



APPLICATION FOR ADMISSION

2024-2025

Please return registration packet and \$300.00 registration fee to the school office.

Application Date: _____

Office Use Only:			
Date Received:	_____	Initial:	_____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

Student #1		
Student Name:	_____	_____
	FIRST NAME	LAST NAME
	_____	PREFERRED NAME
Date of Birth:	_____	Gender: <input type="checkbox"/> M / <input type="checkbox"/> F 2024-25 Grade: _____
Baptized	<input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes, please provide copy of Baptismal Certificate)	Church: _____
School Student Currently Attends: _____		

Student #2		
Student Name:	_____	_____
	FIRST NAME	LAST NAME
	_____	PREFERRED NAME
Date of Birth:	_____	Gender: <input type="checkbox"/> M / <input type="checkbox"/> F 2024-25 Grade: _____
Baptized	<input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes, please provide copy of Baptismal Certificate)	Church: _____
School Student Currently Attends: _____		

Primary Address:	_____	_____	_____	_____
	STREET	CITY	STATE	ZIP

Religion:	_____	Registered in Catholic Parish	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Parish: _____
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Ethnicity:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Asian
(Optional)	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian
_____	_____	_____
FIRST	LAST	
Address: <input type="checkbox"/> Same as Above		
STREET		
CITY	STATE	ZIP
Cell Phone:	_____	
Home Phone:	_____	
Work Phone:	_____	
Primary Email:	_____	
Occupation:	_____	
Employer:	_____	
Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Deceased

<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian
_____	_____	_____
FIRST	LAST	
Address: <input type="checkbox"/> Same as Above		
STREET		
CITY	STATE	ZIP
Cell Phone:	_____	
Home Phone:	_____	
Work Phone:	_____	
Primary Email:	_____	
Occupation:	_____	
Employer:	_____	
Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Deceased

Student(s) live with:

- Both Parents Mother only Father only Mother & Stepfather Father & Stepmother
Other: (Please specify) _____

If applicable: (Custodial Adults): Please provide a copy of the court custodial document for our records.

I, _____, have full custody of the children named above.

We _____ and _____ have joint custody.

Emergency and Pick Up Contacts (must be other than parents)

- | | | | |
|----|---|------------------------------------|----------------------------------|
| 1. | _____ | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
| | FIRST NAME LAST NAME RELATIONSHIP PHONE NUMBER | | |
| 2. | _____ | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
| | FIRST NAME LAST NAME RELATIONSHIP PHONE NUMBER | | |
| 3. | _____ | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
| | FIRST NAME LAST NAME RELATIONSHIP PHONE NUMBER | | |
| 4. | _____ | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
| | FIRST NAME LAST NAME RELATIONSHIP PHONE NUMBER | | |

I give permission for any person above to be contacted and for my child(ren) to be released to those listed as pick up.

Parent or Legal Guardian Signature: _____ Date: _____

Notice of Nondiscriminatory Policy As to Students: *Christ the King admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.*

Office Use Only:

Date Received:	Check #:	Cash:	Initials
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ENROLLMENT CONTRACT

2024-2025

Tuition

Tuition is due on the first of each month, **September 2024 – June 2025**, and it is past due if received after the 10th of the month. ***Tuition received after the 10th of the month will be subject to a \$20 late fee.** Tuition that is over 30 days delinquent may be charged an additional 1.5% on the total tuition balance. ***ACH withdrawals on the 15th of the month are not subject to late fees.**

Parish Tuition Schedule (K-8 th)		Non-parish Tuition Schedule (K-8 th)	
One Child	\$6,160 or \$616/mo	One Child	\$8,160 or \$816/mo
Two Children	\$11,090 or \$1,109/mo	Two Children	\$15,100 or \$1,510/mo
Three Children	\$14,830 or \$1,483/mo	Three Children	\$20,010 or \$2,001/mo
Four Children	\$17,270 or \$1,727/mo	Four Children	\$22,860 or \$2,286/mo
Five Children	\$19,350 or \$1,935/mo	Five Children	\$25,700 or \$2,570/mo

Each month the Church provides a significant subsidy to the school to help us meet our operational costs. This subsidy allows CKCS to extend a parishioner discount to those families who are registered and actively participate in the life of the Church by attending Mass regularly and contributing financially to the church and the diocesan appeals.

Parish Tuition: To qualify for parish tuition, the following criteria must be met:

- YES NO Are you a registered member of the Christ the King Parish?
- YES NO Has your family contributed financially to the parish through the use of church envelopes or online giving?

I typically attend the (day) _____ Mass @ (time) _____ on the weekends.

Just moved to the area? If you intend to register in the parish and wish to receive the parish discount, please register with the parish before submitting your school application.

- I am a CK Parishioner, and I would like to apply for financial aid.

Parent/Guardian, please complete:

Total Kindergarten - 8th grade tuition: MONTHLY _____ or YEARLY _____

Tuition Guidelines:

- 1) All registration payments will be made directly to Christ the King Catholic School, since school finances are separate from parish finances.
- 2) **Registration fees are non-refundable.** Registration fees equal to one child are due at the time of initial registration. Multi-student families, registration fees may be made in payments equaling one child per month.
- 3) Tuition is paid on a ten-month schedule from September – June. ACH is strongly encouraged (see attached form). If you are unable to do ACH, arrangements can be made through the finance office.
- 4) Family accounts will be assessed a \$25 return check fee on checks returned for non-sufficient funds.
- 5) The school is a ministry to our parish children. For those parish families with a genuine inability to pay, financial aid is available. A copy of this year’s tax return form will be requested. Please indicate your desire to apply for financial aid on your registration form.

- 6) Any family including those receiving financial aid falls behind in payments, the following may be the result (A) The scholarship amount will be withdrawn; (B) My child(ren) may be withdrawn from Christ the King Catholic School.
- 7) Families must be up to date on all accounts before they can register their children for the following year.
- 8) Any questions concerning the tuition plan should be referred to the principal or School Finance Committee.

Cafeteria (Hot Lunch)

The cafeteria account is prepaid and IS NOT a charge account. Lunch is \$4.50/meal. Funds may be added to the account through the ACH form or by sending a check to the office. (A negative balance means funds are available.) Milk cards (\$5 per card for 10 milk cartons) are available for purchase at lunch time in the cafeteria to those who bring lunch from home.

Volunteer Policy

The strength of Catholic education centers on the partnership between the teachers, students, parents and community. The volunteer program is a way to encourage and recognize the gifts of time and talent given by our families in this partnership. These gifts build up our community in significant ways. In the spirit of cooperation and collaboration, families are required to provide at least 25 hours of service to the school during the course of the school year.

Signing the enrollment contract indicates my agreement that my family will volunteer at least 25 hours during the school year, or that we will participate in the Volunteer Hours Buy-Out Option. I understand that I am responsible for tracking my volunteer hours in Renweb/Facts, and that any unfulfilled hours will be billed at \$40.00/hr.

Christ the King Catholic School Volunteer Requirements	
Adult Volunteers Requirements	Drivers
<ol style="list-style-type: none"> 1) Volunteer Application 2) Read Diocese of Yakima Safe Environment Policies and agree to follow them. (yearly) 3) Complete Virtus Safe Environment Training Acknowledgement (one time 3 hour class with online refreshers) (yearly) 4) Oath of Confidentiality (yearly) 5) Complete a criminal background check (every six years) 	<p>In addition to the adult volunteer requirements, adult volunteers (21 & over) must also complete the following:</p> <ol style="list-style-type: none"> 1) Driver Information Sheet (yearly) 2) Adult liability waiver (yearly) 3) Be Safe-Drive Safe 12 minute video & questionnaire (one time) <p>https://yakima.cmgconnect.org/</p>

I have read the Enrollment Contract and I understand that I have a moral and legal obligation to fulfill my responsibilities. I further understand that failure to comply with the payment schedule outlined in the tuition payment plan may result in: (A) My child(ren) will be withdrawn from Christ the King School; (B) Initiation of legal proceedings; (C) Loss of eligibility for re-registering; (D) subject to Collection Agency.

Parent or Legal Guardian (Printed Name): _____

Parent or Legal Guardian Signature: _____ Date: _____

- | | |
|---|---|
| <input type="checkbox"/> Registration Fee
<input type="checkbox"/> Tuition Contract (with Automatic Payment form if using)
<input type="checkbox"/> Student Health History Form
<input type="checkbox"/> Copy of Immunization Record
<input type="checkbox"/> FACTS/Renweb Form | <input type="checkbox"/> Signed Records Request (Grades 1-8 only)
<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Copy of Baptismal Certificate (if applicable) |
|---|---|

CHRIST THE KING CATHOLIC SCHOOL encourages ACH withdrawals as the primary means of payment for **regular monthly tuition and cafeteria payments**.

**** A new form is required each year to authorize the new Tuition amounts ****

DIRECT PAYMENT Authorization Form 2024-2025

Student Family Last Name _____

I hereby authorize **Christ the King Catholic School** to initiate withdrawals from my account at the financial institution named in this application for payment of my **regular monthly** bills to Christ the King Catholic School. This authorization will remain valid until **June 30, 2025**, or until either I, Christ the King Catholic School, or my financial institution revoke it.

Monthly K-8 Tuition: \$ _____ Monthly Pre-School Tuition: \$ _____
Monthly Cafeteria: \$ _____ Before & After School Care: \$ _____
General Fees \$ _____ Registration Fee: \$ _____

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of Christ the King Catholic School or my financial institution with respect to each other. I further understand that Christ the King Catholic School and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it.

This authority is to remain in full force and effect until Christ the King School has received written notification from me (or either of us) of its termination in such time and manner as to afford Christ the King Catholic School and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number

Indicate date of monthly ACH withdrawal: 1st of each month: \$ _____, starting _____
10th of each month: \$ _____, starting _____
15th of each month* \$ _____, starting _____

Note: Family accounts will be assessed a \$25.00 fee on return ACH for non-sufficient funds. *\$20.00 late fee will be charged to family accounts for NSF-15th ACH no exceptions.

Account Holder Signature _____ Date _____

Joint Account Holder Signature _____ Date _____

For Christ the King Catholic School to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for the account holder account that is to be debited. Christ the King Catholic School and account holders should retain completed copies of this form for their records.

Place VOIDED CHECK Here



RenWeb (FACTS)ParentsWeb REGISTRATION INSTRUCTIONS

RenWeb's ParentsWeb is a private and secure parents' portal that will allow parents to view academic information specific to their children, while protecting their children's information from others. You can see your child's grades, attendance, homework, conduct, and school directory as well as other useful school information. You can log your service hours and you can also communicate with teachers and other school staff online whenever necessary. All you need is an Internet-capable computer.

Here's how to access our easy-to-use RenWeb (FACTS) ParentsWeb:

- Turn in your RenWeb registration form with your admission packet. The email addresses you put on this form will be the ones you use to set up your ParentsWeb account.
- Next, go to www.renweb.com and click Family Log In:
- Click FACTS Family Portal
- **Type your school's District Code CK-WA**
- Click Create New Family Portal Account.
- Type your email address and an email is sent to you.
- Click the Click to change password link. This link is only valid for 30 minutes.
- A web browser displays your Name and RenWeb ID.
- Type a Username, Password and confirm the password.
- Click Save Password. A message will display "Username/Password successfully updated."
- You can now log into ParentsWeb using your new username and password.



FACTS FAMILY PORTAL (PARENTSWEB) DIRECTORY REGISTRATION AND WAIVER

Student Name #1:	_____	Grade:	_____	2024-2025
Student Name #2:	_____	Grade:	_____	2024-2025
Student Name #3:	_____	Grade:	_____	2024-2025
Student Name #4:	_____	Grade:	_____	2024-2025

Parent/Guardian Information:

Father's Name:	_____	Email:	_____
Mother's Name:	_____	Email:	_____

Student Lives with:

Both Parents
 Mother only
 Father only
 Mother & Stepfather
 Father & Stepmother

Directory Information: *The school defines "directory information" as the student's name, birth date, grade level, family members' names, addresses, emails and phone numbers. This information is available on the FACTS – a private and secure parents' portal. It is understood that the school is free to allow access to school staff, church staff, families.*

I DO NOT WANT MY DIRECTORY INFORMATION RELEASED

Media, Video & Photo: Photos or videos of students may be used in the FACTS Family Portal (ParentsWeb), the school website, public social media groups or pages, school publicity or emails unless parents prohibit as indicated by checking the box below.

I DO NOT WANT PHOTOS AND/OR VIDEOS WITH MY CHILD(REN)'S INCLUDED POSTED ON THE FACTS FAMILY PORTAL (PARENTSWEB), SCHOOL WEBSITE, SOCIAL MEDIA, SCHOOL PUBLICITY OR EMAILS.

Please sign to complete registration:

Parent or Legal Guardian Signature: _____ Date: _____



STUDENT RECORD RELEASE FORM

Previous School Information				
Name: _____				
Address: _____				
	STREET	CITY	STATE	ZIP
Phone Number: _____		Fax Number: _____		

Please send the student records of the following student(s) enrolled in our school:

Student Name: _____	Current Grade: _____
Student Name: _____	Current Grade: _____
Student Name: _____	Current Grade: _____
Student Name: _____	Current Grade: _____

Please forward:

- Records of academic performance
- Standardized Test results
- Health Records
- Psychological Evaluation Reports
- Special Education Records
- Any additional information that would be of help to us in making the best possible placement for the student(s) listed above.

Please send all information to:

Christ the King Catholic School
 1122 Long Avenue
 Richland, WA 99354
 Phone: (509) 946-6158
 Fax: (509) 943-8402

Parent or Legal Guardian Signature: _____	Date: _____
School Official Signature: _____	Date: _____



STUDENT # 1 HEALTH HISTORY FORM

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Christ the King Catholic school, unless you request otherwise in writing.

Student Name: _____

Grade: _____ Date of Birth: _____ Male Female

Life Threatening Medical Conditions: WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the School Nurse with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE THREATENING HEALTH CONDITION?** NO YES

If yes, please state condition: _____

- NO YES Severe allergic reaction to bee sting? Please describe reaction:
Anaphylactic: NO YES
- NO YES Severe allergic reaction to **food or nuts**? Type:
Anaphylactic: NO YES Please describe reaction:
- NO YES Mild allergic reaction to **food, nuts or other**? Type:
Please describe reaction:
- NO YES Asthma? Will your child require asthma management during school hours? NO YES
- NO YES Diabetes? Type: _____ Self Manage: NO YES Pump: NO YES
- NO YES Heart Condition? Diagnosis: _____ Pacemaker: NO YES
- NO YES Bleeding Disorder? Diagnosis: _____
- NO YES Seizure/Neurological Disorder? Please describe: _____
- NO YES GI/Feeding Condition? Please describe: _____
- NO YES Bowel/Bladder Condition? Please describe: _____
- NO YES Other health concerns? _____
- NO YES Does your child have any other condition that would affect classroom performance or PE activities?
Please describe: _____
- NO YES Behavioral/Emotional/Academic Concerns: _____
- NO YES Visual Impairment? Glasses Contacts Date of last eye exam: _____
- NO YES Hearing Impairment? Hearing Aids YES Date of last hearing exam: _____

Health Insurance Company: _____

Primary Care Provider: _____ Last exam: _____

Dentist: _____ Last dental exam: _____

Daily Medications

State law requires written authorization from a Health Care Provider and parent before **any** medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

- NO YES. Medication need at school: Please specify: (authorization needed) _____
- NO YES. Medication needed at home: Please specify: _____

Parent/Guardian Contact Phone Numbers: Please order from 1-3 which number to call first.

Cell:	Work:	Home:
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Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____



STUDENT # 2 HEALTH HISTORY FORM

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Christ the King Catholic school, unless you request otherwise in writing.

Student Name: _____

Grade: _____ Date of Birth: _____ Male Female

Life Threatening Medical Conditions: WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the School Nurse with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE THREATENING HEALTH CONDITION?** NO YES

If yes, please state condition: _____

- NO YES Severe allergic reaction to bee sting? Please describe reaction:
Anaphylactic: NO YES
- NO YES Severe allergic reaction to **food or nuts**? Type:
Anaphylactic: NO YES Please describe reaction:
- NO YES Mild allergic reaction to **food, nuts or other**? Type:
Please describe reaction:
- NO YES Asthma? Will your child require asthma management during school hours? NO YES
- NO YES Diabetes? Type: _____ Self Manage: NO YES Pump: NO YES
- NO YES Heart Condition? Diagnosis: _____ Pacemaker: NO YES
- NO YES Bleeding Disorder? Diagnosis: _____
- NO YES Seizure/Neurological Disorder? Please describe: _____
- NO YES GI/Feeding Condition? Please describe: _____
- NO YES Bowel/Bladder Condition? Please describe: _____
- NO YES Other health concerns? _____
- NO YES Does your child have any other condition that would affect classroom performance or PE activities?
Please describe: _____
- NO YES Behavioral/Emotional/Academic Concerns: _____
- NO YES Visual Impairment? Glasses Contacts Date of last eye exam: _____
- NO YES Hearing Impairment? Hearing Aids YES Date of last hearing exam: _____

Health Insurance Company: _____

Primary Care Provider: _____ Last exam: _____

Dentist: _____ Last dental exam: _____

Daily Medications

State law requires written authorization from a Health Care Provider and parent before **any** medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

- NO YES. Medication need at school: Please specify: (authorization needed) _____
- NO YES. Medication needed at home: Please specify: _____

Parent/Guardian Contact Phone Numbers: Please order from 1-3 which number to call first.

	Cell:	Work:	Home:
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Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____



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):** _____

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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** _____ **Date** _____

X _____ **Parent/Guardian Signature Required if Starting in Conditional Status** _____ **Date** _____

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	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)						
COVID-19						
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)		
<p>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.</p> <p>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.</p>		
<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: 11 _____

If verified by school or child care staff the medical immunization records must be attached to this document.

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: waisrecords@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 Pediarix 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		