades Technology

## PARENT/GUARDIAN APPROVAL

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**PLEASE READ VERY CAREFULLY, INITIAL AND SIGN WHERE REQUIRED**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student email: \_\_\_\_\_ Student phone: \_\_\_\_\_

- I understand my student has been given the opportunity to participate in the off-campus class Industrial Trades Technology which involves working with industry aligned equipment that could cause injury if not used properly.
- I understand my student cannot take drugs, use alcohol, have a felony background, or violate Lower Columbia College/Kelso High School policies to participate in this program. I further understand if my student fails to meet or adhere to these expectations, he/she/they will be removed from the course.
- I authorize any emergency procedures deemed necessary. All efforts to contact me or other contact persons listed on this form will be made in the event emergency medical treatment is necessary.
- I understand my student must provide his/her/their own transportation to the Industrial Trades Technology class unless other transportation accommodations have been requested.
- I understand that pictures and/or video clips of my student may be taken throughout the year as a component of the class. I understand that the pictures and/or video clips may be used for promotional purposes and may be posted on a variety of platforms for the Kelso School District and Lower Columbia College.

Student Transportation Agreement, please **INITIAL** each statement you agree to:

\_\_\_\_\_ My student has permission to drive a private vehicle to the Industrial Trades Technology class.

\_\_\_\_\_ My student has permission to provide transportation for other Industrial Trades Technology students.

\_\_\_\_\_ My student has permission to ride with other Industrial Trades Technology students.

- I understand it is my responsibility to provide and/or arrange transportation for my student. I agree to hold Kelso School District and employees harmless in the event of injury to my student during transport to or from class.
- I ACCEPT. *By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions as listed above.***

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_





# Kelso High School

1904 Allen St  
PH: 360-501-1800

Kelso, Wa 98626  
FAX: 501-1422

## STUDENT REGISTRATION FORM

**Industrial Trades Technology**

DATE \_\_\_\_\_

<b>DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY</b>					
SCHOOL ENTRY DATE	LUNCH PROGRAM Free    Reduced    Full Pay	HEALTH INFORMATION	BUS ROUTE AM    PM	CHOICE STUDENT FROM:	RECORDS REQUESTED ON:

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country
<b>RACE:</b> PLEASE FILL OUT ATTACHED ETHNICITY / RACE COLLECTION FORM <b>**This is a required form**</b>			<b>PRIMARY LANGUAGE STUDENT SPEAKS AT HOME:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Chunkese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	

<b>PRIMARY HOUSEHOLD</b> Female Last Name                      First Name  <i>(parent/guardian of student's primary residence)</i>		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Male Last Name                      First Name		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMAIL ADDRESS		<b>STUDENT LIVES WITH</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		
RESIDENT ADDRESS	Street	Apt #	City	State
MAILING ADDRESS (If different from above)	Street or P O Box	Apt #	City	State
				Zip

FEMALE GUARDIAN WORK	PHONE	MALE GUARDIAN WORK	PHONE
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<b>SECOND HOUSEHOLD</b> Last Name                      First Name  <i>(parent/guardian of student's secondary residence)</i>		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Last Name                      First Name		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMAIL ADDRESS		<b>RELATIONSHIP TO STUDENT</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)			<b>RECIEVE MAILINGS ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s) _____
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> IEP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____	

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED A KELSO PUBLIC SCHOOL? IF YES, NAME OF SCHOOL ATTENDED:		DATE ATTENDED (Month/Year)
Yes                      No		
HAS STUDENT EVER BEEN ENROLLED IN A STATE OF WASHINGTON SCHOOL? IF YES, NAME OF SCHOOL ATTENDED:		

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?  Yes  No (If yes, plan must be on file with the school)  Copy Attached

IS THERE A RESTRAINING ORDER IN EFFECT?  Yes  No (If yes, legal papers must be on file with the school)  Copy Attached

Restraining order is against:  Mother  Father  Other \_\_\_\_\_

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?  Yes  No Date: \_\_\_\_\_

### Military Parent or Guardian (Family 1 and Family 2)

Does your student have parents/guardians currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard?

(PLEASE CHECK ALL THAT APPLY)

- U.S. Armed Forces (Active Duty)  Both Parents/Guardians are Affiliated  Information applies to Family 1  
 U.S. Armed Forces (Reserves)  Non Applicable  Information applies to Family 2  
 National Guard (Washington/Oregon)  No Response/Refuse to State

### PLEASE LIST OTHER SIBLINGS ATTENDING KELSO PUBLIC SCHOOLS

Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

MEDICAL CONDITIONS: LIFE THREATENING?  Yes  No

MEDICATIONS STUDENT TAKES ON A REGULAR BASIS:

### STUDENT RELEASE AUTHORIZATION/EMERGENCY CONTACTS

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child. If you wish to add more than 3 emergency contacts, please list on an additional page.

FIRST CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**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 within the Kelso School District.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Kelso School District**

**Race/Ethnicity Collection Form (Formulario de Recopilación de Raza/Origen Étnico)**



Date (Fecha): \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
(Apellido del estudiante) (Nombre del estudiante)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (Sexo): M F (circle one)  
(Escuela) (Nivel escolar) (haga un círculo alrededor de uno)

**QUESTION 1. Is your child of Hispanic or Latino origin?**

**PREGUNTA 1. ¿Es su niño de origen hispano o latino?**

H01  **NOT HISPANIC/LATINO**

**HISPANIC/LATINO** (may check categories and use write-in)

- |   |  |   |  |
|---|--|---|--|
| H00 <input type="checkbox"/> Hispanic                   | H08 <input type="checkbox"/> Costa Rican | H15 <input type="checkbox"/> Jamaican   | H23 <input type="checkbox"/> Puerto Rican                    |
| H02 <input type="checkbox"/> Argentine                  | H09 <input type="checkbox"/> Cuban       | H16 <input type="checkbox"/> Mexican    | H24 <input type="checkbox"/> Salvadoran                      |
| H03 <input type="checkbox"/> Bolivian                   | H10 <input type="checkbox"/> Dominican   | H17 <input type="checkbox"/> Mestizo    | H25 <input type="checkbox"/> Spaniard                        |
| H04 <input type="checkbox"/> Brazilian                  | H11 <input type="checkbox"/> Ecuadorian  | H18 <input type="checkbox"/> Native     | H26 <input type="checkbox"/> Surinamese                      |
| H05 <input type="checkbox"/> Chicano (Mexican American) | H12 <input type="checkbox"/> Guatemalan  | H19 <input type="checkbox"/> Nicaraguan | H27 <input type="checkbox"/> Uruguayan                       |
| H06 <input type="checkbox"/> Chilean                    | H13 <input type="checkbox"/> Guyanese    | H20 <input type="checkbox"/> Panamanian | H28 <input type="checkbox"/> Venezuelan                      |
| H07 <input type="checkbox"/> Colombian                  | H14 <input type="checkbox"/> Honduran    | H21 <input type="checkbox"/> Paraguayan | H29 <input type="checkbox"/> Hispanic/Latino Write in: _____ |
|   |  | H22 <input type="checkbox"/> Peruvian   |  |

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

**PREGUNTA 2. ¿Qué raza(s) considera que es su niño? (Marque todo lo que corresponda).**

**AMERICAN INDIAN/ALASKA NATIVE** (may check categories and use write-in)

N00  American Indian/Alaskan Native

- |  |   |   |
|--|---|---|
| N01 <input type="checkbox"/> Chinook Tribe   | N13 <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | N24 <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N02 <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation    | N14 <input type="checkbox"/> Marietta Band of Nooksack Tribe                    | N25 <input type="checkbox"/> Skokomish Indian Tribe   |
| N03 <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation       | N15 <input type="checkbox"/> Muckleshoot Indian Tribe                           | N26 <input type="checkbox"/> Snohomish Tribe  |
| N04 <input type="checkbox"/> Confederated Tribes of the Colville Reservation       | N16 <input type="checkbox"/> Nisqually Indian Tribe                             | N27 <input type="checkbox"/> Snoqualmie Indian Tribe  |
| N05 <input type="checkbox"/> Cowlitz Indian Tribe                                  | N17 <input type="checkbox"/> Nooksack Indian Tribe of Washington                | N28 <input type="checkbox"/> Snoqualmoo Tribe   |
| N06 <input type="checkbox"/> Duwamish Tribe  | N18 <input type="checkbox"/> Port Gamble S'Klallam Tribe                        | N29 <input type="checkbox"/> Spokane Tribe of the Spokane Reservation                             |
| N07 <input type="checkbox"/> Hoh Indian Tribe                                      | N19 <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation         | N30 <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation               |
| N08 <input type="checkbox"/> Jamestown S'Klallam Tribe                             | N20 <input type="checkbox"/> Quileute Tribe of the Quileute Reservation         | N31 <input type="checkbox"/> Steilacoom Tribe   |
| N09 <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | N21 <input type="checkbox"/> Quinault Indian Nation                             | N32 <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington                         |
| N10 <input type="checkbox"/> Kikiallus Indian Nation                               | N22 <input type="checkbox"/> Samish Indian Nation                               | N33 <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation               |
| N11 <input type="checkbox"/> Lower Elwha Tribal Community                          | N23 <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington           | N34 <input type="checkbox"/> Swinomish Indian Tribal Community                                    |
| N12 <input type="checkbox"/> Lummi Tribe of the Lummi Reservation                  |   | N35 <input type="checkbox"/> Tulalip Tribes of Washington   |

N36  Alaska Native Write in: \_\_\_\_\_

N37  American Indian Write in: \_\_\_\_\_

**ASIAN** (may check categories and use write-in)

- |  |   |  |  |
|--|---|--|--|
| A00 <input type="checkbox"/> Asian           | A08 <input type="checkbox"/> Filipino   | A15 <input type="checkbox"/> Mien        | A22 <input type="checkbox"/> Sri Lankan            |
| A01 <input type="checkbox"/> Asian Indian    | A09 <input type="checkbox"/> Hmong      | A16 <input type="checkbox"/> Mongolian   | A23 <input type="checkbox"/> Taiwanese             |
| A02 <input type="checkbox"/> Bangladeshi     | A10 <input type="checkbox"/> Indonesian | A17 <input type="checkbox"/> Nepali      | A24 <input type="checkbox"/> Thai                  |
| A03 <input type="checkbox"/> Bhutanese       | A11 <input type="checkbox"/> Japanese   | A18 <input type="checkbox"/> Okinawan    | A25 <input type="checkbox"/> Tibetan               |
| A04 <input type="checkbox"/> Burmese/Myanmar | A12 <input type="checkbox"/> Korean     | A19 <input type="checkbox"/> Pakistani   | A26 <input type="checkbox"/> Vietnamese            |
| A05 <input type="checkbox"/> Cambodian/Khmer | A13 <input type="checkbox"/> Lao        | A20 <input type="checkbox"/> Punjabi     | A27 <input type="checkbox"/> Asian Write in: _____ |
| A06 <input type="checkbox"/> Cham            | A14 <input type="checkbox"/> Malaysian  | A21 <input type="checkbox"/> Singaporean |  |
| A07 <input type="checkbox"/> Chinese         |   |  |  |

**BLACK** (may check categories and use write-in)

- |   |   |   |     |
|---|---|---|-----|
| B00 <input type="checkbox"/> Black/African American | B01 <input type="checkbox"/> African American | B02 <input type="checkbox"/> African Canadian | B02 |
|---|---|---|-----|

### **Caribbean**

- B03  Anguillian
- B04  Antiguan
- B05  Bahamian
- B06  Barbadian
- B07  Barthélemois/Barthélemoises  
(Saint Barthélemy)

- B08  British Virgin Islander
- B09  Caymanian  
(Cayman Island)
- B10  Cuba Dominican
- B11  Dominican  
(Dominican Republic)

- B12  Dutch Antillean  
(Netherlands Antilles)
- B13  Grenadian
- B14  Guadeloupian
- B15  Haitian

- B16  Jamaican
- B17  Martiniquais/Martiniquaise
- B18  Montserratian
- B19  Puerto Rican
- B20  Caribbean Write in: \_\_\_\_\_

### **Central African**

- B21  Angolan
- B22  Cameroonian
- B23  Central African  
(Central African Republic)

- B24  Chadian
- B25  Congolese  
(Republic of the Congo)

- B26  Congolese (Democratic  
Republic of the Congo)
- B27  Equatorial Guinean
- B28  Gabonese

- B29  São Toméan
- B30  Príncipe
- B31  Central African Write in: \_\_\_\_\_

### **East African**

- B32  Burundian
- B33  Comoran
- B34  Djiboutian
- B35  Eritrean
- B36  Ethiopian
- B37  Kenyan

- B38  Malagasy (Madagascar)
- B39  Malawian
- B40  Mauritian (Mauritius)
- B41  Mahoran (Mayotte)
- B42  Mozambican
- B43  Reunionese

- B44  Rwandan
- B45  Seychellois/Seychelloise
- B46  Somali
- B47  South Sudanese
- B48  Sudanese
- B49  Ugandan

- B50  Tanzanian (United Republic  
of Tanzania)
- B51  Zambian
- B52  Zimbabwean
- B53  East African Write in: \_\_\_\_\_

### **Latin American**

- B54  Argentine
- B55  Belizean
- B56  Bolivian
- B57  Brazilian
- B58  Chilean
- B59  Colombian

- B60  Costa Rican
- B61  Ecuadorian
- B62  El Salvadoran
- B63  Falkland Islander
- B64  French Guianese
- B65  Guatemalan

- B66  Guyanese
- B67  Honduran
- B68  Mexican
- B69  Nicaraguan
- B70  Panamanian
- B71  Paraguayan
- B72  Peruvian

- B73  South Georgia and the  
South Sandwich Islands
- B74  Surinamese
- B75  Uruguayan
- B76  Venezuelan
- B77  Latin American Write in: \_\_\_\_\_

### **South African**

- B78  Botswanan

- B79  Mosotho (Lesotho)
- B80  Namibian

- B81  South African
- B82  Swazi

- B83  South African Write in: \_\_\_\_\_

### **West African**

- B84  Beninese
- B85  Bissau-Guinean
- B86  Burkinabé (Burkina Faso)
- B87  Cabo Verdean

- B88  Ivorian (Cote d'Ivoire)
- B89  Gambian
- B90  Ghanaian
- B91  Liberian

- B92  Malian
- B93  Mauritanian
- B94  Nigerien (Niger)
- B95  Nigerian (Nigeria)
- B96  Saint Helenian

- B97  Senegalese
- B98  Sierra Leonean
- B99  Togolese
- C01  West African Write in: \_\_\_\_\_

C02  Black Write in: \_\_\_\_\_

### **MIDDLE EASTERN and NORTH AFRICAN** (may check categories and use write-in)

- W08  Algerian
- W09  Amazigh or Berber
- W10  Arab or Arabic
- W11  Assyrian
- W12  Bahraini
- W13  Bedouin
- W14  Chaldean
- W34  Middle Eastern Write in: \_\_\_\_\_
- W35  North African Write in: \_\_\_\_\_

- W15  Copt
- W16  Druze
- W17  Egyptian
- W18  Emirati
- W19  Iranian
- W20  Iraqi
- W21  Israeli

- W22  Jordanian
- W23  Kurdish Kuwaiti
- W24  Lebanese
- W25  Libyan
- W26  Moroccan
- W27  Omani

- W28  Palestinian
- W29  Qatari
- W30  Saudi Arabian
- W31  Syrian
- W32  Tunisian
- W33  Yemeni

### **PACIFIC ISLANDER** (may check categories and use write-in)

- P00  Native Hawaiian/Other  
Pacific Islander
- P01  Carolinian
- P02  Chamorro
- P03  Chuukese
- P04  Fijian

- P05  i-Kiribati / Gilbertese
- P06  Kosraean
- P07  Maori
- P08  Marshallese
- P09  Native Hawaiian
- P10  Ni-Vanuatu

- P11  Palauan
- P12  Papuan
- P13  Pohpeian
- P14  Samoan
- P15  Solomon Islander
- P16  Tahitian

- P17  Tokelauan
- P18  Tongan
- P19  Tuvaluan
- P20  Yapese
- P21  Pacific Islander Write in: \_\_\_\_\_

### **WHITE** (may check categories and use write-in)

- W00  White

### **Eastern European**

- W01  Bosnian
- W02  Herzegovinian
- W03  Polish
- W04  Romanian

- W05  Russian
- W06  Ukrainian

- W07  Eastern European Write in: \_\_\_\_\_

W36  White Write in: \_\_\_\_\_

# Kelso School District Student Health History & Emergency Medical Treatment Consent Form



Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Student's Doctor/Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

The Kelso School District requires that a parent/guardian complete a Student Health History Form. The district may use this information to advise families of the need for further medical attention, and to plan for potential health concerns during the school day.

*NOTE: If your student has a life-threatening condition, such as severe bee sting or severe food allergies, asthma, diabetes, seizure, etc., they are required by Washington State Law to have a medication, treatment order, and nursing plan in place BEFORE they can attend school. The medication and treatment order must be from the student's licensed health care provider and needs to be reviewed/renewed before the start of EACH school year in accordance with RCW 28A.210.320. The law defines life-threatening condition as a "health condition that will put the student in danger of death during the school day if a medication, treatment order, and a nursing plan are not in place".*

**INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:**

HEALTH CONDITION	YES	NO	EXPLANATION
Medication Allergies			List:
Food Allergies			Food(s): Peanut___ Dairy___ Eggs___ Other:_____ <b>Life Threatening: Yes (requires Epi-pen at school)___ No___</b>
Allergy to Bee Stings			<b>Life Threatening: Yes (requires Epi-pen at school)___ No___</b>
Asthma (requires an IHP)			Last date inhaler was used: _____
Diabetes (requires an IHP)			Type 1:___ Insulin Injection:___ Insulin Pump:___ Type 2:___ Insulin Injection:___ Oral Medication___ Diet:___
Seizure Disorder (requires an IHP)			Type: _____ Medications: _____ Date of last seizure: _____
Neurological Disorders			Specify: _____
Heart Condition			Specify: _____
Blood Disorder			Specify: _____ Treatment: _____
Cancer			Specify: _____ Treatment: _____
Bowel/Bladder Issues			Specify: _____ Treatment: _____
Bone/Muscle Problems			Specify: _____
Scoliosis			Treatment: _____
ADD/ADHD			Medication: _____ Needed at school: Yes___ No___
Mental Health/Behavioral			Specify: _____ Treatment: _____
Wears Glasses/Contacts			Glasses:___ Contacts:___
Hearing Loss			Right Ear:___ Left Ear:___
Other Health Concerns			Specify: _____ Treatment: _____
Medication Taken at Home			List (if not listed above): _____

*The information on this form may be shared confidentially with school staff and emergency responders as needed. In the event of a medical emergency with my student, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis, and any necessary emergency treatment. I understand that the school district assumes no financial liability for expenses incurred due to accident, injury, and/or unforeseen circumstances.*

*By completing and signing this form, you as the parent/guardian agree that you will be responsible for communicating ANY changes to this form with the school office and health specialist.*

\_\_\_\_\_  
 Parent/Guardian Printed Name Parent/Guardian Signature Date

**FOR OFFICE USE ONLY:**

Reviewed by Health Specialist: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Grad Year: \_\_\_\_\_





## Kelso School District Immunization Verification Requirements

The State of Washington and the Kelso School District recognize the importance of healthy students and require that all immunization records submitted to schools, by state law, be medically verified. This means immunization records turned in to the school must be from a health care provider, or you must attach to your handwritten form, paperwork from a health care provider to verify the accuracy of your student's records.

Immunization records must be turned in to the school on or before the first day of attendance. **Your child will not be able to attend any Kelso public school until these records are provided.**

The following are examples of medically verified immunization records:

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

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption. Found on our website [www.kelso.wednet.edu](http://www.kelso.wednet.edu) (Documents>Departments>Student Services>Health Information) or from your school office.

If your child already meets immunization requirements and has verified records on file with a Kelso school, you do not need to do anything.

If you have any questions, please contact one of our district nurses.

Stephanie Toms, BSN, RN  
KSD Nurse  
[stephanie.toms@kelsosd.org](mailto:stephanie.toms@kelsosd.org)

Laura Dieter, RN  
KSD Nurse  
[laura.dieter@kelsosd.org](mailto:laura.dieter@kelsosd.org)



# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File?  Yes  No

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

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate (MM/DD/YYYY):** \_\_\_\_\_

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

**X** \_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**X** \_\_\_\_\_  
**Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib ( <i>Haemophilus influenzae type b</i> )						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

**Documentation of Disease Immunity (Health care provider use only)**

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.  
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		

▶ \_\_\_\_\_  
 Licensed Health Care Provider Signature Date

▶ \_\_\_\_\_  
 Printed Name

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

Health Care Provider or School Official Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 If verified by school or child care staff the medical immunization records must be attached to this document.

**Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.**

**To print with the immunization information filled in:**

Ask if your health care provider’s office enters immunizations into the WA Immunization Information System (Washington’s statewide registry). 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](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

**To fill out the form by hand:**

1. Print your child’s name and birthdate, and sign your name where indicated on page one.
2. 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. 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 health care 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. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

**Acceptable Medical Records**

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state’s IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider’s electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

**Conditional Status**

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

**Reference guide for vaccine trade names in alphabetical order** For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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 (PV5)
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 June 2021**