

**Kiona-Benton Elementary School  
Student Registration Form**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Legal Name (if different) \_\_\_\_\_ Grade \_\_\_\_\_ Sex M / F  
Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace \_\_\_\_\_  
                    Month Day Year                      City                      State                      Country

Ethnic Group (Optional)   \_\_\_ American/Alaskan Native   \_\_\_ Asian  
                                  \_\_\_ Black/African American   \_\_\_ Caucasian/White  
                                  \_\_\_ Hispanic/Latino           \_\_\_ Multi-Racial  
                                  \_\_\_ Native Hawaiian/Other Pacific Islander

Physical Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted \_\_\_ Yes \_\_\_ No Message Phone \_\_\_\_\_

**THE FOLLOWING INFORMATION PERTAINS TO THE PARENT/GUARDIAN WITH WHOM THE STUDENT RESIDES**

Student Lives With   \_\_\_ Both Parents   \_\_\_ Mother   \_\_\_ Father   \_\_\_ Self  
                          \_\_\_ Joint Custody   \_\_\_ Guardian   \_\_\_ Mother/Stepfather  
                          \_\_\_ Father/Stepmother           \_\_\_ Stepmother/Stepfather  
                          \_\_\_ Agency           \_\_\_ Other

Parent/Guardian Name Last \_\_\_\_\_ First \_\_\_\_\_ Cell # \_\_\_\_\_  
                                  Employer \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian Name Last \_\_\_\_\_ First \_\_\_\_\_ Cell # \_\_\_\_\_  
                                  Employer \_\_\_\_\_ Work # \_\_\_\_\_

Non-Custodial Parent Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports/records, or removing your child from school?

\_\_\_ Yes \_\_\_ No (If yes, please submit the document for school file.)

Are there any current Washington State restraining orders on mother/father?

\_\_\_ Yes \_\_\_ No (School must have court orders on file.)

Has student ever been enrolled in Special Education classes? \_\_\_ Yes \_\_\_ No

Does the student have a current IEP? \_\_\_ Yes \_\_\_ No (If yes, please submit document for school file.)

Has the student ever had a 504 Plan? \_\_\_ Yes \_\_\_ No

Has the student previously been enrolled in the Kiona-Benton School District?

\_\_\_ Yes \_\_\_ No

Last school attended \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

**EMERGENCY INFORMATION: Local person(s)** (other than parent or guardian listed above) allowed to take student from school in case of emergency or illness, appointment, etc.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Brothers and sisters living at home:

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M/F  
Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M/F  
Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M/F  
Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M/F

Daycare/Daytime Babysitter Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Is Daycare/Babysitter authorized to take student from school? \_\_\_ Yes \_\_\_ No

Indicate the treatment you consent to have given to your child in the event an injury is sustained and an emergency contact cannot be reached:

Taken to hospital by ambulance \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_ Kadlec \_\_\_ KGH \_\_\_ Prosser Hospital

Place in care of personal physician \_\_\_ Yes \_\_\_ No

If yes, name and number of physician \_\_\_\_\_

If the physician above cannot be reached immediately, place child in care of doctor on call at hospital \_\_\_ Yes \_\_\_ No

If no, please give specific procedures for staff to follow: \_\_\_\_\_

Does your child have any special health problems such as chronic illnesses, allergies, conditions? \_\_\_ Yes \_\_\_ No

If yes, please list \_\_\_\_\_

Does your child take medication of any kind \_\_\_ Yes \_\_\_ No

If yes, please list \_\_\_\_\_

Has your child ever had any serious accidents or injuries? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

School activities in which student should not participate: (Parent or Guardian must provide documentation regarding reasons for non-participation.) \_\_\_\_\_

Please note: The above information is needed for use in the event that your child becomes ill or is injured while at school. In cases of a minor nature, first aid will be administered by school personnel qualified to render such service. It is understood that the instructions given above will remain in force for this school year.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# KIONA-BENTON CITY SCHOOL DISTRICT

1105 Dale Ave, Benton City, WA 99320  
Phone: (509) 588-2000 Fax: (509) 588-5580

## CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

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

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

I hereby authorize the confidential information as described below to the individuals who are affiliated with the school/agency:

Name of agency/school/person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Check all record types to be released:**

- |  |   |
|--|---|
| <input type="checkbox"/> Transcript of Courses     | <input type="checkbox"/> Standard Test Scores   |
| <input type="checkbox"/> Withdrawal Grades         | <input type="checkbox"/> Health Records         |
| <input type="checkbox"/> Attendance Records        | <input type="checkbox"/> Disciplinary Records   |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Other (Specify): _____ |

The information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received is protected under FERPA privacy standards by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).

This consent and authorization is valid for 90 days from the date of parent/adult student signature. Consent may be withdrawn at any time in writing, except where information has already been released based upon my authorization

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Student (if over age 13) Date

**Please FAX Information Requested to the following building(s) selected below:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Kiona-Benton City<br>Elementary | <input type="checkbox"/> Kiona-Benton City<br>Middle School | <input type="checkbox"/> Kiona-Benton City<br>High School | <input type="checkbox"/> Kiona-Benton City<br>Special Education Dept. |
| Phone: (509) 588-2090<br>Fax: (509) 588-2729             | Phone: (509) 588-2040<br>Fax: (509) 588-2905                | Phone: (509) 588-2140<br>Fax: (509) 588-2651              | Phone: (509) 588-2024<br>Fax: (509) 352-3073                          |

Dear Parent or Guardian,

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016–17 school year.

(<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>)

Reasons for collection of the data include:

- (1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
- (2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. [2015 c 210 § 1.]

For the purposes of this data collection, "students from military families" includes:

- (a) Students with a parent or guardian who is a member of the active duty United States armed forces; and
- (b) Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard." Collection and updating of this data must use the United States department of education 2007 race and ethnicity reporting guidelines, including the subracial and sub-ethnic categories within those guidelines, with modifications.

If you have any questions, please contact: Joe Lloyd at [JLloyd@kibesd.org](mailto:JLloyd@kibesd.org) or 509-588-2077.

| Student Name | SSID | Parent/Guardian Military Status * |
|--------------|------|-----------------------------------|
|              |      |                                   |
|              |      |                                   |
|              |      |                                   |
|              |      |                                   |

\* Not Affiliated, Active Duty, Reserves, Not Affiliated, Washington National Guard, Both Parents/Guardians are Affiliated, No Response/Refused to State, Data Not Available

Return by: First day of school.

Parent/Guardian signature \_\_\_\_\_ 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)

|  |                                    |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|--|------------------------------------|-------|--|-----------|--|----------|--|--------------|---|--|------------------------------------|--|------------------|--|----------------|--|----------------|--|-----------------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>CUBAN</td></tr> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>DOMINICAN</td></tr> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>SPANIARD</td></tr> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>PUERTO RICAN</td></tr> </table> |                                    | CUBAN |  | DOMINICAN |  | SPANIARD |  | PUERTO RICAN | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>MEXICAN/ MEXICAN AMERICAN/ CHICANO</td></tr> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>CENTRAL AMERICAN</td></tr> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>SOUTH AMERICAN</td></tr> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>LATIN AMERICAN</td></tr> <tr><td style="width: 30px; height: 15px; border: 1px solid black;"></td><td>OTHER HISPANIC/LATINO</td></tr> </table> |  | MEXICAN/ MEXICAN AMERICAN/ CHICANO |  | CENTRAL AMERICAN |  | SOUTH AMERICAN |  | LATIN AMERICAN |  | OTHER HISPANIC/LATINO |
|  | CUBAN                              |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|  | DOMINICAN                          |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|  | SPANIARD                           |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|  | PUERTO RICAN                       |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|  | MEXICAN/ MEXICAN AMERICAN/ CHICANO |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|  | CENTRAL AMERICAN                   |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|  | SOUTH AMERICAN                     |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|  | LATIN AMERICAN                     |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |
|  | OTHER HISPANIC/LATINO              |       |  |           |  |          |  |              |   |  |                                    |  |                  |  |                |  |                |  |                       |

**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)

|   |                         |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|---|-------------------------|------------------------|--|-------|--|--------------|--|-----------|--|---------|--|----------|--|-------|--|------------|--|----------|--|--------|--|---------|--|-----------|--|-----------|--|-------------|--|-----------|--|------|--|------------|--|-------------|--|-----------------|--|--------|--|-----------------------|--|------------------|--|------------|--|-------------|--|--------|--|--------|--|------------------------|--|--|---------------|--|----------|--|----------|--|---------|--|-----|--|-----------|--|----------|--|-------------|--|-------|--|-------|--|-------------|--|-----------|--|----------|--|---------------------|--|----------|--|----------|--|---------|--|--------|--|---------------|--|------------|--|-----------|--|------------|--|---------|--|----------------|--|---------------|--|-----------|--|-----------|--|---------|--|--------|--|-------------------------|--|-----------------------|
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|   | AFRICAN AMERICAN/BLACK  |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | WHITE                   |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | ASIAN INDIAN            |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | CAMBODIAN               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | CHINESE                 |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | FILIPINO                |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | HMONG                   |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | INDONESIAN              |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | JAPANESE                |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | KOREAN                  |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | LAOTIAN                 |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | MALAYSIAN               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | PAKISTANI               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SINGAPOREAN             |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | TAIWANESE               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | THAI                    |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | VIETNAMESE              |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | OTHER ASIAN             |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | NATIVE HAWAIIAN         |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | FIJIAN                  |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | GUAMANIAN OR CHAMORRO   |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | MARIANA ISLANDER        |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | MELANESIAN              |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | MICRONESIAN             |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SAMOAN                  |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | TONGAN                  |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | OTHER PACIFIC ISLANDER  |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | ALASKA NATIVE           |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | CHEHALIS                |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | COLVILLE                |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | COWLITZ                 |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | HOH                     |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | JAMESTOWN               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | KALISPEL                |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | LOWER ELWHA             |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | LUMMI                   |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | MAKAH                   |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | MUCKLESHOOT             |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | NISQUALLY               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | NOOKSACK                |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | PORT GAMBLE KLALLAM     |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | PUYALLUP                |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | QUILEUTE                |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | QUINALT                 |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SAMISH                  |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SAUK-SUIATTLE           |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SHOALWATER              |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SKOKOMISH               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SNOQUALMIE              |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SPOKANE                 |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SQUAXIN ISLAND          |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | STILLAGUAMISH           |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SUQUAMISH               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | SWINOMISH               |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | TULALIP                 |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | YAKAMA                  |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | OTHER WASHINGTON INDIAN |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |
|   | OTHER AMERICAN INDIAN   |                        |  |       |  |              |  |           |  |         |  |          |  |       |  |            |  |          |  |        |  |         |  |           |  |           |  |             |  |           |  |      |  |            |  |             |  |                 |  |        |  |                       |  |                  |  |            |  |             |  |        |  |        |  |                        |  |  |               |  |          |  |          |  |         |  |     |  |           |  |          |  |             |  |       |  |       |  |             |  |           |  |          |  |                     |  |          |  |          |  |         |  |        |  |               |  |            |  |           |  |            |  |         |  |                |  |               |  |           |  |           |  |         |  |        |  |                         |  |                       |



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

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

|   |   |                                 |                    |
|---|---|---------------------------------|--------------------|
| <b>Student Name:</b> _____  |   | <b>Grade:</b> _____             | <b>Date:</b> _____ |
| Parent/Guardian Name _____  |   | Parent/Guardian Signature _____ |                    |
| <p><b>Right to Translation and Interpretation Services</b><br/>         Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>   | <p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school?<br/>         _____</p>   |                                 |                    |
| <p><b>Eligibility for Language Development Support</b><br/>         Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>  | <p>2. What language did your child learn first?<br/>         _____</p> <p>3. What language does your child use the most at home?<br/>         _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child?<br/>         _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>  |                                 |                    |
| <p><b>Prior Education</b><br/>         Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><i>This form is not used to identify students' immigration status.</i></p> | <p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12<sup>th</sup> grade) ___Yes ___No</p> <p>If yes: Number of months: _____<br/>         Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12<sup>th</sup> grade)</p> <p>_____</p> <p>Month                  Day                  Year</p> |                                 |                    |

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

*Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.*



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**KIONA – BENTON CITY SCHOOL DISTRICT**  
**1105 DALE AVE., BENTON CITY, WA 99320**

**Student Housing Questionnaire**

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. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

**Do you own or rent your own home?**  YES  NO

If you checked "YES", you **do not** need to complete this form.

If you checked "NO", please **check below** where the student currently resides and complete this form.

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other \_\_\_\_\_

Name of Student: \_\_\_\_\_  
 First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_  Student is unaccompanied (not living with a parent or legal guardian)  
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
 (Or unaccompanied youth)

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Or unaccompanied youth)

**\* By signing this form, I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.**

Please return completed form to:

BERNARDO CASTILLO                      509-588-2035                      1107 GRACE AVE., BENTON CITY, WA 99320  
 District Liaison                      Phone Number                      Location

For School Personnel Only: For data collection purposes and student information system coding

- (N) Not Homeless
- (A) Shelters
- (B) Doubled-Up
- (C) Unsheltered
- (D) Hotels/Motels

# KIONA-BENTON CITY SCHOOL DISTRICT

*Welcome to Kiona-Benton City School District!*

## Parent and Student Release Form

This student clearance form is created to provide information regarding school rules, programs. You are encouraged to review the district rules, policies and procedures online.

DISTRICT WEBSITE: <http://www.kibesd.org>

FAMILY ACCESS: <http://www.Kibesd.org>

### PHONE DIRECTORY

High School: 509-588-2140      Middle School: 509-588-2040  
Primary School: 509-588-2090      Intermediate School: 509-588-2078  
Bus Garage: 509-588-2010      Superintendent's Office: 509-588-2000

### AFFIRMATIVE ACTION POLICY STATEMENT (POLICY 5010)

To assure attainment of the Affirmative Action Program goals and adherence to Equal Employment Opportunity, every employee is held accountable for its success. Corrective actions shall be taken to balance the employee profile as the administrative staff and employees identify areas of imbalance.

### NONDISCRIMINATION STATEMENT

In accordance with Federal law, the Kiona-Benton City School District is prohibited from discriminating on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of trained dog guide or service animal by a person with a disability and provides access to the Boy Scouts of America and other designated youth groups. To file a complaint of discrimination, see information below. Kiona-Benton City School District is an equal opportunity employer, complies with all Federal Rules and Regulations, and does not discriminate for all district programs and employment opportunities.

### SEXUAL HARASSMENT STATEMENT (POLICY 6590)

In accordance with Federal law, the Kiona-Benton City School District No. 52 is committed to a positive and productive education and working environment free from discrimination, including sexual harassment. The district prohibits sexual harassment of students, employees and others involved in school district activities. The district's policy and procedure 6590 regarding Sexual Harassment is located on the school district website at [www.kibesd.org](http://www.kibesd.org) and at the Administration Office located 1105 Dale Ave. Benton City, WA 99320 or by calling (509) 588-2000.

### ABSENTEEISM PROCESS

- 1<sup>st</sup> Unexcused within 30 days = Call home to notify parents/guardian, consequences will be explained in home language.  
2<sup>nd</sup> Unexcused within 30 days =  
1.) Conference with parents/guardian to make a plan to support student and family  
2.) Washington Assessment of Risks and Needs of Students (WARNS) Assessment
- 5<sup>th</sup> Unexcused Absence =  
1.) Enter into an agreement to maintain school attendance requirements.  
2.) Refer to Community Truancy Board  
3.) File a truancy petition with Benton County Juvenile Court
- 7<sup>th</sup> Unexcused Absence in a MONTH or 10<sup>th</sup> of the school year =  
1.) District file civil action with Benton County Juvenile Court alleging violation of attendance laws  
a.) By the parent  
b.) By the student/child  
c.) By the parent and the student/child

#### Title IX/RCW 28A.640 Officer

#### Affirmative Action Officer

Diann Zavala  
1105 Dale Ave.  
Benton City, WA 99320  
Telephone: (509) 588-2000

#### Section 504 Coordinator

Diann Zavala  
1105 Dale Ave.  
Benton City, WA 99320  
Telephone: (509) 588-2024

#### McKinney-Vento (Homeless)

Bernardo Castillo  
1105 Dale Ave.  
Benton City, WA 99320  
Telephone: (509) 588-2000

*The district's policies and procedure and Parent and Students Rights are located on the school district website at [www.kibesd.org](http://www.kibesd.org) and at the Administration Office located 1105 Dale Ave. Benton City, WA 99320 or by calling (509) 588-2000.*

~Please sign below recognizing that you understand the above items and where you can find information on the district website if needed~

STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

PARENT \_\_\_\_\_

DATE \_\_\_\_\_



Student Name \_\_\_\_\_ Date/fecha \_\_\_\_\_

Nombre del estudiante

Have you moved in the last two years for the purpose of seeking or obtaining agricultural, fishery or forestry related employment?                      YES      NO

¿Se mudó en los últimos dos años con el propósito de buscar o obtener un empleo relacionado con la agricultura, la pesca o la silvicultura?      SI      NO

## PARENT NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children.

The school MUST HAVE A COPY OF THE RECORDED COURT ORDER on file, otherwise either parent may check the child out of the school with proper identification.

If a parent comes in with a court order stating the current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read the above statement of the law.

---

*Student's name*

---

*Signature of Parent/Guardian*

*Date*

KIONA-BENTON CITY ELEMENTARY SCHOOL

Dear Parents,

This form is intended to provide an opportunity for you to assist us during this school year with room activities. As always, we appreciate your assistance for the benefit of our school children.

Please check the item(s) below as you wish and return this form to your child's teacher. Thank you.

- Serve as a room mother or room father.
- Assist with refreshments/games at Halloween party.
- Assist with refreshments/games at Christmas party.
- Assist with refreshments/games at Valentine party.
- Make instructional materials for teachers during the day or in the evening.

- Volunteer in classroom.
- Sew book bags.
- Chaperone on field trips.
- Listen to children read.
- Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Teachers Name

**KIONA-BENTON PRIMARY & INTERMEDIATE SCHOOL**

Mrs. Kristine Hanson, Principal    Mr. Williams, Principal

1105 Dale Ave. Benton City, WA 99320

Phone (509) 588-2090

Phone (509) 588-2078

**FIELD TRIP PERMISSION FORM**

Dear Parents,

Field trips often arise as the result of a classroom activity which requires the need for direct community experience. During the year, your child's class may be taking various trips within Benton City and, in order for your child to be included in these short trips, it is necessary for you to fill out and return this permission form. For any field trips requiring transportation out of Benton City a separate and specific permission form will be sent home for you to fill out. As always, your child will be under proper supervision during any school function.

Your signature below will authorize Kiona-Benton School District to allow your child to participate in field trips within Benton City throughout the entire school year.

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

# Student Health History

To be completed by parent/guardian

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  Male  Female

No  Yes **Glasses/Contacts**, Date of last eye evaluation: \_\_\_\_\_

No  Yes **Hearing aids**, Date of last hearing exam: \_\_\_\_\_

## Daily Medications

State law requires written permission from a Health Care Provider and parent before any medication (prescription or over-the-counter) can be given at school. A form is available from the school office.

No  Yes **Medication needed at school**(list): \_\_\_\_\_

No  Yes **Medication needed at home** (list): \_\_\_\_\_

## Life Threatening Medical Conditions

Washington State law mandates that students with life-threatening health conditions, where the condition would "...put the child in danger of death during the school day", have medication/treatment orders and a nursing plan in place at school **before** your child can attend school. Forms are available from the school office.

**Life Threatening Conditions (WILL require Health Care Provider orders)** Please check all that apply:

No  Yes **Severe Allergic reaction to Nuts** (list): \_\_\_\_\_

No  Yes **Severe Allergic reaction to Bee Stings**

No  Yes **Other Severe Allergies-affecting school**. Specify: \_\_\_\_\_

No  Yes **Severe Asthma: regularly takes medication for asthmatic condition or hospitalized within last 5 years for asthmatic condition**

No  Yes **Diabetes**

No  Yes **Other**: \_\_\_\_\_

**Potentially Life Threatening Conditions (MAY require Health Care Provider orders)** Please check all that apply and explain:

No  Yes **Asthma: takes medication only when needed**

No  Yes **Seizure Disorder**:  
Type of Seizures and date of last Seizure: \_\_\_\_\_

No  Yes **Heart Condition**: \_\_\_\_\_

No  Yes **Behavioral/Emotional Concerns**: \_\_\_\_\_

No  Yes **Orthopedic Condition**: \_\_\_\_\_

No  Yes **Other Health Concerns**: \_\_\_\_\_

**Does your child have any other condition that would affect his/her classroom performance or P.E. activities?**

No  Yes If yes, explain: \_\_\_\_\_

*This information is considered confidential. It will be shared with school staff as needed during the time your child is enrolled in Kiona-Benton School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.*

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_



*Kiona-Benton City School District #52*  
 1105 Dale Avenue, Benton City, WA 99320  
 (509) 588-2000

**Life Threatening Conditions**

Washington State law, RCW 28A.210.320, requires students with life-threatening conditions to have a completed packet of information, as described below, on file **prior to attending school.**

Under the law, a "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment plan and a nursing care plan are not in place. **Life-threatening conditions** include:

\_\_\_\_\_ Asthma

\_\_\_\_\_ Exercise Induced \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

Within the past year has your child been:

\_\_\_\_\_ Nebulized \_\_\_\_\_ Hospitalized \_\_\_\_\_ Given oral steroids

**If any of the above have been checked this is considered a life-threatening condition.**

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Heart Condition (considered serious by physician; physical activity limited)

\_\_\_\_\_ Allergic Reactions that result in anaphylactic shock

\_\_\_\_\_ Bee Sting

\_\_\_\_\_ Peanut

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Hemophilia or other serious blood disorder

\_\_\_\_\_ Other-list any other condition not listed above that falls into the life-threatening category \_\_\_\_\_

**If you have checked one of the above conditions**, please contact your child's school for an emergency response packet that you and your physician will complete and return. This Packet should include a physician's authorization to administer prescribed medication, a treatment plan, an emergency care plan, and any supplies/equipment necessary to carry out treatment and emergency plans. This information will enable us to develop a nursing care plan, which will be kept on file at school.

If a medication or treatment order and supplies/equipment are not provided, **the principal of the school is required to exclude the child** until such order has been provided. This requirement applies to student who are new to the district, and students who are already enrolled. Our exclusion procedures are in accordance with the rules (WACS) of the State Board of Education.

If your child develops a life-threatening condition during the year, it is vital to your child's safety that you immediately notify your child's school principal or nurse. The necessary forms will be provided and a time will be arranged for you to meet with your child's school nurse.

**I certify that I have read the above information.**

\_\_\_\_\_ My child does not have a life-threatening condition.

\_\_\_\_\_ My child has a life-threatening condition (as noted above).

Child's Name \_\_\_\_\_

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

Date \_\_\_\_\_



# Kiona-Benton City Elementary School

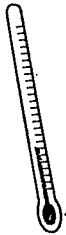
1105 Dale Avenue, Benton City, WA 99320 Ph. (509) 588-2090

## Is My Child Too Sick To Go To School?

### A Guide for Parents

**APPEARANCE/BEHAVIOR** - Unusually tired, pale, no appetite, hard to wake or confused.

**EYES** - If there is drainage, vision change, and/or redness of the eyelid, itching, pain or sensitivity to light. This may be a sign of "pink eye" (conjunctivitis) and the student should be checked by a health care provider.



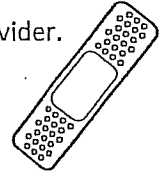
**FEVER** - Temperature of 100 degrees Fahrenheit (38 degrees C) or higher. Students need to be fever free for 24 hours before returning to school WITHOUT medications to reduce the fever.

**BAD COLD AND/OR COUGH** - Students need to be able to cover their cough to be at school. If a cough or cold persists for more than 2 weeks, the student may need to be seen by a health care provider.

**DIARRHEA** - 2 or more watery stools in 24 hours, especially if the student acts or looks ill. Students should stay home for 24 hours after the last watery stool.

**VOMITING** - Vomiting 2 or more times in 24 hours. Student should stay home for 24 hours after the last time they vomited.

**RASH** - Bothersome body rash, especially with fever or itching. Some rashes may spread to others and should be checked by a health care provider.



**INJURY/SURGERY** - If students are unable to concentrate due to pain or pain medication, they should stay home. Please have your health care provider contact the school nurse to help your child safely return to school. Letting the school nurse know in advance of any planned surgery will be helpful.

**STILL HAVE QUESTIONS** about whether or not your student is healthy enough to come to school? Contact the school nurse or your child's health care provider.

Keeping ill students at home, encouraging frequent hand washing, and covering coughs protects everyone, including those with fragile immune systems.

Students are expected to participate in all parts of the school day including recess or PE. If your doctor has restricted activity please send a doctor's note, for example: "No contact sports x 1 week."

Thank you for your support to keep students safe & healthy.



*Kiona-Benton City School District #52*

*1105 Dale Avenue, Benton City, WA 99320  
(509) 588-2000*

## **Immunization Record Requirements**

04/28/2020

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some 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.

If you have any questions, please contact me at 509-205-4755.

Sincerely,

Teresa Mattson  
Kiona-Benton City School District Nurse



DOH 348-744 January 2020

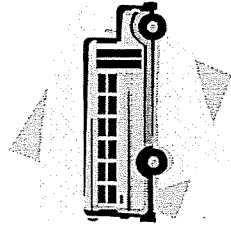
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).





# Parents - Are Your Kids Ready for School?

## Required Immunizations for School Year 2020-2021



Parent/Guardian Instructions: To see which vaccines are required for school, find your child's grade and look only at that row going across to find the vaccines and number of doses required.

|   | <b>Hepatitis B</b>                           | <b>DTaP/Tdap</b><br>(Diphtheria, Tetanus, Pertussis)<br>Vaccine doses required may be fewer than listed | <b>Polio</b><br>Vaccine doses required may be fewer than listed | <b>MMR</b><br>(Measles, Mumps, Rubella)      | <b>Varicella</b><br>(Chickenpox)   |
|---|--|---|---|--|--|
| <b>Kindergarten through 6<sup>th</sup> Grade</b>          | 3 doses <i>within the correct timeframes</i> | 5 doses <i>within the correct timeframes</i>  | 4 doses <i>within the correct timeframes</i>                    | 2 doses <i>within the correct timeframes</i> | 2 doses <i>within the correct timeframes</i><br>OR<br>Healthcare provider verified child had disease   |
| <b>7<sup>th</sup> Grade through 12<sup>th</sup> Grade</b> | 3 doses <i>within the correct timeframes</i> | 5 doses DTaP<br>AND<br>1 dose Tdap,<br><i>all within the correct timeframes</i>                         | 4 doses <i>within the correct timeframes</i>                    | 2 doses <i>within the correct timeframes</i> | 2 doses <i>within the correct timeframes</i><br>OR<br>Healthcare provider verified child had disease<br><i>(Exceptions are allowed for certain students)</i> |

- Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.
- Find information on other recommended vaccines not required for school: [www.immunize.org/cdc/schedules/](http://www.immunize.org/cdc/schedules/)