



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

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

AM Bus Rt # _____
AM 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 NAME	BIRTHDATE (MM/DD/YY)	GRADE
Above must be Student's "LEGAL" Name. Please <u>note here</u> other name/s used by this student (past and/or present).				GENDER

Street Address (Where Student Resides)	Apt. #	City	ZIP
Mailing Address (If different from Street Address)	Apt. #	City	ZIP

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

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)

- Special Education Title/LAP Mathematics Speech/Language (CDS) EL (English Learners)
 Gifted/Highly Capable Title/LAP Reading Occupational/Physical Therapy (OT/PT) Section 504 Accommodation Plan
 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.

Federal Family Educational Rights and Privacy Act (FERPA) ... 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. 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).

Automated Calls ... The law allows the District to make automated emergency calls (i.e., school cancellations, school lock-downs, emergency closures) to telephone numbers you have provided regardless if you opt out of other messages.

Birth Certificate or alternative documentation of age ... child must be 5 years old on or before August 31st ... (Alternative documentation could include but not limited to: a religious, hospital, or physician's certificate showing date of birth; an entry in a family bible; an adoption record; an affidavit from a parent; a birth certificate; previously verified school records; or other documents permitted by law)

Proof of Residency (might be a telephone or utility bill, mortgage or lease document, parent affidavit, rent payment receipts, a copy of a money order made for payment of rent, or a letter from a parent's employer that is written on company letterhead)

Tumwater School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

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

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 |

Registration Check Off List:

- Student Registration Packet:
Please fill in all 4 pages.
- Proof of Residency Verification
- Request for Student Records:
Return with packet and include the name of your previous school.
- Pre-Registration & Parent Input Form
Complete both sides.
- Certificate of Immunization Status:
State Laws require this information for registration.
A Licensed Health Care Provider must sign for any exemptions in addition to parent or guardian signatures.
- Emergency and Student Health Information:
Information for the Health Room.
- Request for Transportation
- OSPI Home Language Survey
- TSD Student Housing Questionnaire
- Military Affiliation Form

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: _____

Phone: _____ FAX: _____

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:

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

Thank you,

Sally Riddle, Registrar
sally.riddle@tumwater.k12.wa.us

Tumwater School District

Verification of Residency Statement

One of the documents listed below must be provided in order to verify residency within the Tumwater School District attendance area. The document must show the parent/legal guardian's name and address and must be dated within the past 30 days. Post office boxes are not acceptable as residence addresses.

- | | |
|--|---|
| <input type="checkbox"/> Gas or Electric Bill
<input type="checkbox"/> Cable TV Bill
<input type="checkbox"/> Water/Sewer Bill | <input type="checkbox"/> Escrow papers or mortgage statement
<input type="checkbox"/> Renter's Insurance Statement
<input type="checkbox"/> Rental Agreement/Lease (verification may be required) |
|--|---|

Resident Address: _____

Parent/Legal Guardian's Printed Name: _____

Student's Legal Printed Name: _____ School: _____

Student's Legal Printed Name: _____ School: _____

Student's Legal Printed Name: _____ School: _____

Student's Legal Printed Name: _____ School: _____

I declare that the above-named student(s) reside(s) at the address shown above and on the document provided. I will notify the school within two weeks if residency changes and agree to provide new residency documentation and an updated signed statement at that time. If I move outside of the district, I understand that an Inter-district Transfer Form must be submitted in order for the student(s) to be considered for continued attendance.

I understand that falsification of any information or documentation required for residency verification or the use of any address where students do not reside may result in revocation of student enrollment.

Parent/Legal Guardian's Signature

Date

FOR SCHOOL USE ONLY:

The document(s) show(s) the name and address of the person(s) enrolling the above named student(s).

Principal or Designee's Signature

Date

School

Review Busing information

Documentation complete | Documentation shared with sibling schools



Certificate of Immunization Status (CIS)

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

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

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

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.
 Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian Signature Required if Starting in Conditional Status: _____ Date: _____

Required Vaccines for School or Child Care Entry	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required for School				
Required Child Care/Preschool				
DTaP (Diphtheria, Tetanus, Pertussis)				
Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)				
DT or Td (Tetanus, Diphtheria)				
Hepatitis B				
Hib (<i>Haemophilus influenzae type b</i>)				
IPV (Polio) (any combination of IPV/OPV)				
OPV (Polio)				
MMR (Measles, Mumps, Rubella)				
PCV/PPSV (Pneumococcal)				
Varicella (Chickenpox)				
History of disease verified by IIS				

Recommended Vaccines (Not Required for School or Child Care Entry)

Flu (Influenza)				
Hepatitis A				
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				

I certify that the information provided on this form is correct and verifiable.
 Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
 If verified by school or child care staff the medical immunization records must be attached to this document.

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.

Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		

Licensed Health Care Provider Signature: _____ Date: _____

Printed Name: _____

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

To print with the immunization information filled in:

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

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A-210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.edc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	Rotateq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib + IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqa	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).



2020-2021

Reviewed by: _____ Date: _____

ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Student Name _____ Birthdate _____ Gender _____ Grade _____ Teacher _____

Parent/Guardian Name _____ Address _____ City _____ Zip Code _____ Cell/Home # _____ Work # _____ Email _____

Parent/Guardian Name _____ Address _____ City _____ Zip Code _____ Cell/Home # _____ Work # _____ Email _____

Health Care Provider _____ Phone _____ Preferred Hospital _____ Dental Care Provider _____ Phone _____

Type of Medical Insurance (circle one) Private Military/Tricare None Other _____

In an emergency and unable to reach parent/guardian, please contact: _____ Apple Health/Medicaid _____

Emergency Contact Name _____ Address _____ City _____ Zip Code _____ Cell/Home # _____ Work # _____ Email _____

Emergency Contact Name _____ Address _____ City _____ Zip Code _____ Cell/Home # _____ Work # _____ Email _____

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 school's decision has the right to due process procedures as found in Tumwater School District Policy 3200.

Does your child have a life threatening condition? Yes No

Epi-Pen prescribed Yes No Allergic to: _____

Describe reaction: _____

Date of last reaction: _____

Does your child have severe asthma? Yes No

Hospitalized/ ER visit/ Oral Steroids/ 2 unplanned visits with-in last year? Yes No

Diabetes Bleeding Condition: Describe _____

Seizures: Type _____

Cardiac: Describe _____

Health Information No Medical Conditions

Allergies: Please list _____

Describe mild reaction: _____

Asthma: with inhaler without inhaler

Triggers: Resp. Infection Exercise Pollen Molds Animals

Smoke Strong odors/fumes Weather/Temp Change Food

ADD ADHD Speech Condition Glasses/Contacts Hearing Aid(s)

Feeding Support _____ Mobility Support _____

Other Health Conditions _____

Medication(s) Currently Used: _____ Taken at: _____

School Home

School Home

School Home

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 _____

Created 5-21-17

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) _____ 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.



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Tumwater School District

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

Jeff Gregory
Transportation Supervisor
Heather Cooley
Route Coordinator

Request for Transportation Date: _____

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**.

"Continuous Student Learning in a Caring, Engaging Environment"

Transportation Office Use Only: AM Time _____ PM Time _____

Driver Contacted Family: Date _____ Time _____ Person Contacted _____

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.)