



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: [REDACTED]		Grade: [REDACTED]	Date: 6/3/18
Parent/Guardian Name: [REDACTED]		Parent/Guardian Signature: [REDACTED]	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand.		
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.	1. In what language(s) would your family prefer to communicate with the school? <u>English</u>		
	2. What language did your child learn first? <u>English</u>		
	3. What language does your child use the most at home? <u>English</u>		
	4. What is the primary language used in the home, regardless of the language spoken by your child? <u>English</u>		
	5. Has your child received English language development support in a previous school? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't Know <input type="checkbox"/>		
Prior Education Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	6. In what country was your child born? <u>U.S.</u> 7. Has your child ever received formal education outside of the United States? (Kindergarten - 12 th grade) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten - 12 th grade) <u>9/2008</u> <u>Homeschooled-DOI</u> Month Day Year <u>9</u> / <u>2010</u> <u>Started at Sky Valley Educ. Ctr.</u>		

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.





SNOHOMISH SCHOOL DISTRICT NO. 201
Snohomish, Washington 98290

CONSENT TO RELEASE EDUCATIONAL RECORDS

Student_____

Birth date 11/21/2000

School_____

For the purpose of gathering data relevant to educational programming, I authorize the release of information regarding the above-named student between the Snohomish School District and:

Name/Agency_____ Phone_____

Address_____ City/State_____ Zip_____

Name/Agency_____ Phone_____

Address_____ City/State_____ Zip_____

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent, except as allowed by WAC 392-171-631.

Signature_____ Date_____

Parent, guardian or adult student

Address_____ City/State_____ Zip_____

Phone_____

Responding agency please address information regarding this student to:

Snohomish School District No. 201

Attention_____

School/Department_____

Phone_____

Email address_____ Fax Number_____

Address_____ City/State_____ Zip_____



Certificate of Exemption - Personal/Religious

From School, Childcare, and Preschool Immunization Requirements *Complete the box for the desired exemption type*



Child's Last Name: [REDACTED] First Name: [REDACTED] Middle Initial: [REDACTED] Birthdate (mm/dd/yyyy): [REDACTED] Gender: **M**

NOTICE

By completing this form, you are certifying that you have read and understood the information on this form and that you have completed this form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. Exempted children/students may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. The diseases vaccines can protect against still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

Exemption Type: ☒ Personal/Philosophical ☐ Religious

I am exempting my child from the requirement that my child be vaccinated against the following diseases to attend school or child care:

☐ Diphtheria ☐ Hepatitis B ☐ Hib ☐ Measles ☐ Mumps ☐ Pertussis (whooping cough)
☐ Pneumococcal ☐ Polio ☐ Rubella ☐ Tetanus ☐ Varicella (chickenpox)

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner below. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

6/3/18
Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW, and the information provided on this form is complete and correct.

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

Religious Membership Exemption

Complete this section **ONLY** if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above named child. I affirm that I am a member of a church or religion whose teaching preclude health care practitioners from providing medical treatment to my child. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Name of Church or Religion of which you are a member: _____

Name	Address	City	State	Zip	Phone	Fax
PMG Snohomish Family Medicine	1830 BICKFORD AVE STE 211	Snohomish	WA	98290-1751	360-563-5900	425-259-8600

Immunization Summary

Patient Information

Patient Information

Patient Name

Sex

DOB

Male

Immunization Summary Report

[Click here for Detailed Immunization Summary Report](#)

Immunizations by Immunization Family

MMR, 2 DOSE (PED/ADULT)

11/5/2019 (18
y.o.)

Recent PPD Results

No PPD tests on record

Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements



Child's Last Name: _____ First Name: _____ Birthdate (mm/dd/yyyy): _____

child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Diphtheria | <input checked="" type="checkbox"/> Hepatitis B | <input checked="" type="checkbox"/> Hib | <input checked="" type="checkbox"/> Pneumococcal |
| <input checked="" type="checkbox"/> Polio | <input checked="" type="checkbox"/> Pertussis (whooping cough) | <input checked="" type="checkbox"/> Tetanus | <input checked="" type="checkbox"/> Varicella (chickenpox) |

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

RELIGIOUS EXEMPTION

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

11/5/19
Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

Amy Swadlow
Licensed Health Care Practitioner Name (print)

[Signature]
Licensed Health Care Practitioner Signature

11-5-19
Date

☐ MD ☐ ND ☐ DO ☒ ARNP ☐ PA

Washington License # AP30002391

Religious Membership Exemption

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Name of church or religion of which you are a member: _____

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



AIM High School Community Service Form

Student Name [REDACTED]

Organization Name: Sno-Isle Libraries

Founded By: Sno-Isle was formed in 1962, from the merger of two systems serving Snohomish and Island counties that were established in 1944 and 1962.

Date Founded: 1962

Funding Sources: Public taxes

Primary Mission: Who/What does the organization seek to serve/benefit? Sno-Isle's mission is to engage and inspire communities through equitable access to knowledge and resources.

Primary Activities: What does the organization do?: Library services.

Why I chose to do my community service with this organization: My dad works for the library and can take me.

What I did during my volunteer time with this organization: Cleaned shelves and checked inventory.

Date of Community Service/Volunteering: December 27 and 28, 2020. Total Community Service/Volunteer Hours: 16.

[REDACTED]
Staff Name (Please print)

[REDACTED]
Staff Signature

Circulation Supervisor
Title

4 Hours Community Service required for graduation



AIM High School High School and Beyond Plan

Name

Grade: 12 Date: January 15, 2021

1. My career pathway: Go straight to working and perhaps attend a tech school in the future.
2. Reasons why I choose this career path:
 - A. I don't want to go to college.
 - B. I want to start making money so that I can take care of myself
 - C. I think that experiences can often be more valuable and lead to well-paying jobs as much as spending the time and money going to college.
 - D. I'm anxious to get my life started.
3. Three careers of interest:
 - A. Working at a nursery.
 - B. Auto Mechanic
 - C. Electrician
4. Personal resource for each career interest.
 - A. I don't know anyone
 - B. I don't know anyone
 - C. I don't know anyone
5. Clubs, sports, community service, activities in which I plan to be involved:

3a. Education Required
Experience. Knowledge of plants.
High school diploma is a minimum.
However, most employers prefer you to have completed a certificate or associate program in Automotive Technology.

A high school diploma with at least one year of high school algebra.

4a. Resource contact (phone/email)

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

I am not currently involved in any sports or other community organizations. I do not see myself becoming involved in any in the near future.

6. Required Signatur

Student

Parent/Guardian

High School Advisor