

# Community Christian Academy

4706 Park Center Avenue NE, Lacey, WA 98516

Phone: 360-493-2223 Fax: 360-412-0910

Email: [cca@foundationcampus.org](mailto:cca@foundationcampus.org)

Website: [www.olympiachristianschool.org](http://www.olympiachristianschool.org)

## I-20 New Student Application

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### Dear Parents of Prospective Students:

Thank you for your interest in Community Christian Academy. Our mission is to assist parents in providing a quality education for their children that is distinctly Christian. To help with the application process, we are providing this checklist so that you can make sure that you complete ALL the necessary items.

### Step 1

- New Student Application
- Registration Fee \$ 400.00\* AND New Student Application Fee \$ 100.00\*  
**(Must accompany completed application)**
- Certificate of Deposit— showing funds adequate to cover a year of study in America
- Copy of Passport
- Official School Transcript (Three (3) years translated to English)
- Student Reference Form from Principal or Teacher
- Student Interview (skype interview)
- Washington State Certificate of Immunization Status Form
- Student Physical
- Power of Attorney/Health Information Form

### Upon receipt of Step 1 — Students will receive

I-20

CCA Admissions Letter

Our letter of support for your VISA

Once your student receives their VISA submit the following to CCA

### Step 2

- Proof of Illness/Accident Insurance \$100,000 policy
- Payment in Full of Tuition and remaining Fees
- Flight Arrival Information

### Wire transfer information:

Please contact our Financial Office for further information

Tuition, Registration, Application and all additional fees are non-refundable.

### CCA Mission Statement

To prepare students to impact their world for Christ by:

**Equipping**

them with sound education, by

**Empowering**

them with a Biblical Worldview, and by

**Inspiring**

them through Godly leadership



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## International Student Program Tuition & Fees

*All Tuition and Fees are non-refundable.*

### 2018-2019 International Student Tuition and Fees:

#### **Application Fee - \$ 100.00**

- Due with New Student Application

#### **Registration Fee - \$ 400.00**

- Due with New Student Application or Returning Student Reenrollment Forms

#### **Annual Tuition**

- K-6<sup>th</sup> Grade           \$ 11,180.00
- 7<sup>th</sup> – 8<sup>th</sup> Grade       \$ 12,300.00

#### **Annual Technology Fee - \$ 100.00**

#### **Field Trip Fee - \$85.00**

#### ***Optional Fees:***

#### **Prepaid Annual Hot Lunch Fee - \$ 680.00**

- Covers hot lunches on school days for the 2018-2019 school year.
- Hot lunches may also be ordered by the month. Lunch order and payment *must* be received by due date.

#### **Extended Care** (Before/After School Fees – 6:30 am - 8:00 am, 3:00 pm – 6:00 pm on school days.)

- Annual Prepaid Fee \$ 1,800.00
- Monthly Prepaid Fee \$ 200.00/month

#### **Sports Fee - \$85.00 per sport**

Afterschool sports are available for our 5-8<sup>th</sup> grade students. Each student is required to have a valid sports physical on file, current Limited Power of Attorney/Health Information Form, and a current Concussion Waiver.

#### **Late Payment Policy**

If payment is more than 14 (calendar) days late, you will be charged a late fee of \$ 500.00.

If payment is more than 21 days late, your students F-1 visa status may be revoked.

## Insurance

Proof of Illness/Accident Insurance with coverage while in the U.S. is required for all international students yearly. Your student must provide proof of insurance prior to the first day of school each year. Information on insurance can be found online from several companies. You must have a minimum of \$ 100,000 in coverage. Please read the policy carefully. Not all insurance policies cover sports injuries. If you plan on playing sports while attending CCA you will need sports injury coverage. Do **not** send money for the insurance policy to CCA.

## Host Family Room and Board - (if applicable)

- \$ 8,000 per year payable in 10 equal payments of \$ 800.00 per month. Host fees include transportation to and from school, food and hygiene supplies as provided for family, and utilities. Stipend does not include long distance phone calls, cell phone or private phone line. Cell phone plans may be purchased separately.
- **Please pay your host family directly by the 1<sup>st</sup> of the month.** Do **not** send this money to CCA.

## Spending Money

Please provide your student with a reasonable allowance for extras while they are here so they may participate in school events and activities.

## Summary of Fees

New Student Application Fee	\$	100.00
Registration Fee	\$	400.00
Yearly Tuition	\$	11,180.00 K-6 <sup>th</sup> grades or \$ 12,300.00 7-8 <sup>th</sup> grades
Annual Technology Fee	\$	100.00
Field Trip Fee	\$	85.00

## ***Optional Fees***

Prepaid Annual Hot Lunch Fee	\$	680.00
Extended Care Fee (Before/After School)	\$	1,800.00 annually /\$ 200.00 per month
Sports Fee	\$	85.00 per sport

I understand and agree with the above Tuition and Fee Schedule. Please contact our office for Banking Wire Transfer Information.

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

## **Non-Discrimination Policy**

Northwest Christian Private Schools, also known as Community Christian Academy and Northwest Christian High School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to its students. The school does not discriminate on the basis of race in administration of its educational policies, admissions policies, scholarship and grant programs, and athletic and other school administered programs

**STUDENT INFORMATION:**

Grade applying for: \_\_\_\_\_

Planned entry date: \_\_\_\_\_ Planned Length of Study: \_\_\_\_\_

Student Legal Name:

\_\_\_\_\_

*Last*

*First*

*Middle*

Student Home Address:

\_\_\_\_\_

*House Number and Street Address*

\_\_\_\_\_

*City*

*Province*

*Country*

*Postal Code*

Student U.S. Address (If known):

\_\_\_\_\_

*House Number and Street Address*

\_\_\_\_\_

*City*

*State*

*Postal Code*

Student U.S. Home Phone (If known): \_\_\_\_\_

Student Cell Phone (If known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Country of Birth: \_\_\_\_\_

Last School attended: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**To help us serve your child better please complete the following:**

Why does your child want to come to school here?

Has your child ever been to the United States?  Yes  No

If yes, where? \_\_\_\_\_

Length of stay? \_\_\_\_\_

How long has your child studied English? \_\_\_\_\_

List any major areas of difficulty your child has had in school:

Please list any academic needs and/or learning disabilities or issues we should know about.

Has your child been involved in any disciplinary actions at school?  No  Yes

If yes, please explain:

**How would you rate your child's attitude toward:**

- |                                  |                                    |                               |                               |
|----------------------------------|------------------------------------|-------------------------------|-------------------------------|
| <b>(A) God</b>                   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| <b>(B) Parents</b>               | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| <b>(C) Authority figures</b>     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| <b>(D) Attending this school</b> | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |

**What do you feel are the personality strengths of your child?**

**What do you feel are the personality weaknesses of your child?**

*You may use a separate sheet of paper if necessary*

**PARENT INFORMATION**

**Father:**

\_\_\_\_\_

*Last*

*First*

*Middle*

**Father's Home Address:**

\_\_\_\_\_

*House Number and Street Address*

\_\_\_\_\_

*City*

*Province*

*Country*

*Postal Code*

**Employer:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Mother:**

\_\_\_\_\_

*Last*

*First*

*Middle*

**Mother's Home Address:**

\_\_\_\_\_

*House Number and Street Address*

\_\_\_\_\_

*City*

*Province*

*Country*

*Postal Code*

**Employer:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parents' Marital Status:**

- Married  Widowed  Separated  Divorced  Single  Remarried

**Student Currently Lives With:**  Mom  Dad  Both  Guardian

**FAMILY INFORMATION**

List below all siblings:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Name of Church attending: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

**OTHER INFORMATION**

Please respond to the following questions:

How did you hear about Community Christian Academy?

What are the primary reasons for seeking to enroll your child at Community Christian Academy?

Is there any additional information you would like to share about your child?

**HOST INFORMATION- If applicable**

U.S. Address:

\_\_\_\_\_  
*House Number and Street Address*

\_\_\_\_\_  
*City State Country Postal Code*

Host Father:

\_\_\_\_\_  
*Last First Middle*

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

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

Host Father:

\_\_\_\_\_  
*Last First Middle*

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

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

## 2018-19 Community Christian Academy Parent Commitment to:

### Academic Standard

I agree to uphold and support the high academic standard of the school by providing my child encouragement to complete any homework or assignments.

### Student Participation

I/We give permission for my child to take part in CCA school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school related activity.

### Standard of Conduct

I appreciate and uphold the standards of the school and do not tolerate profanity/obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support CCA's Mission Statement, Statement of Faith and all regulations of the school. I authorize this school to employ discipline, as it deems wise and expedient for the training of my child. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

### Student Photo Release Statement

I hereby give Community Christian Academy or Northwest Christian High School all rights of every kind and character whatsoever in and to all work, poses, acts, plays and appearances made by my child for the pamphlets, videotape and/or program, as well as in and to the right to use my child's photographs, either still or moving, for commercial and advertising purposes in connection therewith. I further give the right to reproduce in any manner whatsoever any recordings made by my child's voice and all instrumental, musical, or other sound effects produced by my child.

Includes, but not limited to: Promotional Video, School promotional pamphlet, Video-Taped School Activities, or use on school website. ***Please initial below if you DO NOT wish your child's photograph or voice to be used in promotional items.***

\_\_\_\_ I/We **DO NOT** wish my/our child's photograph or voice to be used in promotional items for Community Christian Academy/ Northwest Christian High School or Northwest Christian Private Schools

### FINANCIAL RESPONSIBILITY:

I/We hereby commit to pay all financial obligations to the school on or before the due date. I/We understand that:

- Registration, Application, Tuition and miscellaneous other fees are **not** refundable.
- There will be a replacement cost charged for all lost and/or damaged textbooks.
- **Annual Tuition payment is due in full prior to July 1, 2018.**
- Annual Student Technology fee is payable with your tuition payment.
- Field trip fees are due with your tuition payment.
- If payment is more that 14 (calendar) days late, you will be charged a late fee of \$500.00.
- There is a \$35.00 fee for returned checks.
- The School lunch program is **prepaid and ordered by the monthly deadline or prepaid in advance for the year.**
- LATE PICK UP FEE—I realize when my child is not picked up on time a late fee will be incurred.

\_\_\_\_\_  
*Signature Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Mother/Guardian*

\_\_\_\_\_  
*Date*

### **Extended Care - Before & After School Care:**

My student will need: *(choose one)*

Before School Care     After School Care     Both     None     Unsure at this time.

If needed, we will be paying: *(choose one)*

- Annual yearly extended care fee due on or before the 1<sup>st</sup> day of school - \$ 1,800.00  
 Prepaid monthly extended care fee due on the first of each month - \$ 200.00  
 Hourly extended care fees will be billed at the end of the month and due upon receipt.

School Hot Lunch Program:

My student will be: *(choose one)*

- Having hot lunch daily on scheduled school days and will be paying annually \$ 680.00 on or before the 1<sup>st</sup> day of school.  
 Ordering hot lunch monthly, turning in the lunch menu and payment on or before menu due date - \$ 4.00 per day ordered.



# 2018-19 Community Christian Academy Student Technology Policies

## **SCHOOL TECHNOLOGY POLICY**

Every student (and parent who desires their child to have access to school technology) must comply with the following rules of access:

- Nothing done on a school computer shall be considered private. School officials are authorized to access any student's material at any time.
- Students will only access the internet from a computer when a teacher is available to monitor the students' activities.
- The school has the right and ability to recall all sites accessed by the students.
- The school shall maintain site-blocking software to block and filter out inappropriate sites.
- No student shall:
  - \* Attempt to bypass any site-blocking hardware or software.
  - \* Access anything contrary to the Statement of Faith, Mission, Vision, and/or Core Values of Community Christian Academy, (including but not limited to anything: sexually inappropriate or suggestive in nature, blatantly offensive, ungodly material, lewd or obscene language).
  - \* Send and/or receive messages to/from other internet sites without teacher supervision and/or authorization.
  - \* Use another person's password.
  - \* Trespass into another person's folders or files.
  - \* Violate copyright laws.
  - \* Buy or sell anything via the internet.
  - \* Change any of the computers' set-ups or settings.

## **PERSONAL TECHNOLOGY POLICY (Personal Cell Phones & Other Devices)**

Students will face disciplinary action for texting, posting, sending, receiving, forwarding, or participating in any of the following areas ON OR OFF CAMPUS via a cell phone, computer, or any other electronic device. These areas are:

- Information containing blasphemy: Irreverence for God, Jesus Christ, and those things held to be holy by the Word of God, direct contradiction of Community Christian Academy's Statement of Faith, Mission, Vision, and/or Core Values.
- Inappropriate language: Obscenities, profanities, vulgarities, or lewd comments.
- Harassing statements: Personal attacks such as discriminatory, inflammatory, threatening, or disrespectful language. Knowingly false or defamatory statements
- Sexually explicit or suggestive messages, photos, or images (sexting): Sending, receiving, sharing, possessing, or intentionally viewing pictures, text messages, or e-mails that contain a sexual message or image. Violation of this policy may result in expulsion. Appropriate local, state, and federal laws will be followed and law enforcement will be contacted if warranted.

Note: Students must promptly report any such known activities to a teacher or a school administrator.

## **PERSONAL ELECTRONIC ITEMS**

Electronic items such as games, Ipods, cameras etc. are not allowed at school. If your child needs to bring such an item for the purpose of using it after leaving campus, they may check the item in to the office for safekeeping until leaving at the end of the day. CCA is not responsible for such items being lost, damaged or stolen if the child does not follow this policy. Violating these rules will result in the forfeiture of the electronic item to the office until a parent is able to pick it up.

## **PERSONAL CELLULAR DEVICE USAGE POLICY**

We encourage students to not bring cell phones and other such devices (smartwatches capable of texting, calling, etc.) to campus. Our land lines at school are available for students to call parents if needed as well as for parents to call and leave messages for their child or to speak with their child if desired. If a student does bring a cell phone to campus, the following rules apply:

For a student to have a **cellular device** on campus, parent authorization must be on file in the office (form must be completed each new year). All students who bring a **cellular device** onto campus must hand it to the home room teacher upon entering the classroom. The teacher will keep the device in a safe place until the end of the school day at 3:00pm at which time the student will receive the device back from the teacher. During before and after school care these devices are **only allowed to be used with permission from a school staff member** (administrator, faculty, office staff, extended care, or coach) and are otherwise to be kept

with the teacher, off and not used. On field trips, at the teacher's discretion, these devices will either be collected by the teacher at the beginning of the field trip, or students will be allowed to keep their devices in their pocket in the *off* mode.

**Violations of this policy could include but are not limited to:**

- The parent being called to pick up the **device** from the school office
- The student not being allowed to have a **cellular device** on campus
- For continued violations, the student could receive a detention or suspension

Copies of these policies are available from the Community Christian Academy office and on our website [www.olympiachristianschool.org](http://www.olympiachristianschool.org). Please note that any updates or additions to the policies will be a sent home in the Friday folders, emailed and posted on our website.

**Parent and Student must complete the form below and return it to the CCA office with your Enrollment paperwork.**

**Community Christian Academy "PARENTAL AUTHORIZATION FORM"**

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Student Cell Phone No. \_\_\_\_\_

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Student Cell Phone No. \_\_\_\_\_

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Student Cell Phone No. \_\_\_\_\_

**Please check one of the options below for cell phone usage:**

My student(s) **will not** be bringing a cell phone to campus but I have read and understand the CCA cell phone policy.

My student(s) \_\_\_\_\_ have my permission to bring his/her cell phone to campus provided that he/she follows the school policies and guidelines expressed above. My child and I have read and understand the CCA cell phone policy and we are willing to abide by it.

**Please check below for Internet usage: (check only one)**

My student(s) have my permission to use the school's internet connection under the terms of this policy. I agree that if my child should violate this policy (including purchasing anything on the internet) I shall not hold the school liable. I understand that violation of this policy will result in my child losing access to school technology and being subject to appropriate disciplinary action.

STUDENT'S PRINTED NAME (s) \_\_\_\_\_ **does not** have permission to use the school's internet connection under the terms of this policy.

**Signature of Parent/Guardian:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Complete below for Grades 4th—8th**

I, (STUDENT'S NAME) agree to abide by the above policies. I understand that if I violate them, I shall immediately lose access to school technology services as well as be subject to other appropriate discipline.

Student's Signature: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Student's Signature: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Student's Signature: \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please sign & return this form to the CCA office. Form must be signed & submitted every year*

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**To the Parent/Guardian:** A personal reference form is required for all international students seeking enrollment at Community Christian Academy. Please have a Principal or Teacher from your child's current school complete this form in English and return it to: Community Christian Academy, Attn. Registrar.

Student Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_

I/We hereby give permission to release information on this form to the school to which we are applying for admission. I/We understand that as parents we will not have access to this confidential information.

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

**To the Reference:** The student above is a candidate for admissions to Community Christian Academy. This recommendation is vital to our process. Your comments and evaluation are used for admissions purposes only. Please answer all questions in English. If the answer is not applicable, then please state so. We realize that completing this form is not part of your official duties. We are therefore particularly grateful for your time and attention. If you have any questions about this form please call the Registrar at 360-493-2223 ext. 209 or email [cca@foundationcampus.org](mailto:cca@foundationcampus.org). Thank you.

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1. How long have you known the applicant?

2. How do you know this applicant?

3. List the student's character and personality strengths.

4. Are there character or personality weaknesses? Explain

5. Has this applicant ever been suspended or expelled from school?  Yes  No  Do not know.

6. Describe the applicant's attendance.  Weekly  Monthly  Irregular

7. Would this student be a positive or negative influence on the other students?

8. Does the applicant have difficulty with self-discipline in school?  Yes  No  Do not know.

Please evaluate the student below:

	Excellent	Good	Poor	Unknown
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obedient to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments that are important in the consideration of the applicant.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Occupation or Position: \_\_\_\_\_

Address:

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please mail/fax/email this form directly to:  
Community Christian Academy, Attn. Registrar  
4706 Park Center Ave NE, Lacey WA 98516.  
Fax 360-412-0910 Email: [cca@foundationcampus.org](mailto:cca@foundationcampus.org)  
Thank you again for your time.**

**CONFIDENTIAL**

# Community Christian Academy

## PHYSICAL EXAMINATION

*To be completed by Licensed Health Care Professional*

Today's Date:	
Student's Name:	D.O.B.:
Height:	Weight:
Pulse:	Blood Pressure:        /

Vision:	<input type="checkbox"/> Without Glasses	<input type="checkbox"/> With Glasses
Right: 20/	Left: 20/	

Screening	Normal	Abnormal	Comments
Head			
Skin			
Ears/Hearing			
Nose and Throat			
Teeth			
Heart			
Lungs			
Abdomen			
Neuromuscular System			
Extremities			
Spine (Scoliosis)			
Other			

<b>General Condition</b>
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments:

<b>Medical Conditions, Chronic Diseases or Allergies</b>
--

Comments:

Present Medications:

<input type="checkbox"/> This child may participate fully in school activities including physical education.
<input type="checkbox"/> This child may participate fully in Sports
<input type="checkbox"/> This child may participate in school activities including physical education with the following restrictions/adaptation:
Additional Comments:

<b>Signature/Title of Health Care Provider:</b>	<b>Date:</b>
<b>Name: <i>(Please Print)</i></b>	<b>Phone Number:</b>

**All new students are to have a physical exam on record and any student wanting to participate in sports.**

**Return form to:**  
 Registrar  
 Community Christian Academy  
 4706 Park Center Ave NE  
 Lacey WA 98516  
 Fax 360-412-0910  
[cca@foundationcampus.org](mailto:cca@foundationcampus.org)

# **2018 - 19 LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE**

## **TO WHOM IT MAY CONCERN:**

I \_\_\_\_\_ (the natural parent or legal guardian) hereby give  
(Print Legal Guardian's Name)  
permission that my child, \_\_\_\_\_  
(Print) Child's First Child's Middle Child's Last

may be given emergency treatment to include first aid and CPR by a qualified emergency medical or first aid caregiver. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Name: \_\_\_\_\_  
Parent/Guardian Signature Relationship to child Date

Witness: \_\_\_\_\_  
Signature Date

## **Emergency Phone Numbers:**

_____ Name/Relationship	_____ Phone Number	_____ Cell Phone
_____ Name/Relationship	_____ Phone Number	_____ Cell Phone
_____ Name/Relationship	_____ Phone Number	_____ Cell Phone

## **Student U.S. Address:**

\_\_\_\_\_  
*House Number and Street Address*

\_\_\_\_\_  
*City State Country Postal Code*

## **Student's Host Family Information:**

Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_  
U.S. Home Phone: \_\_\_\_\_

## **Student's Information:**

Student's Date of Birth: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy/Membership #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_

Allergies and/or Important Health Information:

*This form must be completed every school year.*

## 2018-19 HEALTH INFORMATION

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**STUDENT NAME:** \_\_\_\_\_

Please check any of the following symptoms that have been noted:

- Frequent sore throats    Tires easily    Frequent earaches    Frequent stomachaches    Frequent headaches  
 Convulsion    Poor appetite    Frequent nosebleed    Frequent urination    Frequent sty's    Fainting spells  
 Pain in legs or joints    Shortness of breath    Other: \_\_\_\_\_

**Diseases:**

Please check any of the following that the student has or had:

- 4 or more colds a year    German Measles    Poliomyelitis    Tonsillitis    Measles  
 Pneumonia    Ear Infections    Chicken Pox    Diabetes    Undulant Fever    Mumps  
 Eczema    Heart Disease    Asthma, Hay Fever    Hernia (rupture)  
 Other \_\_\_\_\_ Please explain:

List any operation, injuries or deformities:

**Most recent examinations:**

Physical Date: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Dental Exam: \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Eye Exam: \_\_\_\_\_ Specialist/Physician \_\_\_\_\_

Has your child ever been around anyone known to have Tuberculosis? \_\_\_\_\_

Are there any remarks regarding your child's health, mental or emotional development you would like to call to our attention?

The answers to the above questions are correct.

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





# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

**Office Use Only:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

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

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

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. 	I certify that the information provided on this form is correct and verifiable. 
<b>Parent/Guardian Signature Required</b> _____ <b>Date</b> _____	<b>Parent/Guardian Signature Required</b> _____ <b>Date</b> _____

Required for School and Child Care/Preschool  
 Required Only for Child Care/Preschool

Required Vaccines for School or Child Care Entry	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
◆ <b>DTaP / DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b> <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						

Recommended Vaccines (Not Required for School or Child Care Entry)	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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.**

<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	

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

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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](mailto: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	RotaTaq®	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		