

ENROLLMENT PACKET NEW OR
OUT OF DISTRICT



Welcome to the Richland School District!

We are very excited to work with you and your child to ensure their success throughout their academic career. Our guidelines listed below intend to make the registration process into the Richland School District a smooth transition. We do require the following forms and documents as part of our enrollment process.

- Completed Enrollment Packet
- Age and Name Verification Documents (i.e. birth certificate; previously verified school records or any other government documents; a religious, hospital, or physician's certificate showing date of birth; an adoption record, etc.)
- Immunization Record
- Proof of Residency in the school's attendance area you are planning to attend (i.e. Utility Bill/Utility Deposit Receipt, Lease Agreement)
- Consent for Placement Form, if Special Programs services are required please contact:

RSD Special Education Department Office
295 Bradley Boulevard, Suite 104
Richland, WA 99352
(509) 967-6050

For Secondary Students we do require additional documentation:

- Withdrawal Form from previous school
- Transcript from previous school

If you have any questions or need additional information, please do not hesitate to contact the school directly, or contact the Richland School District office at 509-967-6000.

Once again, welcome to the Richland School District!



RIVER'S EDGE HIGH SCHOOL

HOME OF THE FIREBIRDS

Dear Prospective Student,

Thank you for your interest in River's Edge High School. Enclosed you will find the required application forms along with a checklist for your convenience. The entire packet of materials must be completed for your application to be considered by the enrollment committee.

Students are enrolled at River's Edge High School based on REHS's ability to meet student needs. The enrollment committee meets quarterly to review new applications. Students may be considered for enrollment into some of our Direct Teaching Programs at the beginning of each quarter, while students may be accepted into the Independent Learning Program at any time throughout the school year. **Applications will not be considered until the packet is complete. (NOTE: Students currently on an IEP must include an MDT recommendation for their packet to be complete.) Please stay enrolled in school elsewhere until you actually are accepted and ready to begin one of our programs.** Space is limited in our programs and we must first consider those Richland students who can best be served by our school. If you are new to the district, you should go ahead and enroll at either Richland or Hanford High School, depending on your home address and district boundaries.

River's Edge High School is part of the Richland School District, but is open to students outside the Richland School District as space is available. Out of district students must have a completed Transfer Request in order for the application to be complete.

If you have questions as you are filling out the forms, please contact our office at 967-6450. If possible, please deliver your packet in person; however it may be mailed or faxed as a matter of convenience. Original paperwork must be provided later if faxed.

Sincerely,

Nicole K. Anderson
Principal



River's Edge High School

Alternative Program Offerings

In summary

River's Edge High School is an alternative high school in the Richland School District. River's Edge places an emphasis on providing an educational opportunity for students that are not having success in the traditional high school setting. Students enrolled in the Richland School District interested in attending River's Edge High School must apply for admittance or be referred from their home high school before being accepted into a River's Edge High School program. Students outside of the Richland School District may apply as space is available. There is a full-day campus program as well as semi-independent study options. Graduation requirements and course standards are the same as those at Richland and Hanford High Schools.

"DI" Option to Consider ->



Direct Instruction

District approved courses are offered by faculty who teach individually or in teams. The primary morning block scheduling program at River's Edge is known as Accelerated. One group is a literacy block for underclassmen, another works around a math/science theme, while the third focuses on language arts and social studies. Afternoon courses and some morning classes follow a more traditional schedule. All programs are rigorous; student centered, and promotes strong interpersonal relationships between students and teachers.



Personalized Learning

Personalized learning is intended to facilitate the academic success of each student by first determining the learning needs, interests, and aspirations of individual students, and then providing learning experiences that are customized—to a greater or lesser extent—for each student.

"IL" Option to Consider ->

"DI 2.0" Option <- to Consider

Independent Learning

Independent Learning provides a Web-based educational opportunity for high school students desiring an alternative to traditional schooling. Students take accredited Richland School District classes from their own homes using a computer/web based curricula approved by the district. Courses require written assignments in addition to those on the computer, in order to show understanding and the ability to apply the knowledge to real-life situations. All courses meet Washington State standards for learning, and are supervised by local teachers. Independent study requires self-discipline, personal maturity, and reliable internet access outside of school. Students are required to spend at least 25 hours per week working on school assignments independently. Weekly progress checks are required, and students that are not making academic progress will be required to attend the River's Edge Independent Learning Lab for a prescribed number of hours each week.



Working with Individual Needs

WIN is a semi-independent learning opportunity designed for students with unique learning needs. Courses are available for students on the River's Edge campus, and in special circumstances from home, using a computer based curricula approved by the district. Enrollment is based on a referral process involving River's Edge staff.



"WIN" Option <- To Consider

Additional Programs To Consider ->



Additional Programs

River's Edge students have access to programs such as Tri-Tech Skills Center and Running Start. Students may be able to access additional courses at the traditional high schools.

Richland School District Enrollment Form

Administration Office – 615 Snow Ave Richland, WA 99352

Today's Date _____/_____/_____ Have you withdrawn from the previous school (circle one) YES N
Has this child attended a Richland School in the past? (circle one) YES NO If yes, name of RSD School _____
Approximate date student withdrew from last RSD school _____/_____/_____

Student's Legal Last Name:		Student's Legal First Name:		Student's Middle Name:	
Birth date: _____/_____/_____		Student # (Office will assign):		Grade:	
Does this child have school records by any other name? If so, please list all:					
"Goes by" Last Name (If different than Legal Name):		"Goes by" First Name (If different than Legal Name):		Date student will start school: _____/_____/_____	
Parent/Guardian (Format: John & Jane Smith):					
Residence Address:		City:		State: Zip:	
Mailing Address:		City:		State: Zip:	
Mother E-mail Address:			Father E-mail Address:		
Home Phone #		Is this # unlisted? YES NO		Restrict Directory Information? YES NO	
Gender (circle one) Male Female		Student's primary language (If other than English):		Language spoken at home (If other than English):	

ADDITIONAL INFORMATION

Is your child currently expelled, suspended, or on a Becca Bill Petition from another school district? NO YES If yes, attach a separate page to explain the circumstances.

Circle previous / current participation in: (all that apply)

Special Education (IEP) Speech 504 Plan ESL Math or Reading Assistance OT Services Title 1 Gifted

Describe any physical limitations or health problems your child has (circle all that apply to your child):

Asthma Diabetes Heart Condition Seizures/Epilepsy Allergies: Bee Stings or Food

Other (Please Explain): _____

Is medication given for any reason? _____ AT HOME _____ AT SCHOOL - (medical authorization form required for medication at school)

PARENT / GUARDIAN INFORMATION

BIOLOGICAL Father's Information

Father's Last Name:		Father's First Name:	
Father's Street Address (if different than student):			
City:	State:	Zip:	Father's Home Phone #:
Father's Cell Phone #:		Father's Daytime Phone #:	
Father's Employer:		Father's Work phone #:	
Does student live with Father? YES NO		If NO would you like extra mailing sent to Father? YES NO	
Is there a NO CONTACT order for Father? YES NO		Email:	

BIOLOGICAL Mother's Information

Mother's Last Name:		Mother's First Name:	
Mother's Street Address (if different than student):			
City:	State:	Zip:	Mother's Home Phone #:
Mother's Cell Phone #:		Mother's Daytime Phone #:	
Mother's Employer:		Mother's Work Phone #:	
Does student live with Mother? YES NO		If NO would you like extra mailing sent to Mother? YES NO	
Is there a NO CONTACT order for Mother? YES NO		Email:	

Race Ethnicity Data Collection

Name of Student: _____

Please select both race and ethnicity. Hispanic Yes or No, if yes select which one(s).

RACE:

Hispanic ____ Yes ____ No	Costa Rican	Jamaican	Puerto Rican
Argentine	Cuban	Mexican	Salvadoran
Bolivian	Dominican	Mestizo	Spaniard
Brazilian	Ecuadorian	Native Nicaraguan	Surinamese
Chicano (Mexican American)	Guatemalan	Panamanian	Uruguayan
Chilean	Guyanese	Paraguayan	Venezuelan
Colombian	Honduran	Peruvian	Hispanic/Latino Write in

ETHNICITY: Circle any ethnicities that may apply. Be sure to notice the bold categories prior to selecting these ethnicities.

Black/ African-American:	Chadian	Tanzanian	Venezuelan
Black/ African-American	Congolese (Republic of the Congo)	Zambian	Latin American Write in
African American	Congolese (Democratic Republic of the Congo)	Zimbabwean	South African:
African Canadian	Equatorial Guinean	East African Write in	Botswanan
Caribbean:	Gabonese	Latin American:	Mosotho (Lesotho)
Anguillian	Sao Tomean	Argentine	Namibian
Antiguan	Principe	Belizean	South African
Bahamian	Central African Write in	Bolivian	Swazi
Barbadian	East African:	Brazilian	South African Write in
Barthelemois/Barthelemoises	Burundian	Chilean	West African:
British Virgin Islander	Gomoran	Colombian	Beninese
Caymanian (Cayman Island)	Djiboutian	Costa Rican	Bissau-Guinean
Cuba Dominican	Eritrean	Ecuadorian	Burkinabe (Burkina Faso)
Dominican (Dominican Republic)	Ethiopian	El Salvadoran	Cabo Verdean
Dutch Antillean	Kenyan	Falkland Islander	Ivorian (Cote d'Ivoire)
Grenadian	Malagasy (Madagascar)	French Guianese	Gambian
Guadeloupian	Malawian	Guatemalan	Ghanaian
Haitian	Mauritian (Mauritius)	Guyanese	Liberian
Jamaican	Mahoran (Mayotte)	Honduran	Malian
Martiniquais/Martiniquaise	Mozambican	Mexican	Mauritanian
Montserratian	Reunionese	Nicaraguan	Nigerien (Niger)
Puerto Rican	Rwandan	Panamanian	Nigerian (Nigeria)
Caribbean Write in	Seychellois/Seychelloise	Paraguayan	Saint Helenian
Central African:	Somali	Peruvian	Senegalese
Angolan	South Sudanese	South Georgia/South Sandwich Islands	Sierra Leonean
Cameroonian	Sudanese	Surinamese	Togolese
Central African (Central African Republic)	Ugandan	Uruguayan	West African Write in
			Black Write in
Asian:			
Asian	Cambodian/Khmer	Korean	Singaporean
Asian Indian	Cham	Lao	Sri Lankan
Malaysian	Chinese	Mongolian	Taiwanese
Mien	Filipino	Nepali	Thai
Bangladeshi	Hmong	Okinawan	Tibetan
Bhutanese	Indonesian	Pakistani	Vietnamese
Burmese/Myanmar	Japanese	Punjabi	Asian Write in

Native Hawaiian/Other Pacific Islander:

Native Hawaiian/Other Pacific	i-Kiribati/Gilbertese
Islander Pacific Islander	Kosraean
Carolinian	Maori
Chamorro	Marshallese
Chuukese	Native Hawaiian
Fijian	Ni-Vanuatu

Palauan
Papuan
Pohpeian
Samoan
Solomon Islander
Tahitian

Tokelauan
Tongan
Tuvaluan
Yapese
Pacific Islander Write in:

White:

White

Eastern European:

Bosnian
Herzegovinian
Polish
Romanian
Russian
Ukrainian
Eastern European Write in:

Middle Eastern and North**African:**

Algerian
Amazigh or Berber
Arab or Arabic
Assyrian
Bahraini
Bedouin
Chaldean
Copt
Druze

Egyptian
Emirati
Iranian
Iraqi
Israeli
Jordanian
Kurdish
Kuwait
Lebanese
Libyan
Moroccan

Omani
Palestinian
Qatari
Saudi Arabian
Syrian Tunisian
Yemeni
Middle Eastern Write in:
North African Write in:

American Indian/Alaskan Native:

American Indian/Alaskan Native Washington State Tribes
Chinook Tribe
Confederated Tribes and Bands of the Yakama Nation
Confederated Tribes of the Chehalis Reservation
Confederated Tribes of the Colville Reservation
Cowlitz Indian Tribe
Duwamish Tribe
Hoh Indian Tribe
Jamestown S'Klallam Tribe
Kalispel Indian Community of the Kalispel Reservation
Kikiallus Indian Nation
Lower Elwha Tribal Community
Lummi Tribe of the Lummi Reservation
Makah Indian Tribe of the Makah Indian Reservation
Marietta Band of Nooksack Tribe
Muckleshoot Indian Tribe
Nisqually Indian Tribe
Nooksack Indian Tribe of Washington
Port Gamble S'Klallam Tribe
Puyallup Tribe of Puyallup Reservation

Quileute Tribe of the Quileute Reservation
Quinault Indian Nation
Samish Indian Nation
Sauk-Suiattle Indian Tribe of Washington
Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
Skokomish Indian Tribe
Snohomish Tribe
Snoqualmie Indian Tribe
Snoqualmoo Tribe
Spokane Tribe of the Spokane Reservation
Squaxin Island Tribe of the Squaxin Island Reservation
Steilacoom Tribe
Stillaguamish Tribe of Indians of Washington
Suquamish Indian Tribe of the Port Madison Reservation
Swinomish Indian Tribal Community
Tulalip Tribes of Washington
Alaskan Native
Alaska Native Write in:
American Indian:
American Indian Write in:

Military Family Indicator: (Please select one)

- ☐ **N-** No Parent or Guardian currently serving.
- ☐ **A-** Parent or Guardian who is a current member of active duty U.S. Armed Forces.
- ☐ **R-** Parent or Guardian who is a current member of reserves of the U.S. Armed Forces.
- ☐ **G-** Parent or Guardian who is a current member of the Washington National Guard.
- ☐ **M-** More than one Parent or Guardian who qualifies for A, R or G above.
- ☐ **X-** Data Not Available.
- ☐ **Z-** No Response/Refuse to State.

Autobiography Instructions

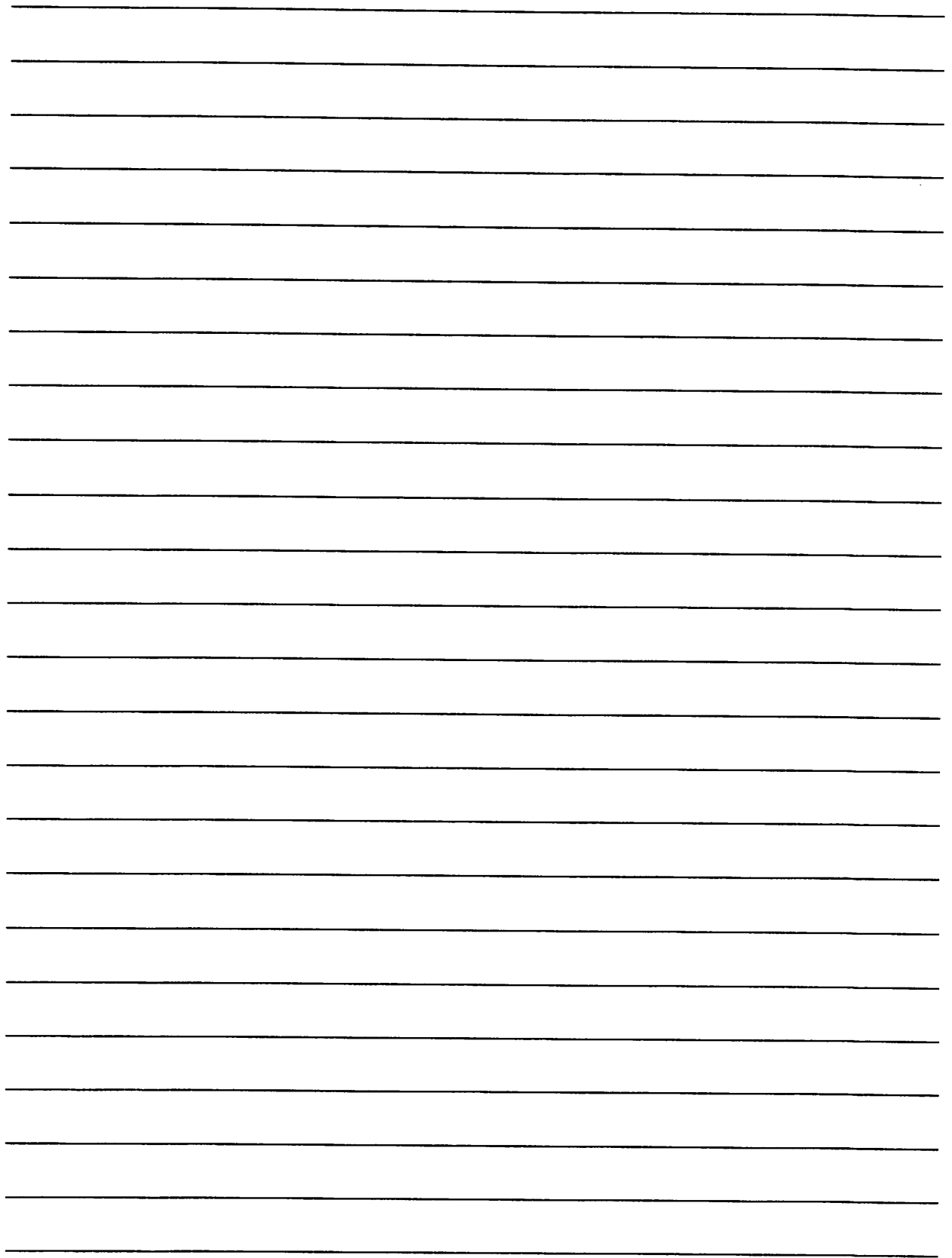
All applying students must include a “handwritten” description of yourself and your life. This must be done in ink, and should be at least one page in length. The autobiography will help us develop your individual student plan and begin the process of helping you achieve your academic goals.

The autobiography will also help you become more aware of yourself. The more you understand yourself, the better decisions you will make about what is going on in your life and what you are going to do at River's Edge High School.

Be thoughtful and open in your writing, and be sure to include your “goals” for the future and what you hope to gain from your attendance at River’s Edge High School. Do your best writing. The more we know and understand each other, the greater success we will have working as a team! Autobiography may be written on lines below, and if you need additional space, more lines are on the back of this page.

- Handwritten neatly
- Blue or black ink
- Be thoughtful
- Include goals for the future
- What you hope to gain from REHS

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.





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

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

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

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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Oficina del Superintendente de Instrucción Pública (OSPI, por sus siglas en inglés)
Encuesta de Idiomas en el Hogar

La Encuesta de Idiomas en el Hogar se entrega a todos los alumnos que se inscriben en una escuela de Washington.

Nombre del alumno:		Grado:	Fecha:
Nombre del padre, madre o tutor legal _____ Firma del padre, madre o tutor legal _____			
Derecho a los servicios de traducción o interpretación Indique el idioma de su preferencia para que podamos brindarle un intérprete o documentos traducidos, sin cargo alguno, cuando los necesite.	Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan. 1. ¿En qué idioma prefiere su familia comunicarse con la escuela? _____		
Requisitos para recibir apoyo en capacitación de idiomas La información sobre el idioma del alumno nos ayuda a identificar a los alumnos que reúnen los requisitos para recibir apoyo para formar las habilidades de idioma necesarias para tener éxito en la escuela. Es posible que sea necesario hacer una evaluación para determinar si se requiere ayuda con el idioma.	2. ¿Qué idioma aprendió su hijo primero? _____ 3. ¿Qué idioma utiliza más su hijo en casa? _____ 4. ¿Cuál es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____ 5. ¿Ha recibido su hijo apoyo en capacitación del idioma Inglés en una escuela anterior? Sí___ No___ No sé___		
Educación previa Sus respuestas sobre el país de nacimiento de su hijo y su educación previa: <ul style="list-style-type: none"> • Bríndenos información sobre el conocimiento y las aptitudes que su hijo trae a la escuela. • Esto puede ayudar a que el distrito escolar reciba fondos federales adicionales para brindarle apoyo a su hijo. Este formulario no se utiliza para identificar la situación migratoria de los alumnos.	7. ¿Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten - 12.º grado) ___Sí ___No Si la respuesta es Sí: Número de meses: _____ Idioma de formación: _____ 8. ¿Cuándo asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten - 12.º grado) _____ Mes Día Año		

Gracias por brindarnos la información necesaria en la Encuesta de Idiomas en el Hogar. Póngase en contacto con su distrito escolar si tiene más preguntas sobre este formulario o sobre los servicios que ofrece la escuela de su hijo.

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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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. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

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)

*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:

Todd Baddley
District Liaison

509-967-6003

615 Snow Avenue, Richland, WA 99352

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



A Letter from your School Nurse

Dear Parent/Guardian,

I would like to welcome you and your student to the Richland School District! Our goal is to help your child get off to a safe and healthy start in his/her education.

Included in the registration packet you will find the following health related forms and information:

- Student Health History form
- Notice of parent/student rights under section 504
- Information regarding state immunization requirements for school attendance
- Certificate of Immunization Status (CIS) form must be completed by parent/guardian

Please note there is a possibility of delayed enrollment if your child's immunization status does not comply with state regulations. There is also a possibility of delayed enrollment if your student has a life threatening condition and a current health care plan is not on file before the first day of school.

Life threatening conditions:

Washington State law (RCW 28A.210.320) mandates that before a student may attend school, a student with a life- threatening health condition (a condition that would put the student in danger of death during the school day) must have a health care plan signed by a medical provider on file at the assigned school. This mandate includes, but is not limited to, students with conditions such as anaphylactic allergies, severe asthma, certain cardiac conditions, diabetes, or seizure disorder.

Medication at school:

Medication is defined as all medicine, both prescription and over the counter, including, but not limited to cough drops, antacids, Tylenol, Advil, and vitamins. Washington State law (RCW 28A.210.260) and district policy requires the following conditions must be met in order for your child to receive medication at school: a current order for medication deemed necessary during school hours, signed by a licensed health care provider who has prescribing authority, signed by the parent, and signed by the school nurse. Health care plans already have an area for treatment related medication to be included. For all other medication, please use the form: Medical Form-Medication Authorization. Health care plans and the Medication Authorization form are available in the health room and on the RSD website at: <https://www.rsd.edu/departments/student-health-forms.html>

What to complete prior to the start of school:

- Make an appointment with your health care provider as soon as possible to update immunizations and/or complete health care plans and medication order forms.
- Take the appropriate health related school forms with you to your appointment.
- Ask your health care provider to complete and sign the forms. Complete and sign the parent area.
- Fill school prescriptions at your pharmacy. Ask the pharmacist for a labeled container for the school. If the medication is over the counter, keep the medication in the original packaging.
- Return completed forms and medication to the school nurse at least one week before school starts.

Sincerely,

The School Nurse

Student Health History Form

Parent/guardian, please complete: Name of Student: _____
 School: _____ Grade: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Life Threatening Medical Conditions:

WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will *put your child in danger of death during the school day*. Written orders must be received by the School Nurse, and if appropriate, a care plan must be in place **before your child can attend school**.

☒ Does your child have a LIFE THREATENING HEALTH CONDITION? ☐ No ☐ Yes
 If yes, please state condition:

- ☐ No ☐ Yes Severe Allergic reaction to Bee Sting. Anaphylactic ☐ No ☐ Yes Describe: _____
- ☐ No ☐ Yes Severe Allergic reaction to Food or Nuts. Type: _____ Anaphylactic ☐ No ☐ Yes
 Describe: _____
- ☐ No ☐ Yes Mild Allergic reaction to Food or Nuts. Type: _____ Reaction: _____
- ☐ No ☐ Yes Other Allergic Reactions. Type: _____ Reaction: _____
- ☐ No ☐ Yes Asthma. Will your child require asthma medication during school hours? ☐ No ☐ Yes
- ☐ No ☐ Yes Diabetes. Type: _____ Self manage: _____ Pump: ☐ No ☐ Yes
- ☐ No ☐ Yes Heart Condition. Diagnosis: _____ Pacemaker: ☐ No ☐ Yes
- ☐ No ☐ Yes Bleeding Disorder. Diagnosis: _____
- ☐ No ☐ Yes Orthopedic Condition. Diagnosis: _____
- ☐ No ☐ Yes Seizure/Neurological Disorder. Describe: _____
- ☐ No ☐ Yes GI/Feeding condition. Describe: _____
- ☐ No ☐ Yes Bowel/Bladder condition. Describe: _____
- ☐ No ☐ Yes Other Health Concerns: _____
- ☐ No ☐ Yes Does your child have any other condition that would affect classroom performance or P.E. activities?
 If yes, please explain: _____
- ☐ No ☐ Yes Behavioral/Emotional Concerns: _____
- ☐ No ☐ Yes Glasses: _____ Contacts: _____ Reason: _____ Date of last eye exam: _____
- ☐ No ☐ Yes Hearing Impairment: _____ Date of last hearing exam: _____ Hearing Aids: ☐ No ☐ Yes
- ☐ No ☐ Yes Health Insurance: Name _____
- ☐ No ☐ Yes Primary Care Provider (Doctor/ARNP/PA) _____

Daily Medications:

State law requires *written authorization from a Health Care Provider and parent* before **any** medication, prescription or over-the-counter, can be given at school. Medication forms are available online at www.rsd.edu.

- ☐ No ☐ Yes Medication needed at school: (specify): _____ (Authorization needed)
- ☐ No ☐ Yes Medication needed at home: (specify): _____

Parent/Guardian (Printed Name): _____

Parent/guardian signature: _____ Date: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed during the time your child is enrolled in Richland School District, unless you request otherwise in writing.

Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2018-2019



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.

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

- 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/

Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2019-2020



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.

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

- 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/



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:	
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 Washington Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YY): _____ Sex: _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.



Parent/Guardian Signature Required _____

Date _____

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



Parent/Guardian Signature Required _____

Date _____

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

Date
MM/DD/YY

Date
MM/DD/YY

Date
MM/DD/YY

Date
MM/DD/YY

Date
MM/DD/YY

Date
MM/DD/YY

Required Vaccines for School or Child Care Entry

◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)

◆ Tdap (Tetanus, Diphtheria, Pertussis)

◆ Td (Tetanus, Diphtheria)

◆ Hepatitis B

☐ 2-dose schedule used between ages 11-15

● Hib (Haemophilus influenzae type b)

◆ IPV / OPV (Polio)

◆ MMR (Measles, Mumps, Rubella)

● PCV / PPSV (Pneumococcal)

◆ Varicella (Chickenpox)

☐ History of disease verified by IIS

Recommended Vaccines (Not Required for School or Child Care Entry)

Flu (Influenza)

Hepatitis A

HPV (Human Papillomavirus)

MCV / MPSV (Meningococcal)

MenB (Meningococcal)

Rotavirus

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

☐ a verified history of Varicella (Chickenpox).

☐ laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.

☐ Diphtheria

☐ Mumps

☐ Other: _____

☐ Hepatitis A

☐ Polio

☐ Hepatitis B

☐ Rubella

☐ Hib

☐ Tetanus

☐ Measles

☐ Varicella

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

Printed Name: _____

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

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- ☐ If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

**RICHLAND SCHOOL DISTRICT
NOTICE OF PARENT/STUDENT RIGHTS
UNDER SECTION 504
Form 504-1**

The Rehabilitation Act of 1973 ("Act"), commonly referred to as "Section 504," is a non-discrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to non-disabled students.

This is a notice of your rights under Section 504. This document is not intended to address the rights afforded under the Individuals with Disabilities Education Act ("IDEA") that applies to students eligible for special education services. The Office of the Superintendent of Public Instruction's ("OSPI") *Notice of Special Education Procedural Safeguards for Students and Their Families* is available through the District's Special Education Department and sets out the rights assured by the IDEA. It is the purpose of this notice to set out the rights assured by Section 504 to those disabled students who have a physical or mental impairment that substantially limits one or more major life activity who do not qualify under the IDEA.

Federal laws and regulations provide parent(s)/guardian(s) and students with the following rights:

1. You have the right to be informed by the District of your rights under Section 504 (the purpose of this notice is to advise you of those rights).
2. You have the right to have your child participate in and benefit from the District's education program without discrimination based on disability.
3. You have the right to receive notice before the District takes any action regarding the identification, evaluation, and/or placement of your child.
4. Your child has a right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement. You have the right to refuse consent for the initial evaluation and initial placement of your child.
5. You have the right to have your child receive a free appropriate public education ("FAPE"). This includes your child's right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the District provide related aids and/or services to allow your child an equal opportunity to participate in school activities, educational, and/or related aids and services provided to your child without cost except for those fees imposed on the parent(s)/guardian(s) of non-disabled children.
6. Your child has a right to facilities, services, and/or activities that are comparable to those provided for non-disabled students.
7. You have the right to have evaluation, educational, and/or placement decisions for your child based upon information from a variety of sources, by a group of persons who know your child, your child's evaluation data, and/or placement options.

8. You have the right to have your child be provided an equal opportunity to participate in non-academic and extracurricular activities offered by the District.
9. You have the right to examine your child's education records and obtain a copy of such records. You also have the right to receive a response to reasonable requests for explanations and interpretations of your child's education records.
10. You have the right to request the District to amend your child's education records if you believe that they are inaccurate, misleading, and/or otherwise in violation of the privacy rights of your child. If the District refuses this request, you have the right to challenge such refusal under the Family Educational Rights and Privacy Act ("FERPA").
11. You have the right to request mediation or an impartial hearing with respect to the District's actions regarding your child's identification, evaluation, and/or educational placement with opportunity for parental participation in the hearing and representation by an attorney.
12. If you wish to challenge the actions of the District in regard to your child's identification, evaluation, and/or education placement, you should file a written request for a hearing with Brian Moore, Student Section 504 Program Coordinator, 615 Snow Ave, Richland, Washington 99352; email to: Brian.Moore@rsd.edu using the Request for a Hearing (Form 504-2). A hearing will be scheduled before an impartial hearing officer and you will be notified in writing of the date, time, and place of the hearing.
13. If you disagree with the decision of the impartial hearing officer, you have a right to review that decision by a court of competent jurisdiction. If you prevail in a civil rights action against the District, you have the right to seek the payment of reasonable attorney's fees through the court.
14. You have the right to file a local grievance or complaint with the U.S. Department of Education's Office for Civil Rights or file a complaint in federal court. The address of the Regional Office that covers Richland:
U.S. Department of Education
Office of Civil Rights
915 Second Avenue, Room 3310
Seattle, Washington 98174-1099
Phone: (206) 607-1600
Website: www.ed.gov/OCR
Email Address: OCR.seattle@ed.gov



Communities In Schools

Benton-Franklin

Dear Parent/Guardian,

My name is **Paulina Valdez** and I am **River's Edge High School** Site Coordinator with Communities In Schools of Benton-Franklin (CISBF). My role in the school is to broker, coordinate and/or provide any additional assistance students may need both in and out of school.

For example, some of the supports I can provide are:

- Finding assistance for food, rent, utilities, clothes, and more
- Obtaining additional academic support for your student in or out of school
- Connecting you and your student with teachers and other staff
- Providing assistance with finding a counselor or mental health professional
- Answering questions you may have about the school or nearby resources
- Assisting your student with making and achieving goals in their life
- Planning for High School and beyond
- Talking about student concerns at school

The attached form is for Communities In Schools of Benton Franklin's records. Because I am not a Richland School District staff member, this form must be signed to allow me to provide services to your student. This form also explains that I need your permission to access your student's school records (grades, attendance, etc.) as needed and that CISBF keeps personal records of your child's school information in a database, for our work purposes, which is only viewable by CISBF employees.

Please make sure to sign and initial the attached permission slip to authorize any services to be provided at any time they are needed by you or your student.

Please feel free to call me if you have any additional questions. My direct line is 509-967-6423. You can also email me at mindyl@cisbentonfranklin.org. You can call the Chief Jo office at 509-967-6400 and ask for me or the CISBF Site Coordinator.

If you'd like any more information about our program or services offered, or would like to speak to our Program Director, Joely Nye-Felt, you can reach our administrative office at 509.967.6042 or email joelyn@cisbentonfranklin.org

Thank you,

Paulina Valdez

Site Coordinator at River's Edge High School

Communities In Schools of Benton-Franklin

975 Gillespie St. Richland, WA 99352

Phone: 509-967-6461



Communities In Schools of Benton-Franklin
SITE COORDINATOR SERVICES CONSENT FORM



Dear Parent/Caregiver,

Communities In Schools of Benton-Franklin (CISBF) works in partnership with Richland School District to help students achieve success in school and in life. Our school based Site Coordinator brokers, coordinates and/or provides support services and enrichment opportunities to help meet your student's academic and non-academic needs. Site Coordinators utilize community resources to help provide a wrap-around support system for students and families who want additional assistance. Services provided by CISBF are free to students and their families at participating schools.

Services we provide include, but are not limited to food/hygiene/clothing assistance, empowerment groups, after-school programs, enrichment programs, attendance check-in's, goal setting, and referrals to community services (medical, dental, mental health, DSHS, etc).

Your student has the opportunity to participate and receive CISBF services, but we require permission for release of your student's educational records. By signing below, Richland School District will be authorized to release any records pertaining to your child to CISBF.

Parent/Guardian Permission for CIS of Benton Franklin services:

Please sign below to grant permission for your child to participate in CISBF services. Your permission allows student demographic and programmatic information to be shared between Richland School District and CISBF in order to address student needs, evaluate programs, secure funding, and best serve your children and family. This consent to participate will remain in effect until CISBF is notified in writing of your intention to revoke this agreement or the child/children leave Richland School District.

All personal information is kept secure and confidential.

Student(s) Names(s): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____ Phone #: _____

Relationship to Student: _____ Email: _____

(Please note, if student is over the age of 18 or unaccompanied youth as defined by McKinney Vento Act, student may sign consent on own behalf)

Media Release:

CISBF may photograph, film and/or make sound recordings of your child for educational and promotional/advertising materials. Your selection remains valid for all media projects for which this consent form covers.

- ☐ I authorize the above media release.
☐ I DO NOT authorize the above media release.

Parent/Guardian Signature: _____ Date: _____

Please initial:

_____ I have received and read the attached cover letter with Communities In Schools of Benton-Franklin's description of services and contact information.

PLEASE RETURN THIS FORM TO THE SITE COORDINATOR
AT YOUR STUDENT'S SCHOOL

Communities In Schools of Benton-Franklin * 295 Bradley Blvd, Ste. 204, Richland, WA 99352
Lupe Mares, Executive Director * 509.967.6038

Richland School District Acceptable Use Policy

Internet access is available to all students who agree to follow these guidelines. Parents/Guardians have the right to decline District Internet access for their student and are required to communicate their wishes by completing the opt-out form below.

We are pleased to offer students of the Richland School District use of the District computer network, including Internet access. The Internet will enable students to explore thousands of libraries, databases, and educational resources throughout the world. Families should be warned that material found on the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make the Internet available to further educational goals and objectives, students may find ways to access other materials as well. We believe that the benefits to students from the Internet in the form of information resources and opportunities for collaboration exceed any disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media information sources. To that end, the Richland School District supports and respects each family's right to decide whether or not to allow Internet access.

DISTRICT INTERNET GUIDELINES:

1. Students are responsible for good behavior and communications on school computer networks. Communications on the network are public in nature. Therefore, general school and District rules for behavior and communications apply.
2. The network is provided to students for research purposes as long as the student agrees to act in a responsible manner.
3. Access to the computers is a privilege, not a right, and entails responsibility.
4. It is presumed that students will comply with District standards and Network Code of Conduct, and understand that disciplinary procedures will result if they fail to do so.
5. While complying with the Children's Internet Protection Act (CIPA - internet filtering) and making every attempt to supervise students while accessing Internet resources, the District is not responsible for restricting, monitoring, or

controlling the communications of individuals utilizing the network.

6. Network storage areas may be treated like school lockers. Therefore, network administrators may review user files and communications to maintain system integrity and insure that users are using the system responsibly. Users should have no expectations of privacy in their electronic files stored on Richland School District computers.
7. All use of the system must be in support of education and research and consistent with the mission of the District.

Students using the District network are not permitted to do the following:

- Access, send, or display offensive messages or pictures
- Use obscene or defamatory language
- Harass, insult, defame or attack others
- Damage computers, alter computer systems or computer networks
- Download/install programs, files, etc. without permission
- Access chat rooms, instant messaging services, games, etc.
- Violate copyright laws
- Use another's network account/password
- Give out his/her name, address, or phone number
- Trespass in another's folder, work or files
- Intentionally waste limited resources
- Employ the network for commercial purposes
- Accessing personal e-mail accounts is only allowed for uses outlined in the classroom curriculum

DISCIPLINE

Violations may result in loss of access to the Internet, loss of computer usage while at school, as well as other disciplinary or legal action.

Please fill out and return the bottom form to the school. You may keep the top portion for your own records.

Richland School District Opt-Out Form

Parent notification to _____ (current school) declining Internet access privileges for the following child:

Student Name: _____ Grade Level: _____

As the parent/guardian of the student above, I **decline permission** for my child to access the Internet at school. I am aware that this request needs to be updated on a yearly basis. If at any time I would like my child to be able to access the Internet while at school, I am aware that such permission will need to be made in writing and submitted to the school office.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Home Phone Number: _____

Note: Please be aware that some library databases, periodicals, etc., classroom resource materials, and supplemental instructional materials, at all schools are accessed via the Internet. By signing this form you are denying your student access to these District resources.