



Tumwater School District No. 33
 621 Linwood Ave SW Tumwater, WA 98512-6847
 (360) 709-7000 Fax (360) 709-7002 www.tumwater.k12.wa.us

STUDENT REGISTRATION FORM

School _____

Please check here if you have recently registered students at another TSD school or have/will have other students attending Tumwater Schools.

AM Bus: Rt. # _____
PM Bus: Rt. # _____
ALERT FLAG
<input type="checkbox"/> Legal <input type="checkbox"/> Medical

Please do not write in shaded area - FOR OFFICE USE ONLY

Student ID Number (StID)	School Entry Date (MM/DD/YY)	Teacher / Advisor	Home Room No.	Locker No.	Withdraw Date (MM/DD/YY)
WA State "SSID" Number	Residency Verification: <input type="checkbox"/> Driver's License AND <input type="checkbox"/> Other Documentation _____				

Student's Name LEGAL LAST	LEGAL FIRST	LEGAL MIDDLE	BIRTHDATE (MM/DD/YY)	GRADE Level
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Street Address (Where Student Resides)	Apt. #	City	ZIP
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Mailing Address (If different from Street Address)	Apt. #	City	ZIP
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Above must be Student's "LEGAL" Name. Please note here any other name/s used by this student (past and/or present). _____ Gender (M / F)

Birthplace (City/State)	Birth Country (If other than United States)	Student Cell Number
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Yes No Was English this student's first language? Yes No Has this student attended US schools for more than 3 full academic years?
 Yes No Is English the primary language used in your home? Primary language used in the home, if NOT English _____

Is parent/legal guardian military or employed on Federal property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Resident of Tumwater School District <input type="checkbox"/> Transfer Student From Outside Tumwater District <input type="checkbox"/> Transfer Student From Another School Within Tumwater District
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School Previously Attended	District	Address (City/State/ZIP Code)	Phone Number (include area code)
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Has student ever attended Tumwater Schools? Yes No When? (Month and Year) _____
 If Yes, name schools _____

Student Lives With Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother Grandparent
 Joint Custody Legal Guardian Self Agency Other _____

Primary Household Parent/Guardian 1 Address same as above Relationship to Student _____ Last Name _____ First Name _____ Name of Company/Employer _____ City/State _____	Primary Parent/Guardian 1 Phone <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Work (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Primary Household Parent/Guardian 2 Address same as above Relationship to Student _____ Last Name _____ First Name _____ Name of Company/Employer _____ City/State _____	Primary Parent/Guardian 2 Phone <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Work (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Second Household - Parent/Guardian 1 Relationship to Student _____ Last Name _____ First Name _____ Mailing Address _____ City/State/Zip _____ Name of Company/Employer _____ City/State _____	Second Household Parent/Guardian 1 Phone <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code Work (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Second Household - Parent/Guardian 2 Relationship to Student _____ Last Name _____ First Name _____ Mailing Address _____ City/State/Zip _____ Name of Company/Employer _____ City/State _____	Second Household Parent/Guardian 2 Phone <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code Work (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Is there a joint custody or parenting plan in place? Yes No If yes, plan must be on file with the school. *Please inform school if/when this situation changes. Thank You*

Is there a restraining order in effect? Yes No If yes, legal papers must be on file with the school.

Restraining order is against Mother Father Other _____

Please list other siblings

Last Name	First Name	M.I.	School	Grade	Birthdate

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach a family member, daycare provider or other responsible adult. In the event we cannot reach a parent/guardian, please list persons you trust, and who are available during the day to provide care for your child (local area if possible, please).

Does student attend childcare? Before school only After school only Both before and after school

Childcare Provider Name	Address	Phone

Emergency contacts (other than parent/guardian)	Relationship to child	Phone #1 (include area code)	Phone #2 (include area code)
Last Name	First Name	(____) _____	(____) _____
First Contact		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code
Second Contact		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code
Third Contact		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local</i> Area Code

EMERGENCY MEDICAL AUTHORIZATION:
 I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately.
 If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child. Yes No Please initial here _____

STUDENT RELEASE AUTHORIZATION:
 In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above. Yes No Please initial here _____

Previous School Program Participation (please check appropriate boxes)

<input type="checkbox"/> Special Education	<input type="checkbox"/> Title/LAP Mathematics	<input type="checkbox"/> Speech/Language (CDS)	<input type="checkbox"/> ELL (English Language Learner)
<input type="checkbox"/> Gifted/Highly Capable	<input type="checkbox"/> Title/LAP Reading	<input type="checkbox"/> Occupational/Physical Therapy (OT/PT)	
<input type="checkbox"/> Other (please explain) _____			

Has your child ever been retained? Yes No If yes, at what grade level(s) _____

Has your child ever been promoted? Yes No If yes, at what grade level(s) _____

DISCIPLINE HISTORY

In accordance to RCW 28.A.225.330, enrolling students must provide the following information at the time of enrollment:

Yes No Does the student have any past, current, or pending discipline action (i.e., suspensions or expulsions) at any previous school(s)?
If yes, please explain.

Yes No Does the student have any history of violent behavior?
If yes, please explain.

Yes No Has the student been convicted of a crime?
If yes, please explain.

The Federal Family Educational Rights and Privacy Act (FERPA) defines certain information about your child as "directory information." This information may be released unless it is requested in writing to the school district that information not be released. This request must be made annually by November 1st. Tumwater School District will not release any directory information for commercial purposes or for other purposes not related to the conduct of school business. For more information or the "opt out" form for the release of directory information or visual communication, please ask your school office or visit our website at: [www.tumwater.k12.wa.us/parents/release information](http://www.tumwater.k12.wa.us/parents/release%20information)

TO MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS REGISTRATION FORM IS TRUE AND ACCURATE.

Parent/Guardian Signature _____ Date _____

Please Print Name as signed above _____



Tumwater School District No. 33
 621 Linwood Ave SW Tumwater, WA 98512-6847
 (360) 709-7000 Fax (360) 709-7002 www.tumwater.k12.wa.us

ETHNICITY AND RACE DATA COLLECTION

Each year, school districts in Washington State are required to report student data by ethnicity and race categories to the State's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories used in our district are the same as are used in all Washington school districts. They are set by the federal government, but it does **NOT** report individual student data. These reports help our district and the state keep track of changes in student enrollment and various outcomes (such as graduation rates) to ensure that all students receive the educational programs and services to which they are entitled.

Student Name _____ Birthdate _____ School _____

1. Is this student of Hispanic or Latino origin? (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Mexican/Mexican American/Chicano |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic/Latino |

2. What race/s do you consider this student? (Please check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> African American/Black | | |
| <input type="checkbox"/> White | | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Fijian | <input type="checkbox"/> Chehalis |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Colville |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Cowlitz |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Hoh |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Jamestown |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Kalispel |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Tongan | <input type="checkbox"/> Lower Elwha |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Lummi |
| <input type="checkbox"/> Malaysian | | <input type="checkbox"/> Makah |
| <input type="checkbox"/> Pakistani | | <input type="checkbox"/> Muckleshoot |
| <input type="checkbox"/> Singaporean | | <input type="checkbox"/> Nisqually |
| <input type="checkbox"/> Taiwanese | | <input type="checkbox"/> Nooksack |
| <input type="checkbox"/> Thai | | <input type="checkbox"/> Port Gamble Klallam |
| <input type="checkbox"/> Vietnamese | | <input type="checkbox"/> Puyallup |
| <input type="checkbox"/> Other Asian | | <input type="checkbox"/> Quileute |
| | | <input type="checkbox"/> Samish |
| | | <input type="checkbox"/> Sauk-Suiattle |
| | | <input type="checkbox"/> Shoalwater |
| | | <input type="checkbox"/> Skokomish |
| | | <input type="checkbox"/> Snoqualmie |
| | | <input type="checkbox"/> Spokane |
| | | <input type="checkbox"/> Squaxin Island |
| | | <input type="checkbox"/> Stillaguamish |
| | | <input type="checkbox"/> Suquamish |
| | | <input type="checkbox"/> Swinomish |
| | | <input type="checkbox"/> Tulalip |
| | | <input type="checkbox"/> Yakama |
| | | <input type="checkbox"/> Other Washington Indian |
| | | <input type="checkbox"/> Other American Indian |

Tumwater Middle School
6335 Littlerock Road SW
Tumwater, Washington 98512
Telephone (360) 709-7500 Fax (360) 709-7502

Request for Student Records

Date: _____

To: Registrar

School: _____

Address: _____

Concerning:

Student: _____ Grade: _____

Date of Birth: _____

Information Requested:

Student cumulative file including:

- | | |
|--|--|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Health Information |
| <input type="checkbox"/> Report Cards | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Test Scores | <input type="checkbox"/> Discipline Records |

Per RCW 28A.225.330 subsection (2) also include the above-named student's **confidential discipline records** that include history of disciplinary action, history of violent behavior, or behavior listed in RCW 13.04.155.

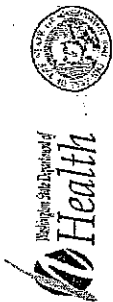
According to the Family Educational Rights and Privacy Act [U.S. Code: Title 20, Section 123g, a(6) 1B], it is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll, may receive a student's record without written consent for such release.

Please send all school records to:

Registrar
Tumwater Middle School
6335 Littlerock Rd SW
Tumwater, WA 98512

Thank you,

Sally Riddle
Registrar



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

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

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
 - Recommended, but not required

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

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.

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, D)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)	1			
■ Tetanus, Diphtheria (Td)	1			
	2			
● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)	1			
	2			
◆ Varicella (chickenpox)	1			
	2			
■ Hepatitis A (Hep A)	1			
	2			
■ Human Papillomavirus (HPV) — does not print from the IIS, write dates in by hand	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine) disease history must be verified. Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS) Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP) If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below.

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

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

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

Printed Name: _____

Reviewed by: _____ Office Use Only
 Signed Certificate of Exemption on file? Yes No
 Date: _____

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

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history 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 information will fill in automatically. Be sure to review all the information, sign and date the CIS, and return it to school or child care. If your provider's office does not use the IIS, 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 had chickenpox (varicella) disease and not the vaccine, use only one of these three options to record this on the CIS:

- If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider 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, and return to the school or child care.

Vaccine Trade Names in alphabetical order. (For updated lists, visit: <https://fortress.wa.gov/doh/cpir/web/homepage/completelistsforvaccinenames.pdf>)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
AceHIB	Hib	Ipol	IPV	PedvaxHIB	Hib	Twintrix (Twinrix)	Hep A + Hep B
Adacel	Tdap	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Hep A
Afluria	Flu	Kinrix (Kinrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	MenHibrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PQd)	MMR + Varicella		
Daptacel	DTaP	Monomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	Pediarix (Rdrx)	DTaP + Hep B + IPV	RotaTec	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order. (For updated lists, visit: <https://fortress.wa.gov/doh/cpir/web/homepage/completelistsforvaccinenames.pdf>)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rotavirus (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	MMRV / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IV or LAIV)	Influenza	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	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 call 711).



ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: _____ Date: _____
2018-2019

Student Name	Birthdate	Gender	Grade	Teacher
Parent/Guardian Name	Address	City	Zip Code	Cell/Home #
Parent/Guardian Name	Address	City	Zip Code	Cell/Home #
Health Care Provider	Phone	Preferred Hospital	Dental Care Provider	Phone
Type of Medical Insurance (circle one)	Private	Military/Tricare	Apple Health/Medicaid	None
In an emergency and unable to reach parent/guardian, please contact: _____ Other: _____				
Emergency Contact Name	Address	City	Zip Code	Cell/Home #
Emergency Contact Name	Address	City	Zip Code	Cell/Home #

<p>Life –Threatening Conditions RCW 28A.210.320 requires every public school to prohibit the attendance at school for any and all purposes for any student with a "Life-Threatening Condition" who does not have medication or treatment orders and a nursing care plan on file at the school. A "Life-Threatening Condition" is defined as a health condition that will put the child in danger of death during the school day if medication or treatment orders and a nursing care plan are not in place. Students who are not in compliance with RCW 28A.210.320 are prohibited from attendance until such time that they come into complete compliance. Any parent/legal guardian who contests the schools decision has the right to due process procedures as found in Tumwater School District Policy 3200.</p> <p>Does your child have a life threatening condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Epi-Pen prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No Allergic to: _____</p> <p>Describe reaction: _____</p> <p>Date of last reaction: _____</p> <p>Does your child have severe asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hospitalized/ ER visit/ Oral Steroids/ 2 unplanned visits with-in last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Bleeding Condition: Describe _____</p> <p><input type="checkbox"/> Seizures: Type _____</p> <p><input type="checkbox"/> Cardiac: Describe _____</p>	<p>Health Information</p> <p><input type="checkbox"/> Allergies: Please list _____</p> <p>Describe mild reaction _____</p> <p><input type="checkbox"/> Asthma: <input type="checkbox"/> with inhaler <input type="checkbox"/> without inhaler</p> <p>Triggers: <input type="checkbox"/> Resp. Infection <input type="checkbox"/> Exercise <input type="checkbox"/> Pollen <input type="checkbox"/> Molds <input type="checkbox"/> Animals</p> <p><input type="checkbox"/> Smoke <input type="checkbox"/> Strong odors/fumes <input type="checkbox"/> Weather/Temp Change <input type="checkbox"/> Food</p> <p><input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Speech Condition <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid(s)</p> <p><input type="checkbox"/> Feeding Support _____ <input type="checkbox"/> Mobility Support _____</p> <p><input type="checkbox"/> Other Health Conditions _____</p> <p>Medication(s) Currently Used: _____ Taken at: _____</p> <p><input type="checkbox"/> School <input type="checkbox"/> Home</p> <p><input type="checkbox"/> School <input type="checkbox"/> Home</p> <p><input type="checkbox"/> School <input type="checkbox"/> Home</p> <p><input type="checkbox"/> No Medical Conditions</p>
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District Policy for Administering Medication to Students: Medications, prescriptive or over the counter, may be administered to students by building administrators or their designee(s) only with **WRITTEN PERMISSION of the parent/guardian AND a Licensed Health Care Provider's Order for Medication at School**. I understand that licensed health care providers have Authorization for Medication forms or the form is available at TSD schools or online at the TSD website.

If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person, if at all possible, and call 911, if the injury or illness warrants it. I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her safety at school. I understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured. I have read and understand this form.

Parent/Guardian Signature _____ Date _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Please CHECK and complete additional information if child has had any of the following medical conditions:	Describe condition or symptoms:	What special care, if any, does child need at school?
ADD/ADHD (Attention Deficit [Hyperactivity] Disorder)		
Bleeding Condition (i.e. hemophilia or sickle cell)		
Bone/Orthopedic Condition		
Dental Concern		
Ear Problem		
Eye Problem		
Headaches (frequent) or Migraines		
Kidney/Bladder/Bowel Condition		
Muscle Condition		
Nose Bleeds (frequent)		
Speech difficulties		
Stomach Condition		
Other		

No Medical Problems

Your time is appreciated...Thank you for taking the time to complete this form.

TUMWATER SCHOOL DISTRICT STUDENT HOUSING QUESTIONNAIRE

*Your answers to these questions will be reviewed only by the district McKinney-Vento (Homeless) Liaison and Counselors. "Homeless" includes some temporary living situations. Filling out this form will help us decide whether or not your student may be eligible to receive services under the McKinney-Vento Act 42 U.S.C. 11435.
Contact Lisa Alonzo, District McKinney-Vento Liaison at 709-7006 if you have questions.*

Completion of this form is optional. If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

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 the counselor at your child's school or the McKinney-Vento Liaison, located at the Tumwater School District Office (621 Linwood Avenue SW, Tumwater, WA 98512)

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/Motels



**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)</p> <p>_____</p> <p>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.



Forms and Translated Material from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a Creative Commons Attribution 4.0 International License.



Tumwater School District

Support Services
2020 80th Ave. SW
Tumwater, WA 98512
www.tumwater.k12.wa.us

Cally Stroud
Transportation Supervisor
Heather Cooley
Route Coordinator

Request for Transportation

The following information must be completed, in full, in order for transportation to be provided.

SCHOOL: _____ Grade: _____

STUDENT NAME: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PARENT(S) NAME: _____

HOME PHONE: _____ CELL: _____ WORK: _____

If student will be getting **ON** the bus from a daycare/sitter location, please complete the following:

DAYCARE/SITTER'S NAME: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PHONE(S): _____

If student will be getting **OFF** the bus to go to a daycare/sitter location, please complete the following:

DAYCARE/SITTER'S NAME: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PHONE(S): _____

PARENTS/GUARDIANS PLEASE NOTE

It may take up to five days to assign or create a bus stop. In order to provide your child with school transportation, it is necessary to have accurate and current information. If changes occur in any of the above information (i.e.: student moves, changes daycare/sitter), please contact Tumwater School District Transportation Department immediately at 360-709-7700.

Transportation
Office (360) 709-7700 Fax (360) 709-7702

"Continuous Student Learning in a Caring, Engaging Environment"

Transportation Office Use Only: AM Route **PM Route**

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW 28A.300.507.

For the purpose of collecting the data please mark all that apply:

- No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- Yes a parent/guardian is a current member of the **reserves** of the U.S. Armed Forces.
- Yes a parent/guardian is a current member of the **Washington National Guard**.
- Yes more than one parent or guardian is **currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard**.
- No Response/Refused to state.

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

(Note: If at any time throughout the school year the military status changes please contact your student's school to report the change.)