

REGISTRATION CHECK LIST

(STUDENT REGISTRATION FORM)

- ☐ NAME & ADDRESS
 - ☐ BIRTH DATE (WITH BIRTH CERTIFICATE ATTACHED)
 - ☐ ADDRESS
 - ☐ LANGUAGE
 - ☐ BIRTH PLACE: CITY, STATE & COUNTRY
 - ☐ IMMUNIZATION
 - ☐ STUDENT LIVES WITH?
 - ☐ 1ST & 2ND HOUSEHOLD
 - ☐ EMERGENCY INFO
 - ☐ RACE/ETHNICITY
-

- ☐ GREEN EMERGENCY FORM
- ☐ PROOF OF RESIDENCE
- ☐ TITLE I
- ☐ APPLICATION FOR FREE/REDUCED
- ☐ VOLUNTEER APPLICATION

**Tumwater School District No. 33**621 Linwood Ave SW Tumwater, WA 98512-6647
(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☐ Legal ☐ Medical

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

Student ID Number (StdID)	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
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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 ☐ 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 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 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 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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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? <input type="checkbox"/> Before school only <input type="checkbox"/> After school only <input type="checkbox"/> Both before and after school		
Childcare Provider Name	Address	Phone

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



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"/> Tulalip 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"/> Guadeloupian		<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"/> Principe
<input type="checkbox"/> Central African (Central African Rep)	<input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Central African (Write In) _____
<input type="checkbox"/> Chadian	<input type="checkbox"/> Gabonese	

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 (Write in) _____
<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Somali	
<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"/> Malian	<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) _____			



Health Services

Hello Tumwater Families!

Due to the most recent guidance from the Washington Department of Health, families whose student(s) are attending school in-person will be required to sign a quarterly attestation that affirms that each morning they will check their student(s) 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°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

Parents must also attest that every day they will assure that their student has not been in close contact with anyone with Confirmed COVID-19, have 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.

Upon arriving at school, students will also go through a brief screen to check they do not have fever, shortness of breath or cough.

It is also very important that you or other emergency contact(s) be available by phone (make sure we have current phone numbers) in the event your student becomes ill at school and needs to be picked up at school.

This form will be sent to you each quarter to renew your attestation that you will monitor your child each day and not send them to school if they have any of the above symptoms.

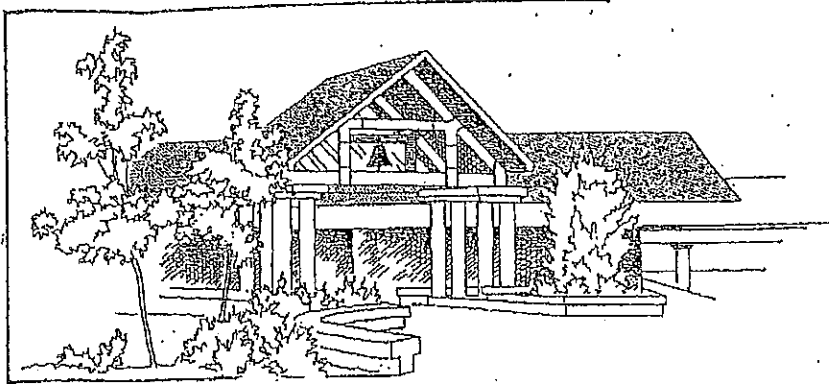
Your signature below verifies your agreement with the statements above and your collaborative part in the daily attestation and screening process.

Student Name

School

Parent or Guardian Signature

Date



EAST OLYMPIA ELEMENTARY

8700 Rich Road SE

Olympia, WA 98501

(360) 709-7150

Fax (360) 709-7152

Patricia Kilmer, Principal

Edith Young, Secretary

Request for Student Records

Name of Student:			
Date of Birth:			
Grade:			
Last School Attended:			
Address:			
City - State - Zip			
Phone:	Fax:		
Information Requested:			
<input checked="" type="checkbox"/> Transcript	<input checked="" type="checkbox"/> Health Information	<input checked="" type="checkbox"/> Test Scores	<input checked="" type="checkbox"/> Discipline Records
<input checked="" type="checkbox"/> Report Card	<input checked="" type="checkbox"/> Immunization Record	<input checked="" type="checkbox"/> Withdrawal Grades	<input checked="" type="checkbox"/> Attendance Record
Per RCW 28A.225.330 subsection (2) also included are 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 Education 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 intendst to enroll may receive a student's record without written consent for such release.			
➤ PARENT/GUARDIAN SIGNATURE:			
Please send all school records to:			
East Olympia Elementary School			
8700 Rich Road SE			
Olympia, WA 98501			

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"/> Escrow papers or mortgage statement |
| <input type="checkbox"/> Cable TV Bill | <input type="checkbox"/> Renter's Insurance Statement |
| <input type="checkbox"/> Water/Sewer Bill | <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

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

.....(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

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

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

<http://www.schoolhouseconnection.org/>



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 _____			
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____		
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.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___		
Prior Education Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12 th grade) _____ Month Day Year		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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



Tumwater School District

621 Linwood Ave SW
Tumwater, WA 98512

IMMIGRANT – TITLE III Entering US Schools

First time in less than 3 Years – Not Born in U.S.

The Washington State Office of the Superintendent of Public Instruction has notified all school districts regarding our requirement to gather and retain information on students who are defined by Federal statute, Title III (20 U.S.C. 6801 et seq.) as "immigrant." According to this Federal statute, an immigrant student is defined as... Born outside the U.S. / Born outside the U.S. to military parents / Born in an American Territory... AND in the U.S. Education System less than three years.

Student Name _____
Last First

Birth Date _____ Birth Place _____

School Enrolling In _____ Grade _____

Please mark below all information that is applicable to the above named student.

- ☐ Born outside the U.S.
- ☐ Born outside the U.S. to military parents
- ☐ Born in an American Territory
- ☐ None of the above

When did your student begin attendance in U.S. schools? _____
Date

Parent Signature _____

Thank You!



FAMILY ACCESS - YOUR ONLINE CONNECTION TO SCHOOL!

We encourage all families to sign up for FAMILY ACCESS, our online student information system. Once you have a username and password, you can access the system at any time. You sign up only one time for your family. As any younger students enroll, they will be added to your account automatically.

How will you use FAMILY ACCESS?

1. To view and verify information about your student:

- Contact information*
- Attendance records
- Lunch account purchases and balance
- Report cards
- Health records*
- **Track student progress! This most popular feature allows middle school and high school students and families to see grades and assignments on a regular basis.**

*To update contact information or health records, call your student's school.

2. To add money to your student's lunch account.

3. To change how our phone messaging and email system contacts you, by going to the "Skylert" tab. For example, do you want emergency calls to go to one phone # and general messages to another?

How can you sign up for FAMILY ACCESS? It's easy. Fill out and send the form below to your child's school or email the information to your FAMILY ACCESS contact. (See reverse side for list of contacts.) Your username and password will be emailed or sent to you.

FAMILY ACCESS SIGN-UP

Parent/Guardian First Name:		Parent/Guardian Last Name:	
-----------------------------	--	----------------------------	--

Current Address:	
------------------	--

Best Daytime phone #:		Email Address:	
-----------------------	--	----------------	--

I give permission to use the above email address for school-related communications. Put an "x" by one. (Recommended!)	Yes	No
---	-----	----

Student First Name (List all students and school sites.)	Student Last Name:	Site:



Health Services

Immunization Record Requirements – Enrolling Students

February 24, 2021

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law 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 aren't sure, or if you have any questions, please contact school health room staff.

Thank you for helping to keep our learning community healthy!

Stephanie Roberts, RN, BSN
School Nurse

Tina Meserve
Health Assistant

360-709-7156
Phone

What If You Don't Vaccinate Your Child?

Your child is at risk for developing a vaccine-preventable disease

Vaccines were developed to protect people from dangerous and often fatal diseases. These diseases remain a threat. Vaccines are safe and effective protection.

Influenza or "flu" is a serious respiratory disease that can be deadly. Healthy babies and toddlers are especially vulnerable to complications from influenza. Every year children in the United States die from influenza.

Pertussis or "whooping cough" is an extremely dangerous disease for babies. It is not easily treated and can result in permanent brain damage or death. Since the 1980s, the number of cases of whooping cough has increased, especially among babies younger than 6 months of age and adolescents. Since 2010, several states have reported an increase in cases and outbreaks of whooping cough, including statewide epidemics in California and Washington. Whooping cough has killed many babies since 2010; most deaths were in those younger than 3 months of age.

Measles is a highly contagious disease that can lead to serious complications, including death. It remains common in many countries and has been brought into the United States by returning vacationers and foreign visitors. Vaccination caused measles to decline rapidly during the 1990s. Recently, vaccine hesitancy among parents in the United States and abroad has led to a growing number of children and teens who are not vaccinated and are unprotected from measles. This has led to outbreaks of measles in the United States, Canada, and other countries.

Chickenpox is very contagious. Before the development of a vaccine, chickenpox killed approximately 100 people every year in the United States. Most were previously healthy. Children infected with chickenpox must be kept out of day care or school for a week or more so they don't spread the disease to others.

Your child can infect others in the community

Children who are not vaccinated can transmit vaccine-preventable diseases at schools and in the community.

- Unvaccinated children can infect babies who are too young to be fully immunized.
- Unvaccinated children can infect people of any age who can't be immunized for medical reasons. This includes children and adults with leukemia and other cancers, immune system problems, and people of all ages receiving treatments or medications that suppress their immune systems.

Your child may have to be excluded from school or child care

During disease outbreaks, unvaccinated children may be excluded from school or child care to protect them and others. This can cause hardship for the child and parent.

Next steps...

We strongly encourage you to vaccinate your child. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your vaccination decision affects not only the health of your child, but also your family, your child's friends, their families, and your community.

► For more information about vaccines, visit these websites:

American Academy
of Pediatrics
www.healthychildren.org

Centers for Disease Control
and Prevention
www.cdc.gov/vaccines/parents
Every Child by Two
www.vaccinateyourfamily.org
and www.ecbt.org

Immunization Action Coalition
www.immunize.org and
www.vaccineinformation.org

Vaccine Education Center
at the Children's Hospital
of Philadelphia
www.vaccine.chop.edu



Certificate of Immunization Status (CIS)

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

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

Child's Last Name:		First Name:		Middle Initial:		Birthdate (MM/DD/YYYY):	
X		X		X		X	
Parent/Guardian Signature		Date		Parent/Guardian Signature Required if Starting in Conditional Status		Date	
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.					

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
▲ 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) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

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: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> 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		

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.
---	---

Instructions for completing the Certificate of Immunization Status (CIS): Print the 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.myrir.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 Pediatix 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.cdc.gov/vaccines/terms/usvaccines.html>

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	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	Vaqta	Hep A		
Depacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella		
Engertix-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).



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name:

First Name:

Middle Initial:

Birthdate (MM/DD/YYYY):

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

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

PERSONAL/PHILOSOPHICAL EXEMPTION*

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

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

RELIGIOUS EXEMPTION

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

Parent/Guardian Declaration

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

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Health Care Practitioner Declaration

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

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION

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

Parent/Guardian Declaration

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

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

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

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



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 #
Parent/Guardian Name	Address	City	Zip Code	Cell/Home #	Work #
Health Care Provider	Phone	Preferred Hospital	Dental Care Provider	Phone	
Type of Medical Insurance (circle one)	Private	Military/TriCare	Apple Health/Medicaid	None	Other: _____
In an emergency and unable to reach parent/guardian, please contact:					
Emergency Contact Name	Address	City	Zip Code	Cell/Home #	Work #
Emergency Contact Name	Address	City	Zip Code	Cell/Home #	Work #
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Epi-Pen prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No Allergic to: _____					
Describe reaction: _____					
Date of last reaction: _____					
Does your child have severe asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No i.e. ER visit/Hospital Stay/Oral Steroids/2 unplanned visits for asthma in the last year?					
<input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Bleeding Condition: Describe _____					
<input type="checkbox"/> Seizures: <input type="checkbox"/> Current <input type="checkbox"/> History Type _____					
<input type="checkbox"/> Cardiac: Describe _____					
Health Information <input type="checkbox"/> No Medical Conditions					
<input type="checkbox"/> Allergies: Please list _____					
Describe mild reaction _____					
<input type="checkbox"/> Asthma Triggers: <input type="checkbox"/> Resp. Infection <input type="checkbox"/> Exercise <input type="checkbox"/> Pollen <input type="checkbox"/> Molds <input type="checkbox"/> Smoke					
<input type="checkbox"/> Strong odors/fumes <input type="checkbox"/> Weather/Temp Change <input type="checkbox"/> Food _____					
<input type="checkbox"/> ADD/ADHD Dx by/year _____ <input type="checkbox"/> ASD Dx by/ year _____					
<input type="checkbox"/> Speech Condition <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid(s)					
<input type="checkbox"/> Feeding Support _____ <input type="checkbox"/> Mobility Support _____					
<input type="checkbox"/> Other Health Conditions _____					
Medication(s) Currently Used: _____					
Taken at: _____					
<input type="checkbox"/> School <input type="checkbox"/> Home					
<input type="checkbox"/> School <input type="checkbox"/> Home					
<input type="checkbox"/> School <input type="checkbox"/> 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 _____

When to Keep Your Child Home...

Deciding when to keep your child home from school due to illness can be confusing. Is she/he REALLY sick or just having a bad morning? We realize the difficulties that come when parents have to take time off from work for sick children or arrange for 'sick child' day care. We are also aware that students frequently come to the Wellness Center and tell us that they were feeling ill before leaving for school. Staying home when sick is an important way to help prevent the spread of germs that cause illness.

The American Academy of Pediatrics recommends that your child be kept home if she/he is not able to take part in normal school activities, the illness causes an unsafe or unhealthy place for others at school, or when the child requires care that cannot be managed at school.

Please keep your child home if she/he has any of the following:

- ✓ **Fever** – oral or axillary (armpit) temperature of 100 degrees or higher along with behavior changes or other signs and symptoms of illness such as sore throat, rash, vomiting, diarrhea, earache, or irritability. **Children should be 'Fever Free' for at least 24 hours without the use of fever reducing medicine before returning to school.**
- ✓ **Flu Symptoms** – fever over 100, cough, sore throat, fatigue, body aches, vomiting, diarrhea
- ✓ **Diarrhea** – loose, watery stools compared to child's typical pattern in the last 24 hours
- ✓ **Vomiting** – within the last 24 hours
- ✓ **Rash** – undiagnosed body rash, especially spreads quickly with fever or itching
- ✓ **Eye Discharge** – white or yellow drainage from the eye or red/pink eye(s)
- ✓ **Mouth sores** – until examined by a health care provider
- ✓ **An open or oozing sore** – unless it is properly covered with a bandage that will not leak wound drainage at school
- ✓ **Vaccine preventable disease** - measles, mumps, rubella (German measles), pertussis (whooping cough), chicken pox until determined not infectious by a health care provider

Special Note: Students receiving antibiotic treatment for diagnosed infections are required to be on medication for AT LEAST 24 HOURS before returning to school.

When your child is sick:

- ✓ Have pre-arranged plans for 'sick child' day/child care
- ✓ Tell your caregiver about any illness your child has since your child may have exposed other children in child care

Please feel free to call your child's school if you are unsure about whether to send your child to school. The school nurse or health assistant will assist you in determining if your child should come to school or stay home.

Information sources include the Thurston County Health Department and American Academy of Pediatrics. Tumwater School District Health Services endorses the above guidelines.

VERY IMPORTANT INFORMATION ... Please Read Carefully

MEDICATION AT SCHOOL

School districts throughout Washington State have received an opinion by the Attorney General regarding medication administration in public schools. The interpretation of existing law is very concise. These recommendations were made:

1. Oral medication is defined as either prescription medication *OR* over-the-counter medication (such as Tylenol, cough syrup, Benadryl, etc.). There is no distinction between them.
2. ALL oral medication **MUST BE ACCOMPANIED** by signed permission from BOTH the parent and the Licensed Health Care Provider (LHCP). There will be no grace period in which to obtain the signature. It **MUST ACCOMPANY** the medication on the day it is to be given.
3. All oral medication being given for longer than 15 days must have additional instructions from the LHCP.
4. All medication must be in the original container and must match the orders written by the LHCP.

MEDICATION AT SCHOOL

Administrative Procedures

Except in specific emergency situations, no drug or medicinal preparation shall be administered by school personnel to any child attending district schools, unless the child requires such medication in order to attend school.

All written authorizations must state that there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials (e.g., field trips, extra-curricular activities, etc.).

No medication shall be administered by injection by staff except when a student is susceptible to a predetermined, life-endangering situation. The parent and Licensed Health Care Professional (LHCP) shall submit a written statement, which grants a staff member the authority to act according to the specific written directions (e.g., medication administered to counter-act a reaction to a bee sting). Injected medication shall be administered only by staff trained to do so by a licensed professional person pursuant to RCW Chapter 18.7 or Chapter 18.88.

Prescription or over-the-counter medication may be dispensed to students on a scheduled basis upon written permission and instruction from a parent, accompanied by the LHCP's authorization for administration. Written authorization must be current and unexpired. Parental and LHCP authorizations will automatically expire at the end of the current school year and are subject to renewal in the succeeding year.

To better facilitate this, the following actions have been taken:

1. All family practice Licensed Health Care Professionals (LHCPs) in Thurston County will receive medication forms to be filled out at the time of writing prescriptions.
2. A blank form will be sent home with your child so that you may have your LHCP fill it out if your child needs to have any over-the-counter medication at school.

Medication Expiration Date: _____

Tumwater School District

Licensed Health Care Provider's Orders for Medication at School

School Year	School	Fax

Student Name: _____ DOB: _____

Medication is ordered to be given to a student at school only when absolutely necessary. Whenever possible, the parent and health care provider are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the medication will be dispensed by the principal or his/her designee if the school nurse is not present. The principal will designate the person responsible to dispense medication on an individual basis. The school accepts no liability for untoward reactions when the medication is administered in accordance with the health care provider's directions.

Is it necessary to dispense this medication during school hours? Yes No

Name of Medication	Dosage	Methods of Administration	Time of Day to be Taken

If PRN (as needed) specify minimal time interval between doses: _____

Reason for medication to be given during school hours: _____

Permission to carry (circle) Inhaler: YES ___ NO ___; Epi-Pen: YES ___ NO ___;
 Insulin: YES ___ NO ___ (insulin injection may not be delegated to unlicensed staff)

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

Physician Signature: _____ Print or stamp name: _____

Date: _____ Phone: _____ Fax: _____

THIS AUTHORIZATION IS GOOD FOR THE CURRENT SCHOOL YEAR ONLY.

Parent's Permission

I request that the school nurse, principal or designated staff member be permitted to administer to my child, (name of child) _____, or allow my child to carry and self-administer as indicated above, the medication prescribed above for a period this school year from _____ to _____. The medication is to be furnished by me in the original pharmacy or manufacturer labeled container; and the written authorization must match exactly the information on the medicine container with the name of the medicine, the amount to be taken, and when it should be taken. I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered, or my child self administers, in accordance with the health care provider's directions. If notified by school personnel that medication remains at the end of the school year, I will collect the medication from the school or understand that it will be destroyed. I am the parent or the legal guardian of the child named.

Do you want medication to be given on half-days of school? Yes No Not Applicable

Parent/Guardian Signature _____	<div style="text-align: center; font-weight: bold;">Phone Contacts</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Cell: _____</td> <td style="width: 50%;">Work: _____</td> </tr> <tr> <td>Home: _____</td> <td>Other: _____</td> </tr> </table>	Cell: _____	Work: _____	Home: _____	Other: _____	Date _____
Cell: _____	Work: _____					
Home: _____	Other: _____					

Thank you for your assistance. Please return completed form to school nurse.

Student demonstrates skill level necessary to self-administer medication as ordered above. Yes No NA

School Nurse Signature: _____ Date: _____



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 _____

East Olympia Elementary Attendance, Food Service, Transportation, Volunteer and Visitor Information sheet

Attendance

📞 Tardy: Call attendance line at 360-709-7153 to let us know your child will be late. Adult bringing child to school should accompany child to office to get an admittance slip.

📞 Absent for any reason: Call the Attendance line: 360-709-7153 to report any absence on the day of absence. While attending doctor and dental appointments, obtain a note from their office to turn in to the EOE office when the student returns. Either same day or next day. Please refer to flyer about when to keep your child at home.

If you have a pre-planned absence for two or more days (ie: vacation) please call the same number to notify the office to submit an absence request form ahead of time. Two weeks in advance is preferred. This form will circulate to the administration, counselor, teachers and attendance. The district allows 5 days out per school year not related to medical and illness absences. Please refer to the section in the student handbook for complete attendance policies.

Food Service

BREAKFAST & LUNCH

Breakfast \$1.85

Free/Reduced (application) 0.00

Student Lunch \$2.90

Reduced Lunch .40

Free Lunch (application) K-3

Milk .50

Free/Reduced Milk (application) .50

Adult Lunch \$4.00

Meal Account deposit:

Cash or check - any amount in an envelope with child's first & last name turned in at office or in class.

Credit/Debit- Call 360-709-7153 (no fee)

You may deposit with Credit/Debit through Skyward Family Access

www.tumwater.k12.wa.us .

Credit/Debit online at www.tumwater.k12.wa.us, click on the \$ icon for fines/fees in the middle of the webpage, sign in with Skyward log-ins and follow the prompts.

Negative balance – Low balance notices generate via automated phone call from the main Food Service department on Mondays and Thursdays.

Application for Free/Reduced

Parents and Guardians must apply every year. There is a 30 day grace period at the start of each school year to turn the necessary paperwork into the office. If after 30 days, an application has not been submitted, the student's account will be charged full price and parent will be responsible for maintaining lunch account balance.

If you DO NOT want your student to eat breakfast or lunch at school, please advise them ahead of time, as some new students will follow their class to the kitchen and incur charges their parents aren't expecting. Please notify the cashier via email if you do not want your student to utilize the kitchen for either meal.

kristie.walter@tumwater.k12.wa.us .

Transportation

Please call 360-709-7150 **before 2:45 pm Monday -Thursday and 1:30 pm Friday** if your student is going home a different way than usual or write a note and send it in with your student to turn in with their teacher. Please include their name, date and transportation changes/directions on the note. *Do not combine notes: One note for each student/request.

Volunteer Application

If you plan to volunteer in the classroom, on field trips or with PTO (parent teach organization) it is required that you submit a volunteer application. Go to district website www.tumwater.k12.wa.us , click on Parent/Students tab at top, scroll down on left side bar to Volunteering in our schools, click on it, then click on the yellow (START) button and complete the application. Submit.

Applications are valid for 2 years from the time submitted.

Family Access- Skyward

Complete form if you wish to have family access via Skyward, submit to office. Print the email address clearly and accurately on the form. You will receive an email prompt to create a log in and a password.

Will be able to see: lunch balance, calendar. Our webpage is a great source of information as well. Check back often for news and announcements.

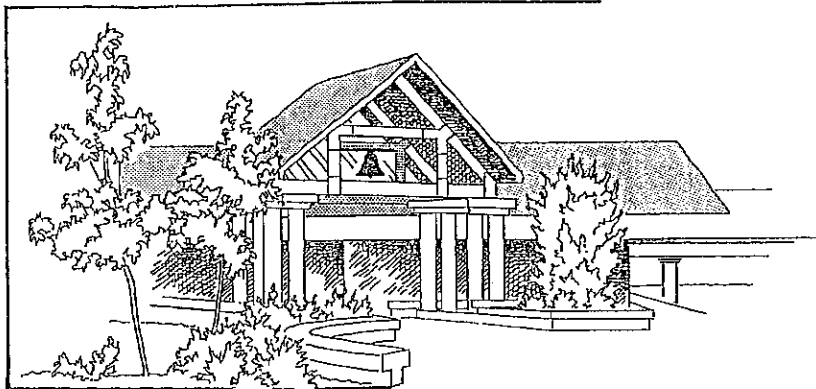
Visiting Campus

Please sign in on the Guest Kiosk computer located in the main building office prior to entry of the school or campus. Sign in as a volunteer or visitor, type your destination or event and it will print a badge for you to display visibly on your shirt.

Keep this as a reference form you may need to refer to it throughout the school year.

Thank you from the East Olympia Elementary School Office.

**Office: 360-709-7150, Fax: 360-709-7152, Attendance/M Meal Accounts: 360-709-7153
Wellness Center: 360-709-7156, Counselor: 360-709-7154, Bus Barn: 360-709-7700**



EAST OLYMPIA ELEMENTARY

8700 Rich Road SE
Olympia, WA 98501

(360) 709-7150

Fax (360) 709-7152

Patricia Kilmer, Principal

Edith Young, Secretary

Dear Parent/Guardian,

This year, East Olympia Elementary is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school—and themselves. Your student can start building this habit in preschool so they learn right away that going to school on time, every day is important. Consistent attendance will help children do well in high school, college, and at work.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

WHAT WE NEED FROM YOU

We miss your student when they are gone and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please contact Kristie Walter at (360) 709-7153.

OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school regularly or on time. For additional resources or support, Kaila Bell our school counselor can be reach at 360-709-7154. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children that are 6- or 7-years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements.

<http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.225>

We, the school, are required to take daily attendance and notify you when your student has an unexcused absence.

If your student has **three unexcused** absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that requires an assessment to determine how to best meet the needs of your student and reduce absenteeism if they are in middle or high school.

In **elementary school** after **five excused** absences in any month, or **ten or more excused** absences in the school year, the school district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and the parent, student and school have made plan so your student does not fall behind academically. If your student has an Individualized Education Plan or a 504 Plan the team that created the plan needs to reconvene.

If your student has **seven unexcused** absences in any month or **ten unexcused** absences within the school year, we are required to file a petition with the Juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition will be automatically stayed and your student and family may be referred to a Community Truancy Board or other coordinated means of intervention. If your student continues to be truant you may need to go to court.

At Tumwater School District, we have established the following rules on attendance that will help you ensure your student is attending regularly. <https://www.tumwater.k12.wa.us/Page/6021>

WHAT YOU CAN DO

- Set a regular bed time and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your child has the required immunizations.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- **Avoid appointments and extended trips when school is in session. Extended trips should be pre-arranged. The principal or designee may excuse no greater than 5 days per school year.**
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your students' teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

Sincerely,

Patty Kilmer, Principal

Liz Masunaga, Assistant Principal

Please use the chart below to help track your child's absences.

1	2	3	4	5	6	7	8	9	10
Date of absence									
11	12	13	14	15	16	17	18	19	20

**At Risk
** Chronic



After reviewing policy with your child, please sign and return the bottom section to your child's teacher.

Your signature below indicates that you have read and understand the attendance policies and procedures in Tumwater School District.

Student Name – First and Last

Classroom Teacher

Student signature

Parent signature

Date _____

Dear East Olympia Elementary Community:

The Tumwater School District adopted a new "Wellness, Physical Activity and Nutrition" policy in October of 2013. The purpose of this policy is to promote healthy habits and good nutrition. The procedures for this policy state that "snacks served during the school day or enrichment programs should make a positive contribution to children's diets and health, with an emphasis on serving fruits and vegetables as the primary snacks and water as the primary beverage." The procedures go on to say that "special events in classrooms and assemblies may deviate from the nutrition guidelines as long as they are infrequent and approved by the Principal." A full text of both policy and procedure can be found on the Tumwater School District website.

Although the new policy focuses on nutrition the number of students with food allergies attending East Olympia has risen. This year 25% of our population has food allergies, some being life threatening. Due to shared desks, computer equipment, supplies and materials, as well as the ease with which food residue is transferred from one student to another, we would like to keep our classrooms as safe as possible.

Please review the following general guidelines and discuss them with your child:

- No sharing of food in the lunchroom
- No sharing food at snack time
- Wash hands before eating
- Encourage hand washing after eating

If your child is in a class that has community snack please pick from the following items:

- | | | |
|--------------|--------------------|----------------------|
| • Fruit | rice cakes | raisins/ dried fruit |
| • Vegetables | popcorn | yogurt |
| • Cheese | fruit snacks/ropes | Pirate Booty |
| • Pretzels | beef jerky | summer sausage |
| • Crackers | graham crackers | Cereal (Cheerios) |

Teachers are being encouraged to come up with alternative food free rewards and celebrations. This includes birthdays. The school is looking to plan some celebrations during the year that support our PBIS program. All food items not on this list must be store bought, store prepared and cleared in advance by the teacher.

Our goal is to make school a safe place for all students. We appreciate your cooperation and understanding. If you have any questions or concerns feel free to contact our school office. Please see the reverse side for a list of exception dates that have been approved.

We wish you a happy and healthy school year.

Patty Kilmer, East Olympia Principal

Bob Gibson, Tumwater School District Food Service

Stephanie Roberts, School Nurse

EXCEPTION DATES TO THE FOOD POLICY

Foods other than those recommended in the District Food Policy may be served on the following dates. Please communicate with your child's teacher for further details.

We request that students keep the food in their classroom or the designated area where it is being served.

DATE
October 30, 2020
December (the last day before Winter Break)
February 12, 2021
May (the day of the P.T.O. Fun Run)
June (the day of 5 th grade Promotion) (the last full day of school)

EDUCATION FOR FREE AND

Complete, sign, and return this application to: YOUR STUDENT'S SCHOOL OR TSD FOOD SERVICES 2020 80TH AVE. TUMWATER, WA 98512

☐ Migrant

- | Student's Last Name | Student's First Name | MI | Foster | Date of Birth | School | Grade | Student Income | Weekly | Bi-weekly | 2 X Month | Monthly |
|---------------------|----------------------|----|--------------------------|---------------|--------|-------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
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- | Names of ALL other household members
(do not include students listed above) | Foster | Earnings from work
(before any deductions) | Weekly | Bi-weekly | 2 X Month | Monthly | Public Assistance/
Child Support/
Alimony | Weekly | Bi-weekly | 2 X Month | Monthly | Pensions/
Retirement/
Social Security (SSI) | Weekly | Bi-weekly | 2 X Month | Monthly | Any Other Income
Not Already Listed | Weekly | Bi-weekly | 2 X Month | Monthly |
|--|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
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- June 2020

6. **Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.**

Mark one or more racial identities:

- ☐ American Indian or Alaska Native ☐ Asian
☐ Black, or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one ethnic identity:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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This institution is an equal opportunity provider.

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. The following employee has been designated to handle questions and complaints of alleged discrimination: Civil Rights Coordinator and Title IX Coordinator: Shawn Batstone, 360-709-7030, shawn.batstone@tumwater.k12.wa.us and Section 504 Coordinator: Kelli Ehresmann 360-709-7040, kelli.ehresmann@tumwater.k12.wa.us Address: 621 Linwood Avenue SW, Tumwater, WA 98512

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: ☐ Basic Food/TANF/FDPIR/Foster ☐ Total Household Size ☐ Weekly ☐ Bi-Weekly ☐ 2x per Month ☐ Monthly ☐ Annual
☐ Income Household ☐ Total Household Income \$ _____ ☐ Other: _____

APPLICATION APPROVED FOR: ☐ Free Meals ☐ APPLICATION DENIED BECAUSE: ☐ Income Over Allowed Amount ☐ Other: _____
☐ Reduced-Price Meals ☐ Incomplete/Missing Information

Date Notice Sent _____

Signature of Approving Official _____

Date _____