



Washington Virtual Academies  
 Enrollment Processing Center  
 2601 35th Street  
 Tacoma, WA 98409

Ph. 1.866.467.6187  
 Fx. 1.866.989.0715  
[www.k12.com/wava](http://www.k12.com/wava)

## Enrollment Forms Packet

Please review the information below. Based on your student(s) grade and applicable circumstances, you are required to submit documentation in order to complete this step in the enrollment process. You can fax, scan and email, or mail the required paperwork.

**Important Note: Please send copies, do not mail the original documents**

**Fax (preferred):**  
 1-866-989-0715

**Scan and Email:**  
[wavafax@k12.com](mailto:wavafax@k12.com)

**Mail:**  
 Washington Virtual Academies  
 2601 35th Street  
 Tacoma, WA 98409

| Required For?   | Item  | Description   | Provided by?                |
|---|---|---|-----------------------------|
| Required for all Kindergarten and previously Home-schooled students                     | Proof of Age  | Official Birth Certificate (not the hospital issued certificate)  | Provided by you             |
| Required for all Students   | Proof of Residency                                      | Current Utility bill showing service address OR Rental contract including signature page. Please note that WAVA requires a physical address, documents containing P.O. box will not be accepted.  | Provided by you             |
|   | Report Card   | The most recent Report Card, except for students enrolling in Kindergarten or those that have been homeschooled.  | Provided by you             |
|   | Ethnicity Data Questionnaire                            | Please fill out this form completely and submit.  | Provided in this packet     |
|   | Course Enrollment Form                                  | Please fill out this form completely and submit.  | Provided in this packet     |
|   | OSPI Statement of Understanding                         | The purpose of this document is to ensure the Legal Guardian understands that WAVA is not a homeschooling program.  | Provided in this packet     |
|   | WAVA Special Programs Form                              | Please fill this form out completely. If you indicate participation in Special Education services at any time please be prepared to provide documents showing your current status.  | Provided in this packet     |
|   | District Release Form                                   | A district release form is required for all enrolling students. This is a form that proves you have obtained authorization from your local school district to enroll with WAVA. The type of district release depends on your enrollment status. Your PAL will provide you more information during your Admissions Conference. | Provided to you by your PAL |
|   | Release of Records                                      | By filling out this form, you are giving our school permission to request your student's official records from their previous school after the approval process. If your child is enrolling in Kindergarten or was Homeschooled please indicate it on the form, fill out the top portion and sign it.                         | Provided in this packet     |
|   | WAVA Immunization Form                                  | Please fill out this form and include dates as they appear on your student's pediatrician's record. The Certificate of Exemption may be submitted if applicable for your student.   | Provided in this packet     |
| Required for students who plan on attending WAVA Part-Time and Home Schooling Part-Time | Declaration of Intent to Provide Home-Based Instruction | If you are home schooling one or more courses this is a required form. Please note that homeschooling refers to education that is provided by the parent and the student is not enrolled in a public or private school (WAVA is a public school)  | Provided in this packet     |
| Required for students that have a 504 plan  | 504 Plan  | A copy of your student's current 504 Plan.  | Provided by you             |



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### Ethnicity and Race Data Collection Form

**QUESTION 1.** Is your child of Hispanic or Latino origin? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> NOT HISPANIC/LATINO | <input type="checkbox"/> MEXICAN/MEXICAN AMERICAN/CHICANO |
| <input type="checkbox"/> CUBAN               | <input type="checkbox"/> CENTRAL AMERICAN                 |
| <input type="checkbox"/> DOMINICAN           | <input type="checkbox"/> SOUTH AMERICAN                   |
| <input type="checkbox"/> SPANIARD            | <input type="checkbox"/> LATIN AMERICAN                   |
| <input type="checkbox"/> PUERTO RICAN        | <input type="checkbox"/> OTHER HISPANIC/LATINO            |

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

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

Legal Guardian Name (Print): \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students Name: \_\_\_\_\_



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**Declaration of Intent to Provide Home School Instruction**

A parent who intends to cause his/her child or children to receive home school instruction **in lieu of attendance or enrollment in a public school**, approved private school, or an extension program of an approved private school must file an annual declaration of intent to do so in the format prescribed below:

**Note: WAVA is a Public School**

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below; that said child(ren) is (are) between the ages 5 and 17 and as such are subject to the requirements found in chapter 28A.225 RCW Compulsory Attendance; I intend to cause said child(ren) to receive home school instruction as specified in RCW 28A.225.010(4); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

Child(ren)'s Name(s)

Birthdate

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

( ) The home school instruction will be supervised by a person certificated in Washington State pursuant to chapter 28A.410 RCW.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

This statement must be filed annually by September 15 or within two weeks of the beginning of any public school quarter, trimester, or semester with the superintendent of the public school district within which the parent resides along with a **copy to Washington Virtual Academies**.



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2011/12 K-8 Course Enrollment Form

**Student Information:**

Student Name: \_\_\_\_\_ Grade 2011/12: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Address/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Enrollment Calculation:**

Please follow these instructions:

1. Complete one form per student
2. List the courses to be taken at WAVA.
3. Add the total numbers of Credits and FTE to be taken
4. **Fax signed copy to WAVA office at (866) 989-0715**

| Washington Virtual Academies       |   | Kindergarten | Grades 1-3 | Grades 4-8 | Only Grades 1-8 |
|------------------------------------|---|--------------|------------|------------|-----------------|
| Courses                            | √ | Hours        | Hours      | Hours      | FTE             |
| Math                               |   | 3.33         | 4.6        | 5.75       | .23             |
| Language Arts                      |   | 3.33         | 4.6        | 5.75       | .23             |
| Science                            |   | 3.33         | 4.6        | 5.75       | .23             |
| History                            |   | n/a          | 4.6        | 5.75       | .23             |
| Art                                |   | n/a          | .8         | 1.0        | .04             |
| Physical Education                 |   | n/a          | .8         | 1.0        | .04             |
| <b>Total hours taken with WAVA</b> |   |              |            |            |                 |

\* Kindergarten has a maximum FTE of 10 hours

|  |                    |
|--|--------------------|
| <b>Home School Status (separate from WAVA)</b>   |                    |
| Are you establishing Home School Status?   | Yes _____ No _____ |
| If yes, have you turned in a Letter of Intent to Home School to WAVA and your Resident School District? Yes _____ No _____ |                    |

|                         |             |
|-------------------------|-------------|
| _____                   |             |
| <b>Parent Name</b>      |             |
| _____                   | _____       |
| <b>Parent Signature</b> | <b>Date</b> |

|   |
|---|
| <p><b>For Administrator Use Only:</b></p> <p>This letter is to provide notice that the parent is exercising the option to enroll his or her child in another school district under Washington inter-district choice (RCW 28A.225.220). The above listed student will enroll in courses offered through the Washington Virtual Academies for the 2011-12 school year in the _____, public school district.</p> |
|---|



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**STATEMENT OF UNDERSTANDING**

In accordance with the Alternative Learning Experience Implementation Standards, *reference WAC 392-121-182* (3)(e), prior to enrollment parent(s) or guardian shall be provided with, and sign, documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience (ALE).

Provided on this form are descriptions of the difference between home-based instruction and an ALE. Please read these descriptions and sign below.

Summary Description

**Home-Based Instruction (Home School-not using WAVA program)**

- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A.225.010.
- Students are not enrolled in public education.
- Students are not subject to the rules and regulations governing public schools, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student’s education.

**Alternative Learning Experience**

**Washington Virtual Academy (WAVA)**

- Is authorized under WAC 392-121-182.
- Students are enrolled in public education either full-time or part-time.
- Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.
- Learning experiences are:
  - Supervised, monitored, assessed, and evaluated by certificated staff.
  - Provided via a written student learning plan.
  - Provided in whole, or part outside the regular classroom.

**Part-time Enrollment of Home-Based Instruction Students**

Home-based instruction students may enroll in public school programs, including ALE programs, on a part-time basis and retain their home-based instruction status. In the case of part-time enrollment in ALE, the student will need to comply with the requirements of the ALE written student learning plan, but not be required to participate in state assessments or meet state graduation requirements.

I have read the descriptions of home-based instruction and alternative learning experience provided and I understand the difference between home-based instruction and the alternative learning experience program in which my child is enrolling.

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

Name(s) of Student(s) \_\_\_\_\_  
\_\_\_\_\_



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To help us better serve your student's needs and transition, we would like to know about any special services your student has received or is required to receive under state or federal law. This information will not be used to determine enrollment eligibility, but will be used to ensure that your child is provided with proper

### Special Programs

1. Has your student EVER participated in any of the following special services? (Please check one)

Yes  No

If yes to above question, check applicable service(s)

Gifted & Talented  ESL (English as a Second Language)  Title 1/Chapter 1  \*Special Education/IEP  504

2. Does your student have an IEP?  Yes  No

3. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

4. Is a language other than English spoken at home?  Yes  No If yes, what language? \_\_\_\_\_

5. Does your child speak a language other than English?  Yes  No If yes, what language? \_\_\_\_\_

**\* IT IS IMPERITIVE THAT YOU HAVE A CURRENT IEP AND EVALUATION ON FILE WITH YOUR RESIDENT SCHOOL DISTRICT IF YOUR STUDENT IS PARTICIPATING IN SPECIAL EDUCATION SERVICES**

### Custody Information

6. Is there a joint custody plan in effect?  Yes  No If Yes, a copy of the plan must be on file with the school for enforcement.

7. Is there a restraining order?  Yes  No If yes, a copy of the plan must be on file with the school for enforcement.

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

Please submit a copy of custody plan and/or restraining order as they pertain to your student

8. At anytime during your student's educational career, has he/she been involved in any of the following:  Yes  No

If yes, please check the appropriate box:  BECCA Bill/Truancy Court  Expulsion  Suspension

### Certification

I certify that all of the above information is true and correct.

Print Parent/Guardian Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

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



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## Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

### Student Information

Student's Full Name: \_\_\_\_\_  
first middle last

Student's Date of Birth: \_\_\_\_\_

Student's Legal Address: \_\_\_\_\_  
street apt #

\_\_\_\_\_ city county state zip

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

### Homeschooled or Never Previously Enrolled in School (Fill out only if applicable)

Check below if applicable:

- Student was always previously homeschooled
- Student is enrolling in Kindergarten

### Prior School Information

Name of Prior School: \_\_\_\_\_

School's Address: \_\_\_\_\_  
street

\_\_\_\_\_ city county state zip

School's Phone: \_\_\_\_\_

School's Fax: \_\_\_\_\_

### Sign and Date below

Name of Parent or Legal Guardian: \_\_\_\_\_  
first last

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SCHOOL OFFICIALS ONLY:

Send student records to: **Washington Virtual Academies**  
2601 35th Street  
Tacoma, WA 98409

Student's Name: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

|   |             |
|---|-------------|
| <b>Office Use Only:</b>   |             |
| Reviewed by: _____  | Date: _____ |
| Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |

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

|  |                          |                              |                                      |   |  |
|--|--------------------------|------------------------------|--------------------------------------|---|--|
| <b>Child's Last Name:</b> _____  | <b>First Name:</b> _____ | <b>Middle Initial:</b> _____ | <b>Birthdate (mm/dd/yyyy):</b> _____ | <b>Sex:</b> _____                                 | <b>I certify that the information provided on this form is correct and verifiable.</b> |
| Symbols below:<br>◆ Required for School and Child Care/Preschool<br>● Required for Child Care/Preschool Only |                          |                              |                                      | <b>Parent/Guardian Name (please print):</b> _____ |  |

| Vaccine   | Dose | Date  |     |      |
|---|------|-------|-----|------|
|   |      | Month | Day | Year |
| <b>◆ Hepatitis B (Hep B)</b>                            |      |       |     |      |
|   | 1    |       |     |      |
|   | 2    |       |     |      |
|   | 3    |       |     |      |
| or Hep B - 2 dose alternate schedule for teens          |      |       |     |      |
|   | 1    |       |     |      |
|   | 2    |       |     |      |
| <b>Rotavirus (RV1, RV5)</b>                             |      |       |     |      |
|   | 1    |       |     |      |
|   | 2    |       |     |      |
|   | 3    |       |     |      |
| <b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b> |      |       |     |      |
|   | 1    |       |     |      |
|   | 2    |       |     |      |
|   | 3    |       |     |      |
|   | 4    |       |     |      |
|   | 5    |       |     |      |
| <b>◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)</b>      |      |       |     |      |
|   | 1    |       |     |      |
|   | 2    |       |     |      |
| <b>● Haemophilus influenzae type b (Hib)</b>            |      |       |     |      |
|   | 1    |       |     |      |
|   | 2    |       |     |      |
|   | 3    |       |     |      |
|   | 4    |       |     |      |
| <b>● Pneumococcal (PCV, PPSV)</b>                       |      |       |     |      |
|   | 1    |       |     |      |
|   | 2    |       |     |      |
|   | 3    |       |     |      |
|   | 4    |       |     |      |

| Vaccine  | Dose | Date       |     |                          |  |            |  |
|--|------|------------|-----|--------------------------|--|------------|--|
|  |      | Month      | Day | Year                     |  |            |  |
| <b>◆ Polio (IPV, OPV)</b>  |      |            |     |                          |  |            |  |
|  | 1    |            |     |                          |  |            |  |
|  | 2    |            |     |                          |  |            |  |
|  | 3    |            |     |                          |  |            |  |
|  | 4    |            |     |                          |  |            |  |
| <b>Influenza (flu, most recent)</b>  |      |            |     |                          |  |            |  |
|  |      |            |     |                          |  |            |  |
|  |      |            |     |                          |  |            |  |
| <b>◆ Measles, Mumps, Rubella (MMR)</b>   |      |            |     |                          |  |            |  |
|  | 1    |            |     |                          |  |            |  |
|  | 2    |            |     |                          |  |            |  |
| <b>◆ Varicella (chickenpox) or verify disease 1-4 ▶</b>  |      |            |     |                          |  |            |  |
|  | 1    |            |     |                          |  |            |  |
|  | 2    |            |     |                          |  |            |  |
| <b>Hepatitis A (Hep A)</b>   |      |            |     |                          |  |            |  |
|  | 1    |            |     |                          |  |            |  |
|  | 2    |            |     |                          |  |            |  |
| <b>Meningococcal (MCV, MPSV)</b>   |      |            |     |                          |  |            |  |
|  | 1    |            |     |                          |  |            |  |
| <b>Human Papillomavirus (HPV)</b>  |      |            |     |                          |  |            |  |
|  | 1    |            |     |                          |  |            |  |
|  | 2    |            |     |                          |  |            |  |
|  | 3    |            |     |                          |  |            |  |
| <b>Office Use Only: Immunization information updated and verified with parent/guardian permission:</b> |      |            |     |                          |  |            |  |
| Printed Staff Name _____   |      | Date _____ |     | Printed Staff Name _____ |  | Date _____ |  |
| Printed Staff Name _____   |      | Date _____ |     | Printed Staff Name _____ |  | Date _____ |  |

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

**1)  Chickenpox disease verified by printout from CHILD Profile Immunization Registry**  
Must be marked by printout (not by hand) to be valid.

**2)  Chickenpox disease verified by Health Care Provider (HCP)**  
If you choose this box, mark 2A OR 2B below.  
 2A)  Signed note from HCP attached OR  
 2B)  HCP signed here and print name below:  
 \_\_\_\_\_  
 Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

**3)  Chickenpox disease verified by school staff from CHILD Profile Immunization Registry**  
If you choose this box, staff must initial that parent or guardian approves: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

**4)  Chickenpox disease verified by parent\***  
If you choose this box, fill in the date or child's age when he or she had the disease:  
 Age/Date of disease: \_\_\_\_\_  
 \*Can ONLY verify for some grades, see back #5 (4).

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

**Documentation of Disease Immunity**

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

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

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_



# Certificate of Exemption

## For School, Child Care and Preschool Immunization Requirements<sup>1</sup>



**DIRECTIONS:** All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').<sup>2</sup> Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

|                           |                    |                        |                                |             |   |
|---------------------------|--------------------|------------------------|--------------------------------|-------------|---|
| <b>Child's Last Name:</b> | <b>First Name:</b> | <b>Middle Initial:</b> | <b>Birthdate (mm/dd/yyyy):</b> | <b>Sex:</b> | <b>Parent/Guardian Name (please print):</b> |
|---------------------------|--------------------|------------------------|--------------------------------|-------------|---|

**Parent/Guardian, please choose the exemption(s) that apply to your child below.**

|   |   |
|---|---|
| <input type="checkbox"/> <b>Temporary Medical Exemption</b><br><input type="checkbox"/> <b>Permanent Medical Exemption</b><br><hr/> Vaccine(s) _____ Until _____<br>Date (or Permanent)<br><hr/> Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)<br><hr/> X _____ X _____<br>Signature of Licensed Health Care Provider Date | <input type="checkbox"/> <b>Personal/Philosophical Exemption (see Box 1)</b><br><input type="checkbox"/> <b>Religious Exemption (see Box 1)</b><br><input type="checkbox"/> <b>Religious Membership Exemption (see Box 2)</b><br>I do not want my child to get the following vaccine(s):<br><input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib<br><input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough)<br><input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Rubella<br><input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox)<br><input type="checkbox"/> Other (indicate): _____ |
|---|---|

| Box 1  |
|--|
| <p><b>Provider Statement<sup>2</sup>:</b> "I, _____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."<br/>                 X _____<br/>                 Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)<br/>                 X _____<br/>                 Date</p> |

| Box 2  |
|--|
| <p><b>Parent/Guardian Demonstration of Religious Membership:</b> "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."<br/>                 X _____<br/>                 Name of Church or Religious Body<br/>                 X _____ X _____<br/>                 Signature of Parent or Guardian Date</p> |

| Box 3  |
|--|
| <p><b>Parent/Guardian Statement:</b> "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be <b>excluded</b> from school, child care, or preschool until the outbreak is over."<br/>                 X _____ X _____<br/>                 Signature of Parent or Guardian Date</p> |

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

<sup>1</sup> RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

<sup>2</sup> A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.**

**#1 To print with info filled in:** First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

**EXAMPLE**

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

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

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

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

**#5** If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- 1)  If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- 2)  If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- 3)  If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- 4)  If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>

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

**#7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

**#8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

| Vaccine Trade Names in alphabetical order (For updated lists, visit <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf">http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf</a> ) |             |            |            |                  |                    |                   |                      |                 |               |
|---|-------------|------------|------------|------------------|--------------------|-------------------|----------------------|-----------------|---------------|
| Trade Name  | Vaccine     | Trade Name | Vaccine    | Trade Name       | Vaccine            | Trade Name        | Vaccine              | Trade Name      | Vaccine       |
| ActHIB  | Hib         | Engerix-B  | Hep B      | Ipol             | IPV                | Pentavalente      | DTaP + Hep B + Hib   | TriHIBit        | DTaP + Hib    |
| Adacel  | Tdap        | Fluarix    | Flu (TIV)  | Infanrix         | DTaP               | Pneumovax         | PPSV or PPV23        | Tripedia        | DTaP          |
| Afluria   | Flu (TIV)   | FluLaval   | Flu (TIV)  | Kinrix (Knrx)    | DTaP + IPV         | Prevnar           | PCV or PCV7 or PCV13 | Twinrix (Twnrx) | Hep A + Hep B |
| Boostrix  | Tdap        | FluMist    | Flu (LAIV) | Menaetra         | MCV or MCV4        | ProQuad (PrQd)    | MMR + Varicella      | Vaqta           | Hep A         |
| Cervarix  | HPV2        | Fluvirin   | Flu (TIV)  | Menomune         | MPSV or MPSV4      | Quadracel (Qdrel) | DTaP + IPV           | Varivax         | Varicella     |
| Comvax (Cmvx)   | Hep B + Hib | Fluzone    | Flu (TIV)  | Pediarix (Pdrx)  | DTaP + Hep B + IPV | Recombivax HB     | Hep B                |                 |               |
| Daptacel  | DTaP        | Gardasil   | HPV4       | PedvaxHIB        | Hib                | Rotarix           | Rotavirus (RV1)      |                 |               |
| Decavac   | Td          | Havrix     | Hep A      | Pentacel (Pntcl) | DTaP + Hib + IPV   | RotaTeq           | Rotavirus (RV5)      |                 |               |

| Vaccine Abbreviations in alphabetical order (For updated lists, visit <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf">http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf</a> ) |  |                            |                                      |                      |  |                   |  |
|---|--|----------------------------|--------------------------------------|----------------------|--|-------------------|--|
| Abbreviations   | Full Vaccine Name                        | Abbreviations              | Full Vaccine Name                    | Abbreviations        | Full Vaccine Name                        | Abbreviations     | Full Vaccine Name                        |
| DT  | Diphtheria, Tetanus                      | Hep A (HAV)<br>Hep B (HBV) | Hepatitis A<br>Hepatitis B           | MPSV or MPSV4        | Meningococcal Polysaccharide Vaccine     | Rota (RV1 or RV5) | Rotavirus                                |
| DTaP  | Diphtheria, Tetanus, acellular Pertussis | Hib                        | <i>Haemophilus influenzae</i> type b | MMR / MMRV           | Measles, Mumps, Rubella / with Varicella | Td                | Tetanus, Diphtheria                      |
| DTP   | Diphtheria, Tetanus, Pertussis           | HPV                        | Human Papillomavirus                 | OPV                  | Oral Poliovirus Vaccine                  | Tdap              | Tetanus, Diphtheria, acellular Pertussis |
| Flu (TIV or LAIV)   | Influenza                                | IPV                        | Inactivated Poliovirus Vaccine       | PCV or PCV7 or PCV13 | Pneumococcal Conjugate Vaccine           | TIG               | Tetanus immune globulin                  |
| HBIG  | Hepatitis B Immune Globulin              | MCV or MCV4                | Meningococcal Conjugate Vaccine      | PPSV or PPV23        | Pneumococcal Polysaccharide Vaccine      | VAR or VZV        | Varicella                                |

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