



ANACORTES SCHOOL DISTRICT

Passion. Purpose. Possibility.

2200 M Avenue | Anacortes, WA 98221 | Phone 360-293-1200 | Fax 360-293-1222 |
www.asd103.org



Kindergarten Registration/Round Up

Parent Guide for 2018 – Children entering kindergarten must be 5 years old by August 31, 2018 in order to register.

Dear Families,

The Anacortes School District would like to welcome you to the Class of 2031.

This is an exciting time for you and your child, one full of promise and possibilities. We know that partnering with you is the best way to ensure that your child has a rewarding experience from the first day of school. We are excited to offer full-day kindergarten at all four schools.

We look forward to meeting you!

How to register for kindergarten

We are pleased to offer **Online Enrollment** for parents/guardians to enroll new kindergarten students into the Anacortes School District. Parents/guardians find this to be an easy process that is completed in the convenience of your home. We encourage you to complete online enrollment *prior* to attending Round Up.

- On April 11th, click the link on the district home page (address below);
- Follow the steps outlined and complete your student's paperwork prior to Round Up;
- Your application will be submitted to our district once you've completed all required items & clicked submit;
- **Attend Kindergarten Round Up per schedule on the right, bringing all required documents** with you as indicated on next page. Health and developmental screenings will be provided. Please update your child's immunizations prior to this activity. **Please bring your child with you and plan for approximately one hour.**

Links to *Online Enrollment* will be posted on the district website beginning **Wednesday, April 11th**: www.asd103.org

Upcoming Events:

Online Registration
Opens April 11

Parent Information Night
April 24, 6 pm
Anacortes Middle School
Cafeteria

Kindergarten Round Up:
Anacortes Christian Church
1211 M Avenue
*** see date/time below ***

Thursday, April 26
Child's last name begins with
A to E: 9 am-11 am
F to L: 11 am-1 pm

Friday, April 27
Child's last name begins with
M to R: 9 am-11 am
S to Z: 11 am-1 pm

- *In order to make it a pleasant experience for your child, we ask that you adhere to the schedule above.*
- *If at all possible – please **do not bring younger siblings** to kindergarten roundup.*

What documents do I need to bring to Kindergarten Round Up?



✓ Copy of child's birth certificate or passport for age verification

Birth certificates for children born in Washington State may be obtained at the Skagit County Health Department Vital Records Office. Call 360-416-1500 or apply online at www.skagitcounty.net/Departments/HealthVitalStatistics. Out of state records may be ordered from www.vitalcheck.com.

✓ Certificate of Immunization Status (CIS) form

WA State form is attached to this flyer (or can be printed by clicking on above link). Please fill out and sign both locations on the form. If you do not have a record of your child's immunizations, please contact your child's physician or the Skagit County Health Department at 360-416-1500.

✓ Parenting plan/court order, if applicable

✓ Proof of guardianship if child is living with an adult other than the parent.

Our Schools

Fidalgo Elementary
13590 Gibraltar Road
(P) 360-293-9545 (F) 360-299-1852
M,T,TH,F 8:15-2:45 W 8:55-2:45

Island View Elementary
2501 J Avenue
(P) 360-293-3149 (F) 360-299-1853
M-T,TH-F 9:05-3:35 W 9:45-3:35

Mount Erie Elementary
1313 41st Street
(P) 360-293-9541 (F) 360-299-1854
M-T,TH-F 9:00-3:30 W 9:40-3:30

Whitney Early Childhood Center
1200 M Avenue
(P) 360-293-9536 (F) 360-503-1288
M-T,TH-F 9:10-3:40 W 9:50-3:40

Don't have access to a computer?

No problem! Our District Office has laptops available for Online Enrollment.

2200 M Avenue

Questions? Call 360-293-1200

Online Registration is as easy as 1...2...3!





2200 M Avenue | Anacortes, WA 98221 | Phone 360-293-1200 | Fax 360-293-1222 | www.asd103.org

Dear Parent/Guardian:

As a condition for school attendance, Washington State law requires that all students be immunized against certain preventable diseases or provide school personnel with written notification of exemption, with a signature from your child's health care provider.

A copy of the Washington State Department of Health document showing Vaccines Required for School Attendance, Grades K-12 for the 2018-19 school year is included in this registration packet for your information.

An official Washington State Certificate of Immunization Status (CIS) form has been included with this Kindergarten Round Up package. Completely fill in the month, day and year, for each dose of vaccine received. **Parent/Guardian signature is required on this form.**

Documentation of disease immunity by blood test (titer) must be recorded on a CIS form and signed by a licensed health care provider. Verification of varicella disease by provider must also be documented on this form. A parent cannot document or verify either of these disease verifications. Lab report(s) for titers must also be provided.

Statement of Exemption to Immunization Law

Your child may be exempted (excused) from immunization for medical, personal or religious reasons. Your child's health care provider must sign a Certificate of Exemption form. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, your child may be excluded from school, preschool or childcare until the outbreak is over.

If you are claiming a personal, medical or religious exemption, please sign and complete the parent portion of a Certificate of Exemption form. Your child's provider will need to sign and complete the provider portion of this form and clearly identify which vaccines you are requesting exemption from.

The general objective of this immunization law is to help prevent disease and protect both your child and the community.

Again, please understand that compliance with the law is required for school attendance.

Sincerely
Anacortes School District Nurses

Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2018-2019



Parent/Guardian Instructions: To see which vaccines are required for school, find your child's grade and look only at that row going across to find the vaccines and number of doses required.

	Hepatitis B	DTaP/Tdap (Diphtheria, Tetanus, Pertussis) Vaccine doses required may be fewer than listed	Polio Vaccine doses required may be fewer than listed	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten – 5th Grade	3 doses <i>within the correct timeframes</i>	5 doses <i>within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease
6th – 12th Grade	3 doses <i>within the correct timeframes</i>	5 doses DTaP AND 1 dose Tdap, all within the correct timeframes	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease <i>(Exceptions are allowed for certain students)</i>

- **Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.**
- Find information on other recommended vaccines not required for school: www.immunize.org/cdc/schedules/



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

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

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

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.



Parent/Guardian Signature Required **Date**

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



Parent/Guardian Signature Required **Date**

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

Date **Date** **Date** **Date** **Date** **Date**
 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 / DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / 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)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | _____ |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

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

 Printed Name

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

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

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		