## LITTLEROCK ELEMENTARY REIGISTRATION 2023-2024

Welcome to Littlerock Elementary Please print and fill out all of the forms to register your student/s. If you prefer you may pick up a packet during regular office hours. If you are filling the forms out during the summer, please check back to see when the office will be open. We return in mid-August. Thank you for completing all of the paperwork before returning the packets, it makes the process run smooth, (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 <u>and</u> 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 (<u>CURRENT</u> utility bill, lease or purchase agreement)
Copy of Driver's License
Birth Certificate
Immunization Form <u>verified by physician (</u>sample in packet)
Request for Transportation form to be filled out online (instructions in packet)
Request for Records



## **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#	2027/2016
	AM Bus Rt#	REMEMBERS
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WA State "SSID" Number								
	Residency Verification:							
Student's Name LEGAL LAST	LE	GAL FIRST		LEGAL MIDI	DLE NAME	BIRTHDATE (MI	M/DD/YY)	GRADE
Above must be Student's "LEGAL" Name. Please note	e here other r	name/s used by this	s student	(past and/or pi	resent).	1		GENDER
Street Address (Where Student Resides)		Apt.	.#	City		ZIP		
Mailing Address (If different from Street Address)		Apt.	.#	City	<del>, , , , , , , , , , , , , , , , , , , </del>	ZIP		
Birthplace (City/State)	***************************************	Birth Country (If o	ther than Un	nited States)	Student Ce	ell Number		
☐ Yes ☐ No Was English this student's first language ☐ Yes ☐ No Is English the primary language used in y	? your home?	☐ Yes ☐ No Has Primary language				nore than 3 full aca	ademic ye	ars?
Is parent/legal guardian military or employed on Federal property? ☐ Yes ☐ No If yes, who? ☐ Father ☐ Mother ☐ Guardia	□Trar	ident of Tumwater nsfer Student From nsfer Student From	Outside	Tumwater Dist		ict		
School Previously Attended District	School Previously Attended District Address (City/State/ZIP Code) Phone Number (include area code)						code)	
Has student ever attended Turnwater Schools?	; □ No			,	V	Vhen? (Month and	Year)	<del></del>
If Yes, name schools								
								<del> </del>
Student Lives With		•	Mother/S Agency		□ Father/Stepm □ Other		dparent	
Primary Household Parent/Guardian 1 Address same as above Relationship	to Student			Primary Pare	ent/Guardian 1 F	Phone   Unlis	sted home	∍ phone
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First Name						□ Check i		
Name of Company/Employer				Cell (	)	Check in	i NOT Local	Area Code
City/State								
Primary Household Parent/Guardian 2						eb Access?   Yhone   Unliste		
Address same as above Relationship		***				□ Check i		
Last Name				Work (	)	□ Check i	f <i>NOT</i> Local	Area Code
First Name  Name of Company/Employer				•		☐ Check if		
			<del></del>	E-mail				
City/State				Do you want	TSD Family We	b Access? □ YE	S 🗆 NO	

Second Household - Parent/Guardian 1 R	elationship to Student		Second Household Parent/	Guardian 1 Phone
Last Name				☐ Unlisted home phone
First Name			Home ()	☐ Check if NOT Local Area Co
Mailing Address				☐ Check if NOT Local Area C
City/State/Zip			Cell ()	☐ Check if NOT Local Area C
Name of Company/Employer			E-mail	
City/State			Do you want TSD Family W	eb Access?   YES   NO
Second Household - Parent/Guardian 2 R	elationship to Student		Second Household Parent/	
Last Name			_	☐ Unlisted home phone
First Name	Mic	Idle Initial		☐ Check if NOT Local Area Co
Mailing Address			Work ()	☐ Check if NOT Local Area C
City/State/Zip			Cell ()	☐ Check if NOT Local Area C
Name of Company/Employer	- Ann and Mario		E-mail	
City/State			Do you want TSD Family W	eb Access? ☐ YES ☐ NO
Is there a joint custody or parenting plan in pl	ace? □ Yes □ No If	yes, plan must be	on file with the school.	Please inform schoo if/when this situation
• • • • •	•			
Restraining order is against ☐ Mother ☐ F				
Restraining order is against  Mother  Fease list other siblings	ather □ Other			
Restraining order is against  Mother  Fease list other siblings				Grade Birthdate
Restraining order is against   Mother   Fease list other siblings  Last Name	ather □ Other			
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Restraining order is against	First Name  First Name  ituations occur involving yath a parent/guardian, plea	M.I.  /our child, we wan se list persons you chool only  Address  Relationsh to child	School  It to be able to quickly reach a family utrust, and who are available during  Both before and after school  Phone #1 (include area code)  Home Work Cell  Check if NOT Local Area Code  Home Work Cell  Check if NOT Local Area Code	Grade Birthdate    Market

☐ YES ☐ NO Please initial here

Please continue 🔿 🔿 🤿

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.

Page 3 Student Registration Form (Student Name)
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)
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: <a href="https://www.tumwater.k12.wa.us/parents/release information">www.tumwater.k12.wa.us/parents/release information</a> .
Automated Calls The law allows the District to make automated emergency calls (i.e., school cancellations, school
lock-downs, emergency closures) to telephone numbers you have provided regardless if you opt out of other messages.
Birth Certificate or alternative documentation of age child must be 5 years old on or before August 31 <sup>st</sup> (Alternative documentation could include but not limited to: a religious, hospital, or physician's certificate showing date of birth; an entry in
a family bible; an adoption record; an affidavit from a parent; a birth certificate; previously verified school records; or other documents permitted by law)
Proof of Residency (might be a telephone or utility bill, mortgage or lease document, parent affidavit, rent payment receipts,
a copy of a money order made for payment of rent, or a letter from a parent's employer that is written on company letterhead)
Tumwater School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, nation 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



Tumwat		RAC	EAND	ETH!	NICIT	Y DA	ATA SU	JRVEY		
School Distr	rict <i>Student I</i>	Vame	·····			Birt	th Date	School		
Please complete one su	rvey for each st	udent (no	ote form is f	front/back)	l. It asks y	ou to t	ell us the ro	ice and ethnic he	ritage of your child.	
Why do we need this informalong with census informal Washington is now required be aware that like our other.	tion to determin d to report this in	e funding formation	for schools for <b>EACH</b> s	s and educ student, bu	cational pro t the data	ograms is <b>NOT</b> r	and services reported witi	s for all students. I h the names of indi	Every school district in vidual students. Please	
Recently, the federal gover identify your child as Hispai							ta. Because	of these changes,	we need to ask you to	
Washington State now has							ne race and	the other narent w	ith another you will he	
able to check both races for		ries to em	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ij biic paic	ni iucnegio	S WILLIO	THE TOLE GITA	ane baner parein w	ili anolijet, you win be	
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□ Bolivian	☐ Costa Rica	<del></del>		☐ Guvai		□ Nat		☐ Puerto Rica		
☐ Brazilian	☐ Cuban			□ Hond			araguan	☐ Salvadorian		
☐ Other – (Write In)										
QUESTION 2: W	hat race(s) d	you c	onsider y	your chil	d? (Plea	se ch	eck ALL tl	nat apply)	, , , , , , , , , , , , , , , , , , ,	
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☐ Middle Eastern (Write in	n)				□ North African	(Write in)		
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The Home Language Survey is given to all students enrolling in Washington schools.

Student Name:		Grade:	Date:		
Parent/Guardian Name	Parent/Guardiar	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.	1. a) In what language(s) would your family prefer to receive written communication from the school?  b) Do you need an interpreter for meetings and phone calls (including ASL)?  Parent/Guardian Name #1:  Interpreter Needed? Yes No   Language  Parent/Guardian Name #2:				
личей поставляний в том в неволической от войно производительной должной в поставлений в поставлени	Interpreter Needed? Yes	No   Language			
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.	<ol> <li>What language(s) did your child find the second of the seco</li></ol>	te the most at home?  If in the home, regard  Inguage development	dless of the language		
<ul> <li>Prior Education</li> <li>Your responses about your child's birth country and previous education:</li> <li>Give us information about the knowledge and skills your child is bringing to school.</li> <li>May enable the school district to receive additional federal funding to provide support to your child.</li> <li>This form is not used to identify</li> </ul>	6. In what country was your child bo 7. Has your child ever received form (K-12 <sup>th</sup> Grade)YesN If yes: Number of months: Language(s) of instruction:  8. When did your child first attend a	al education outside lo			
students' immigration status.	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 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.

۵	Gas or Electric Bill		Escrow papers or mortgage statement	
a	Cable TV Bill		Renter's Insurance S	tatement
	Garbage Bill		Rental	
	Water/Sewer Bill		Agreement/Lease	
	DIII		(verification may be	
			required)	
Resident	Address:			
Parent/L	egal Guardian's Printed Name:			
Student's	Legal Printed Name:			School:
	Legal Printed Name:			
Student's	Legal Printed Name:	<u> </u>		School:
Student's	Legal Printed Name:			School:
outside of order for Underst verification	ew residency documentation and a f the district, I understand that as the student(s) to be considered for tand that falsification of any infon or the use of any address when prollment.	n Inter-district Tr continued attenda ormation or docu	ansfer Form must be ance.  mentation required	submitted in for residency
Parent/L	egal Guardian's Signature	Date	_	
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The docu student(s	ment(s) show(s) the name and add	ress of the person	s) enrolling the above	named
Principal	or Designee's Signature D	ate	School	
Review	w Busing information			
Docum	entation complete ! Document	ation 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 information can be found at the bottom of the page).	all that apply b	elow. (Submit t	o District Homeless	Liaison. Contact
☐ In a motel		A car, park, c	ampsite, or similar lo	ocation
☐ In a shelter		Transitional F	lousing	
☐ Moving from place to place/couch surfing		Other		
☐ In someone else's house or apartment with anoth	ner family			
☐ In a residence with inadequate facilities (no water	, heat, electric	ity, etc.)	`	
Name of Student:				,
First	Middle		Last	
Name of School:	Grade:	Birthdate:		Age:
			Month/Day/Year	
ADDRESS OF CURRENT RESIDENCE: PHONE NUMBER OR CONTACT NUMBER:				
PHONE NUMBER OR CONTACT NUMBER.	INA	WIE OF CONTA	40 i.	
Print name of parent(s)/legal guardian(s):(Or unaccompanied youth)				
*Signature of parent/legal guardian:(Or unaccompanied youth)			Date:	
*I declare under penalty of perjury under the laws of the and correct.	ne State of Wa	shington that th	ne information provid	led here is true
Please return completed form to the counselor a the Tumwater School District Office				
For School Personnel Only: For data collection purp	ooses and stud	lent information	system coding	
$\prod (N)$ Not Homeless $\prod (A)$ Shelters $\prod (A)$	(B) Doubled-U	n □ (C) Unshe	eltered (D) Hotels	s/Motels

## TUMWATER SCOOL DISTRICT 621 Linwood Avenue, Tumwater, WA 98512 (360) 709-7000

## MILITARY PARENT OR GUARDIAN AFFILIATION FORM

report the change.)

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

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:	For th	ne purpose of collecting the data please mark all that apply:	
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:		·	Forces, Reserves of the U.S.
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:		Yes a parent/guardian is a current member of the active duty U.S. Armed	l Forces.
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:		Yes a parent/guardian is a current member of the reserves of the U.S. Ar	med Forces.
forces, Reserves of the U.S. Armed Forces or Washington National Guard.  No Response/Refused to state.  Student Name:		Yes a parent/guardian is a current member of the Washington National 6	Guard.
Student Name:Grade:  Siblings:  Parent/Guardian:Date:		•	
Siblings: Parent/Guardian: Date:		No Response/Refused to state.	
Parent/Guardian: Date:	Studer	nt Name:	Grade:
	Sibling	s:	



## Glenn Spinnie Principal

Littlerock Elementary School
12710 Littlerock Road SW · Olympia, WA 98512
(360) 709-7250 · (360) 709-7252 facsimile www.tumwater.k12.wa.us/schools/lre

## **Request for Student Records**

Date:		_ Mailed/Fa	axed	d/emailed		
Name of Student: Date of Birth: Grade:						
Last School Attended: Address: City/State/Zip Code						
Information Requested: $\sqrt{Transcript}$ $\sqrt{Health Information}$	٦/	T	- 1	_		
<ul> <li>V Transcript</li> <li>V Health Information</li> <li>√ Discipline</li> <li>V Immunizations</li> </ul>	√ √	Test Scores Attendance		Report Card  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 conf volent behavior listed in RCW 13.04.155.	idential	discipline records that inclu	de histo	ry of disciplinary action, history of		
According to the Family Education Rights and Privacy Act (U.S. Code: Title 20 Section 12 Scool officials in school system in which the student intends to enroll, may receive a stu	3 g, s(6) dent's re	(1B), it is not necessary to o	obtain w	ritten consent to release records. uch release.		
PARENT/GUARDIAN SIGNATURE:  Please send all school records to:						

"TIGER PRIDE"

Littlerock Elementary School 12710 Littlerock Road SW Olympia, WA 98512 or email: teri.eklund@tumwater.k12.wa.us















## Tumwater School District

Transportation 2020 80<sup>th</sup> Ave. SW Tumwater, WA 98512 www.tumwater.k12.wa.us Dena Jordan
Transportation Supervisor
Jesse Hadley
Asst. Transportation Supervisor
Heather Cooley
General Education Router

Hello Tumwater Families.

As parents are registering their students and/or preparing for the next school year, Transportation would also like to prepare for next school year's bus routes. We will begin receiving requests on March 1, 2023. Transportation request forms will only be required for the following:

- New students
- Students with a change of address
- Students with a new or different alternate stop
- Students needing transportation to/from more than one household
- Students moving up from elementary school to middle school

It may take up to five days to assign or create a bus stop. In order to provide your child with transportation, it is necessary to have accurate information. Your address and phone number must be current in Skyward for us to route your student. If you need to update your information, please contact your school before submitting a request for transportation.

We are requesting that families use the online request form, accessible on the district website. Please go to <a href="https://www.tumwater.k12.wa.us/">https://www.tumwater.k12.wa.us/</a> and select "Bus Transportation Request Form" under "Quick Links." Enter your student's information, including any need for an alternate pick up or drop off location. In the "Notes or Comments" section, type "Fall 23-24," then select "submit" to send your form directly to Transportation.

If families are unable to access the online form, they may request a paper copy from their school or contact Transportation at 360-709-7700 to request a form be sent to you by email. Please note that a paper copy may take longer to process.

The earlier Transportation has all requests, the sooner we can get route information to families and schools.

Warm regards,

Tumwater School District Transportation Team

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

"Continuous Student Learning in a Caring, Engaging Environment"

PLEASE GO TO <u>www.tumwater.k12.wa.us</u>; then go to "Quick Links"; then click on "Bus Transportation Request Form" and fill out online; in "Notes or Comments" type "Fall 23-24" then submit online. If you <u>do not have</u> internet access then fill out this form. We have internet availability in the office. Thank you!

## STUDENT TRANSPORTATION REQUEST

The following information must be completed, <u>in</u> order for transportation to be provided.

SCHOOL:		
STUDENT NAME:	GRADE	
ADDRESS:		
PARENT(S) NAME:		
ADDRESS:		
HOME PHONE:WORK'	CELL:	
If student will be getting ON the bus from a da	aycare/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	·
necessary to have accurate and current inform	R CREATE A BUS STOP. In order to provide your child with school to pation. If CHANGES occur in ANY Of the above information (I.e.: stude Tumwater School District Transportation Dept. immediately at: (360)	nt moves, changes
Transportation Office (360) 709-7700 F	Fax (360) 709-7702	
Office only: Did parent fill ou	ut form online? YESNO	



## **Health Services**

## Immunization Record Requirements – Enrolling Students

February 11, 2022

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 <u>Certificate of Immunization Status (CIS)</u> signed by a health care provider. Find the CIS form by visiting <u>https://www.doh.wa.gov/SCCI</u> 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 <a href="https://wa.myir.net/register">https://wa.myir.net/register</a> 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!

Melissa Merten RN, BSNAngela Foresta360-709-7250School NurseHealth AssistantPhone





## Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade Entry

DOH 348-013 May 2016

Reviewed by: Office Use Only: Date 0.3 10 Signed Cert. of Exemption on file? [] Yes [] No	

Child's Last Name: Firs	First Name:		Middle Initial:	•	Birthdate (W	(MM/DD/YYYY):	,	Sex:	
				-	12/13/2013	-		X	
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record	e immunization i school maintain	nformation with	the	I certify that	I certify that the information provided on this form is correct and verifiable	provided on this	form is correct	and verifiable.	
The state of the s		را	3-12		7			2	3-19
Parent/Guardian Signature Required			Date		Parent/Guardian Signature	re Required			Date
Assessment of Immunizations					Printed or provider (N	r stamped nam	Hackaldus P124CUS	Printed or stamped nanachalalls Roadia tuanad provider (MD, DO, PA, ARYPONE BILBARA WBY SVV	ed healthcare
☐ A) Temporary Certificate – Expires ☑ B) Complete for GRADE K-5			PA	PASS	Validated by the Information System	by the WA	Olympia, \ State Immun	Olympia, WA 98502 Validated by the WA State Immunization Information System	08/23/2019
	:				Certified by	by (Signature/Stamp or WAIIS)	mp or WAIIS)		Date of Issue
Vaccine	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Disease MM/DD/YY	Positive Titer	History WMM/DD/YY
		R	Required Vaccines for School Entry	es for School E	ntry				
OTaP, DT (Diphtheria, Tetanus, Pertussis)	01/08/15	02/25/15	02/01/16	03/13/19					
Td (Tetanus, Diphtheria)									
Hepatitis B ☐ Check here if 11-15 years, 2-dose schedule used	12/13/13	04/02/19	08/23/19						
MMR (Measles, Mumps, Rubella)	03/13/19	08/23/19	9						
PV or OPV (Polio)	01/08 5	02/25	02/	3/13/19					
Varicella (Chickenpox)	03/13/19	08/28/19			•	1			
			Recomite	Resommende Vaccines					
Hepatitis A	04/02/19								
Hib (Haemophilus influenzae type B)	01/08/15	02/25/15	02/01/16						
HPV (Human Papilloma Virus)		-							
nfluenza	04/02/19								
MCV, MPSV (Meningococcal)									
CV, PPSV (Pneumococcal)									
Rotavirus									



## 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.

Rotavirus	MenB (Meningococcal Disease type B)	MCV/MPSV (Meningococcal Disease types A, C, W, Y)	HPV (Human Papillomavirus)	Hepatitis A	Flu (Influenza)	Recommended Va	◆ Varicella (Chickenpox)     ☐ History of disease verified by IIS	PCV/PPSV (Pneumococcal)	◆▲ MMR (Measles, Mumps, Rubella)	◆▲ OPV (Polio)	◆▲ IPV (Polio) (any combination of IPV/OPV)	Hib (Haemophilus influenzae type b)	• ▲ Hepatitis B	• ▲ DT or Td (Tetanus, Diphtheria)	▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)	• ▲ DTaP (Diphtheria, Tetanus, Pertussis)	Require	▲Required for School • Required Child Care/Preschool	Parent/Guardian Signature	X	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.	Child's Last Name:
						Recommended Vaccines (Not Required for School or Child Care Entry)											Required Vaccines for School or Child Care Entry	Date Date Date MM/DD/YY MM/DD/YY	Date		to add immunization information into the hool maintain my child's record.	First Name:
						d Care Entry)											try	Date Date Date MM/DD/YY MM/DD/YY	Parent/Guardian Signature Require	X		Middle Initial:
Printed Name			Picetised Heath Care Flovider Signamie Date				□Polio (all 3 serotypes must show immunity)	□ Rubella □ Tetanus □ Varicella	□ Hib □ Measles □ Mumps	□ Diphtheria □ Hepatitis A □ Hepatitis B	disease(s) marked below.	☐ Laboratory evidence of immunity (titer) to	☐ A verified history of varicella (chickenpox)	I certify that the child named on this CIS has:	fied by a health care provider.	varicella (chickenpox) disease or can show	If the child named in this CIS has a history of	Documentation of Disease Immunity (Health care provider use only)	n Signature Required if Starting in Conditional Status Date		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.	Birthdate (MM/DD/YYYY):

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

Health Care Provider or School Official Name:

If verified by school or child care staff the medical immunization records must be attached to this document.

Date:

## 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: waiisrecords@doh.wa.gov or 1-866-397-0337.

## To fill out the form by hand:

- 1. Print your child's name and birthdate, and sign your name where indicated on page one.
  2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
- 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
- 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. 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.
- . Provide proof of medically verified records, following the guidelines below

<u>Acceptable Medical Records</u>
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

child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care. 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

catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete. 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

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

Engerix-B	Daptacel	Cervarix	Boostrix	Bexsero	Afluria	Adacel	ActHIB	Trade Name
								33
Hep B	DTaP	2vHPV	Tdap	MenB	Flu	Tdap	Hib	Vaccine
Gardasil 9	Gardasil 4	Fluzone	Fluvirin	FluMist	FluLaval F	Flucelvax	Fluarix	Trade Name V
9vHPV	4vHPV	Flu	Flu	Flu	Flu	Flu	Flu	Vaccine
Menomune ]	Menacira	Kinrix ]	Infanrix	Ipol	HibTITER	Hiberix	Havrix 1	Trade Name
MPSV4	MCV or MCV4	DTaP + IPV	DTaP	IPV	Нів	Hib	Нер А	Vaccine
Recombivax HB Hep B	ProQuad	Prevnar	Рпешпочах	Pentacel	PedvaxHIB	Pediarix	Menyeo	Trade Name
Нер В	MMR + Varicella	PCV	PPSV	DTaP + Hib +IPV	Нів	DTaP + Hep B + IPV RotaTeq	Meningococcal	Vaccine
	Varivax	Vaqta	Twinrix	Trumenba	Tenivac		Rotarix	Trade Name   Vaccine
	Varicella	Hep.A	Hep A + Hep B	MenB	Td	Rotavirus (PV5)	Rotavirus (RV1)	Vaccine



# ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: 2023-2024

Student Name		Birthdate	Gender	er Grade		Teacher
Parent/Guardian Name	Address	Сіту	Zip Code	Cell/Home #	Work #	Email
Parent/Guardian Name	Address	City	Zip Code	Cell/Home #	Work #	Email
Health Care Provider	Phone Private	Prefer Military/Tricare Apple He	Preferred Hospital  Annie Health/Medicaid None	Dental Care Pr	ovider Other	Phone
In an emergency and unable to reach parent/guardian, please contact:	ent/guardian, please contac	y incure				
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 28 A210 320 requires every public school to prohibit the attendance at school for	ns	he attendance at school for	Health Information		No Medical Conditions	าร
any and all purposes for any student with a "Life-Threatening Condition" who does not	nt with a "Life-Threatenin	g Condition" who does not	☐ Allergies: Please list	St.		
"I fe-Threatening Condition" is defined as a health condition that will put the child in	s and a nursing care plai ned as a health condition	n on file at the school. A that will put the child in	Describe mild reaction			
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	lay if medication or treatr	ment orders and a nursing nce with RCW 28A 210 320	) ☐ Asthma Triggers:	□Resp. Infection □Exercise		□Pollen □Molds □Smoke
are prohibited from attendance until such time that they come into complete	such time that they com	ne into complete	☐Strong odors/fumes	☐Weather/Temp Change ☐Food	Change □Food	
to due process procedures as found in Tumwater School District Policy 3200.	d in Tumwater School Di	strict Policy 3200.	□ADD/ADHD Dx by/year	/ear	□ASD Dx by/ year_	
Does your child have a life threatening condition? $\square Yes \ \square No$	ing condition? □Yes □	No	☐Speech Condition	□Glasses/Contacts	□Glasses/Contacts □Hearing Aid(s)	
Epi-Pen prescribed ∐Yes □No Allergic to:	llergic to:		□Feeding Support		☐Mobility Support_	
Describe reaction:  Date of last reaction:			□Other Health Conditions	tions		
Does your child have severe asthma? $\square$ Yes $\square$ No i.e. ER visit/Hospital Stay/Oral Steroids/2 unplanned visits for asthma in the last year?	a?	or asthma in the last year?	Medication(s)Currently Used:	y Used:	Taken at	า at
☐ Diabetes Type 1 ☐ Bleeding Condition: Describe	ondition: Describe				School	hool □Home
☐ Seizures: ☐ Current ☐ History Type	Туре				School	hool ⊟Home
Cardiac: Describe					□Scl	]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	cation to Students: Med	ications, prescriptive or ove	r the counter, may be adr	ninistered to student	s by building admin	istrators or their designee(s
only with WRITTEN PERMISSION of the parent/quardian 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.	f the parent/guardian A ication forms or the form	ND a Licensed Health Ca	re Provider's Order for No sor online at the TSD we	<b>/ledication at Scho</b> osite.	ol. I understand tha	t licensed health care

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 SIGN

Date



## LITTLEROCK ELEMENTARY 2023-2024 STUDENT INFORMATION

STUDENT NAME:	Last:	First:	MI:
Grade:	Teacher:	i .	Birthdate:
Street Address:		City:	Zip Code:
Mailing Address:		City:	Zip Code:
Home Phone:			
1 NAME OF PERS	SON WITH WHOM CH	ILD LIVES WITH:	
Relationship:		Home Phone:	Cell Phone:
Employer:		Work Phone:	Other:
2 NAME OF PERS	SON WITH WHOM CH	ILD 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 PROVIDE	R:		Phone:
emergency, if paren		n your child may be released	to in the event of illness or an
NAME:			Phone:
NAME:			Phone:
NAME:			Phone:
HOSPITAL PREFEREI	NCE:		Phone:
the student's parer child's physician car	nts or guardians. If the not be reached and	he parent(s), or guardian(s),	the school will attempt to reach emergency contact person(s), or building administrator or designee udent's best interest.
PARENT/GUARDIAN	N SIGNATURE:		DATE:

## LITTLEROCK ELEMENTARY SCHOOL STUDENT TRANSPORTATION INFORMATION

 $\square$  My child will be riding the bus daily to and from the **HOME** residence.

If student will be	e getting <u>ON</u> the b	us from a location other than home	e, please complete the following:
NAME ON RESID	DENCE:		
STREET ADDRES	S:		
NEAREST CROSS	STREET:		
If student will be	getting OFF the b	ous to a location other than home, p	please complete the following:
NAME ON RESID	DENCE:		!
STREET ADDRES	S:		
NEAREST CROSS	STREET:		
☐ My child will	be picked up daily	by a private vehicle in the designat	ed pick-up area
☐ My child will	be attending Y-Car	re after school in the LRE gymnasiu	n
☐ My child will	be riding to the Bo	ys & Girls Club	
	***************************************		
		**************************************	
		Please Fill in Bus Information	
AM Route	en e	PM Route	Driver



## **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	<del>()                                    </del>
Previous School District:		
TSD School Enrolling at		

Please scan and email this form within 24 hours to: denise.reed@tumwater.k12.wa.us

FOR SCHOOL OP ONLY:

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 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, so that we can access your student's IEP and begin to provide services as soon as possible.
Current Special Education Services:
ReadingMathWritten LanguageSpeechOccupational TherapyBehavioral Issues
**************************************
Reading Math
Anything else you'd like us to know about your child's previous program?  ———————————————————————————————————
My child has not received any remedial support in the past.



## **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.

School District students e	nroll, they will be added to your a	account autom	atically.
How will you use FAMILY ACCE	SS?		
1. To view and verify information	about your student:		
<ul> <li>Contact information*</li> </ul>	• R	eport cards	
Attendance records	• H	ealth records*	
<ul> <li>Lunch account purchases</li> </ul>			
, -	is popular feature allows middle assignments on a regular basis.	school and hig	h school students and
*To update contact information	or health records, call your stude	ent's school.	
2. To add money to your student's l	unch account.		
3. To change how our phone messa example, do you want emergency can how can you sign up for FAMILY child's school or email the information contacts.) Your username and paracters are available for your use of the contacts.	ACCESS? It's easy. Fill out the nation to your FAMILY ACCESS on assword will be emailed or sent	eral messages to form below contact. (See to you. Plea	to another?  and return to your  reverse side for list of  se note that FAMILY
FAMILY ACCESS SIGN-UP — (	Parent/Guardian	า	e for your family.)
Name:	Last Name		
Current Address:			
Best Daytime phone #:	Email Address:		77774 81674 80671 80671 80
I give permission to use the above related communications. Put an		Yes	No
Student First Name (List all students and school sites.)	Student Last Name:	Site:	



## **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 the emergency contact list attempts to pick up a child.	other person not listed on
I have read and understand the above statement.	
	**************************************
Parent/Guardian Signature	Date

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