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 Certific te or Associate degree through Lower Columbia College.

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
Denise Prescott, Administrative Assistant
(360) 501-1838

Questions about the course? Ask the instructors…

Nathan Shepherd, Machining Instructor
nshepherd@lcc.ctc.edu
(360) 442-2746

David Pittsley, Welding Instructor
dpittsley@lcc.ctc.edu
(360) 442-2958

Industrial Trades Technology
PARENT/GUARDIAN APPROVAL

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   Kelso, Wa 98626
PH: 360-501-1800   FAX: 501-1422

STUDENT REGISTRATION FORM
Industrial Trades Technology

DATE _____

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	GRADE LEVEL

RACE: PLEASE FILL OUT ATTACHED ETHNICITY / RACE COLLECTION FORM **This is a required form**	PRIMARY LANGUAGE <u>STUDENT</u> SPEAKS AT HOME: ☐ English ☐ Spanish ☐ Russian ☐ Chunkese ☐ Vietnamese ☐ Other

PRIMARY HOUSEHOLD

Female Last Name First Name *(parent/guardian of student's primary residence)*	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell
Male Last Name First Name	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell

EMAIL ADDRESS	STUDENT LIVES WITH ☐ Both parents ☐ Father only ☐ Mother only ☐ Foster Parent ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Grandparents ☐ Stepfather/Stepmother ☐ Guardian ☐ Agency ☐ Self ☐ Other

RESIDENT ADDRESS	Street	Apt #	City	State	Zip
MAILING ADDRESS (If different from above)	Street or P O Box	Apt #	City	State	Zip

FEMALE GUARDIAN WORK PHONE	MALE GUARDIAN WORK PHONE

SECOND HOUSEHOLD

Last Name First Name *(parent/guardian of student's secondary residence)*	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell
Last Name First Name	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell

EMAIL ADDRESS	RELATIONSHIP TO STUDENT ☐ Both parents ☐ Father only ☐ Mother only ☐ Foster Parent ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Grandparents ☐ Stepfather/Stepmother ☐ Guardian ☐ Agency ☐ Self ☐ Other

SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)	RECIEVE MAILINGS ? ☐ Yes ☐ No

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? ☐ Yes ☐ No	HAS YOUR CHILD EVER BEEN RETAINED?
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? ☐ Yes ☐ No	☐ Yes ☐ No
HAS YOUR CHILD EVER PARTICPATED IN: ☐ Title ☐ IEP ☐ Gifted ☐ ELL ☐ Other _____	If yes, at what grade level(s)_____

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: Yes No	DATE ATTENDED (Month/Year)

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

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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) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell
SECOND CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell
THIRD CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ 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 ☐ Hispanic	H08 ☐ Costa Rican	H15 ☐ Jamaican	H23 ☐ Puerto Rican
H02 ☐ Argentine	H09 ☐ Cuban	H16 ☐ Mexican	H24 ☐ Salvadoran
H03 ☐ Bolivian	H10 ☐ Dominican	H17 ☐ Mestizo	H25 ☐ Spaniard
H04 ☐ Brazilian	H11 ☐ Ecuadorian	H18 ☐ Native	H26 ☐ Surinamese
H05 ☐ Chicano (Mexican American)	H12 ☐ Guatemalan	H19 ☐ Nicaraguan	H27 ☐ Uruguayan
H06 ☐ Chilean	H13 ☐ Guyanese	H20 ☐ Panamanian	H28 ☐ Venezuelan
H07 ☐ Colombian	H14 ☐ Honduran	H21 ☐ Paraguayan	H29 ☐ Hispanic/Latino Write in:
		H22 ☐ 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 ☐ Chinook Tribe	N13 ☐ Makah Indian Tribe of the Makah Indian Reservation	N24 ☐ Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
N02 ☐ Confederated Tribes and Bands of the Yakama Nation	N14 ☐ Marietta Band of Nooksack Tribe	N25 ☐ Skokomish Indian Tribe
N03 ☐ Confederated Tribes of the Chehalis Reservation	N15 ☐ Muckleshoot Indian Tribe	N26 ☐ Snohomish Tribe
N04 ☐ Confederated Tribes of the Colville Reservation	N16 ☐ Nisqually Indian Tribe	N27 ☐ Snoqualmie Indian Tribe
N05 ☐ Cowlitz Indian Tribe	N17 ☐ Nooksack Indian Tribe of Washington	N28 ☐ Snoqualmoo Tribe
N06 ☐ Duwamish Tribe	N18 ☐ Port Gamble S'Klallam Tribe	N29 ☐ Spokane Tribe of the Spokane Reservation
N07 ☐ Hoh Indian Tribe	N19 ☐ Puyallup Tribe of the Puyallup Reservation	N30 ☐ Squaxin Island Tribe of the Squaxin Island Reservation
N08 ☐ Jamestown S'Klallam Tribe	N20 ☐ Quileute Tribe of the Quileute Reservation	N31 ☐ Steilacoom Tribe
N09 ☐ Kalispel Indian Community of the Kalispel Reservation	N21 ☐ Quinault Indian Nation	N32 ☐ Stillaguamish Tribe of Indians of Washington
N10 ☐ Kikiallus Indian Nation	N22 ☐ Samish Indian Nation	N33 ☐ Suquamish Indian Tribe of the Port Madison Reservation
N11 ☐ Lower Elwha Tribal Community	N23 ☐ Sauk-Suiattle Indian Tribe of Washington	N34 ☐ Swinomish Indian Tribal Community
N12 ☐ Lummi Tribe of the Lummi Reservation		N35 ☐ Tulalip Tribes of Washington

N36 ☐ Alaska Native Write in: _____

N37 ☐ American Indian Write in: _____

ASIAN (may check categories and use write-in)

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

BLACK (may check categories and use write-in)

B00 ☐ Black/African American   B01 ☐ African American   B02 ☐ African Canadian B02

Caribbean

B03 ☐ Anguillan
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 ☐ Principe
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
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

W34 ☐ Middle Eastern Write in: _____
W35 ☐ North African Write in: _____

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:_____ **Life Threatening: Yes (requires Epi-pen at school)___ No___**
Allergy to Bee Stings			**Life Threatening: Yes (requires Epi-pen at school)___ No___**
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:_____**

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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 (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

Laura Dieter, RN
KSD Nurse
laura.dieter@kelsosd.org

Certificate of Immunization Status (CIS)

Washington State Department of Health

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
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ 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)						
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.

□ Diphtheria	□ Hepatitis A	□ Hepatitis B
□ Hib	□ Measles	□ Mumps
□ Rubella	□ Tetanus	□ Varicella

□Polio (all 3 serotypes must show immunity)

►

Licensed Health Care Provider Signature   Date

►

Printed Name

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date:_____ If verified by school or child care staff the medical immunization records must be attached to this document.

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: waiisrecords@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**