



# Location: Tumwater FRESH Summer 2020 Application

Tumwater Farm: 146 Linwood Ave SW  
Tumwater, WA 98512

*Please turn in this application to a Tumwater Fresh staff member.*

Date Received	_____
Approved	_____
Start	_____
School 53	_____
#FTE	_____
SSID	_____

High School: \_\_\_\_\_

Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Student Email \_\_\_\_\_ Student Cell \_\_\_\_\_

Student Lives With Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Guardian \_\_\_\_\_ On Own \_\_\_\_\_ Student's Place of Birth (City, State, Country) \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian (1) Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian (2) Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**DOES YOUR STUDENT HAVE A LIFE-THREATENING OR OTHER MEDICAL CONDITION THAT REQUIRES MEDICATION AT SCHOOL OR A SCHOOL HEALTH PLAN? YES\_\_\_ NO\_\_\_**

**DOES YOUR STUDENT CARRY AN EPIPEN? YES\_\_\_ NO\_\_\_**      **DOES YOUR STUDENT CARRY AN INHALER? YES\_\_\_ NO\_\_\_**

**If yes to any of the above, please describe** \_\_\_\_\_

*Please note: The medication and treatment order must address the life threatening medical condition & **must be on file with the school prior to the first day of attendance.***

Reference RCW 28A.210.320

**Required for Federal and State Reporting:**

**Student Ethnicity** Not Hispanic\_\_\_ Hispanic\_\_\_

**Student Race** American Indian\_\_\_ Asian\_\_\_ Black\_\_\_ Pacific Islander\_\_\_ White\_\_\_ 2 or more races\_\_\_

**Has the student previously attended New Market Skills Center? YES\_\_\_ NO\_\_\_**

I authorize New Market to have access to all of my student's school records. I understand that completing this application does not assure my student's enrollment at New Market Skills Center.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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, gender identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination:  
 Civil Rights Coordinator: Assistant Superintendent Shawn Batstone, [shawn.batstone@tumwater.k12.wa.us](mailto:shawn.batstone@tumwater.k12.wa.us), (360)709-7030; Title IX Officer: Assistant Superintendent Shawn Batstone, [shawn.batstone@tumwater.k12.wa.us](mailto:shawn.batstone@tumwater.k12.wa.us), (360)709-7034; Section 504 Coordinator: Director Kelli Ehresmann, [kelli.ehresmann@tumwater.k12.wa.us](mailto:kelli.ehresmann@tumwater.k12.wa.us), (360)709-7040  
 Tumwater School District, 621 Linwood Avenue SW, Tumwater, WA 98512 Telephone: (360) 709-7000