



Dear Prospective School Family,

We value your interest in Valley Christian School. Let us help you shape your child's future. It is our purpose to provide a loving environment that upholds a high standard of education built on a biblical worldview. We are a discipleship-based school endeavoring to inspire our young people to grow in their Christ-like character, preparing them to serve God and others as an outpouring of their faith. It is our goal to help every student reach their God-given potential in every aspect of life.

Our teachers are committed to serve as role models of Christ and have been called by God to serve in a Christian school. We offer a traditional teacher-centered classroom approach that establishes strong foundations of learning across the curriculum. Our classes are smaller in size and provide opportunity for consistent student mentorship.

Valley Christian School has been serving families since 1975 and is an independent, non-denominational school. We are accredited by the Association of Christian School International (ACSI) and Northwest Accreditation Commission (NWAC). Our PreK-12 program is approved by the State of Washington with curriculum opportunities in Bible, language, social studies, mathematics, occupational education, foreign language, advanced placement classes, music, physical education, athletics, drama, and Christian service. For more information you can visit our website at [www.valleychristianschool.org](http://www.valleychristianschool.org).

After having the opportunity to review the enrollment packet, please let us know if you have further questions or would like to set an appointment to tour our facilities.

In His Service,

Derick Tabish  
Administrator of Valley Christian School

"Let us help you shape your child's future  
Invest now in their education"

10212 E 9<sup>TH</sup> AVE SPOKANE VALLEY WA 99206  
PHONE 509.924.9131 FAX 509.924.2971  
WEBSITE VALLEYCHRISTIANSCHOOL.ORG

MEMBER of ASSOCIATION of CHRISTIAN SCHOOLS INTERNATIONAL



We believe that the Bible is the inspired, infallible, inerrant Word of God and is the only rule for faith and practice.

We believe in one God who exists in three persons: the Father, Son and the Holy Spirit and that these three are co-equal, co-eternal and co-essential.

We believe that Jesus Christ is God incarnate, was born of a virgin, lived a sinless life, died on the cross for the sins of the world, was buried and rose again. We believe that He is ascended and is seated at the Father's right hand where He now intercedes for all true believers.

We believe the Holy Spirit is come to convict the world of sin; that he comes to teach and guide believers into all truth; that He permanently indwells every true believer in Christ; that He wants to fill, control and empower each believer for service; that all who believe in Christ are baptized by the Holy Spirit into the church, the body of Christ.

We believe that man was created in the image of God, but in Adam's fall, every person is a sinner both by birth and by practice. We believe that every person must be born again in order to be forgiven of his sin and saved from eternal separation from God.

We believe that salvation is by grace through faith apart from works and that every true believer will be kept saved forever by the power of God, and that this faith is personally to be in Christ's substitutionary death on our behalf.

We believe that the privilege and responsibility of every Christian is to grow into spiritual maturity through obedience to the Word of God and the indwelling Holy Spirit.

We believe in the pre-millennial, pre-tribulation rapture of the church. We believe that the earth will then go through seven years of tribulation and then Jesus Christ will return to earth with his saints to set up his millennial kingdom.

We believe that the true church is one body composed of all believers, with Jesus Christ as head.

We believe that baptism and the Lord's Supper are scriptural ordinances to be observed by the church today.

**A complete doctrinal statement is available upon request at the school office.**



## International Student Admissions Guidelines

10212 E. 9<sup>th</sup> Ave ♦ Spokane Valley, WA 99206 ♦ 509.924.9131  
www.valleychristianschool.org

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- An international student who applies for admittance to Valley Christian School will be selected according to the following guidelines:
- Complete enrollment packet and return to school office with \$200 enrollment fee.
- All international students must attend an English speaking academy for 1 year and be ranked in the upper 20% of their English class. Transcript and/or certificate must accompany application showing dates attended and the student's rank in their class. Any transcript or certificate must be converted to English language.
- All international students must provide a copy of the TOEFL JR TEST or equivalent with a score of 60 or above and an IETLS with a score of 7 or above with the application. You must submit results and explanations in English.
- If the international student is applying to enter as a junior (11<sup>th</sup> grade) and has not attended a school in the United States for a full year, they must enter as a sophomore (10<sup>th</sup> grade student).
- The application deadline is June 1st, for the next school year. Enrollment applications for international students will start in January for the next school year. The application deadline for Semester Program is November 1<sup>st</sup>, for the start of 2<sup>nd</sup> semester that school year. Mid-year semester transfer students must transfer from a US school where they have attended at least 1 semester prior to admittance.
- The administrator of the school or his representative will interview the parents/guardians/host families and student in person or via Skype.
- The host families must apply and be accepted, meeting all requirements and signing all documentation with the international student's agent and with VCS. Host families must also agree with admissions criteria.
- Parents/Guardians/Host families will support the building of character qualities from a Christian perspective and support the Christian educational process in their home. One parent/guardian/host parent must be a "born again Christian," attending a Bible-believing church and endeavoring to live a separated life from the world.
- The international student must remain with the same host family home for the entire school year. Host family change requests can be made by the student for the following school year through the student's agent(s).
- The international student should be willing to attend Valley Christian School and will come in good standing academically and behaviorally. The student must be willing to abide by all the procedures and policies of Valley Christian School. For detailed information about admission standards, school policies and procedures, please see the current VCS Parent/Student Handbook.
- It is preferred to have tuition paid in full prior to attendance of the school year attending.
- If the teachers recommend that students need additional language/subject help, the student will be required to acquire a tutor and will be responsible for all associated costs related to tutoring services.

## Valley Christian School

### Tuition & Fee Schedule 2014-2015 for International Students (I-20)

**Save \$100 on the \$200 Non-refundable Family Enrollment Fee until April 30, 2014**

Annual Tuition & Fees			
Grade	Family Enrollment Fee (Annual)	New Student Fee (One time; 1st year per student)	Tuition & Fees
7	200	150	8,170.00
8	200	150	8,170.00
9	200	150	8,500.00
10	200	150	8,500.00
11	200	150	8,525.00
12	200	150	8,525.00

Optional Fees		
Yearbook	Music**	Sports Fees*
inc.	15	103
inc.	15	103
inc.	15	129
inc.	15	129
inc.	15	129
inc.	15	129

\*Sports fees will be charged to your account over a two month time period.

\*\*Music fees are per semester.

#### Payment Options *All payments begin in July.*

- 1 **Annual Pay:** Pay all tuition by July 15 and receive a 3% discount.
- 2 **Semester Pay:** Pay half the tuition by July 1, and the remainder by January 1; receive a 1% discount.
- 3 **Bank:** VCS will receive the tuition amount PLUS any additional VCS fees that are charged to the family account. The family will be responsible for any banking fees or currency conversion costs.
- 4 **Debit / Credit Card:** VCS will charge a card for the tuition amount PLUS any additional fees that are charged to the family accounts. **A 3% credit card processing fee applies.**

#### Withdrawal of a Student

- 1 **Withdrawal Penalty:** Students who withdraw after attending at least one day of school, will be assessed **20% of the total annual tuition** as a withdrawal fee if withdrawn during first semester.  
**Regular monthly withdrawals / credit card charges will be made until the entire account balance is paid.**
- 2 **School Records:** School records will not be released until all accounts are settled and materials returned.



# International Student Enrollment Contract

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Last First Middle Email

Parent/Guardian Skype Address \_\_\_\_\_ Student Skype Address \_\_\_\_\_

Street Address or PO Box # \_\_\_\_\_ City or Town \_\_\_\_\_

Province / State / or Subdivision \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

U.S. Homestay Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Grades Offered:** 7-12

**Ethnicity Code:** Caucasian (C), African American (AA), Asian (A), Hispanic (H), American Indian (AI), Other (O)

<u>Student Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Ethnicity</u>	<u>Entry Grade</u>
_____ M / F	_____	_____	_____	_____
_____ M / F	_____	_____	_____	_____
_____ M / F	_____	_____	_____	_____

Father's/Guardian's Employer \_\_\_\_\_ Position \_\_\_\_\_

Mother's/Guardian's Employer \_\_\_\_\_ Position \_\_\_\_\_

I have chosen the following payment plan (see FEE SCHEDULE sheet for explanation):

Annual Pay  Semester Pay \*\*A 3% Fee Applies to All Credit Card Payments

### ENROLLMENT CHECKLIST FOR OFFICE USE ONLY:

- Enrollment Contract accompanied with a non-refundable \$200 enrollment fee per family Check # \_\_\_\_\_ Cash \_\_\_\_\_
- New Student Application
- Student Handwriting Sample
- Authorization to Treat/Consent Form
- Church Involvement Form
- Parent/Guardian Commitment Form
- Photo Release Authorization
- Automatic Withdrawal of Funds Form
- Teacher / Principal Reference Form
- Medication Dispense Form
- Immunization/Health Record
- Copy of TOEFL or Equivalent
- Copy of Student Transcripts/Report Cards

**I have read, understand, and agree to abide by the fee and tuition schedule, withdrawal penalty, parent/guardian commitment agreement, and church attendance forms.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



VALLEY CHRISTIAN SCHOOL  
SHAPING SERVANTS OF JESUS CHRIST

**Student Application – to be Completed by Parent/Guardian**

Student \_\_\_\_\_ Date \_\_\_\_\_

What is the reason you want your student to attend Valley Christian? \_\_\_\_\_

\_\_\_\_\_

Has your student accepted Jesus Christ as personal Savior? \_\_\_\_\_

Is your student in good standing academically from his/her previous school? \_\_\_\_\_ If not, please explain.

\_\_\_\_\_

Has he/she ever been tested for a learning disability? \_\_\_\_\_ Testing agency \_\_\_\_\_

What was the diagnosis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your student have any physical handicaps or allergies? \_\_\_\_\_ If so, explain. \_\_\_\_\_

\_\_\_\_\_

Is your student in good standing behaviorally from his/her previous school? \_\_\_\_\_ If not, please explain.

\_\_\_\_\_

Has your student ever been suspended or expelled from any school? \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Has your student ever been arrested or detained by law enforcement officials? \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

By my signature I certify these statements are accurate. \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian Signature*



**VALLEY CHRISTIAN SCHOOL CONSENT AUTHORIZATION**

Treatment of a minor/releasing minor to person other than parent or guardian to the nearest hospital

The undersigned parent/guardian of (student name) \_\_\_\_\_ Birth Date \_\_\_\_\_ a minor, authorizes any school sponsor, in an emergency situation, to consent to any X-ray examination, laboratory test, anesthetic, medical or surgical procedure, or hospital care required by him/her while in their custody, and for which I am not able to be reached to provide consent.

Father's Name \_\_\_\_\_ Work No. \_\_\_\_\_ Home No. \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work No. \_\_\_\_\_ Home No. \_\_\_\_\_ Cell \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

1. Name for emergency contact \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

2. Name for emergency contact \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Other Medical Issues \_\_\_\_\_

Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine. Upon the completion of the medical care, you are also authorized to release the above named student to the custody of the school staff member or \_\_\_\_\_ (phone \_\_\_\_\_).

Parent/Guardian Signature \_\_\_\_\_ Address \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE!**

**VALLEY CHRISTIAN SCHOOL CONSENT AUTHORIZATION**

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Mother's Name \_\_\_\_\_ Work No. \_\_\_\_\_ Home No. \_\_\_\_\_ Cell \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

1. Name for emergency contact \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

2. Name for emergency contact \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Other Medical Issues \_\_\_\_\_

Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine. Upon the completion of the medical care, you are also authorized to release the above named student to the custody of the school staff member or \_\_\_\_\_ (phone \_\_\_\_\_).

Parent/Guardian Signature \_\_\_\_\_ Address \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE!**



**VALLEY CHRISTIAN SCHOOL  
FIELD TRIP PERMISSION**

Field trips are planned and taken throughout the year as an outgrowth of a classroom learning experience. Each student will participate unless the teacher is notified by the parent/guardian otherwise.

I hereby give permission for my student ( \_\_\_\_\_ ) to attend scheduled field trips during the school year.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**AUTHORIZATION FOR ATHLETIC ACTIVITIES**

I authorize my student ( \_\_\_\_\_ ) to participate in all regularly scheduled athletic activities at Valley Christian School. If for any reason my student is physically unable to participate either partially or fully in an activity, I will notify the school in writing the extent of the limitation.

I understand that my family insurance will provide the primary coverage should any injuries be incurred and treatment is necessary and that the school insurance will be secondary.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**VALLEY CHRISTIAN SCHOOL**  
SHAPING SERVANTS OF JESUS CHRIST

**10212 E. 9<sup>th</sup> Ave.**  
**Spokane Valley, WA 99206**  
**509.924.9131**  
**www.valleychristianschool.org**

**Church Involvement Form**

Please complete this family church involvement form as part of the enrollment packet at Valley Christian School. The purpose of this form is to identify church attended and involvement of the family or student.

Parents'/Guardians' Names \_\_\_\_\_

Have you changed churches in the last school year? \_\_\_\_\_

Student(s) Name(s) _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Name of church currently attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attendance at Worship Services**

\_\_\_\_\_ Entire family attends on a weekly basis. If not, how often? \_\_\_\_\_

\_\_\_\_\_ Some family members attend on a weekly basis: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Children

Comment \_\_\_\_\_

If student is in grade 9-12, describe his/her attendance pattern \_\_\_\_\_

**Church Involvement**

How long has your family been actively attending this church? \_\_\_\_\_

Comment \_\_\_\_\_

What church activities does your family participate in? \_\_\_\_\_

**Other Comments** regarding the family's involvement \_\_\_\_\_  
\_\_\_\_\_



## Parent/Guardian Commitment

In this commitment between Valley Christian School and \_\_\_\_\_  
I/we agree to the following: (Print Family/Guardian Name)

I/We understand the general philosophy of Christian education and the spiritual emphasis of the school and are in agreement with the purpose and intent of Valley Christian School.

I/We agree to hold and support the high academic standards of the school by providing a place at home for my/our child(ren) to study, and to give my/our child(ren) encouragement in the completion of homework and assignments.

I/We understand that I/we, as parent(s)/guardians, are primarily responsible to God for our child's spiritual well-being. I/We understand that Valley Christian does not replace the important influence of home and church in spiritual instruction.

I/We will cooperate with teachers and administration to discipline my/our child(ren) when necessary and as outlined in the Parent Student Handbook in upholding appropriate behavioral accountability in line with the VCS Standard of Conduct.

I/We agree to report to administration any prescribed medication, involvement with the law, or juvenile authorities. I/We agree to report relevant psychiatric or psychological counseling information. This information will be kept confidential. Failure to report these things may be cause for immediate dismissal.

I/We agree to support the school by regular involvement at Parent/Teacher Fellowship meetings, fundraisers, open house and other school-sponsored meetings and activities.

I/We understand and agree to the school's financial policy as outlined on the Tuition and Fee Schedule and in the Parent Student Handbook.

I/We will faithfully support the school through our prayers and positive attitude and share any concerns only with the people involved (administration or faculty) and not around my/our child(ren), following the Christian example from Matthew 18:15-17 as described under the Communication Pathway in the Parent Student Handbook.

I/We understand that I/we may forfeit my/our child(ren)'s privilege to attend VCS if I/ we refuse to comply with school policy procedures, commitment or financial obligations.

I/We have read the commitments and I/we agree. Please sign.

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**PHOTO/VIDEO RELEASE  
Parent/Guardian Permission**

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Projects: VCS promotional materials, website, social media, and VCS publications.

I, \_\_\_\_\_, hereby grant permission for VCS publications to photograph/videotape my son/daughter for possible use in the above projects. In addition, I grant VCS and its employees, agents, successors, licensees, and assigns the right and license to the likeness of my son or daughter on photographs or in videos; to crop such photographs at their discretion; to incorporate such photographs at their discretion; and to use such photographs or videos or any portion thereof in any manner, including posting on the VCS website as a part of or connected with the above projects, including any promotional materials.

I agree to hold VCS and its employees, agents, successors, licensees, and assigns harmless against any liability, loss, or damage resulting from the use of my child's likeness, and I hereby release and discharge any claims whatsoever in connection with such use of my child's likeness in the above projects.

I understand that my child's name will not appear in connection with any photographs or videos containing his/her likeness that may be used in the above projects.

I am signing this release freely and voluntarily, and I am not relying on any inducements, promises, or representations made by VCS or its subcontractors, employees, or agents.

Approval/Consent of Parent or Guardian

Minor Children's Names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Valley Christian School is a nonprofit religious organization.

*We are committed to be a loving school community, providing a high standard of education for Christian families, built on a biblical worldview, inspiring Christ-like character and service to God and the world.*





## Teacher/Principal Reference Form

This reference should be completed and returned by the student's most current teacher or principal only.

Dear \_\_\_\_\_,  
(Teacher or Principal's Name)

\_\_\_\_\_ desires to be a \_\_\_\_\_ grade student at Valley Christian School.  
(Student's name)

Please mail, email, or fax this form at the earliest possible date. The information you provide will help us determine accepted enrollment of this student. **THANK YOU** for your assistance.

Please return to: **Valley Christian School**  
**10212 E. Ninth Avenue**  
**Spokane Valley, Washington 99206**  
**Phone 509.924.9131**  
**Fax 509.924.2971**  
**Email: office@vcsc.org**

### Character and Academic Information

1. How long have you known the applicant? \_\_\_\_\_

2. Has the applicant demonstrated leadership qualities?  Yes  No  Don't Know

Comments: \_\_\_\_\_

3. Have there been frequent absences or tardiness?  Yes  No  Don't Know

Examples: \_\_\_\_\_

4. Has the applicant, to your knowledge, ever been suspended or expelled from school, or been in trouble with civil authorities?  Yes  No  Don't Know

Comments: \_\_\_\_\_

5. Does the applicant have difficulty with self-discipline in school?  Yes  No  Don't Know

Comments: \_\_\_\_\_

6. Has the applicant received an award or achieved any special recognition?

Yes  No  Don't Know

7. Would the applicant be a positive influence to the overall environment of this school?

Yes  No  Don't Know

8. Does the student have a learning disability? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

9. Please rate this student in the following areas:

	Excellent	Good	Poor	Not Known
Is interested in student life activities				
Completes work on time				
Is neat / organized				
Has good study habits				
Follows directions				
Shows self – control				
Is courteous				
Is obedient to authority				
Accepts constructive criticism				
Is honest				
Shows an attitude of respect for others				
Demonstrates a positive attitude toward learning				

Additional comments that you feel are important in the consideration of this applicant:

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Signature

Date

Position

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School

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Address

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Phone

Email Address

# Valley Christian School Medication Dispense Form

**2014-  
2015**

To whom it may concern:

While your student is at school, they may become ill and require need of medication. Currently, the school secretaries, Heidi Santone and Rachel Dryer, dispense these medications. By signing this letter, you are providing consent that your child may be treated by the following medications:

School Secretary **can** give:

School Secretary **cannot** give:

Tylenol	Cough syrup
Ibuprofen	Mucinex
Benadryl Cream	Prescription medications
Neosporin	Other:
Cough drops	
Tums	
Pepto Bismal	
Other:	

If you would like the secretary to give medications from the right column to your student, please send the medication with a note and/or prescription if appropriate. Please provide the dosage amount and child's medical condition (if any) as well as written consent for the secretary to dispense.

Sincerely,

Valley Christian School Office

By signing this letter, I, \_\_\_\_\_, allow my student(s),

to be given the above medications when needed. For any children under the age of 12, parents/guardians will receive a phone call before each medication is given.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent/Guardian)*

**I do not allow** my student to be given *any* medications when needed during school. Please understand this means that your student will be refused medication if they ask. If you have any questions or concerns, please contact Valley Christian School at (509) 924-9131.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent/Guardian)*





# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

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

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

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			
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	Date
Printed Staff Name	Date	Printed Staff Name	Date	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.**

<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 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	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

**# 2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box.

**# 3** Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

**# 4** If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**# 5** If your child has had chickenpox (varicella) disease and not the vaccine, use only one of these four options to record this on the CIS:

- If your child's CIS is printed directly from the 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).
- If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- If school staff access the 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.
- 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.

Vaccine Trade Names in alphabetical order				(For updated lists, visit <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf">http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf</a> )			
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
AetHIB	Hib	Engerix-B	Hep B	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Prevnar	PCV or PCV7 or PCV13	Twinrix (Twnrx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	ProQuad (PrQd)	MMR + Varicella	Vaaqa	Hep A
Cervarix	HPV2	FluVirin	Flu (TIV)	Menomune	DTaP + IPV	Varivax	Varicella
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	Hep B		
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	Rotateq	Rotavirus (RV5)

Vaccine Abbreviations in alphabetical order				(For updated lists, visit <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf">http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf</a> )			
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A (HAV)	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	<i>Haemophilus influenzae</i> 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

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