



Auburn School District

VERIFICATION OF RESIDENCY STATEMENT

In order to verify residency within the Auburn School District, **ONE** current document from the following list **MUST** be provided. The document must be dated within the last thirty days showing parent/guardian name and address (P.O. Box numbers are not acceptable as a residential address).

- ☐ Escrow papers, mortgage book or statement, or homeowner's association fees statement
- ☐ Lease Agreement and current rent receipt
- ☐ Rental contract and current rent receipt
- ☐ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian lives at the stated address
- ☐ Gas bill
- ☐ Electric bill
- ☐ Water bill
- ☐ Cable TV bill
- ☐ Garbage bill
- ☐ Phone bill for a land line at the stated address
- ☐ Residence insurance statement
- ☐ Verification of social services
- ☐ Verification of living with _____. Must complete and attach **Co-Residency Form**.
(Name)

If you are unable to provide any of the above items, please request a meeting with the school administrator to complete **Residency Agreement**. This Agreement will give you extra time to collect the needed documents.

- ☐ A Residency Agreement is requested

Student's Name: _____

Parent/Guardian's Name: _____

Resident Address: _____

I declare that the above-named student resides at the address shown on one of the documents indicated above and attached to this enrollment packet. I will notify the school within two weeks of residency changes and agree to provide a new proof of residency and updated signed statement at that time. If I move outside of the school district boundaries, I understand an inter-district attendance release must be filed in order to request continued attendance for this student.

Falsification of any information or document required for residency verification, or the use of the address of another person without actually residing there, may result in revocation of student's enrollment in the Auburn School District (see Policy 3131).

Parent/Guardian Signature: _____

Date: _____



Auburn School District

CO-RESIDENCY FORM

This form is required for families who share a home with another individual or family member (e.g. rent a room in a house). A completed Residency Verification Form is also required.

This form accompanies the Residency Verification Form of the following student(s):

Please print student(s) name(s) (first and last)

The PARENT/GUARDIAN must present to the school:

- ☐ A completed Residency Verification Form
- ☐ A completed, **notarized** original of this form

The PRIMARY RESIDENT/OWNER of the shared home is required to complete this section and present a copy to the school, of the items below:

- ☐ His or her driver's license, government issued ID, or passport with photo ID
- ☐ Two (2) bulleted items on the Establishing and Verifying Residency Checklist

I, (please print) _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed below and on the attached Residency Verification Form (RVF) and that the person(s) claiming the address on the RVF reside(s) with me at least four (4) days per week. I further declare that the information provided in the RVF including information provided by the parent(s)/guardian(s), is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Form. I will submit the required pieces of evidence to verify my residency. I agree to notify the Auburn School District if there is any change in the status of the residency of the persons listed on the RVF or myself.

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 withdrawal from school. Address Number Street Unit # City/State ZIP code A Residency Agreement is attached.

Address _____
Number Street Unit # City/State ZIP code

Signature of Primary Resident/Owner (witnessed by notary) Date

Section below to be completed by Notary Public:

STATE OF WASHINGTON COUNTY OF _____

On this day personally appeared before me _____, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and seal of office this _____ day of _____, 20____.

Printed Name: _____

Notary Public residing at _____

My Commission Expires: _____

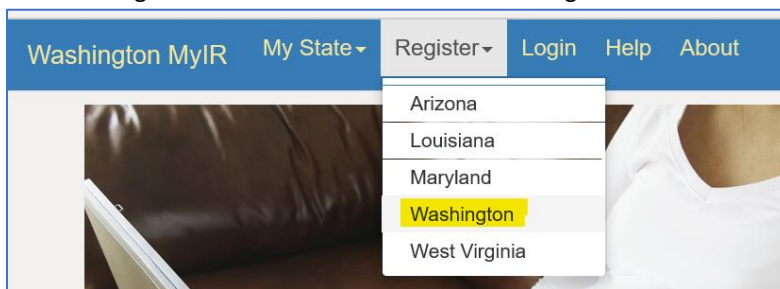
INSTRUCTIONS: How to Obtain Immunization Records for School Entry

Starting August 1, 2020, medically verified immunization records are required for school entry. Medically verified records include either printing the Certificate of Immunization from MyIR or filling out a Certificate of Immunization Status form and attaching one of the required additional documents listed below.

- **Printing a Certificate of Immunization printed from MyIR is the first option for obtaining student immunization records:**

Create a [MyIR](#) account

To obtain Washington State immunization information register under “Washington”



Follow the steps, complete the required information

A screenshot of the Washington MyIR registration form, Step 1: Account Set Up. The form has a blue header with the navigation bar. Below the header, there are four numbered steps: 1. ACCOUNT SET UP, 2. INFO NEEDED FOR RECORD LOOK UP, 3. ADD MY CHILDREN, and 4. CONFIRM & REGISTER. Step 1 is highlighted. The form contains several input fields: 'First Name', 'Last Name', 'Select Gender', 'Email', 'Confirm Email', 'Password', and 'Confirm Password'. There are also 'Home' and 'Next' buttons at the bottom.

Add your child's information then confirm and register

A screenshot of the Washington MyIR registration form, Step 3: Add My Children. The form has a blue header with the navigation bar. Below the header, there are four numbered steps: 1. ACCOUNT SET UP, 2. INFO NEEDED FOR RECORD LOOK UP, 3. ADD MY CHILDREN, and 4. CONFIRM & REGISTER. Step 3 is highlighted. The form contains a section titled 'Add Family Member (up to 17 years old)' with input fields for 'First Name', 'Last Name', 'Gender', and 'Birth Date'. There are also 'remove' and 'add dependent' buttons. At the bottom, there are 'Back' and 'Next' buttons.

Download and print the Certificate of Immunization

OR

- **Another option is filling out the Certificate of Immunization Status (CIS) form and attaching:**
 - A healthcare provider signature **OR**
 - Official lifetime immunization record with provider stamp or signature **OR**
 - Official Immigration immunization record **OR**
 - Immunization record printed from a healthcare provider, clinic, or hospital **OR**
 - Written immunization record with a provider stamp or signature

The above items also work for a prior to August 1 start date.



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.**To print with the immunization information filled in:**

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

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 November 2019

Student Health History

Student Name (Last,First) _____ Birthdate: _____ Grade: _____ Gender: _____

State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes or seizures have a care plan completed along with any required medication prior to the first day of school. Contact the school nurse as soon as possible to complete the proper forms.

Does your student have a LIFE-THREATENING health condition? ☐ Yes ☐ No

MEDICAL HISTORY (check all that apply)

<p>Life-Threatening Conditions: (Care plan is REQUIRED)</p> <p>EG <input type="checkbox"/> Anaphylaxis (Epi-pen prescribed) Allergic to _____</p> <p>EK <input type="checkbox"/> Diabetes Type 1</p> <p>NP <input type="checkbox"/> Seizures – Emergency medication required? Type: _____</p> <p>RG <input type="checkbox"/> Asthma – Severe</p> <p><input type="checkbox"/> Other Life-Threatening Condition: _____</p> <hr/> <p>Congenital / Genetic</p> <p>AH <input type="checkbox"/> Down Syndrome</p> <p>AJ <input type="checkbox"/> Fetal Alcohol Spectrum Disorder</p> <p><input type="checkbox"/> Other conditions, please describe: _____</p> <p>Blood / Hematology</p> <p>BA <input type="checkbox"/> Anemia</p> <p>BB <input type="checkbox"/> Hemophilia</p> <p>BC <input type="checkbox"/> Sickle Cell Disease Trait</p> <p>OJ <input type="checkbox"/> History of Severe Nosebleeds</p> <p><input type="checkbox"/> Other Blood Condition: _____</p> <p>Cardiac / Heart</p> <p>CC <input type="checkbox"/> Heart Birth Defect</p> <p>CD <input type="checkbox"/> Heart Murmur</p> <p><input type="checkbox"/> Other Cardiovascular Condition: _____</p> <p>Allergy, Immune, Endocrine, Metabolic and Nutritional</p> <p>ED <input type="checkbox"/> Allergy – Food: _____</p> <p>EE <input type="checkbox"/> Allergy – Insect: _____</p> <p><input type="checkbox"/> Allergy – Other List: _____</p> <p>EL <input type="checkbox"/> Diabetes Type 2</p> <p><input type="checkbox"/> Other Endocrine, Immune, Nutritional or Metabolic: _____</p> <p>Gastrointestinal, Dental and Oral</p> <p>GA <input type="checkbox"/> Celiac</p> <p>GG <input type="checkbox"/> Food Intolerance / Religious Preference List: _____</p> <p>GL <input type="checkbox"/> Lactose Intolerance</p> <p>GF <input type="checkbox"/> Encopresis</p> <p>GO <input type="checkbox"/> Chronic Constipation</p> <p>GH <input type="checkbox"/> Gastric Reflux</p> <p>GJ <input type="checkbox"/> Inflammatory Bowel Disease</p> <p>GK <input type="checkbox"/> Irritable Bowel Syndrome</p> <p><input type="checkbox"/> Other Gastrointestinal, Liver, Dental, Oral Condition: _____</p> <p>Musculoskeletal</p> <p>MC <input type="checkbox"/> Juvenile Rheumatoid / Idiopathic Arthritis</p> <p><input type="checkbox"/> Please list: _____</p> <p>Cancer / Tumor</p> <p><input type="checkbox"/> Please list: _____</p>	<p>Nervous System</p> <p>NB <input type="checkbox"/> ADHD / ADD diagnosed by: _____</p> <p>NC <input type="checkbox"/> Autism Spectrum Disorder</p> <p>NE <input type="checkbox"/> Cerebral Palsy</p> <p>NF <input type="checkbox"/> Developmental Disability</p> <p>NH <input type="checkbox"/> Migraines</p> <p>NI <input type="checkbox"/> Headaches, Recurring</p> <p>NP <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Current <input type="checkbox"/> History Type: _____</p> <p>NU <input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Other Neurological Condition: _____</p> <p>Transplant</p> <p>OD _____ List organ: _____</p> <p>Mental or Behavioral Health</p> <p>PA <input type="checkbox"/> Anxiety</p> <p>PC <input type="checkbox"/> Depression</p> <p>PH <input type="checkbox"/> Sleep Disorder</p> <p><input type="checkbox"/> Other Mental or Behavioral Health Condition: _____</p> <p>Respiratory / Breathing</p> <p>RG <input type="checkbox"/> Asthma – Current</p> <p>RH <input type="checkbox"/> Asthma – Ever Diagnosed</p> <p>RA <input type="checkbox"/> Asthma – Exercised Induced</p> <p>RE <input type="checkbox"/> Reactive Airway Disease</p> <p><input type="checkbox"/> Other Respiratory Condition: _____</p> <p>Skin</p> <p>SB <input type="checkbox"/> Eczema or Contact Dermatitis or Psoriasis</p> <p><input type="checkbox"/> Other Skin Condition: _____</p> <p>Renal / Kidney</p> <p><input type="checkbox"/> Please list: _____</p> <p>Ear / Hearing</p> <p>YA <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Currently <input type="checkbox"/> Historically</p> <p>YB <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Hearing Aid/s <input type="checkbox"/> Cochlear Implant</p> <p><input type="checkbox"/> Other Ear Condition: _____</p> <p>Eye / Vision</p> <p>YF <input type="checkbox"/> Wears glasses / contacts</p> <p>YE <input type="checkbox"/> Color Vision Deficit</p> <p>YD <input type="checkbox"/> Visually Impaired</p> <p><input type="checkbox"/> Other Eye Condition: _____</p> <p>Other Health Concerns</p> <p><input type="checkbox"/> Please list: _____</p> <p>No Known Health Concerns</p> <p>OC <input type="checkbox"/> Please Initial: _____</p>
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(See reverse – complete information on page 2)

Student Health History



Student Name (Last,First) _____ Birthdate: _____ Grade: _____ Gender: _____

MEDICATIONS

Please report all medications that your student takes at home and/or at school.

Is medication needed at home? ☐ No ☐ Yes Please list:

Is medication needed at school? ☐ No ☐ Yes Please list:

**Complete REQUIRED paperwork
for medication at school.**

State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.

Medical Devices / Equipment / Procedures

Example: Gastrostomy tube, VP Shunt, Catheterization, Vagal Nerve Stimulator, or Other
Please Describe:

Physical Activity or Mobility Issues / Assistive Equipment

Example: wheelchair, braces, or Other

Please Describe:

To help us better understand your child, please complete the following:

Health/Developmental History:

Birth and Infancy: Birth Weight _____ Was pregnancy Full Term? ☐ Yes ☐ No Duration of pregnancy _____

At what age was your child: Toilet trained? _____ Walking? _____ Talking? _____

Hospitalizations? _____

Serious Injuries? _____

Specialist? _____

What other information would be helpful for us to know regarding your child? Please share. _____

I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered. **I understand that Washington law requires that my student's immunizations are complete or conditional before starting school.** I give permission to my child's school to add immunization information to the Immunization Information System to help the school maintain my child's school record.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Guardian phone/cell _____ Work _____

Emergency contact/relationship _____ Phone _____

Health Care Provider Name _____ Phone _____

For Office Use only: Complete Immunization Records

Complete IIS # _____ IIS Copy Provided _____ Medically verifiable records provided _____ COE _____

or Conditional status _____ Parent signed acknowledgment _____

or Out of compliance _____



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

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

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____		
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___		
Prior Education Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12 th grade) _____ Month Day Year		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

Do you own/rent your own home? ☐ Yes ☐ No **If yes, you do not need to complete this form.**

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

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

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthday: _____ Age: _____
Month/Day/Year

Gender: _____ ☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian
☐ Student is in foster care

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardians: _____
(or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return the completed form to: School Counselor or

Dennis Grad (253) 931-4938 ASD Transportation: 615 15th Street SW, Auburn, WA 98001

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels ☐ (E) Foster Care

Auburn School District #408 • 915 4th St NE • Auburn, WA 98002 • 253-931-4900

Rev. 9/2019



Dear Parent/Guardian,

This year, **Auburn School District** is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school—and themselves. Your student can start building this habit in preschool so they learn right away that going to school on time, every day is important. Consistent attendance will help children do well in high school, college, and at work.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

WHAT WE NEED FROM YOU

We miss your student when they are gone and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please contact the attendance office at your child's school.

OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school regularly or on time. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children that are 6- or 7-years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements.

<http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.225>

We, the school, are required to take daily attendance and notify you when your student has an unexcused absence.

If your student has three unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

In elementary school after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and the parent, student and school have made plan so your student does not fall behind academically. If your student has an Individualized Education Plan or a 504 Plan the team that created the plan needs to reconvene.

If your student has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the Juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. If your student continues to be truant you may need to go to court.

At Auburn, we have established the following rules on attendance that will help you ensure your student is attending regularly. Students absent without valid parent excuse will be counted as truant. Auburn School District Policy 3121 identifies valid excuses for absences and clarifies the school principal's authority to determine if an absence meets the district's criteria.

WHAT YOU CAN DO

- Set a regular bed time and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your child has the required immunizations.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your students' teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

Sincerely,

Rhonda Larson

Assistant Superintendent, Family Engagement and Student Success
Auburn School District

Please remove and return the bottom portion of this letter.

Student Name: _____ Grade: _____ School: _____

Your signature below indicates that you have read and understand the attendance policies and procedures of the Auburn School District.

_____ Date _____