



## **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 24, 2012, through Friday, February 17, 2012.

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

- 1) Student Enrollment Form with Proof of Residency**
- 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@misd.wednet.edu](mailto:jan_kentnor@misd.wednet.edu)

**KINDERGARTEN 2012-2013  
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 17<sup>th</sup> will be notified of their child's tentative kindergarten program (half day or KAP) by mail on or before April 2, 2012. School assignments will be mailed by August 24, 2012.

**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  
KINDERGARTEN PROGRAM  
2012-2013**

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](http://www.misd.k12.wa.us)

**2. What is the age requirement for kindergarten?**

Children must be age five by August 31, 2012. 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, 2007 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 with Proof of Residency (utility bill and/or purchase/lease agreement)
- 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. Tuition assistance is provided for students who are from low income families. 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 17, 2012. A letter of confirmation will be mailed to families by April 1<sup>st</sup>. Registration received after February 17<sup>th</sup> 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](http://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 24 through February 17, 2012. Registration submitted after February 17<sup>th</sup> 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 Wednesdays 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 2012-2013 school year will be forthcoming. You may direct inquiries to Kids Company at 206 230-6028 for Lakeridge, or 206 230-6232 for West Mercer.

# 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.

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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. \_\_\_\_\_

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E. Does your child appear to understand and carry out directions? \_\_\_\_\_

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### 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.?).

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

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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)?

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(Please Use back if more space is needed)

**IV. SOCIALIZATION SKILLS**

Describe how your child interacts with peers.

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**V. PRESCHOOL BACKGROUND**

A. Has your child attended preschool? Yes\_\_\_\_\_No\_\_\_\_\_

If so, how long and name of school: \_\_\_\_\_

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

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

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VII. Are you interested in volunteering in the classroom? \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE Revised 12/10



Home Language Survey  
 Mercer Island School District  
 Transitional Bilingual Instructional Program

Student's Name		Date
School		Grade
SSID		Gender
1. ___ Yes ___ 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. ___ Yes ___ 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><b>Reference to WAC392-160-005.</b></p> <ul style="list-style-type: none"> <li>• "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.</li> <li>• "Eligible student" means any student who meets the following two conditions:           <ul style="list-style-type: none"> <li>(a) The primary language of the student must be other than English; and</li> <li>(b) The student's English skills must be sufficiently deficient or absent to impair learning.</li> </ul> </li> </ul>		

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

<p><b>Please Complete the Following:</b></p> <p>A. _____ For how many months has the student attended school in the United States (grades K – 12) before enrolling in this district?</p> <p>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?</p> <hr/> <p><b>Guidance:</b></p> <ul style="list-style-type: none"> <li>• One (1) school year = ten (10) months.</li> <li>• "Formal education" does not include refugee camp schools or other unaccredited programs for children.</li> <li>• "Native Language" refers to the family's dominant language.</li> </ul>
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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, City, State, Country, US Citizen, Primary language spoken by child, First learned language spoken by child, Primary language spoken by parent/guardian, 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, Resident Address, Mailing Address

Primary Household Parent/Guardian #1 Phones, Primary Household Parent/Guardian #2 Phones, Email Address, Is this a temporary living situation?, Does the living situation checked above result from a loss of housing or from economic hardship?

Secondary Household Information: Secondary Household Parent/Guardian #1, Secondary Household Parent/Guardian #2, Receive Mailings?, Secondary Address, Mailing Address, Secondary Household Parent/Guardian #1 Phones, Secondary Household Parent/Guardian #2 Phones, 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? 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? 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)			Phone #2 (include area code)		
		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
		<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 \_\_\_\_\_

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"/> Micronesia             | <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: \_\_\_\_\_

**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](http://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!*

**Mercer Island School District**  
**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/parentsfamilies/snews](http://www.misd.k12.wa.us/parentsfamilies/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/parentsfamilies/snews](http://www.misd.k12.wa.us/parentsfamilies/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.**



## VACCINES REQUIRED FOR CHILD CARE/PRESCHOOL ATTENDANCE July 1, 2012 – June 30, 2013

VACCINE	By 3 Months (on or before last day of mo 2)	By 5 Months (on or before last day of mo 4)	By 7 Months (on or before last day of mo 6)	By 16 Months (on or before last day of mo 15)	By 19 Months (on or before last day of mo 18)
<b>Hepatitis B</b>	<b>1 dose</b> May get dose 1 at birth.	<b>2 doses</b> May get dose 2 as early as 1 month.		<b>3 doses</b>	
<b>Diphtheria, Tetanus, Pertussis (DTaP/DT)</b>	<b>1 dose</b>	<b>2 doses</b>	<b>3 doses</b> May get as early as 6 months.		<b>4 doses</b> May get 4 <sup>th</sup> dose as early as 12 months as long as 6 months separate Dose 3 and Dose 4.
<b>Haemophilus influenzae type B (Hib)</b>	<b>1 dose</b>	<b>2 doses</b>	<b>3 doses</b>	<b>4 doses</b>	
<b>Polio (IPV or OPV)</b>	<b>1 dose</b>	<b>2 doses</b> May get as early as 4 months.			<b>3 doses</b>
<b>Pneumococcal Conjugate (PCV7 or PCV13)</b>	<b>1 dose</b>	<b>2 doses</b>	<b>3 doses</b>	<b>4 doses*</b>	
<b>Measles, Mumps, Rubella</b>	<b>Not given before 12 months of age.</b>			<b>1 dose</b>	
<b>Varicella</b>	<b>Not given before 12 months of age.</b>			<b>1 dose</b> OR Healthcare provider verifies disease.	

\*Some children may get 5 total doses. A single supplemental dose of PCV13 is recommended, but not required, for all children aged 14–59 months who got 4 doses of PCV7.

- Refer to *Vaccines Required for School Attendance, Grades K-12* chart for kindergarten entry requirements.
- School-aged children (K-12) in before and after-school programs must meet the immunization requirements for their grade in school.
- Find information on other recommended vaccines not required for child care/preschool attendance: <http://www.immunize.org/cdc/schedules/>

## Minimum Age & Interval for Valid Vaccine Doses

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B (HepB)	Dose 1	Birth	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>The final dose in the series should be given at age <math>\geq 24</math> weeks.</li> </ul>
	Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP/DT)	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Typical vaccine schedule: 2, 4, 6, and 15-18 months of age.</li> <li>Recommended: 6 months between Dose 3 and Dose 4, but <math>\geq 4</math> months is acceptable.</li> </ul>
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	12 months	6 months between Dose 4 & 5	
	Dose 5	4 years	–	
<i>Haemophilus influenzae</i> type B (Hib)	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Three doses total for catch-up if 2 doses given before 12 months and Dose 3 given <math>\geq 12</math> months of age. Two doses total for catch-up if Dose 1 given before 12 months and Dose 2 given <math>\geq 12</math> months of age.</li> <li>One dose required if the dose given <math>\geq 15</math> months.</li> <li>If all 3 doses of PedvaxHIB given, only need 3 doses total.</li> </ul>
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	8 weeks between Dose 3 & 4	
	Dose 4	12 months	–	
Pneumococcal Conjugate (PCV7 or PCV13)	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Three doses total for catch-up if only 2 doses given before 12 months and Dose 3 given <math>\geq 12</math> months of age. Two doses required if both received between 12-24 months at least 8 weeks apart.</li> <li>One dose required if the dose given <math>\geq 24</math> months of age.</li> <li>A single supplemental dose of PCV13 recommended for all children 14–59 months of age who got 4 doses of PCV7.</li> </ul>
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	8 weeks between Dose 3 & 4	
	Dose 4	12 months	–	
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Three doses acceptable if child got Dose 3 <math>\geq 4^{\text{th}}</math> birthday.</li> </ul>
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	4 years	–	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>MMRV (MMR + varicella) may be used in place of separate MMR and varicella vaccines.</li> <li>4-day grace <b>DOES</b> apply between doses of the same live vaccine such as MMR/MMR or MMRV/MMRV. The 4 day grace period <b>DOES NOT</b> apply between Dose 1 and Dose 2 of different live vaccines, such as between MMR and Varicella or between MMR and live flu vaccine.</li> </ul>
	Dose 2	13 months	–	
Varicella (chickenpox) (VAR)	Dose 1	12 months	3 months between Dose 1 & 2	<ul style="list-style-type: none"> <li>Recommended: 3 months between varicella doses, but <math>\geq 28</math> days acceptable.</li> <li>Must get the same day as MMR <b>OR</b> <math>\geq 28</math> days apart (4-day grace <b>DOES NOT</b> apply).</li> </ul>
	Dose 2	15 months	–	

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



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

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: \_\_\_\_\_

Symbols below:   
 ◆ Required for School and Child Care/Preschool   
 ● Required for Child Care/Preschool Only

Parent/Guardian Name (please print): \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_   
 Signed Cert. of Exemption on file?  Yes  No

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

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			
	2			
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
- Hepatitis A
- Hepatitis B
- Hib
- Measles
- Mumps
- Polio
- Rubella
- Tetanus
- Varicella
- Other: \_\_\_\_\_

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

**#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.  
**#7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.  
**#8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Polio	IPV	Penavac	Hep B + Hib	DTaP + Hib	DTap + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Triptedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Sanrix (Sanrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Triumnix (Tmnr3)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqta	Hep A
Cervarix	HPV2	FluVirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrc)	DTaP + IPV	Varivax	Varicella
Comvax (Cmrvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrix)	DTaP + Hep B + IPV	Recombivax-HB	Hep B		
Daptacel	DTaP	Gardasil	HPV4	Pedvax-HIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Havrix	Hep A	Penacel (Pnicl)	DTaP + Hib + IPV	Rotateq	Rotavirus (RV5)		

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

**Reference Guide**

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

## **Health and Wellness**

### **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.

## GENERAL INFORMATION / COMMUNITY ACTIVITIES

### Bus Transportation

Bus service is available to all eligible elementary students. Schedules with bus stop locations are sent to homes at the end of summer. Your child may also ride buses to friends' homes or to child care with your written permission.

### District Administration

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

### PTA / PTSA

These organizations are very active in Mercer Island's schools. 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 \$13 million from community donations. Proceeds from the Foundation's annual fall phonathon and other giving goes directly to support school programs and curriculum. For more information, write P.O. Box 1243, Mercer Island, WA 98040.

### 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

During the 2012-13 school year Mercer Island School District will be releasing students early on Wednesday to allow for teacher planning and training. Students will be released as follows:

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

### Before and After School Care

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. Following is a list and phone numbers of some private organizations:

Kids Company	230-6035
Country Village Day School	232-7107
Little Acorn School	236-0480
Boys and Girls Club	232-4548
Stroum Jewish Community Center	232-7115

**KINDERGARTEN ACTIVITY PROGRAM 2012-2013  
(All Day Kindergarten)**

The Mercer Island School District will offer a Kindergarten Activity Program during the 2012-2013 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. Washington State allows us to use basic education dollars to fund only the half-day kindergarten program. We are authorized to charge tuition for the unfunded portion of the KAP program, provided we offer low income waivers. Scholarships will be provided on a slide scale to low income students who qualify for the free or reduced National School Lunch Program. Please complete the attached Financial Aid form if you would like to apply for a waiver. 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 6, 2012).
2. Ten checks (\$410 each). Date the first check July 1, 2012; the second check dated October 1, 2012; and the last check dated June 1, 2012. Please POST-DATE your January to June checks, 2013. The business office will deposit the first check on July 6, 2012, and subsequent checks on the 5th of each month for 9 months, starting October 5, 2012.

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).

If you would like to request financial assistance, please contact Kathy Morrison at [Kathy\\_Morrison@misd.wednet.edu](mailto:Kathy_Morrison@misd.wednet.edu)

**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**

**2012-13 School Calendar**

M	T	W	Th	F
<b>SEPTEMBER</b>				
27	28	29*	30	31
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

M	T	W	Th	F
<b>OCTOBER</b>				
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	
29	30	31		

M	T	W	Th	F
<b>NOVEMBER</b>				
			1	2
5	6	7	8	
12	13	14		
			22	23
26	27	28	29	30

M	T	W	Th	F
<b>DECEMBER</b>				
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

M	T	W	Th	F
<b>JANUARY</b>				
	1	2	3	4
7	8	9	10	11
14	15	16	17	
21	22	23	24	
28	29	30	31	

No School

Aug 20-21: New Teacher/Mentor Orientation  
 Aug 22: Class Tech Training/Non Contract Day  
 Aug 23: District LID (K-12)  
 Aug 24: Cert. Non Contract Day  
 Aug 27: Certificated Tech Training  
 Aug 28: Cert. Pre-Service Day

Aug 29: First Day of School for Students\*

Sept 3: Labor Day  
*No school for students or staff*

Oct. 26: First Quarter Ends  
 Nov 9: Elementary Noon Release--Report Card Prep  
*Half Day School for K-5 students/staff*

Nov 12: Veterans Day  
*No school for students or staff*

Nov 15-21: Elementary Conferences  
*School in the AM/Conferences in the PM*

Nov 21: First Trimester Ends  
 Nov 21: IMS Noon Release--Report Card Prep  
*Half Day School for 6-8 students/staff*

Nov 22-23: Thanksgiving Holiday  
*No school for students or staff*

Dec 20 - Jan 1: Winter Break  
*No school for students or staff*

Jan 21: Martin Luther King Jr. Day  
*No school for students or staff*

Jan. 18: First Semester Ends, 2nd Quarter Ends  
 Jan 25: MIHS Noon Release--Report Card Prep  
*Half Day School for 9-12 student/staff*

Feb 18-22: Presidents Day/Mid Winter Break  
*No school for students or staff.*

Mar. 8: Elementary Noon Release--Report Card Prep  
 Mar. 8: Second Trimester Ends

Mar. 11: Scheduled Weather Makeup Day  
*No school for students or staff*

Mar. 29: Third Quarter Ends

April 1-5: Spring Break  
*No school for students or staff*

May 24: Scheduled Weather Makeup Day  
*No school for students or staff*

May 27: Memorial Day  
*No school for students or staff*

June 7: Elementary Noon Release--Report Card Prep  
 June 13: Last Day of School for Students\*\*

June 13: Semester Ends, 4th Quarter Ends  
 June 14: 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 11  
 Second Day: Friday, May 24  
 Third Day: Friday, June 14

M	T	W	Th	F
<b>FEBRUARY</b>				
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	

M	T	W	Th	F
<b>MARCH</b>				
				1
4	5	6	7	
11	12	13	14	15
18	19	20	21	22
25	26	27	28	

M	T	W	Th	F
<b>APRIL</b>				
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

M	T	W	Th	F
<b>MAY</b>				
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

M	T	W	Th	F
<b>JUNE</b>				
3	4	5	6	
10	11	12		14
17	18	19	20	21
24	25	26	27	28

Variables:

- Start School Aug 29
- Wednesdays - Early Release
- 5 Day Mid-Winter Break
- End School June 13

Approved 6/24/2010

Due to state budget reductions teachers will be on furlough during the three designated early release afternoons. Staff will not be available during these hours.

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

<b>FOR SCHOOL USE ONLY:</b>			
MIHS _____	<b>KINDERGARTEN ONLY</b>		
IMS _____	<b>AM</b> _____		
IP _____	<b>PM</b> _____		
LR _____	<b>KAP</b> _____		
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 \_\_\_\_\_

<b>FOR TRANSPORTATION USE ONLY:</b>			
<b>M - TU - W - TH - F</b>		<b>M - TU - W - TH - F</b>	
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.