

LITTLEROCK ELEMENTARY REIGISTRATION

Welcome to Littlerock Elementary! Please fill out all of the forms to register your student/s. If you are filling the forms out during the summer, please check back to see when the office will reopen. We return in mid-August. Thank you for completing all of the paperwork before returning the packets, *(unfortunately we cannot accept packets that are incomplete)*.

STUDENT REGISTRATION FORMS – Please complete ALL the included forms. We will not be able to accept or register a student if the packet is not complete. Thank you.

VERIFICATION OF RESIDENCY STATEMENT – Please complete this form and attach verification of your residency and a copy of your ID card, such as your driver's license.

IMMUNIZATION FORM – Please fill out the **Certificate of Immunization Status (CIS)** form.

Starting August 1, 2020, all immunization records turned in to schools or childcare 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's what you'll need:

Proof of Residency (CURRENT utility bill, lease or purchase agreement)

Copy of Driver's License

Birth Certificate

Immunization Form verified by physician (sample in packet)

Request for Transportation form to be filled out online (instructions in packet)

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

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

AM Bus Rt # _____

AM Bus Rt # _____

ALERT FLAG☐ Legal ☐ Medical

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

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

Student's Name LEGAL LAST	LEGAL FIRST	LEGAL MIDDLE NAME	BIRTHDATE (MM/DD/YY)	GRADE
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Above must be Student's "LEGAL" Name. Please note here other name/s used by this student (past and/or present).

GENDER

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

Is parent/legal guardian military or employed on
Federal property? ☐ Yes ☐ No
If yes, who? ☐ Father ☐ Mother ☐ Guardian

☐ Resident of Tumwater School District
☐ Transfer Student From Outside Tumwater District
☐ Transfer Student From Another School Within Tumwater District

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 ☐ Unlisted home phone
Home (____) _____ ☐ Check if NOT Local Area Code
Work (____) _____ ☐ Check if NOT Local Area Code
Cell (____) _____ ☐ Check if NOT Local Area Code
E-mail _____
Do you want TSD Family Web Access? ☐ YES ☐ NO

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 ☐ Unlisted home phone
Home (____) _____ ☐ Check if NOT Local Area Code
Work (____) _____ ☐ Check if NOT Local Area Code
Cell (____) _____ ☐ Check if NOT Local Area Code
E-mail _____
Do you want TSD Family Web Access? ☐ YES ☐ NO

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? ☐ Before school only ☐ After school only ☐ Both before and after school

Childcare Provider Name	Address	Phone
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Emergency contacts (other than parent/guardian)	Relationship to child	Phone #1 (include area code)	Phone #2 (include area code)
Last Name _____ First Name _____ First Contact	Relationship to child _____ 	<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 _____

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"/> Garbage Bill | <input type="checkbox"/> Rental Agreement/Lease (verification may be required) |
| <input type="checkbox"/> Water/Sewer Bill | |

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



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 All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? <u>LANGUAGE (student Profile) & Preferred Communication Language on Family Tab</u></p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>		
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	<p>2. What language(s) did your child first speak or understand? <u>NATIVE LANGUAGE (Student profile)</u></p> <p>3. What language does your child use the most at home? HOME LANGUAGE (student Profile)</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? FAMILY TAB (Home Language)</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p>		





Prior Education

Your responses about your child's birth country and previous education:

- 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.

This form is not used to identify students' immigration status.

6. In what country was your child born? _____

7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____Yes ____No

If yes: Number of months: _____

Language(s) of instruction: _____

8. When did your child first attend a school in the United States? (K-12th 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.



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/>



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"/> Guadeloupan	<input type="checkbox"/> Caribbean (Write in) _____

Black / African American – Central African		
<input type="checkbox"/> Angolan	<input type="checkbox"/> Congolese (Republic of the Congo)	<input type="checkbox"/> São Tomé
<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Congolese (Democratic Republic of the Congo)	<input type="checkbox"/> Príncipe
<input type="checkbox"/> Central African (Central African Rep)	<input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Central African
<input type="checkbox"/> Chadian	<input type="checkbox"/> Gabonese	(Write In) _____

Black / African American – East African		
<input type="checkbox"/> Burundian	<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Sudanese
<input type="checkbox"/> Comoran	<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> Ugandan
<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Mozambican	<input type="checkbox"/> Tanzanian (United Republic of Tanzania)
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Reunionese	<input type="checkbox"/> Zambian
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Rwandan	<input type="checkbox"/> Zimbabwean
<input type="checkbox"/> Kenyan	<input type="checkbox"/> Seychellois/Seychelloise	<input type="checkbox"/> East African
<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Somali	(Write In) _____
<input type="checkbox"/> Malawian	<input type="checkbox"/> South Sudanese	

Black / African American – Latin America		
<input type="checkbox"/> Argentine	<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Belizean	<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Bolivian	<input type="checkbox"/> French Guianese	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> South Georgia and the South Sandwich Islands
<input type="checkbox"/> Chilean	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Colombian	<input type="checkbox"/> Honduran	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Latin American (Write in) _____

Black / African American – South African		
<input type="checkbox"/> Botswanan	<input type="checkbox"/> Namibian	<input type="checkbox"/> Swazi
<input type="checkbox"/> Mosotho (Lesotho)	<input type="checkbox"/> South African	<input type="checkbox"/> South African (Write in) _____

Black / African American – West African		
<input type="checkbox"/> Beninese	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Saint Helenian
<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Liberian	<input type="checkbox"/> Senegalese
<input type="checkbox"/> Burkinabé (Burkina Faso)	<input type="checkbox"/> 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) _____			



**Tamara York
Principal**

Littlerock Elementary School

12710 Littlerock Road • Olympia • Washington • 98512

(360) 709-7250 • (360) 709-7252 facsimile

www.tumwater.k12.wa.us/schools/lre

Request for Student Records

Date: _____ Mailed/Faxed/emailed

Name of Student:
Date of Birth:
Grade:
Last School Attended:
Address:
City/State/Zip Code
Information Requested:
<input checked="" type="checkbox"/> Transcript <input checked="" type="checkbox"/> Health Information <input checked="" type="checkbox"/> Test Scores <input checked="" type="checkbox"/> Report Card
<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Immunizations <input checked="" type="checkbox"/> Attendance <input checked="" type="checkbox"/> Birth Certificate
PLEASE FAX SHOT RECORDS ASAP TO (360) 709-7252

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 listed in RCW 13.04.155.

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

PARENT/GUARDIAN SIGNATURE: _____



Please send all school records to:
Littlerock Elementary School
12710 Littlerock Road SW
Olympia, WA 98512
or email: teri.eklund@tumwater.k12.wa.us

"TIGER PRIDE"



Tamara York
Principal

Littlerock Elementary School

12710 Littlerock Road • Olympia • Washington • 98512
(360) 709-7250 • (360) 709-7252 facsimile
www.tumwater.k12.wa.us/schools/lre

SPECIAL EDUCATION INFORMATION

Student Name: _____

If your child has a **Current IEP/Special Education/504** that includes services for any of the following, please check all that apply.

Current Special Education Services:

- _____ Reading
- _____ Math
- _____ Written Language
- _____ Speech
- _____ Occupational Therapy
- _____ Behavioral Issues

Title/Lap Services (or other remedial academic support)

_____ Reading _____ Math

Anything else you would like us to know about your child's previous program?

_____ Please check if your child has not received remedial support in the past.

"TIGER PRIDE"



**Tumwater
School District**

SPECIAL SERVICES
621 LINWOOD AVENUE SW
TUMWATER, WA 98512
360-709-7040 FAX 360-709-7042

ATTENTION

Did your child receive Special Education Services at their previous school or have a 504? If so please fill out this form and alert the registrar that your child needs to have their Special Education/504 records requested for proper placement.

Name of Student: _____

Date of Birth: _____

Previous School attended: _____ **City/State** _____

Previous School District: _____

TSD School Enrolling at _____

FOR SCHOOL OP ONLY:

Please scan and email this form within 24 hours to:

tsd.ss.rr@tumwater.k12.wa.us

To ensure records are received in a timely manner – please DO NOT send this form through inter-district mail. Scan and Email form ONLY. DO NOT SEND THIS FORM WITH REQUEST FOR GENERAL EDUCATION RECORDS.



LITTLEROCK ELEMENTARY 2024-2025 STUDENT INFORMATION

STUDENT NAME:		Last:	First:	MI:
Grade:	Teacher:		Birthdate:	
Street Address:		City:	Zip Code:	
Mailing Address:		City:	Zip Code:	
Home Phone:				
1	NAME OF PERSON WITH WHOM CHILD LIVES WITH:			
Relationship:		Home Phone:	Cell Phone:	
Employer:		Work Phone:	Other:	
2	NAME OF PERSON WITH WHOM CHILD LIVES WITH:			
Relationship:		Home Phone:	Cell Phone:	
Employer:		Work Phone:	Other:	
BROTHERS/SISTERS IN SCHOOL:				
Name:		Birthdate:	School:	
Name:		Birthdate:	School:	
Name:		Birthdate:	School:	
DAYCARE PROVIDER:			Phone:	
EMERGENCY CONTACT: Persons to whom your child may be released to in the event of illness or an emergency, if parent is not available.				
NAME:			Phone:	
NAME:			Phone:	
NAME:			Phone:	
HOSPITAL PREFERENCE:			Phone:	
NOTE: In case of serious or sudden illness, or emergencies at school, the school will attempt to reach the student's parents or guardians. If the parent(s), or guardian(s), emergency contact person(s), or child's physician can not be reached and the situation is critical, the building administrator or designee will make a decision as to the most appropriate action to take in the student's best interest.				
PARENT/GUARDIAN SIGNATURE:			DATE:	

☐ My child will be riding the bus daily to and from the **HOME** residence.

NAME ON RESIDENCE:

NEAREST CROSS STREET:

NAME ON RESIDENCE:

NEAREST CROSS STREET:

- ☐ My child will be picked up daily by a private vehicle in the designated pick-up area
- ☐ My child will be attending Y-Care after school in the LRE gymnasium
- ☐ My child will be riding to the Boys & Girls Club

[illegible]

AM Route

PM Route

Driver

Department of Transportation requires this form to process online. PLEASE GO TO www.tumwater.k12.wa.us; then go to "Quick Links"; click on "Bus Transportation Request Form" and complete online. Thank you!

STUDENT TRANSPORTATION REQUEST

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

SCHOOL: _____

STUDENT NAME: _____ GRADE _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PARENT(S) NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK: _____ CELL: _____

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

DAYCARE/SITTER 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 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 your school, or Tumwater School District Transportation Dept. immediately at: (360) 709-7700

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



Health Services

Immunization Record Requirements – Enrolling Students

March 1, 2024

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 into 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!

Kelley Gilbert, BSN, RN
School Nurse

Angela Foresta
Health Assistant

360-709-7250
Phone



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): _____

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.

X

Parent/Guardian Signature _____

Date _____

X

Parent/Guardian Signature Required if Starting in Conditional Status _____

Date _____

	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 for School ● Required Child Care/Preschool						
▲▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
▲▲ DT or Td (Tetanus, Diphtheria)						
▲▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae</i> type b)						
▲▲ 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/MPSV (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:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

☐ Polio (all 3 serotypes must show immunity)

Printed Name _____

Licensed Health Care Provider Signature _____ Date _____

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

Health Care Provider or School Official Name: _____

Signature: _____

Date: _____

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

To print with the immunization information filled in:

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

To fill out the form by hand:

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

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

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

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hibbertix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Altuvia	Flu	FluAval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Temivac	Td
Bexsero	MenB	FluMist	Flu	Ipov	IPV	Pentacel	DTaP + Hib + IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twimrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kimrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

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



ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: _____ Date: _____
2024-2025

Student Name	Birthdate		Gender	Grade	Teacher
Parent/Guardian Name	Address	City	Zip Code	Cell/Home #	Work # Email
Parent/Guardian Name	Address	City	Zip Code	Cell/Home #	Work # Email
Health Care Provider	Phone	Preferred Hospital	Dental Care Provider	Other: _____	Phone
Type of Medical Insurance (circle one)	Private	Military/Tricare	Apple Health/Medicaid	None	
In an emergency and unable to reach parent/guardian, please contact:					
Emergency Contact Name	Address	City	Zip Code	Cell/Home #	Work # Email
Emergency Contact Name	Address	City	Zip Code	Cell/Home #	Work # Email
Life - Threatening Conditions RCW 26A.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 26A.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 Turnwater 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.

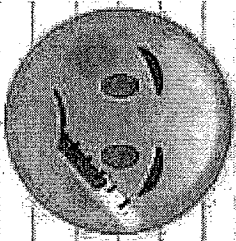
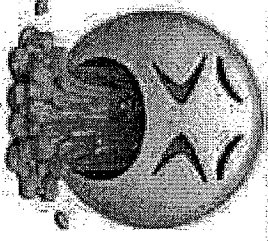
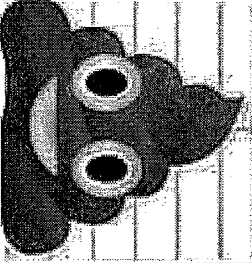
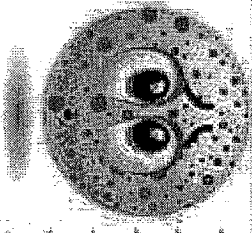
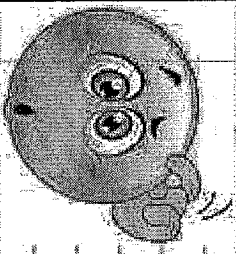
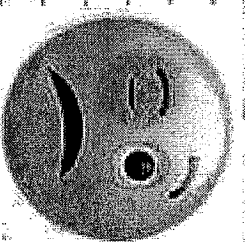
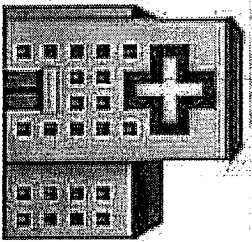
If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person, if at all possible, and call 911, if the injury or illness warrants it. I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her 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.

SIGN HERE

Parent/Guardian Signature

Date

I NEED TO STAY HOME IF...

I HAVE A	I AM	I HAVE	I HAVE A	I HAVE	I HAVE AN	I HAVE BEEN IN
FEVER 	VOMITING 	DIARRHEA 	RASH 	HEAD LICE 	EYE INFECTION 	THE HOSPITAL 
Temperature of 100.4 or higher	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever.	Itchy head, active head lice.	Redness, itching, and/or "crusty" drainage from eye.	Hospital stay and/or ER visit
I AM READY TO GO BACK TO SCHOOL WHEN I AM....						
Fever free for 24 hours without the use of fever reducing medication i.e. Tylenol, Motrin	Free from vomiting for 24 hours	Free from diarrhea for at least 24 hours	Free from rash, itching, or fever. I have been evaluated by my doctor if needed.	Treated with appropriate lice treatment at home and proof is provided to nurse.	Evaluated by my doctor and have note to return to school	Released by my medical provider to return to school



Tumwater
School District

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 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 the form below and return 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. Please note that FAMILY ACCESS is available for your use during the school year, from September through June only.

FAMILY ACCESS SIGN-UP – (This is for new users only. Sign up one time for your family.)

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:

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

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

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

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

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

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



Tamara York
Principal

Littlerock Elementary School

12710 Littlerock Road • Olympia • Washington • 98512
(360) 709-7250 • (360) 709-7252 facsimile
www.tumwater.k12.wa.us/schools/lre

CUSTODY ISSUES

Custody disputes must be handled by the courts. The school has no legal jurisdiction to refuse a biological parent access to their child and/or school records. The only exception is when signed restraining orders or proper divorce papers, specifically stating visitation limitations, are on file in the school office. Any student release situation which leaves the student's welfare in question will be handled at the discretion of the site administrator or designee. Should any such situation become a disruption to the school, the Thurston County Sheriff Department will be contacted and an Officer will be requested to intervene.

PARENTS ARE ASKED TO MAKE EVERY ATTEMPT NOT TO INVOLVE SCHOOL SITES IN CUSTODY MATTERS.

The school will make every attempt to reach the custodial parent when a parent or any other person not listed on the emergency contact list attempts to pick up a child.

I have read and understand the above statement.

Parent/Guardian Signature

Date

"TIGER PRIDE"