



**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 # _____
<b>ALERT FLAG</b>
<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
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Above must be Student's "LEGAL" Name. Please **note here** other name/s used by this student (past and/or present). GENDER

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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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	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Self	<input type="checkbox"/> Agency	<input type="checkbox"/> Other _____	

<b>Primary Household Parent/Guardian 1</b> 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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<b>Primary Household Parent/Guardian 2</b> 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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<b>Second Household - Parent/Guardian 1</b> Relationship to Student _____ Last Name _____ First Name _____ Middle Initial _____ Mailing Address _____ City/State/Zip _____ Name of Company/Employer _____ City/State _____	<b>Second Household Parent/Guardian 1 Phone</b> <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i> Work (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i> E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Second Household - Parent/Guardian 2</b> Relationship to Student _____ Last Name _____ First Name _____ Middle Initial _____ Mailing Address _____ City/State/Zip _____ Name of Company/Employer _____ City/State _____	<b>Second Household Parent/Guardian 2 Phone</b> <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i> Work (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i> 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)	First Name	Relationship to child	Phone #1 (include area code)	Phone #2 (include area code)
First Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i>
Second Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if <i>NOT Local Area Code</i>
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 \_\_\_\_\_

**Please continue → → →**

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 31<sup>st</sup> ... (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, gender expression 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](mailto:sally.riddle@tumwater.k12.wa.us)





## Health Services

Hello Tumwater Families,

Due to newly released guidance from the Washington Department of Health, (October 28, 2020), we would like to give families the opportunity to sign a quarterly attestation that affirms they will check their student(s) daily for all symptoms of COVID-19 and agree not to send their student to school if the student has any of the following symptoms:

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I attest that my student has not been in close contact with anyone with Confirmed COVID-19, has not had a positive COVID-19 test in the past 10 days, and within the past 14 days has not been directed by a public health official to quarantine for 14 days.

I will check my student(s) daily for all symptoms of COVID-19 and agree not to send them to school if they have any of the following symptoms:

- \*Fever (100.4<sup>o</sup>F or greater) or chills
- \*Cough
- \*Shortness of breath or difficulty breathing
- \*Fatigue
- \*Muscle or body aches
- \*Headache
- \*Recent loss of taste or smell
- \*Sore throat
- \*Congestion or runny nose
- \*Nausea or vomiting
- \*Diarrhea

Upon arrival at school, students will go through a brief screen to ensure they do not have fever, shortness of breath or cough. We ask that you or your designated person be available by phone in the event your student becomes ill and needs to be picked up at school.

Your signature below verifies your agreement with the statements above and collaborative part in the attestation and screening process.

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Student Name

---

Parent or Guardian Signature

---

Date





## Health Services

# Immunization Record Requirements – Enrolling Students

January 31, 2020

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law, Chapter 246-105 of the Washington Administrative Code (WAC), to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed Certificate of Immunization Status (CIS) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from MyIR which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you are not sure, or if you have any questions, please contact school Health Room staff.

Thank you for helping to keep our learning community healthy!

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School Nurse

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Health Assistant

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Phone



# 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: \_\_\_\_\_

Office Use Only: Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed Cert. of Exemption on file?  Yes  No

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Symbols below:
- ◆ Required for School and Child Care/Preschool
  - Required for Child Care/Preschool Only
  - Recommended, but not required

Vaccine	Dose	Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			

■ Rotavirus (RV1, RV5)	1			
	2			
	3			

◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			

◆ Tetanus, Diphtheria, Pertussis (Tdap)	1			

■ Tetanus, Diphtheria (Td)	1			
	2			

● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			

■ Influenza (flu, most recent)				

Vaccine	Dose	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)

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

## #2 To fill in by hand:

Print your child's name, birthdate, sex, and your own name in the top box. 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

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHB	Hib	FluLaval	Flu	Jpol	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntel)	DTaP + Hib + IPV	Vacqa	Hep A
Alluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	Gardasil	HPV4	MenHbrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Deptaocel	DTaP	Flavrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)		

### Vaccine Abbreviations in alphabetical order

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Fib (IV or LAV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

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

Reference Guide



# ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
**2021-2022**

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 \_\_\_\_\_  
In an emergency and unable to reach parent/guardian, please contact: \_\_\_\_\_ Other: \_\_\_\_\_

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 28A210.320 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 Turnwater 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  
i.e. ER visit/Hospital Stay/Oral Steroids/2 unplanned visits for asthma in the last year?

Diabetes Type 1  Bleeding Condition: Describe \_\_\_\_\_

Seizures:  Current  History Type \_\_\_\_\_

Cardiac: Describe \_\_\_\_\_

### Health Information

Allergies: Please list \_\_\_\_\_  No Medical Conditions

Describe mild reaction: \_\_\_\_\_

Asthma Triggers:  Resp. Infection  Exercise  Pollen  Molds  Smoke

Strong odors/fumes  Weather/Temp Change  Food \_\_\_\_\_

ADD/ADHD Dx by/year \_\_\_\_\_  ASD Dx by/ year \_\_\_\_\_

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 \_\_\_\_\_



# Tumwater School District

Support Services  
2020 80<sup>th</sup> Ave. SW  
Tumwater, WA 98512  
[www.tumwater.k12.wa.us](http://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 \_\_\_\_\_

# 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).

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other \_\_\_\_\_

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><b>Right to Translation and Interpretation Services</b> 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><b>Eligibility for Language Development Support</b> 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><b>Prior Education</b> Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul>	<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 - 12<sup>th</sup> 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 - 12<sup>th</sup> grade)</p> <p>Month _____ Day _____ Year _____</p>		
<p><i>This form is not used to identify students' immigration status.</i></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.

## 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.)





# RACE AND ETHNICITY DATA SURVEY

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Please complete one survey for each student (note form is front/back). It asks you to tell us the race and ethnic heritage of your child.

**Why do we need this information?** New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for EACH student, but the data is NOT reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with NO student names attached to those numbers.

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington State now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

## PLEASE ANSWER BOTH QUESTIONS 1 & 2

### QUESTION 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Chicano (Mexican American)	<input type="checkbox"/> Dominican	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Panamanian	<input type="checkbox"/> Spaniard
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Chilean	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Mexican	<input type="checkbox"/> Paraguayan	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Argentine	<input type="checkbox"/> Colombian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Mestizo	<input type="checkbox"/> Peruvian	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Native	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Honduran	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Salvadorian	
<input type="checkbox"/> Other – (Write In) _____					

### QUESTION 2: What race(s) do you consider your child? (Please check ALL that apply)

American Indian / Alaska Native – WA State Tribes		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
<input type="checkbox"/> Chinook Tribe	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation	<input type="checkbox"/> Skokomish Indian Tribe
<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation	<input type="checkbox"/> Marietta Band of Nooksack Tribe	<input type="checkbox"/> Snohomish Tribe
<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation	<input type="checkbox"/> Muckleshoot Indian Tribe	<input type="checkbox"/> Snoqualmie Indian Tribe
<input type="checkbox"/> Confederated Tribes of the Colville Reservation	<input type="checkbox"/> Nisqually Indian Tribe	<input type="checkbox"/> Snoqualmoo Tribe
<input type="checkbox"/> Cowlitz Indian Tribe	<input type="checkbox"/> Nooksack Indian Tribe of Washington	<input type="checkbox"/> Spokane Tribe of the Spokane Res.
<input type="checkbox"/> Duwamish Tribe	<input type="checkbox"/> Port Gamble S'Klallam Tribe	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
<input type="checkbox"/> Hoh Indian Tribe	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation	<input type="checkbox"/> Steilacoom Tribe
<input type="checkbox"/> Jamestown S'Klallam Tribe	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation	<input type="checkbox"/> Stillaguamish Tribe of Indians of WA
<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation	<input type="checkbox"/> Quinault Indian Nation	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
<input type="checkbox"/> Kikiallus Indian Nation	<input type="checkbox"/> Samish Indian Nation	<input type="checkbox"/> Swinomish Indian Tribal Community
<input type="checkbox"/> Lower Elwha Tribal Community	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of WA	<input type="checkbox"/> Tulaip Tribes of Washington
<input type="checkbox"/> Alaska Native (Write In) _____	<input type="checkbox"/> American Indian (Write In) _____	

Asian					
<input type="checkbox"/> Asian	<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Mien	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Cham	<input type="checkbox"/> Japanese	<input type="checkbox"/> Mongolian	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Nepali	<input type="checkbox"/> Sri Lankan	
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Lao	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Taiwanese	
<input type="checkbox"/> Burmese/Myanmar	<input type="checkbox"/> Hmong	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Thai	
<input type="checkbox"/> Asian (Write in) _____					

Black / African American		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> African American	<input type="checkbox"/> African Canadian
Black / African American - Caribbean		
<input type="checkbox"/> Anguillian	<input type="checkbox"/> Caymanian (Cayman Island)	<input type="checkbox"/> Haitian
<input type="checkbox"/> Antiguan	<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Bahamian	<input type="checkbox"/> Dominican (Dominican Republic)	<input type="checkbox"/> Martiniquais/Martiniquaise
<input type="checkbox"/> Barbadian	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)	<input type="checkbox"/> Montserratian
<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy)	<input type="checkbox"/> Grenadian	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Guadeloupien	<input type="checkbox"/> Caribbean (Write in) _____

Black / African American - Central African			
<input type="checkbox"/> Angolan	<input type="checkbox"/> Congolese (Republic of the Congo)	<input type="checkbox"/> São Tomé	
<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Congolese (Democratic Republic of the Congo)	<input type="checkbox"/> Príncipe	
<input type="checkbox"/> Central African (Central African Rep)	<input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Central African	
<input type="checkbox"/> Chadian	<input type="checkbox"/> Gabonese	(Write In) _____	
Black / African American - East African			
<input type="checkbox"/> Burundian	<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Sudanese	
<input type="checkbox"/> Comoran	<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> Ugandan	
<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Mozambican	<input type="checkbox"/> Tanzanian (United Republic of Tanzania)	
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Reunionese	<input type="checkbox"/> Zambian	
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Rwandan	<input type="checkbox"/> Zimbabwean	
<input type="checkbox"/> Kenyan	<input type="checkbox"/> Seychellois/Seychelloise	<input type="checkbox"/> East African	
<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Somali	(Write In) _____	
<input type="checkbox"/> Malawian	<input type="checkbox"/> South Sudanese		
Black / African American - Latin America			
<input type="checkbox"/> Argentine	<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> Panamanian	
<input type="checkbox"/> Belizean	<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Paraguayan	
<input type="checkbox"/> Bolivian	<input type="checkbox"/> French Guianese	<input type="checkbox"/> Peruvian	
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> South Georgia and the South Sandwich Islands	
<input type="checkbox"/> Chilean	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Surinamese	
<input type="checkbox"/> Colombian	<input type="checkbox"/> Honduran	<input type="checkbox"/> Uruguayan	
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Venezuelan	
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Latin American (Write In) _____	
Black / African American - South African			
<input type="checkbox"/> Botswanan	<input type="checkbox"/> Namibian	<input type="checkbox"/> Swazi	
<input type="checkbox"/> Mosotho (Lesotho)	<input type="checkbox"/> South African	<input type="checkbox"/> South African (Write In) _____	
Black / African American - West African			
<input type="checkbox"/> Beninese	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Saint Helenian	
<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Liberian	<input type="checkbox"/> Senegalese	
<input type="checkbox"/> Burkinabé (Burkina Faso)	<input type="checkbox"/> Mallian	<input type="checkbox"/> Sierra Leonean	
<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Mauritanian	<input type="checkbox"/> Togolese	
<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Nigerien (Niger)	<input type="checkbox"/> West African (Write In) _____	
<input type="checkbox"/> Gambian	<input type="checkbox"/> Nigerian (Nigeria)		
Black / African American - Black			
<input type="checkbox"/> Black (Write In) _____			
Native Hawaiian / Other Pacific Islander			
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander			
Native Hawaiian / Other Pacific Islander - Pacific Islander			
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Palauan	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Maori	<input type="checkbox"/> Papuan	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Fijian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> i-Kiribati/Gilbertese	<input type="checkbox"/> Ni-Vanuatu	<input type="checkbox"/> Solomon Islander	<input type="checkbox"/> Yapese
		<input type="checkbox"/> Pacific Islander (Write In) _____	
White - White			
<input type="checkbox"/> White			
White - Eastern European			
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Polish	<input type="checkbox"/> Russian	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Romanian	<input type="checkbox"/> Eastern European (Write In) _____	
White - Middle Eastern and North African			
<input type="checkbox"/> Algerian	<input type="checkbox"/> Copt	<input type="checkbox"/> Jordanian	<input type="checkbox"/> Qatari
<input type="checkbox"/> Amazigh or Berber	<input type="checkbox"/> Druze	<input type="checkbox"/> Kurdish Kuwaiti	<input type="checkbox"/> Saudi Arabian
<input type="checkbox"/> Arab or Arabic	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Syrian
<input type="checkbox"/> Assyrian	<input type="checkbox"/> Emirati	<input type="checkbox"/> Libyan	<input type="checkbox"/> Tunisian
<input type="checkbox"/> Bahraini	<input type="checkbox"/> Iranian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Bedouin	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Omani	
<input type="checkbox"/> Chaldean	<input type="checkbox"/> Israeli	<input type="checkbox"/> Palestinian	
<input type="checkbox"/> Middle Eastern (Write In) _____		<input type="checkbox"/> North African (Write In) _____	
<input type="checkbox"/> White (Write In) _____			