



Red Rock Elementary School

Linda Achondo, Principal
Robin Speck, Assistant Principal
www.rre.royalsd.org

230 Wildflower St NE • PO Box 486
Royal City, WA 99357
Phone: (509) 346-2206
Fax: (509) 346-2207

Kindergarten Registration Checklist

- Fill out the Registration Packet
- Registration Form (Blue Sheet) needs to be filled out front and back, all other sheets need to be filled out in desired language.
- Send a copy of the Birth Certificate with the Registration Packet.
- Required to send a copy of your Child's Immunizations.

If you need assistance in filling out the Registration Packet, call our number 509-346-2206. We will schedule an appointment for you to come to the school and we can assist you. OR attend our Kindergarten Round-Up on April 20, 2022 from 3:30pm-6:00pm.

How to Return Registration Packet

- Place the Registration Packet, Copy of Birth Certificate, and Copy of Immunizations in the Envelope that the Registration came with.

We have three options to return the Registration Packet:

- Drop Off at the Red Rock Elementary School Office.
- Drop Off at the Kindergarten Round-Up on April 20, 2022 from 3:30pm-6:00pm.
- Mail it to the following address:

Red Rock Elementary

PO BOX 486

Royal City, WA 99357

If you have any questions or concerns, feel free to give us a call at 509-346-2206.

Student Enrollment Information



Royal School District #160
 PO BOX 486, Royal City, WA 99357
 High School (509) 346-2256
 Middle School 509-346-2268
 Intermediate School (509) 346-2226
 Red Rock Elementary (509) 346-2206

Student Name: _____ **Grade** _____
 (Nombre Del Estudiante) (Grado)

Place of birth: _____ **Date of Birth:** _____
 (Lugar donde Nació) (Fecha de Nacimiento)

Ethnicity: _____ **Gender:** _____
 (Etnicidad) (Genero)

Physical Address: _____ **Mailing Address:** _____
 (Dirección Física) (Dirección de envío)

Bus transportation needed (¿necesita transportación de autobús?) **YES NO**
Transportation to (transportación a): _____ **Home /Sitter /other** (Casa/ Niñera/ Otro)
Babysitter's Name (nombre): _____ **Phone Number** (numero): _____
Address (Dirección): _____

Primary Phone Number (Número de teléfono primario) _____
Cell/Home (celular/casa)

Preferred method of contact (Metodo de contacto preferido): **Text** (texto) **phone call** (Llamada Telefonica) **both** (ambos)

NAME OF MOTHER/ STEP MOTHER/ GUARDIAN _____
 (Nombre de la Madre/Madrastra/Guardián)

PHONE NUMBERS _____
 (Números de Teléfonos)

Email address (Correo Electrónico) _____

Ok to pick up/ Puede recoger YES NO

Lives with/ Vive Con YES NO

Has Custody/ Tiene Custodia YES NO

Receives mail/ Recibe correo YES NO

Employer/Occupation/Phone _____
 (Empleador, Ocupación, Teléfono)

****Military Status** (Estatus Militar): _____ U.S. Armed Forces Active Duty (Activo/a en las Fuerzas Armadas de E.U.) _____ U.S.
 Armed Forces reserves (Reserva de las Fuerzas Armadas de E.U.) _____ Washington National Guard (Guardia Nacional de Washington)
 ___ Prefer not to state military status (Prefiere no marca estatus militar) ___ No Affiliation (No Aplica)

NAME OF FATHER/ STEPFATHER/ GUARDIAN _____
 (Nombre de la Padre/Padrasto/Guardián)

PHONE NUMBERS _____
 (Números de Teléfonos)

Email address (Correo Electrónico) _____

Ok to pick up/ Puede recoger YES NO

Lives with/ Vive Con YES NO

Has Custody/ Tiene Custodia YES NO

Receives mail/ Recibe correo YES NO

Employer/Occupation/Phone _____
 (Empleador, Ocupación, Teléfono)

****Military Status** (Estatus Militar): _____ U.S. Armed Forces Active Duty (Activo/a en las Fuerzas Armadas de E.U.) _____ U.S.
 Armed Forces reserves (Reserva de las Fuerzas Armadas de E.U.) _____ Washington National Guard (Guardia Nacional de Washington)
 ___ Prefer not to state military status (Prefiere no marca estatus militar) ___ No Affiliation (No Aplica)

Custody Issues, Need Legal forms (Problemas de custodia, necesita traer formas legales)

Student Enrollment Information

Emergency Contacts:

Name: _____ (Nombre)	Phone: _____ (Numero)	Relationship: _____ (Relación)
Name: _____ (Nombre)	Phone: _____ (Numero)	Relationship: _____ (Relación)

Name of Siblings in School District	Age	Grade	School	Bus RT#

Month and Year student moved to Royal School District _____
(Mes y año que se movieron al Distrito Escolar de Royal)

Did you move her specifically to work in agriculture? YES NO
Orchard work, dairy irrigation, sorting, etc.
 (¿Se movió aquí para trabajar específicamente en agricultura? Huertas, Lecherías, riego, sorteando, etc.)

LAST SCHOOL ATTENDED

Name of previous school _____
 (Ultima escuela que atendido) _____
 Address (Dirección) _____
 Telephone(Teléfono) _____

Was your child in any of these following programs (Estaba su hijo/a en alguno de los programas):
Special Education IEP (Educación Especial) _____ **504** (¿plan 504 o en el programa de Alta Capacidad?) _____
Doesn't Apply (no aplica) _____

Has your child ever been held back a grade at any school? YES NO
 (¿Ha sido retenido grado en cualquier escuela?)

Has your child ever been suspended? YES NO
 (Ha sido suspendido su hijo/a?)

Permission for emergency medical treatment: in the event of medical emergency, we will attempt to notify you. If we are unable to reach you, do we have your permission to take the above named child to a doctor/clinic for emergency treatment? (Permiso para tratamiento médico de emergencias: en el evento que suceda una emergencia médica, nosotros trataremos de notificarle. En caso de no encontrarlo, tenemos permiso para llevar al estudiante al doctor/clínica para tratamiento médico?)
YES NO

In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the emergency contact person(s). (Si no es posible contactar al Padre/guardián, autorizo a los contactos de emergencia para recoger a mi hijo/a)
YES NO

I attest that the above information is true to the best of my knowledge. (Yo testifico que la información es verdadera al mejor de mis conocimientos)
YES NO

Parent Signature (Firma de Padre) _____ **Date**(fecha) _____

*****OFFICE USE ONLY*****

Skyward ID # _____	Registration Form Completed _____
District Nurse Contacted _____	Health Information Requested _____
Transportation Form Completed _____	Records Requested _____ Received _____
Migrant Liaison Contacted _____ Eligible _____	McKinney-Vento Contacted _____ Eligible _____
Birth certificate Received _____	Immunization Records Received _____



Royal School District

901 Ahlers Ave • P.O. Box 486

Royal City, WA 99357

Health Services

(509) 346-2226

To be completed by parent/guardian at enrollment and annually for grades K, 3, 6 & 9

STUDENT HEALTH INFORMATION

Student's Name _____ Birthdate _____ Age _____ Gender _____ Grade _____
 Parent/Guardian _____ Phone _____ Cell _____
 Emergency Contact _____ Phone _____ Cell _____
 Student's Physician _____ Office/Clinic Phone _____
 Date of Last Physical Exam _____ Date of Last Vision Exam _____

Please check all conditions that apply. If your child has NO health conditions, skip to the final box and sign below.

STUDENT MEDICAL HISTORY

Allergies (see below)	Dietary concerns/sensitivities	Seizure disorder (see below)
Asthma (see below)	Earaches/infections/tubes	Skin condition/eczema
Behavioral/emotional concerns	Frequent headaches/migraines	Stomach/intestinal concerns
Blood disorder (see below)	Frequent nose bleeds	Urinary/kidney disorder
Brain (injury, conditions, surgery, etc.)	Hearing problem-hearing aid <input type="checkbox"/>	Vision problems -wears glasses <input type="checkbox"/> contacts <input type="checkbox"/>
Bone/orthopedic condition	Heart condition (see below)	
Diabetes (see below)	Physical disabilities	

Other special needs or concerns? _____

LIFE-THREATENING CONDITIONS: If your student has Asthma, Bleeding disorder, Diabetes, Heart condition, Seizure disorder, Severe allergies or any other life-threatening health condition, a medication/treatment order from a licensed healthcare provider and completed Emergency Care Plan is required by State Law (RCW 28A.210.320) before your child may attend school. Please contact the District Nurse for more information and additional documents. If you have a returning student with an Emergency Care Plan (ECP), you should contact the District Nurse to review the plan. Medication and completed authorization forms must be completed annually and turned in before your student can start school.

<p>Allergies: <input type="checkbox"/> Severe (EpiPen ordered) <input type="checkbox"/> Moderate <input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Bee/Insect <input type="checkbox"/> Food Allergy* (specify) _____ <i>*an additional form must be completed for food allergies</i></p> <p><input type="checkbox"/> Medication Allergy (specify) _____</p> <p><input type="checkbox"/> Other Allergy (specify) _____</p> <p>Symptoms _____</p> <p>Treatment/Medication _____</p> <p>Requires an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you checked yes to EpiPen above, your student must have a physician order and EpiPen in place before attending school.</i></p>	<p>Diabetes: <input type="checkbox"/> *Insulin Dependent <input type="checkbox"/> Non-Insulin Dependent</p> <p>*Must contact the District Nurse</p> <p>Does your child use an insulin pump? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other: _____</p>
<p>Asthma: If you indicated asthma, will your student need an inhaler at school or on school outings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your student used a rescue inhaler in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>Triggers: <input type="checkbox"/> Allergies <input type="checkbox"/> Exercise <input type="checkbox"/> Irritants <input type="checkbox"/> Weather <input type="checkbox"/> Respiratory infections <input type="checkbox"/> Other _____</p> <p><i>An Asthma Management Form will need to be completed prior to attending school.</i></p>	<p>Heart Condition (specify) _____</p> <p>Symptoms _____</p> <p>Does this condition affect his/her physical activity (P.E., Sports)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other _____</p>
<p>Seizure Disorder: Type _____</p> <p>Date of last seizure: _____</p> <p>*Medication/Treatment _____</p> <p><i>*If student requires emergency medication, Permission to Administer Medication at School form must be completed.</i></p>	<p>Bleeding Disorder (specify) _____</p> <p>Is student able to participate in P.E. and sports? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comment _____</p>

MEDICATION: Does your child take any medication? Yes No If yes, name of medication(s): _____
 Will medication need to be given at school? Yes No (If yes, complete authorization form for each medication) *Any medication taken at school requires a consent form signed by the parent/guardian AND a healthcare provider. A form is available from the school office and must be updated annually.*

My student has NO health concerns at this time (Sign below)

I understand the information given above will be shared with appropriate school staff on a "need to know" basis to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature: _____ Date: _____



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 _____		
<p>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.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>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.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <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>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12th grade) _____ Month Day Year</p>	

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.



Ethnicity and Race Data Collection Form

Each year, school districts in Washington are required to report student data by ethnicity and race categories to the State's Office of Superintendent of Public Instruction (OSPI). OSPI is required to report the total number of students in various categories in each school to the federal government, but it does not report individual student data. Recently, the federal government and OSPI changed the reporting categories for student ethnic and race data. As a result of the new reporting categories, we are required to ask you to identify your child as either Hispanic/Latino or not Hispanic/Latino (Question 1) **and** by one or more racial groups (Question 2).

Student's Legal Name _____

Question 1 Is your child of Hispanic or Latino origin? (Check all that apply.)	
<input type="checkbox"/> Not Hispanic/Latino(10) <input type="checkbox"/> Cuban(55) <input type="checkbox"/> Dominican(60) <input type="checkbox"/> Spaniard(65) <input type="checkbox"/> Puerto Rican(70)	<input type="checkbox"/> Mexican/Mexican American/Chicano(30) <input type="checkbox"/> Central American(75) <input type="checkbox"/> South American(80) <input type="checkbox"/> Latin American(85) <input type="checkbox"/> Other Hispanic/Latino(90)
QUESTION 2 What race(s) do you consider your child? (Check all that apply.)	
<input type="checkbox"/> African/African American/Black/Haitian/Ethiopia (200)	American Indian or Alaskan Native <input type="checkbox"/> Alaska Native(405) <input type="checkbox"/> Chehalis(410) <input type="checkbox"/> Colville(413) <input type="checkbox"/> Cowlitz(416) <input type="checkbox"/> Hoh(418) <input type="checkbox"/> Hames(421) <input type="checkbox"/> Kalispel(424) <input type="checkbox"/> Lower Elwha(427) <input type="checkbox"/> Lummi(430) <input type="checkbox"/> Makah(433) <input type="checkbox"/> Muckleshoot(436) <input type="checkbox"/> Nisqually(439) <input type="checkbox"/> Nooksack(442) <input type="checkbox"/> Port Gamble Clallam(445) <input type="checkbox"/> Puyallup(448) <input type="checkbox"/> Quileute(451) <input type="checkbox"/> Quinault(454) <input type="checkbox"/> Samish(457) <input type="checkbox"/> Sauk-Suiattle(460) <input type="checkbox"/> Shoalwater(463) <input type="checkbox"/> Skokomish(466) <input type="checkbox"/> Snoqualmie(469) <input type="checkbox"/> Spokane(472) <input type="checkbox"/> Squaxin Island(475) <input type="checkbox"/> Stillaguamish(478) <input type="checkbox"/> Suquamish(481) <input type="checkbox"/> Swinomish(484) <input type="checkbox"/> Tulalip(487) <input type="checkbox"/> Upper Skagit(488) <input type="checkbox"/> Yakama(490) <input type="checkbox"/> Other Washington Indian(495) <input type="checkbox"/> Other North, Central, or South American Indian(499)
<input type="checkbox"/> White/Caucasian/European/Russian/Middle Eastern/ North African(300)	
Asian <input type="checkbox"/> Asian Indian(505) <input type="checkbox"/> Cambodian(507) <input type="checkbox"/> Chinese(510) <input type="checkbox"/> Filipino(520) <input type="checkbox"/> Hmong(525) <input type="checkbox"/> Indonesian(530) <input type="checkbox"/> Japanese(535) <input type="checkbox"/> Korean(540) <input type="checkbox"/> Laotian(545) <input type="checkbox"/> Malaysian(550) <input type="checkbox"/> Pakistani(555) <input type="checkbox"/> Singaporean(560) <input type="checkbox"/> Taiwanese(565) <input type="checkbox"/> Thai(570) <input type="checkbox"/> Vietnamese(575) <input type="checkbox"/> Other Asian(599)	
Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian(605) <input type="checkbox"/> Fijian(615) <input type="checkbox"/> Guamanian or Chamorro(620) <input type="checkbox"/> Mariana Islander(625) <input type="checkbox"/> Melanesian(630) <input type="checkbox"/> Samoan(635) <input type="checkbox"/> Tongan(640) <input type="checkbox"/> Other Pacific Islander(699)	

Guardian Signature _____ **Date** _____



Royal School District
Roger W. Trail, Superintendent
David Andra, Assistant Superintendent
www.royalsd.org

901 Ahlers Ave • P.O. Box 486
Royal City, WA 99357
Phone (509) 346-2222
FAX (509) 346-8746

Student Housing Questionnaire

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

1. The terms enroll' and enrolment' includes attending and participating fully in school activities.
2. The term homeless children and youths'---
 - A. Means individual who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - B. Includes---
 - I. Children and youths who are sharing the housing of other people due to loss of housing, economic hardship, or a similar reason, are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - II. Children and youths who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human being (within the meaning of section 103(a)(2)(C));
 - III. Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting; and Migratory children (as such term is defined in section, 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purpose of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
3. The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>



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Student Housing Questionnaire

The answers to the following questions can help determine the service this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

Students Name: _____

Please check all that apply below. (Submit to District Homeless Liaison, Contact information can be found at the bottom of the page).

- In a motel A car, park, campsite, or similar location
 In a Shelter Transitional Housing
 Moving from place to place/couch surfing Own or rent your home
 In someone else's house or apartment with another family Other _____
 In a residence with inadequate facilities (no water, heat)

Name of Student: _____

First Middle Last
 Name of School: _____ Grade: _____ Birthdate _____ 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

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____

NAME OF CONTACT: _____

Print name of parent (s)/ legal guardian (s): _____
 (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 completed form to:

Ariana Martinez 509-346-2256 Ext. 3512 Royal High School
 District Liaison Phone Number Location

For School Personnel Only: For data collection purposes and student information system coding
 (N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motel

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 Board of Directors: Nasario Soliz Jr., Dan Miller, Craig Janett, Ian Bergeson, Alison Huntzinger



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MIGRANT EDUCATION PROGRAM

Date (Fecha): _____

Student Full Name (Nombre Completo de Estudiante): _____

DOB (Fecha de Nacimiento): _____ Grade(Grado): _____

Parent/Guardian Name (Nombre de Padres/Tutores): _____

Address (Direccion): _____

Phone Number (Número de Teléfono): _____ Email (Correo Electrónico): _____

Dear Parent/Guardian(s):

The Royal School District Title I Part C Migrant Program is designed to help children whose parents have moved in the past three years, seeking temporary or seasonal employment in the fields of agriculture, horticulture, or commercial fishing.

Estimado padre/ tutor(es):

El programa Migrante de la Parte C del Título I del distrito escolar Royal está diseñado para ayudar a los niños de los padres de familia que se han mudado en los últimos tres años, buscando trabajo temporal o estacional en los campos de agricultura, horticultura, o pesca comercial.

We would appreciate your cooperation in answering the following questions:

Agradecemos su cooperación para responder las siguientes preguntas:

1. Have you moved in the last three years? _____ Yes(Si) _____ No

¿Se ha mudado en los últimos tres años?

2. What was the purpose of your move (Cual fue el propósito de su mudanza)?

3. May we contact you for further information? _____ Yes (Si) _____ No

¿Podemos comunicarnos con usted para obtener más información?

Parent/Legal Guardian Signature:

Firma del Padre/ Tutor Legal: _____

****School Personnel: As new students enroll or you become aware of moves made by a family, please obtain the information on this form and return it to the Migrant Office. Migrant Staff will follow up and determine eligibility for the Migrant Program.**

PLEASE RETURN TO THE MIGRANT EDUCATION OFFICE/STAFF.

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Board of Directors: Nsario Soliz Jr., Dan Miller, Craig Janett, Ian Bergeson, Alison Huntzinger

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2022-2023



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses (depending on vaccine)	1 dose	4 doses	3 doses	1 dose**
Preschool/ Transitional Kindergarten Age ≥4 years on 09/01/2022	5 doses DTaP*	3 doses	3 or 4 doses (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses* (Not required at age ≥5 years)	4 doses	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**
7th through 9th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**
10th through 12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.