



KINDERGARTEN REGISTRATION PACKET

(Please type or print all information)

Kindergarten registrations will be accepted at Island Park, West Mercer, or Lakeridge School beginning Tuesday, January 25, 2011, through Friday, February 18, 2011.

For a child to be considered registered, six fully completed documents must be submitted:

- 1) Student Enrollment Form**
- 2) Home Language Survey**
- 3) Completed Immunization Record**
- 4) Transportation Information**
- 5) Kindergarten Parent Questionnaire**
- 6) Birth Certificate**

NO EXCEPTIONS CAN BE MADE.

Optional Registration Form in Packet:

- 1) Kindergarten Activity Program (KAP)

Complete if you are registering for the all day Kindergarten Program.

Payment must accompany registration. Please make checks payable to: **M.I.S.D.#400**

Submit either one check for \$4,100 or 10 checks for \$410 each.

See KAP registration form (pink).

If you have any questions please call:

West Mercer
4141 81st SE
236-3430

Island Park
5437 Island Crest Way
236-3410

Lakeridge
8215 SE 78th
236-3415

The District shall provide equal educational opportunity and treatment for all students in all aspects of the academic and activities program without regard to race, creed, color, national origin, sex, sexual orientation including gender expression or identify, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability or non-program-related physical, sensory or mental disabilities, RCW 49.60 Law Against Discrimination. District programs shall be free from sexual harassment. If you are a disabled person in need of special accommodations or services in order to participate in district programs, please contact the building principal or the ADA coordinator at 236-3330. Limited English proficient parents may request registration forms in their own language. If you need assistance, please email Learning Services Coordinator, Jan Kentnor, jan_kentnor@mysd.wednet.edu

**MERCER ISLAND SCHOOL DISTRICT #400
KINDERGARTEN PROGRAM
2011-2012**

The following answers to frequently asked questions are provided to assist parents with kindergarten registration for the coming school year.

1. What is the best way to keep up with school and district information?

Many of your questions can be answered by checking the MISD and school websites at www.misd.k12.wa.us

2. What is the age requirement for kindergarten?

Children must be age five by August 31, 2011. This is a state law.

3. Is there an exemption policy if the student is not five years old?

Yes. In rare circumstances, exemptions may be considered for students with September 1 through October 31, 2006 birthdays. Application for exemption to the uniform age of entrance may be made to the Director of Elementary Learning Support. For further information, please call (206)230-6336.

4. What is required to register my five-year old?

- a) Student Enrollment Form
- b) Home Language Survey
- c) Completed Immunization Record: Must be completed on the form provided.
- d) Transportation Form
- e) Kindergarten Parent Questionnaire
- f) Birth Certificate

No exceptions are made on the above six requirements.

- h) Kindergarten Activity Program form (**KAP**) with payment is required if registering for the all day Kindergarten Program.

5. Which school will my kindergarten student attend?

Physical proximity to school, siblings in school, and special needs are factors administrators use to determine the school assignment. Generally, students living closest to each school attend that school. However, space limitations and transportation factors sometimes make it necessary for kindergartners to attend their first year at a neighboring school. Teacher assignments are determined the last week of August to allow for enrollment adjustments, student needs, and transportation arrangements. Parents will receive notification by mail or through the district website at <http://www.misd.k12.wa.us/>

6. May my child attend school all day?

Yes, if space is available. The Kindergarten Activity Program tuition fee is \$4,100 yearly or \$410 per month. The program focuses on state standards and activities that explore and expand the world of developing five-year olds. Activities include lunch, recess, and additional story time, field trips, creative dramatics, music, art, PE, and choice activities.

7. When will I be notified of my child's assignment to KAP or a half day program?

It is our goal to provide a school assignment of their choice to those who submit a complete registration by February 18, 2011. A letter of confirmation will be mailed to families by April 1st. Registration received after February 18th may be subject to a lottery based upon space availability.

8. How do I learn about the kindergarten curriculum?

Shortly after school starts in September, a Curriculum Night will be scheduled just for parents. The teacher will explain the program content at that time. Curriculum descriptions are available on the MISD website: www.misd.k12.wa.us

9. How does registration work?

Parents may register at their convenience during school hours on any school day from January 25 through February 18, 2011. Registration submitted after February 18th may be subject to a lottery due to space availability.

10. What are the hours for kindergarten?

The kindergarten school day schedule follows:

Kindergarten AM Class	9:15 AM	-	12:00 PM
Kindergarten PM Class (If needed)	12:45 PM	-	3:30 PM
Kindergarten Activity Program (KAP)	9:15 AM	-	3:30 PM (except on Mondays when dismissal is at 2:00 pm)

11. What if I feel that my 5-year old child may not be ready to start kindergarten?

Usually, five-year-olds are quite ready for school. We encourage parents to enroll their five-year-olds in school. If parents have specific readiness concerns or questions, we ask that they contact the school principal. Preschool teachers who have worked with students also provide meaningful input. There is also a place on the Kindergarten Questionnaire for parents to document their concerns.

12. Will my child be transported by school bus to and from school?

Eligible students are transported to and from school by district school buses with pick-up and drop-off locations near the home/daycare centers. Specific information about bus routes and bus assignments will be mailed during the last week of August. If you do not receive your information, feel free to call the Transportation Department at 236-3338.

13. Do you offer a childcare/daycare service for students before or after the school day?

Currently "The Kids Company" provides before and after school care for a fee. Details for the 2011-2012 school year will be forthcoming. You may direct inquiries to Kids Company at 206 230-6255.



Home Language Survey
 Mercer Island School District
 Transitional Bilingual Instructional Program

Student's Name		Date
School		Grade
SSID		Gender
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English spoken in the home?	
If yes, list language(s)	Language(s) most often used by :	
	Father _____	
	Mother _____	
	Guardian _____	
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child's first language a language other than English?	
If yes, list language(s)	_____	
Parent or Guardian's Name _____		Phone Number _____
Address _____		City _____ Zip _____
Student's Country of Origin _____		
Parent or Guardian's Signature _____		Date ____/____/____
<p>Reference to WAC392-160-005.</p> <ul style="list-style-type: none"> • "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence. • "Eligible student" means any student who meets the following two conditions: <ul style="list-style-type: none"> (a) The primary language of the student must be other than English; and (b) The student's English skills must be sufficiently deficient or absent to impair learning. 		

IF THE ANSWER TO QUESTION **NUMBER TWO** ABOVE WAS "**YES**": REFER THE STUDENT FOR TESTING ON THE WASHINGTON LANGUAGE PROFICIENCY PLACEMENT TEST.

Please Complete the Following:

A. _____ For how many months has the student attended school in the United States (grades K – 12) before enrolling in this district?

B. _____ For how many months has the student received formal education outside the United States in his/her native language (equivalent to grades K – 12) before enrolling in this district?

Guidance:

- One (1) school year = ten (10) months.
- "Formal education" does not include refugee camp schools or other unaccredited programs for children.
- "Native Language" refers to the family's dominant language.

MERCER ISLAND SCHOOL DISTRICT #400

KINDERGARTEN PARENT QUESTIONNAIRE

STUDENT NAME _____ SCHOOL _____

What name should we put on your child's cubbie? _____

BIRTHDATE _____ AGE _____ MALE / FEMALE _____

Your entering kindergarten child is a unique person. His/her life up to this time has been different from that of any other child. Everything that has happened to him/her has been a learning experience. The more we know about your child, the better able we are to help him/her learn in school. We encourage you to share some information with us by responding to the following questions. We wish to obtain only that information which you feel will be helpful to the school in educating your child. Completion of this questionnaire or any specific question is entirely voluntary.

I. COMMUNICATION

- A. Describe your child's verbal communication skills.

- B. When did your child begin to talk? _____
- C. Is any language other than English spoken at home? _____
If so, what language? _____
- D. Describe your child's interaction with books. _____

- E. Does your child appear to understand and carry out directions? _____

II. MOTOR SKILLS

- A. Describe your child's writing/drawing skills (Is she/he attempting to write her/his name, draw with a crayon, with a pencil, etc.?).

B. Describe your child's muscle motor skills, such as: running, jumping, hopping, skipping, catching and/or throwing a ball.

C. Does your child show a definite hand preference? _____

If so, left _____ or right _____?

D. Does she/he prefer a different hand for different activities? _____

If so, give a few examples. _____

III. MEDICAL INFORMATION

A. Please describe any medical problems your child may have:

1. Allergies _____

2. Attention _____

3. Hearing _____

4. Vision _____

5. Speech _____

6. Physical Handicaps _____

7. Anxieties _____

8. Family History of Learning Difficulties _____

9. Toileting _____

10. Sleep (nightmares, crying or restlessness) _____

11. Hyperactivity _____

12. Other _____

B. Has your child received any special needs services from a professional for any of the above areas (such as OT, PT, Speech/Hearing Therapist, Counselor)?

(Please Use back if more space is needed)

IV. SOCIALIZATION SKILLS

Describe how your child interacts with peers.

V. PRESCHOOL BACKGROUND

A. Has your child attended preschool? Yes _____ No _____

If so, how long and name of school: _____

B. How would your child's preschool teacher describe him/her?

VI. Is there anything else you would like to tell us about your child? _____

VII. Are you interested in volunteering in the classroom? _____

DATE

PARENT/GUARDIAN SIGNATURE Revised 12/10

Please Print Clearly



Mercer Island School District Student Enrollment Form

OFFICE USE ONLY Address Verif. Birth Cert. Immuniz. PD check(s) @ Date

Today's Date: New Re-enrolling Entering Grade Year of HS Graduation Counselor

Processing Date: Assignment:

Student Name: Legal Last Name, Legal First Name, Legal Middle Name, Also known as: Birthdate, Gender, Birthplace, US Citizen, Primary language spoken by child, First learned language spoken by child, Primary language spoken by parent/guardian, Primary language the child speaks at home, Mother, Father, Ethnicity and Race Information, Student Email Address

Primary Household Information

Primary Household Parent/Guardian #1, Primary Household Parent/Guardian #2, Student lives with: Both parents, Father only, Mother only, Grandparents, Father/Stepmother, Mother/Stepfather, Stepfather/Stepmother, Guardian, Agency, Self, Other, Emancipated Minor

Resident Address: Street, Apt #, City, State, Zip

Mailing Address (if different from above): Street, Apt #, PO Box, City, State, Zip

Primary Household Parent/Guardian #1 Phones, Primary Household Parent/Guardian #2 Phones, Please check primary phone; include area code, Home phone, Work Phone, Cell phone, Email Address

Is this a temporary living situation? Yes No If Yes, please indicate where the student is living: in a shelter in a car in a motel/hotel with more than one family in a house or apartment with friends or a relative Other (please specify):

Does the living situation checked above result from a loss of housing or from economic hardship? Yes No Not sure

Secondary Household Information

Receive Mailings? Yes No

Secondary Household Parent/Guardian #1, Secondary Household Parent/Guardian #2, Last name, First Name

Secondary Address: Street, Apt #, City, State, Zip

Mailing Address (if different from above): Street, Apt #, PO Box, City, State, Zip

Secondary Household Parent/Guardian #1 Phones, Secondary Household Parent/Guardian #2 Phones, Please check primary phone; include area code, Home phone, Work Phone, Cell phone, Email Address

Do you want to disclose to school officials a joint custody, parenting plan, or other legal document, if any, affecting parental rights regarding the student? Yes No If yes, please attach current copies of such documents. Do you want to disclose to school officials any restraining orders, if any, against other individuals who may be present at school and that the order relates to the student? Yes No If yes, please attach current copies of such documents.

Daycare/Childcare Provider

Daycare/Childcare Provider Name, Phone Number, Cell Phone

Is Daycare/Childcare Provider authorized to remove student from school? Yes No

Previous Schools Attended

Has your child ever attended Mercer Island School District? Yes No. Has your child been retained? Yes No. If yes, what grade? _____

All previous schools attended, including Mercer Island (list most recent first):

School Name	Address	City	State	From	To	Grade Levels	Public please check	Private check

Previous Schooling Information

How many months (1 year = 10 months) has the student attended school in the US (K-12) before enrolling in the district? _____

How many months (1 year = 10 months) has the student received formal education in his/her native language (equivalent to K-12) before enrolling in the district? _____

Preschool/Kindergarten Information

Did child attend Mercer Island School District Preschool? Yes No

For kindergarten student, please indicate preschool attended _____

For kindergarten student, please indicate if half-day or full-day kindergarten is preferred (check one): Half-day _____ Full-day _____

Special Services

Has your child ever qualified for or been enrolled in a Special Ed Program? Yes No

Has your child ever qualified for or had a 504 Plan? Yes No

Has your child ever participated in: Title I/LAP IEP Gifted OT/PT Speech Therapy Other _____

Has your child ever been enrolled in English as a Second Language Program? Yes No

Safety

Has your child ever been suspended for a weapons violation? Yes No Date: _____

Siblings Please list other siblings attending Mercer Island Public Schools:

Last Name	First Name	School	Grade

Emergency Contacts (fill in information for at least two contacts). NOT PARENTS OR GUARDIANS-LOCAL CONTACTS ONLY!

Primary Contact (other than parent/guardian) Last name First Name	Relationship to child	Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Second Contact (other than parent/guardian) Last name First Name		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Third Contact (other than parent/guardian) Last name First Name		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

Student Release Authorization

In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ Date _____

NOTICE: Only students who physically reside within the boundaries of the Mercer Island School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Mercer Island School District may legally attend school within the Mercer Island School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Mercer Island School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Mercer Island School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student, including sending the student to his/her resident district.

Legal Parent/Guardian Signature _____ Date _____

Re: Children with Life Threatening Conditions - Annual Notice

Dear Parents/Guardians:

The purpose of this letter is to inform you of the law enacted to help your child's school provide for the safety and health of children during the school day. The Law states that:

Children with life-threatening conditions such as severe bee sting or food allergies, severe asthma, diabetes, severe seizures, etc., are required to have a medication or treatment order and nursing care plan in place while they are in school. The medication or treatment order must be from the child's licensed health care provider. If a medication or treatment order is not provided, the chief administrator of the school is required to exclude the child until such order has been provided.

Substitute House Bill 2834, *Children with Life-Threatening Conditions*, which took effect June 13, 2002; defines life-threatening condition as "a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place."

This requirement applies to students with a life-threatening condition who are new to the district, and students who are already attending the school. Our exclusion procedures are in accordance with the rules (WACs) of the State Board of Education.

It is vital to your child's safety during the school day that you immediately notify your school nurse if your child has a life-threatening health condition that may require medical services to be performed at school. The school nurse will create your child's emergency health care plan with your help. Call the school nurse (see phone numbers listed) and leave a detailed and confidential message, including best times to contact you.

Lakeridge Elementary	230-6231	Islander Middle School	230-6158
West Mercer Elementary.....	230-6044	Mercer Island High School	236-3377
Island Park Elementary	230-6281	Preschool	230-6044

For your convenience, the Medication Policy and Provider/Medication Authorization Forms can be downloaded from the District Web site (www.misd.k12.wa.us. Select School Nurse from the Parents & Families section). Children with a life threatening condition requiring medication must have these forms completed before they attend school.

Thank you for providing for the safety and health of your student at school.

Sincerely,

Your School Nurses!

Student Health Form (Update for 2011-2012)

Student Name: _____ Date of Birth: _____ Male: _____ Female: _____

School: _____ Grade: _____ Class of: _____

Life Threatening Medical Conditions (Check all that apply):

If your child has a life threatening medical condition, state law requires a medication/treatment order from a Health Care Provider, and a school nurse Health Care Plan before your child can attend school. The MISD medication form and school nurse contact information is available on the school nurse web site: www.misd.k12.wa.us/parents/families/snews.

Does your child have any of the following conditions? Please explain:

No ___ Yes ___ Severe allergic reaction to tree nuts, peanuts _____ Other food product: _____

No ___ Yes ___ Severe allergic reaction to bee stings, other insects: _____

No ___ Yes ___ Other severe allergies-affecting school. Specify: _____

No ___ Yes ___ Severe asthma, regularly takes medication for asthmatic condition or hospitalized within last 5 years: _____

No ___ Yes ___ Seizure disorder: _____

No ___ Yes ___ Diabetes: _____

No ___ Yes ___ Heart condition: _____

Does your child have any of the following other conditions that would affect his/her classroom performance or P.E. activities?

Please explain:

No ___ Yes ___ Allergies. Specify: _____

No ___ Yes ___ Asthma, takes medication only when needed: _____

No ___ Yes ___ History of seizure disorder: _____ Type and date of last seizure: _____

No ___ Yes ___ History of heart condition: _____

No ___ Yes ___ Digestive, bowel or bladder problems: _____

No ___ Yes ___ Growth problems: _____

No ___ Yes ___ Skeletal limitations: _____

No ___ Yes ___ Cancer/Leukemia: _____

No ___ Yes ___ Neuromuscular problems: _____

No ___ Yes ___ Other developmental disability: _____

No ___ Yes ___ Attention Deficit Disorder: _____

No ___ Yes ___ Behavioral/Emotional concerns: _____

No ___ Yes ___ Tourette's Syndrome: _____

No ___ Yes ___ Migraine headaches: _____

No ___ Yes ___ PE considerations: _____

No ___ Yes ___ Vision deficit: _____

No ___ Yes ___ Hearing loss: _____

No ___ Yes ___ Routine medication: _____

Medications: State law requires written permission from a Health Care Provider and parent before any medication (prescription or over-the-counter) can be given or carried by student at school. A form is available from the school nurse, office, or school nurse website: www.misd.k12.wa.us/parents/families/snews.

This information is considered confidential. It will be shared with school staff on a need-to-know basis. I understand 911 may be called to assist in a medical emergency during school hours. I understand it is my responsibility to notify the school office in writing if there are any changes in my child's health.

Preferred Doctor: _____ Phone number: _____

Preferred Dentist: _____ Phone number: _____

Preferred Hospital: _____ Phone number: _____

Parent/Guardian Signature: _____ Date: _____

CONFIDENTIAL. Please return this form to school nurse.

Student's Legal Name: _____ **Date of Birth:** _____

Ethnicity and Race

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction. The new federal requirements state that Unknown, Multiracial and Not Provided are not valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Please complete the following:

Is your child of **Hispanic or Latino** origin? Yes, check all that apply in section 1 and 2.

No, check all that applies in section 2.

Section 1. Check all that apply.

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Central American | <input type="checkbox"/> Other Hispanic/Latino |

Section 2. What race(s) do you consider your child? (check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Thai | <input type="checkbox"/> Colville | <input type="checkbox"/> Samish |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Hoh | <input type="checkbox"/> Shoalwater |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Jamestown | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Fijian | <input type="checkbox"/> Kalispel | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Lummi | <input type="checkbox"/> Squaxin Island |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Makah | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Other Washington Indian Tribe |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Quileute | <input type="checkbox"/> Other American Indian Tribe/Alaska Native |
| <input type="checkbox"/> Taiwanese | | <input type="checkbox"/> Quinault | |

Parent/Guardian Signature: _____ **Date:** _____



VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

July 1, 2010 – June 30, 2011

New form not available at this printing.
Same requirements for 2011-2012 school year

Vaccine	Grade	Requirements	7th - 12th Grades
Hepatitis B HepB		3 Doses	
Diphtheria, Tetanus and Pertussis DTaP/DT/Tdap/Td		5 doses DTaP 1 dose Tdap required for students in 6 th - 9 th grades (11 years of age and older) Td booster required for students 10 th -12 th grade without a Tdap or Td within the last 10 years	
Polio IPV or OPV		4 Doses Not required for students 18 years of age and older	
Measles, Mumps, Rubella MMR		2 Doses Acceptable: Blood test showing immunity to measles, mumps, rubella	
Varicella (chickenpox) VAR		2 Doses Required: Provider reported history of disease if unvaccinated	1 Dose Acceptable: Parent reported history of disease
			Not required
			1 Dose Acceptable: Parent reported history of disease
			Not required
			1 Dose Acceptable: Parent reported history of disease
			Not required

Look at the *Individual Vaccine Requirements Summary* in the Immunization Manual for Schools, Preschools, and Child Care Facilities for additional detailed information. Find this document in Chapter 5 (Resources) online at: www.doh.wa.gov/cfh/immunize/schools/school-manual.htm

Look at the *Minimum Age and Interval Table* on page 2 for recommended minimum age and spacing information.

To attend public or private school in Washington State, the student must present a signed *Certificate of Immunization Status (CIS)* showing proof of full immunization per the 2008 Advisory Committee on Immunization Practices (ACIP) Recommended Childhood Immunization Schedule or an initiation of a schedule of immunization. You must include the month, date, and year the vaccine was received. Find the CIS at: <http://www.doh.wa.gov/cfh/immunize/documents/certimmstatus.pdf>

A *Certificate of Exemption (COE)* must be signed for students with an immunization exemption. For a medical exemption, a licensed health care provider must sign the certificate. For a personal, philosophical, or religious exemption, a parent or guardian must sign the certificate. Find the COE at: <http://www.doh.wa.gov/cfh/immunize/documents/certifexemption.pdf>

Immunization Program CHILD Profile staff can answer your questions about required vaccines for child care or preschool. Contact us at: <http://www.doh.wa.gov/cfh/immunize/schools/schoolresources.htm>

Minimum Age & Time Interval for Valid Vaccines Doses

Vaccine	Dose	Minimum Age	Minimum Interval Between Doses	Note
Hepatitis B HepB	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> Minimum age for Dose 3 is ≥ 24 weeks. Minimum interval for Recombivax HB® is ≥ 4 months.
	HepB – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Diphtheria, Tetanus, and Pertussis DTaP/DT	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> If Dose 4 is given after the 4th birthday, only 4 doses are required. If only one dose of DTaP/DT is given < 12 months of age, only 4 doses are required, one after 4 years. If DTaP/DT is given ≥ 12 months of age, only 3 doses are required, one after 4 years.
	DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	DTaP – Dose 3	14 weeks	6 months between Dose 3 & 4	
	DTaP – Dose 4	1 year	6 months between Dose 4 & 5	
	DTaP – Dose 5	4 years	-	
<i>Haemophilus influenzae</i> type B Hib	Hib – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> Required for child care and preschool. Not required for children ≥ 5 years. If all doses were PedvaxHIB® or Comvax®, only 3 doses are required. Minimum age and interval is the same, but Dose 3 at 14 wks can be skipped.
	Hib – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Hib – Dose 3	14 weeks	8 weeks between Dose 3 & 4	
	Hib – Dose 4	12 months	-	
Pneumococcal Conjugate PCV	PCV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> Required for child care and preschool. Not required for children ≥ 5 years.
	PCV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	PCV – Dose 3	14 weeks	8 weeks between Dose 3 & 4	
	PCV – Dose 4	12 months	-	
Polio IPV	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> Not required for children ≥ 18 years. If Dose 3 is given $\geq 4^{\text{th}}$ birthday, only 3 doses are required.
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	4 weeks between Dose 3 & 4	
	IPV – Dose 4	6 months	-	
Measles, Mumps, and Rubella MMR	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> If MMR, VAR, and nasal influenza vaccine are not given on the same day, they must be separated by at least 28 days.
	MMR – Dose 2	13 months	-	
Varicella (chickenpox) VAR	VAR – Dose 1	12 months	3 months between Dose 1 & 2	<ul style="list-style-type: none"> If MMR, VAR, and nasal influenza vaccine are not given on the same day, they must be separated by at least 28 days. If Dose 2 was given ≥ 28 days after Dose 1, it is valid.
	VAR – Dose 2	15 months	-	
Hepatitis A HepA	HepA – Dose 1	12 months	6 months between Dose 1 & 2	<ul style="list-style-type: none"> Not required for school attendance.
	HepA – Dose 2	18 months	-	
Tetanus, Diphtheria, and Pertussis Tdap	Tdap – Dose 1	10 years	-	<ul style="list-style-type: none"> There should be 5 years between Tdap and any other tetanus-containing vaccine(s). Minimum age for Tdap depends on vaccine brand. Boostrix® is licensed for 10 year olds and Adacel® for 11 year olds.
Tetanus and Diphtheria Td	Td – Dose 1	7 years	5 years	<ul style="list-style-type: none"> There should be 5 years between Td and any other tetanus-containing vaccine(s).



Certificate of Immunization Status (CIS)

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 Immunization Registry.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Parent/Guardian Name (please print): _____
 Parent/Guardian Signature Required Date: _____

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

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			

Office Use Only - Immunization information updated and verified with parent/guardian permission.

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.

Diphtheria Mumps Other: _____
 Hepatitis A Polio _____
 Hepatitis B Rubella _____
 Hib Tetanus _____
 Measles Varicella _____

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

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**

Vaccine	Dose	Date	
		Month	Year
DTaP	1	01	2011
DTaP	2	03	2011
DTaP	3	06	2011

#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 **▶**
#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:
- 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).
 - 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.
 - 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.
 - 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/cfr/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 <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Jpol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	Vaccine
Adacel	Tdap	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Trapedia	DTaP
Afluria	Flu (TIV)	Kinrix (Kinrix)	DTaP + IPV	Prevna	PCV or PCV7 or PCV13	Triwinx (Triwinx)	Hep A + Hep B
Boostrix	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (ProQd)	MMR + Varicella	Vaqta	Hep A
Cervarix	HPV2	Menomune	MPSV or MPSV4	Quadracel (Quadr)	DTaP + IPV	Varivax	Varicella
Comvax (Comv)	Hep B + Hib	Pediarix (Pedrix)	DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	Pectavax HB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Pentacel (Pentel)	DTaP + Hib + IPV	Rotarix	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMRV/MMRV	Measles, Mumps, Rubella / with Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	OPV	Oral Poliovirus Vaccine
Flu (TIV or LAIV)	Influenza	HPV	Human Papillomavirus	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine
		MCV or MCV4	Meningococcal Conjugate Vaccine		
				Rotavirus (RV1 or RV5)	Rotavirus
					Tetanus, Diphtheria
					Tetanus, Diphtheria, acellular Pertussis
					Tetanus immune globulin
				VAR or VZV	Varicella

Reference Guide

2011 Kindergarten Orientation

Health Concerns

Children with life-threatening conditions such as severe food or bee sting allergies, severe asthma, diabetes, severe seizures, etc., are required by law, Substitute House Bill 2834, to have a medication and/or treatment order from the child's licensed health care provider and a emergency health care plan in place, while they are in school. If a medication or treatment order is not provided, the chief administrator of the school is required to exclude the child until such order has been provided. Please make sure you complete the health information page in the registration packet and notify the school nurse of your student's life threatening condition.

Also remember to update your student's health information with the school nurse as his/her needs change.

Medications at school

School personnel, per RCW 28A.210.260, may not administer any medication (including over the counter medications) unless accompanied by physician orders. You may access the district physician order form (Medication Authorization Request form) and the Mercer Island School District Medication Policy on the MISD school nurse web site: <http://www.misd.wednet.edu/snews>.

Immunizations

Law, RCW 28A.210.160, requires students to have a Certificate of Immunization Status (CIS) on file at school. The CIS is included in the registration packet. Parents need to complete the CIS form. School staff is not responsible for transcribing medical information onto the form for you nor does the physician office notify the school of your student's immunization status.

Your student may not have all the required immunizations at the time of Kindergarten registration due to the age 5 physical occurring after the registration deadline. To assure Kindergarten entrance you must report immunization update to the school before the first day of school.

Injuries at school

There is NOT a full time nurse in any of the Mercer Island Schools. Health rooms are triaged by nurses and trained health room paraprofessional staff. A district school nurse is available for consultation at all times.

Minor injuries can be managed at school. You will be notified of significant injuries that require parent monitoring or physician evaluation.

Illness at school

If your child has a temperature of 100 degrees or more, the school will call you to pick up your child. Your child may not return to school until 24 hours after the fever has resolved.

If your child vomits or has diarrhea at school, the school will call you to pick up your child. Your child may not return to school until 24 hours after the final episode of vomiting or diarrhea.

**KINDERGARTEN 2011-2012
PROCEDURES FOR STUDENT PLACEMENT**

Though most students can function quite well in either the morning or afternoon session, we usually receive more requests for AM kindergarten and the all day program (KAP) than we can accommodate. If necessary, a **LOTTERY** will be conducted at each school in order to grant the request on a fair and equitable basis.

Considerations for school placement include student's address, school bus transportation, siblings in school, and building space.

Parents who have completed the registration process by February 18th will be notified of their child's tentative kindergarten program (half day or KAP) by mail on or before April 1, 2011. School assignments will be mailed by August 23, 2011.

NOTE:

In order to balance classes throughout the district, some tentative assignments may need to be changed prior to the beginning of school. Final notification, including session time, school, and teacher will be sent by mail during late August.



**Mercer Island
School District #400**

2011-12 School Calendar

M	T	W	Th	F
SEPTEMBER				
29	30	31*	1	2
	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

M	T	W	Th	F
OCTOBER				
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	
31				

M	T	W	Th	F
NOVEMBER				
	1	2	3	4
7	8	9		
14	15	16		
28	29	30		

M	T	W	Th	F
DECEMBER				
			1	2
5	6	7	8	9
12	13	14	15	16
			22	
26			29	

M	T	W	Th	F
JANUARY				
	3	4	5	6
9	10	11	12	13
	17	18	19	20
23	24	25		
30	31			

No School

Aug 23-24: New Teacher/Mentor Orientation
 Aug 25: LID (K-12)
 Aug 26: Certificated Tech Training
 Aug 29: Classified Tech Training/Non Contract Day
 Aug 30: Cert. Pre-Service Day

Aug 31: First Day of School for Students*
 Sept 5: Labor Day

No school for students or staff

Oct 28: First Quarter Ends

Nov 10: Elementary LID

No school for students or staff

Nov 11: Veterans Day

No school for students or staff

Nov 17-23: Elementary Conferences

School in the AM/Conferences in the PM

Nov 23: First Trimester Ends

Nov 23: IMS LID

No school for 6-8 students

Nov 24-25: Thanksgiving Holiday

No school for students or staff

Dec 19 - Jan 2: Winter Break

No school for students or staff

Jan 16: Martin Luther King Jr. Day

No school for students or staff

Jan 26: First Semester Ends, 2nd Quarter Ends

Jan 27: MIHS LID

No school for 9-12 Students

Feb 20-21: Presidents Day/Mid Winter Break

No school for students or staff.

Mar. 9: Elementary Noon Release--Report Card Prep

Mar. 9: Second Trimester Ends

Mar. 12: Scheduled Weather Makeup Day

No school for students or staff

Mar. 30: Third Quarter Ends

April 2-6: Spring Break

No school for students or staff

April 13: MIHS Grades Due

May 25: Scheduled Weather Makeup Day

No school for students or staff

May 28: Memorial Day

No school for students or staff

June 8: Elementary Noon Release--Report Card Prep

June 14: Last Day of School for Students**

June 14: Semester Ends, 4th Quarter Ends

June 15: Scheduled Weather Makeup Day

No school for students or staff

WEATHER MAKE-UP DAYS

These days will become school days if needed to make up days lost to weather or other school closures.

First Day: Friday, March 12
 Second Day: Friday, May 25
 Third Day: Thursday, June 15

M	T	W	Th	F
FEBRUARY				
		1	2	3
6	7	8	9	10
13	14	15	16	17
		22	23	24
27	28	29		

M	T	W	Th	F
MARCH				
			1	2
5	6	7	8	
	13	14	15	16
19	20	21	22	23
26	27	28	29	

M	T	W	Th	F
APRIL				
9	10	11	12	
16	17	18	19	20
23	24	25	26	27
30				

M	T	W	Th	F
MAY				
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	
	29	30	31	

M	T	W	Th	F
JUNE				
				1
4	5	6	7	
11	12	13		
18	19	20	21	22
25	26	27	28	29

Variables:

Start School Aug 31
 2 Day Mid-Winter Break
 End School June 14

Approved 6/24/2010

GENERAL INFORMATION / COMMUNITY ACTIVITIES

District Administration

The school district headquarters is located at 4160 - 86th Avenue SE, near Mercer Island High School. Phone: (206) 236-3330.

Parent Teacher Associations / Parent Teacher Student Associations

Mercer Island Schools are very fortunate to have active PTA/PTSA's. PTA members volunteer in classrooms, raise funds to support school projects, and serve as a voice and advocate for parents, teachers and students. To join, contact your child's school office.

MI Schools Foundation

Founded in 1981, this volunteer organization has raised more than \$12 million from community donations. Proceeds from the Foundation's annual fall phonathon and other giving goes directly to support school programs, curriculum, and class size. For more information, email <http://www.mercerislandschoolsfoundation.com>

Directories

The Mercer Island Directory, a fund-raising project by the Mercer Island Guild of the Children's Hospital and Medical Center, has complete listings of all businesses, services and residences on Mercer Island. Write P.O. Box 442, Mercer Island, WA 98040 to request a copy. Directories listing students and parents of each school are published and distributed by the PTA/PTSA in October.

Early Release Days

Mercer Island School District releases students early on Mondays to allow for teacher planning and training. Students are released as follows:

Elementary Schools	2:00 PM
Islander Middle School	1:20 PM
Mercer Island High School	1:30 PM

Before and After School Care

Kids Company, The Boys and Girls Club, and several private organizations offer regular before and after school programs. Pick-up and drop-off are available to many of these sites through the district's bus transportation.

MI Preschool Association

If you have preschoolers to care for, as well as school age children, the Mercer Island Preschool Association is a great resource for connecting parents with preschools and related activities. Contact MIPA at P.O. Box 464, Mercer Island, WA 98040, or ask at your school office for the current phone number.

KINDERGARTEN ACTIVITY PROGRAM 2011-2012 (All Day Kindergarten)

The Mercer Island School District will offer a Kindergarten Activity Program during the 2011-2012 school year. If there is sufficient enrollment and space, the program will be offered at Lakeridge, West Mercer, and Island Park schools.

A regular kindergarten program will be carried out, then enriched with activities that will explore and expand the world of developing five-year olds. Activities will include music, art exploration, field trips, using a variety of media, construction projects, creative dramatics, and play. The school day starts at 9:15 am and concludes at 3:30 pm. Eligible on-island school bus transportation is available to students in the Kindergarten Activity Program.

The Kindergarten Activity Program is an optional educational program offered to parents and students. This program is tuition based. School districts in Washington are funded only for the half-day Kindergarten programs. The tuition supports the unfunded portion of the full-day program. If an account becomes delinquent, the family is notified. If the account remains delinquent, the student will have to leave the full day program and the school principal will determine which half-day classroom is best for the student. If a child withdraws from the program after the fee has been paid, a pro rated refund will be made.

In order to request a place in the program, the yearly fee of \$4,100 must be paid through one of the payment options below:

1. \$4,100 paid in full at time of registration (to be deposited July 8, 2011).
2. Ten checks (\$410 each). Date the first check July 1, 2011; the second check dated October 1, 2011; and the last check dated June 1, 2012. Please POST-DATE your January to June checks, 2012. The business office will deposit the first check on July 8, 2011, and subsequent checks on the 5th of each month for 9 months, starting October 5, 2011.

Payment Plan Option (Check One): 1. _____ 2. _____

Checks are to be made payable to **Mercer Island School District** (tax ID # 91-6001628)

_____ Please check here if you need a receipt for a qualifying Section 125 (flexible benefits plan).

CHILD'S NAME _____ **BIRTHDATE** _____
(Please Print)

I request that the above named child be considered for enrollment in the Mercer Island School District's Kindergarten Activity Program. I understand my child may be moved to a half-day Kindergarten classroom should my account become delinquent.

Parent/Guardian Signature: _____

For School Use Only: Received by _____ **Date/Location** _____

**Mercer Island School District #400
TRANSPORTATION DEPARTMENT**

FOR SCHOOL USE ONLY:	
MIHS _____	KINDERGARTEN ONLY
IMS _____	AM _____
IP _____	PM _____
LR _____	KAP _____
WM _____	_____

STUDENT TRANSPORTATION INFORMATION

Students are transported to and from school by district school buses with pick-up and drop-off locations near the home/daycare centers. These forms are to be used for transportation from home/daycare to school and from school to home/daycare only.

Student Name _____ Grade _____ Gender _____
 Parent Name _____ Home Phone _____
(Custodial)
 Residential Address _____
(No PO Box)
 Daycare Name _____ Phone _____
 Daycare Address _____

FOR TRANSPORTATION USE ONLY:			
M - TU - W - TH - F	M - TU - W - TH - F	M - TU - W - TH - F	M - TU - W - TH - F
1. Bus _____	2. Bus _____	1. Bus _____	2. Bus _____
Stop _____	Stop _____	Stop _____	Stop _____
Pick-Up Time _____	Pick-Up Time _____	Drop Off Time _____	Drop Off Time _____
Stop # PU 1 _____	Stop # PU 2 _____	Stop # DP 1 _____	Stop # DP 2 _____

Is district transportation needed at this time? Yes No

Please indicate **BEFORE SCHOOL PICK-UP** location by circling applicable days:
 Home M - TU - W - TH - F
 Daycare M - TU - W - TH - F

Please indicate **AFTER SCHOOL DROP OFF** location by circling applicable days:
 Home M - TU - W - TH - F
 Daycare M - TU - W - TH - F

KINDERGARTEN WAIVER ONLY:

I give permission for my child to be dropped off with no adult in attendance Yes No
 (Minor siblings may not substitute for the required adult)

Parent/Guardian Signature: _____ Date: _____

Get to know other parents using your child's bus stop so you have an alternate plan in the event you are unable to be at the stop yourself when your child arrives. This does not waive the kindergarten **adult in attendance** requirement but serves as an alternative to your request.

If there is a change in your schedule after you have registered your child and prior to school opening, please resubmit a **Student Transportation Information** form at your child's school.

RB/va Copy Center/M.O.T. Storage/Stdnt Transp. Info/2-7-06/2000