



TUMWATER HILL ELEMENTARY

REGISTRATION for 2022 - 2023

Please complete and return the following forms.

Registration Forms / Transportation Request

Name, address, birth date (we will need a copy of your child's **birth certificate**), emergency contact (someone other than parent), transportation, legal instructions (parenting plan or any other pertinent court documents) and other important information. To finish your student's registration we will also need to see **proof of residence**. Proof of residence can be a utility bill (not cell phone), lease agreement, purchasing documents, or something showing services received at your address with your name. **Thank you for completing this information so we can care for your child.**

Immunization Form / Student Medical Information

Please complete the enclosed *Certificate of Immunization Status (CIS)*. Along with your completed CIS form, you will also need to turn in a medically verified copy of your students immunizations. Please contact Linda Lord, our health assistant, with any questions.

Returning the Registration Forms

Please return your completed registration packet as soon as possible by one of the following methods.

1. Bring in to Tumwater Hill Elementary's office. (See website for hours at www.tumwater.k12.wa.us)
2. Dropping off at Tumwater School District office at 621 Linwood Avenue SW
Tumwater, WA 98512
3. Mailing it to Tumwater Hill Elementary, 3120 Ridgeview Ct SW, Tumwater, WA 98512.
4. Email it to the.office@tumwater.k12.wa.us

Questions

If you have questions regarding registration please call our office at (360)709-7300 or email our office at the.office@tumwater.k12.wa.us.

Thank you for doing the necessary paperwork to help ensure a smooth start!

**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? <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
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

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	M.I.	Relationship to child	Phone #1 (include area code)	Phone #2 (include area code)
First Contact				<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if 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"/> Guadeloupean	<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"/> Pohpeian	<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

Immunization Record Requirements – Enrolling Students

February 2022

Dear Parent or Guardian,

Since 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!

Kendra Larson, R.N. 360-522-3182
School Nurse

Linda Lord 360-709-7304
Health Assistant



Certificate of Immunization Status (CIS)

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

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

Child's Last Name: _____		First Name: _____		Middle Initial: _____		Birthdate (MM/DD/YYYY): _____	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.					
X		X					
Parent/Guardian Signature		Date		Parent/Guardian Signature Required if Starting in Conditional Status		Date	
▲ Required for School • Required Child Care/Preschool		MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)	
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						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.	
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						I certify that the child named on this CIS has:	
●▲ DT or Td (Tetanus, Diphtheria)						<input type="checkbox"/> A verified history of varicella (chickenpox) disease.	
●▲ Hepatitis B						<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.	
● Hib (<i>Haemophilus influenzae type b</i>)						<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A
●▲ IPV (Polio) (any combination of IPV/OPV)						<input type="checkbox"/> Hib	<input type="checkbox"/> Measles
●▲ OPV (Polio)						<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus
●▲ MMR (Measles, Mumps, Rubella)						<input type="checkbox"/> Polio (all 3 serotypes must show immunity)	
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox)							
<input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							
I certify that the information provided on this form is correct and verifiable.		Health Care Provider or School Official Name: _____ Signature: _____ Date: _____					
		If verified by school or child care staff the medical immunization records must be attached to this document.					

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.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	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
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).



2022-2023

ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: _____ Date: _____

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

Life –Threatening Conditions

RCW 28A.210.320 requires every public school to prohibit the attendance at school for any and all purposes for any student with a "Life-Threatening Condition" who does not have medication or treatment orders and a nursing care plan on file at the school. A "Life-Threatening Condition" is defined as a health condition that will put the child in danger of death during the school day if medication or treatment orders and a nursing care plan are not in place. Students who are not in compliance with RCW 28A.210.320 are prohibited from attendance until such time that they come into complete compliance. Any parent/legal guardian who contests the schools decision has the right to due process procedures as found in Tumwater School District Policy 3200.

Does your child have a life threatening condition? ☐ Yes ☐ No

Epi-Pen prescribed ☐ Yes ☐ No Allergic to: _____

Describe reaction: _____

Date of last reaction: _____

Does your child have severe asthma? ☐ Yes ☐ No

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

☐ Diabetes Type 1 ☐ Bleeding Condition: Describe _____

☐ Seizures: ☐ Current ☐ History Type _____

☐ Cardiac: Describe _____

Health Information

☐ No Medical Conditions

☐ Allergies: Please list _____

Describe mild reaction: _____

☐ Asthma Triggers: ☐ Resp. Infection ☐ Exercise ☐ Pollen ☐ Molds ☐ Smoke

☐ Strong odors/fumes ☐ Weather/Temp Change ☐ Food _____

☐ ADD/ADHD Dx by/year _____ ☐ ASD Dx by/ year _____

☐ Speech Condition ☐ Glasses/Contacts ☐ Hearing Aid(s) _____

☐ Feeding Support _____ ☐ Mobility Support _____

☐ Other Health Conditions _____

Medication(s) Currently Used: _____

Taken at: _____

☐ School ☐ Home

☐ School ☐ Home

☐ School ☐ Home

District Policy for Administering Medication to Students: Medications, prescriptive or over the counter, may be administered to students by building administrators or their designee(s) only with **WRITTEN PERMISSION of the parent/guardian AND a Licensed Health Care Provider's Order for Medication at School**. I understand that licensed health care providers have Authorization for Medication forms or the form is available at TSD schools or online at the TSD website.

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

Parent/Guardian Signature

Date

Created 12-12-19



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. <i>This form is not used to identify students' immigration status.</i>	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](https://creativecommons.org/licenses/by/4.0/).

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

McKinney-Vento Act 42 U.S.C. 11435

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.

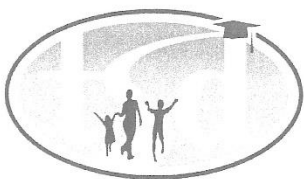
Additional Resources

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/>



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 _____

AM RT	MIDDAY RT	PM RT	OFFICE USE: AM ____ PM ____ TEACHER: _____
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Kindergarten Transportation Request

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

SCHOOL: _____

STUDENT NAME: _____

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'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



**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:

denise.reed@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.