

2022-2023 Kindergarten Enrollment/Registration Required Document Checklist

Cascade View Elementary

Thorndyke Elementary

Tukwila Elementary

_____ **Proof of Age** (Birth Certificate, I-94, US Visa, or Passport)

_____ **District Registration Form** (2-page | 2-part form)

_____ **Verification of Address Form + Proof of Residency**

Proof of residency can include:

- Mortgage Statement
- Rental/lease agreement that includes the name of the student as a resident
- Utility bill that is attached to the dwelling in one or both parent's names

A copy of this information will be retained at the school.

*IMPORTANT: If you cannot provide proof of residency, you will need to obtain a **Residential Verification Form** from the registrar. The **Residential Verification Form** must be completed **AND SIGNED BY THE PROPERTY OWNER OR TENANT WITH** proof of their residency (see above). This is necessary to enroll your child(ren) in the Tukwila School District.*

_____ **Student Housing Form** (Page 1)

_____ **OSPI Home Language Survey (HLS) Form – multiple languages** (Page 2)

_____ **Title VI – Student Eligibility Certification Form** (Page 3)

_____ **Student Health Form/Medical Authorization** (Front + Back of Page 4)

_____ **Required Health Physical Form completed by Physician & Parent** (Page 5)

_____ **Transportation Information Form** (Page 6)

_____ **Military Status Form** (Page 7)

_____ **FERPA Form** (Page 8)

Thank you for your interest in the Tukwila School District!



Student Registration Form

Tukwila School District No. 406
4640 South 144th Street,
Tukwila, WA 98168

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

Other ID	Grade/Advisor	Proof of Address	District Entry Date	School Entry Date	Health Info Verified?	CV TH TUK SMS FHS
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STUDENT INFORMATION

STUDENT NAME: LEGAL LAST NAME:		LEGAL FIRST NAME:		LEGAL MIDDLE NAME:		ALSO KNOWN AS:
BIRTHDATE (M/D/Y)	GENDER (M / F)	BIRTHPLACE: CITY STATE COUNTRY			GRADE LEVEL	
		GENDER IDENTITY (M / F)				
HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A:				HAS YOUR CHILD EVER BEEN RETAINED?		
SPECIAL ED PROGRAM?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT GRADE LEVEL(S)? _____
SECTION 504 PLAN?		<input type="checkbox"/> YES <input type="checkbox"/> NO		STUDENT ENTERED THE US MONTH – DAY - YEAR		*OPTIONAL* ARE YOU A REFUGEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

FAMILY INFORMATION

STUDENT LIVES WITH (CHECK ONE): <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> GRANDPARENTS <input type="checkbox"/> FATHER/STEPMOTHER <input type="checkbox"/> MOTHER/STEPFATHER <input type="checkbox"/> STEPFATHER/STEPMOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> AGENCY <input type="checkbox"/> OTHER _____	PARENT/GUARDIAN #1 (Primary household where student resides)		
	LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
	CELL PHONE	HOME PHONE	WORK PHONE
	INTERPRETER NEEDED?	EMAIL ADDRESS	
	PARENT/GUARDIAN #2 (Primary household where student resides)		
	LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
CELL PHONE	HOME PHONE	WORK PHONE	
	INTERPRETER NEEDED?	EMAIL ADDRESS	
ADDRESS (Primary household where student resides)	STREET		APT #
	CITY	STATE	ZIP
MAILING ADDRESS (If different from above)	STREET		APT #
	CITY	STATE	CITY
PARENT/GUARDIAN #1 (Secondary household where student resides)			
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	
CELL PHONE	HOME PHONE	WORK PHONE	
INTERPRETER NEEDED?	EMAIL ADDRESS		
PARENT/GUARDIAN #2 (Secondary household where student resides)			
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	
CELL PHONE	HOME PHONE	WORK PHONE	
INTERPRETER NEEDED?	EMAIL ADDRESS		
ADDRESS	STREET		APT #
	CITY	STATE	ZIP

LEGAL INFORMATION

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? YES NO

(If yes, plan must be on file with the school) Copy Attached

IS THERE A RESTRAINING ORDER IN EFFECT? YES NO

(If yes, legal papers must be on file with the school) Copy Attached

Restraining order is against: Mother Father Other_____

EMERGENCY CONTACT INFORMATION

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

LOCAL EMERGENCY CONTACT #1		Relationship to Student	Phone #1 (include area code)			Phone #2 (include area code)		
<i>Last name</i>	<i>First Name</i>		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
LOCAL EMERGENCY CONTACT #2		Relationship to Student	Phone #1 (include area code)			Phone #2 (include area code)		
<i>Last name</i>	<i>Last name</i>		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell

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 persons listed above as emergency contacts.

Signature of Legal Parent/Guardian: _____	Date: _____
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PREVIOUS SCHOOL INFORMATION

NAME OF SCHOOL	ADDRESS	CITY/STATE/ZIP	GRADE	ENTRY DATE	WITHDRAWAL DATE
HAS STUDENT EVER ATTENDED TUKWILA PUBLIC SCHOOLS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF SCHOOL ATTENDED: _____				DATE ATTENDED (MONTH/YEAR)	
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____					
DOES STUDENT ATTEND CHILD CARE? IF SO WHEN? <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> BEFORE AND AFTER SCHOOL					
PLEASE LIST OTHER SIBLINGS ATTENDING TUKWILA SCHOOL DISTRICT					
LAST NAME	FIRST NAME	SCHOOL	GRADE		

Race - Ethnicity Data Collection



Student Last Name: _____ Student First Name: _____

Date of Birth: _____ Grade: _____

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s).
Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Ethnicity

Hispanic: Yes No

- | | | | | | | | |
|--------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|---|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Argentine | <input type="checkbox"/> Bolivian | <input type="checkbox"/> Brazilian | <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Chilean | <input type="checkbox"/> Colombian | |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Honduran | <input type="checkbox"/> Jamaican |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Native | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Surinamese | <input type="checkbox"/> Uruguayan | <input type="checkbox"/> Venezuelan | <input type="checkbox"/> Hispanic/Latino Write in: _____ | | |

Race

Black/African-American

- Black/African-American African American African Canadian

Caribbean:

- Anguillian Antiguan Bahamian Barbadian Grenadian British Virgin Islander
 Caymanian (Cayman Island) Cuba Dominican Dominican (Dominican Republic) Dutch Antillean (Netherlands Antilles)
 Barthélemois/Barthélemoises (Saint Barthélemy) Guadeloupian Haitian Jamaican Martiniquais/Martiniquaise
 Montserratian Puerto Rican Caribbean Write in: _____

Central African:

- Angolan Central African (Central African Republican) Cameroonian Chadian
 Congolese (Republic of the Congo) Congolese (Democratic Republic of the Congo) Equatorial Guinean Gabonese
 São Toméan Príncipe Central African Write in: _____

East African:

- Burundian Comoran Djiboutian Eritrean Ethiopian Kenyan
 Malagasy (Madagascar) Malawian Mauritian (Mauritius) Mahoran (Mayotte) Mozambican Reunionese
 Rwandan Seychellois/Seychelloise Somali South Sudanese Sudanese Ugandan
 Zimbabwean Zambian Tanzanian (United Republic of Tanzania) East African Write in: _____

Latin America:

- Argentine Belizean Bolivian Brazilian Chilean Colombian
 Costa Rican Ecuadorian El Salvadorian Falkland Islander French Guianese Guatemalan
 Guyanese Honduran Mexican Nicaraguan Panamanian Paraguayan
 Peruvian South Georgia and the South Sandwich Islands Surinamese Uruguayan Venezuelan
 Latin American Write in: _____

South African:

- Botswanan Mosotho (Lesotho) Namibian South African Swazi
 South African Write in: _____

West African:

- Beninese Bissau-Guinean Burkinabé (Burkina Faso) Cabo Verdean Ivorian (Cote d'Ivoire) Gambian
 Ghanaian Liberian Malian Mauritanian Nigerien (Niger) Nigerien (Nigeria)
 Saint Helenian Senegalese Sierra Leonean Togolese West African Write in: _____

Black Write in: _____

Race - Ethnicity Data Collection



White

White

Eastern European:

Bosnian Herzegovinian Polish Romanian Russian Ukrainian Eastern European Write in: _____

Middle Eastern and North African:

Algerian Amazigh or Berber Arab or Arabic Assyrian Bahraini Bedouin Chaldean Copt
 Druze Egyptian Emirati Iranian Iraqi Israeli Jordanian Kurdish Kuwaiti
 Lebanese Libyan Moroccan Omani Palestinian Qatari Saudi Arabian Syrian
 Tunisian Yemeni Middle Eastern Write in: _____ North African Write in: _____

White Write in: _____

American Indian/Alaskan Native

American Indian/Alaskan Native

Washington State Tribes:

Chinook Tribe Confederated Tribes and Bands of the Yakama I Confederated Tribes of the Chehalis Reservation
 Confederated Tribes of the Colville Reservation Cowlitz Indian Tribe Duwamish Tribe
 Hoh Indian Tribe Jamestown S'Klallam Tribe Kalispel Indian Community of the Kalispel Reservation
 Kikiallus Indian Nation Lower Elwha Tribal Community Lummi Tribe of the Lummi Reservation
 Makah Indian Tribe of the Makah Indian Reservation Marietta Band of Nooksack Tribe Muckleshoot Indian Tribe
 Nisqually Indian Tribe Nooksack Indian Tribe of Washington Port Gamble S'Klallam Tribe
 Puyallup Tribe of Puyallup Reservation Quileute Tribe of the Quileute Reservation Quinault Indian Nation
 Samish Indian Nation Sauk-Suiattle Indian Tribe of Washington Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
 Skokomish Indian Tribe Snohomish Tribe Snoqualmie Indian Tribe
 Snoqualmoo Tribe Spokane Tribe of the Spokane Reservation Squaxin Island Tribe of the Squaxin Island Reservation
 Steilacoom Tribe Stillaguamish Tribe of Indians of Washington Suquamish Indian Tribe of the Port Madison Reservation
 Swinomish Indian Tribal Community Tulalip Tribes of Washington

Alaska Native Write in: _____

American Indian Write in: _____

Asian

Asian Asian Indian Bangladeshi Bhutanese Burmese/Myanmar Cambodian/Khmer Cham
 Chinese Filipino Hmong Indonesian Japanese Korean Lao
 Malaysian Mien Mongolian Nepali Okinawan Pakistani Punjabi
 Singaporean Sri Lankan Taiwanese Thai Tibetan Vietnamese

Asian Write in: _____

Native Hawaiian/Other Pacific Islander

Native Hawaiian/Other Pacific Islander Carolinian Chamorro Chuukese Fijian i-Kiribati/Gilbertese
 Kosraean Maori Marshallese Native Hawaiian Ni-Vanuatu Palauan Papuan
 Pohpeian Samoan Solomon Islander Tahitian Tokelauan Tongan Tuvaluan
 Yapese Pacific Islander Write in: _____



a world of possibility

4640 S. 144th St. Tukwila, WA 98168 | (206) 901-8000 | tukwila.wednet.edu

2022-2023

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, please do not complete this form and initial here: _____

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).

- Checkboxes for housing types: In a motel, In a shelter, Moving from place to place/couch surfing, In someone else's house or apartment with another family, In a residence with inadequate facilities (no water, heat, electricity, etc.), A car, park, campsite, or similar location, Transitional Housing, Other.

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:

Julie Herdt
District Liaison

(206) 901-7625
Phone Number

Tukwila Elementary
5939 S. 149th St, Tukwila, WA 98168
Location

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; or are awaiting foster care placement;

(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>

The District will provide equal educational opportunity and treatment for all students in all aspects of the academic and activities program without discrimination based on race, religion, creed, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, gender expression or identity), marital status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability. The district will provide equal access to school facilities to the Boy Scouts of America and all other designated youth groups listed in Title 36 of the United States Code as a patriotic society. District programs will be free from sexual harassment (Policy 3210).



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 _____		
<p>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.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)</p> <p>_____</p> <p>Month Day Year</p>	

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.



ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Tukwila School District – Student Health Record

Student Name: (last) _____ (first) _____ Birthdate: _____

School: _____ Phone 1: (_____) _____ Phone 2: (_____) _____

State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes or seizures have a care plan completed prior to the first day of school. Contact the school nurse as soon as possible to complete the proper forms.

Does your student have a LIFE-THREATENING health condition? Yes No

MEDICAL HISTORY (check all that apply)

<p>Life-Threatening Conditions: (Care plan is REQUIRED)</p> <p>EG <input type="checkbox"/> Anaphylaxis (Epi-pen prescribed) Allergen/s:</p> <p>EK <input type="checkbox"/> Diabetes Type 1</p> <p>NP <input type="checkbox"/> Seizures – (Emergency medication required)</p> <p>RG <input type="checkbox"/> Asthma – Severe</p> <p><input type="checkbox"/> Other Life-Threatening Condition:</p> <p>Congenital / Genetic</p> <p>AH <input type="checkbox"/> Down Syndrome</p> <p>AJ <input type="checkbox"/> Fetal Alcohol Spectrum Disorder</p> <p><input type="checkbox"/> Please list:</p> <p>Blood / Hematology</p> <p>BA <input type="checkbox"/> Anemia</p> <p>BB <input type="checkbox"/> Hemophilia</p> <p>BC <input type="checkbox"/> Sickle Cell Disease Trait</p> <p>OJ <input type="checkbox"/> History of Severe Nosebleeds</p> <p><input type="checkbox"/> Other Blood Condition:</p> <p>Cardiac / Heart</p> <p>CC <input type="checkbox"/> Heart Birth Defect</p> <p>CD <input type="checkbox"/> Heart Murmur</p> <p><input type="checkbox"/> Other Cardiovascular Condition:</p> <p>Allergy, Immune, Endocrine, Metabolic and Nutritional</p> <p>ED <input type="checkbox"/> Allergy – Food</p> <p>EE <input type="checkbox"/> Allergy – Insect</p> <p><input type="checkbox"/> Allergy – Other List:</p> <p>EL <input type="checkbox"/> Diabetes Type 2</p> <p><input type="checkbox"/> Other Endocrine, Immune, Nutritional or Metabolic:</p> <p>Gastrointestinal, Dental and Oral</p> <p>GA <input type="checkbox"/> Celiac</p> <p>GG <input type="checkbox"/> Food Intolerance List:</p> <p>GL <input type="checkbox"/> Lactose Intolerance</p> <p>GF <input type="checkbox"/> Encopresis</p> <p>GO <input type="checkbox"/> Chronic Constipation</p> <p>GH <input type="checkbox"/> Gastric Reflux</p> <p>GJ <input type="checkbox"/> Inflammatory Bowel Disease</p> <p>GK <input type="checkbox"/> Irritable Bowel Syndrome</p> <p><input type="checkbox"/> Other Gastrointestinal, Liver, Dental, Oral Condition</p> <p>Musculoskeletal</p> <p>MC <input type="checkbox"/> Juvenile Rheumatoid / Idiopathic Arthritis</p> <p><input type="checkbox"/> Please list:</p> <p>Cancer / Tumor</p> <p><input type="checkbox"/> Please list:</p>	<p>Nervous System</p> <p>NB <input type="checkbox"/> ADHD / ADD diagnosed by:</p> <p>NC <input type="checkbox"/> Autism Spectrum Disorder</p> <p>NE <input type="checkbox"/> Cerebral Palsy</p> <p>NF <input type="checkbox"/> Developmental Disability</p> <p>NH <input type="checkbox"/> Migraines</p> <p>NI <input type="checkbox"/> Headaches, Recurring</p> <p>NP <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Current <input type="checkbox"/> History Type:</p> <p>NU <input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Other Neurological Condition:</p> <p>Transplant</p> <p>OD <input type="checkbox"/> List organ:</p> <p>Mental or Behavioral Health</p> <p>PA <input type="checkbox"/> Anxiety</p> <p>PC <input type="checkbox"/> Depression</p> <p>PH <input type="checkbox"/> Sleep Disorder</p> <p><input type="checkbox"/> Other Mental or Behavioral Health Condition</p> <p>Respiratory / Breathing</p> <p>RG <input type="checkbox"/> Asthma – Current</p> <p>RH <input type="checkbox"/> Asthma – Ever Diagnosed</p> <p>RA <input type="checkbox"/> Asthma – Exercised Induced</p> <p>RE <input type="checkbox"/> Reactive Airway Disease</p> <p><input type="checkbox"/> Other Respiratory Condition:</p> <p>Skin</p> <p>SB <input type="checkbox"/> Eczema or Contact Dermatitis or Psoriasis</p> <p><input type="checkbox"/> Other Skin Condition:</p> <p>Renal / Kidney</p> <p><input type="checkbox"/> Please list:</p> <p>Ear / Hearing</p> <p>YA <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Currently <input type="checkbox"/> Historically</p> <p>YB <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Hearing Aid/s <input type="checkbox"/> Cochlear Implant</p> <p><input type="checkbox"/> Other Ear Condition:</p> <p>Eye / Vision</p> <p>YF <input type="checkbox"/> Wears glasses / contacts</p> <p>YE <input type="checkbox"/> Color Vision Deficit</p> <p>YD <input type="checkbox"/> Visually Impaired</p> <p><input type="checkbox"/> Other Eye Condition:</p> <p>Other Health Concerns:</p> <p><input type="checkbox"/> Please list:</p>
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OC **No known health concerns.** Please initial _____

PLEASE COMPLETE BACK PAGE

Tukwila School District – Student Health Record

Student Name: (last) _____ (first) _____ Birthdate: _____

MEDICATIONS

Please report all medications that your student takes at home and/or at school.

Is medication needed at home? <input type="checkbox"/> No <input type="checkbox"/> Yes Please list:
Is medication needed at school? <input type="checkbox"/> No <input type="checkbox"/> Yes Please list: Complete REQUIRED paperwork for medication at school.
<i>State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.</i>

Medical Devices OLA <input type="checkbox"/> Vagal Nerve Stimulator OLB <input type="checkbox"/> Automatic Internal Cardiac Defibrillator OLC <input type="checkbox"/> Pacemaker OLD <input type="checkbox"/> Gastrostomy tube OLE <input type="checkbox"/> Jejunostomy tube <input type="checkbox"/> Brace <input type="checkbox"/> Prosthesis List: <input type="checkbox"/> Other medical devices:	Stoma OKA <input type="checkbox"/> Gastrostomy OKB <input type="checkbox"/> Colostomy OKD <input type="checkbox"/> Tracheostomy OKE <input type="checkbox"/> Urostomy OK <input type="checkbox"/> Other: Physical Activity / Mobility Issues: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Other List:
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I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered. **I understand that Washington law requires that my student's immunizations are complete or conditional before starting school. Permission to enter medically verified records in WAIS:** 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.

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

IMMUNIZATION VERIFICATION (Office use only)

WAIS # _____ CIS Type: Preschool K-6 Grade 7-12 Grade

Immunization Status is COMPLETE on the WAIS Certificate of Immunization Status (CIS)

OR

Immunization Status is CONDITIONAL on the WAIS CIS and the conditional status expiration date is after the first day of attendance
 Parent/Guardian has signed the conditional status acknowledgement on the CIS

OR

Student is not in the WAIS CIS: medically verified immunization records must be provided
 Medically verified immunization records provided Permission to enter statement signed

OR

Certificate of Exemption (COE) provided for all vaccines not in compliance on CIS
 COE is fully completed Permission to enter statement signed

OR

Immunization Status is NOT COMPLETE on the WAIS CIS **Student may not start school until documentation of missing immunizations is received that will change the CIS status to COMPLETE or CONDITIONAL.**

Student added to School Module Roster: Grade: _____

Registrar Name: _____ Date: _____



Required Health Report

Educational Support & Human Services
 4640 S 144th St | Tukwila, WA 98168
 206.901.8025

TO BE COMPLETED BY A PHYSICIAN

To the Doctor: As part of the health education program in the school, it is the School Board policy for all kindergartners, 6th graders, and interscholastic athletes (grades 6-12) to have a complete physical examination. Please complete this form and have the parents return it to the school nurse.

Recommended Physical Activity Full physical education Interscholastic athletics, grades 6-12
 Modified or restricted activity

Check level of recommended activity: sedentary partially sedentary light moderate

Movements restricted _____

Disability is: permanent temporary stable progressive recurrent

Recommended re-examination date: _____

General health: In addition to the above information, did the examination reveal anything the school should know about the general health of this student, such as hearing, vision, emotional stability, etc? If so, please comment below:

Signature of examining physician _____ Date of exam _____

Address _____

TO BE COMPLETED BY THE PARENT/GUARDIAN:

PURPOSE OF REPORT Entry to: Kindergarten 1st Grade 6^h Grade Athletics (grades 6-12)

Student's Last Name _____ First Name _____ Middle Name _____ Birth date _____ Grade _____

Name of Parent/Guardian _____ Address _____ Phone number _____

Does the student have a history of: Yes No If yes, describe:

- A physical disorder (diabetes, epilepsy, etc.) Yes No _____
- Chronic or prolonged illness Yes No _____
- Other illness (hepatitis, rheumatic fever, mononucleosis, kidney infections, meningitis, etc.) Yes No _____
- Asthma Yes No _____
- Allergy to _____ Yes No _____
- Fractures, sprains, dislocations Yes No _____
- Serious injuries, concussions Yes No _____
- Operations Yes No _____
- Hospitalization Yes No _____
- Does your child take medicine regularly? Yes No _____

Name of medication _____

Name of Doctor _____ Phone number _____

Preferred hospital in an emergency _____

Name of dentist _____

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL OFFICE!

Tukwila School District No. 406



- Cascade View Elementary School Thorndyke Elementary School Tukwila Elementary School
- 4415 South 150th Street 5939 S 149th Street 13601 32nd Avenue South
Tukwila, WA 98188 Tukwila, WA 98168 Tukwila, WA 98168
Phone: 206-901-7600 Phone: 206-901-7500 Phone: 206-901-7700
Fax: 206-901-7607 Fax: 206-901-7507 Fax: 206-901-7707

TRANSPORTATION INFORMATION

Most children are transported to and from school by the district school bus system and most are picked up at bus stops near their homes and returned to bus stops near their homes. However, many children go to daycare centers or babysitters before and/or after school. Information about the points of pick-up and return for each student is necessary so that transportation plans for each child may be made before school begins including information for students that do not plan to use district transportation.

Please provide the necessary information by answering the following questions:

My child will need bus transportation to school from:

Home: _____

Daycare: _____ Daycare or Provider Name: _____

Address: _____ Phone: _____

My child will need bus transportation **after** school to:

Home: _____

Daycare: _____ Daycare or Provider Name: _____

Address: _____ Phone: _____

Child's Name: _____ Child's Date of Birth: _____

Parent Signature: _____ Date: _____

Printed Parent Name: _____

Alternate Guardian Name: _____

My child will not need transportation _____ (please initial)



a world of possibility

4640 S. 144th St. Tukwila, WA 98168 | (206) 901-8000 | tukwila.wednet.edu

Tukwila School District
Parent/Guardian Military Status
2022-23 School Year

Student Name: _____ School: _____

The state legislature has passed a law requiring Washington State public schools to collect information, yearly on military affiliation beginning with the 2016-17 school year. The legislature requires this data collection to accurately monitor critical elements of academic progress and proficiency for students from military families. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices to meet the needs of our military family students.

Please indicate whether or not the student's parent(s) or guardian(s) are currently active in any branch of the US Military.

- No (please sign and date below) **(N)**
- Yes (if yes, please check the appropriate option below that indicates the type of service, and then sign and date below)
 - U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. **(A)**
 - National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. **(G)**
 - More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. **(M)**

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

PLEASE RETURN THIS TO YOUR STUDENT'S SCHOOL



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4640 S. 144th St. Tukwila, WA 98168 | (206) 901-8000 | tukwila.wednet.edu

**Tukwila School District
Padre/Tutor Estado Militar
2022-23 Año Escolar**

Nombre del estudiante: _____

Escuela: _____

La legislatura ha aprobado una ley que requiere a las escuelas públicas de estado de Washington para recopilar información, anualmente en principio de afiliación militar con el año 2016-17. La legislatura requiere esta recopilación de datos para monitorizar con precisión los elementos críticos de progreso académico y competencia para estudiantes de familias de militares. Información confiable sobre el desempeño de los estudiantes ayudará a educadores más eficazmente la transición de los estudiantes a una nueva escuela y permitir que los distritos escolares descubran e implementar las mejores prácticas para satisfacer las necesidades de nuestros estudiantes de familias militares.

Por favor indique si los padres o tutores del estudiante son activos en cualquier rama de la militar.

No (firma y fecha en al final de la página) (N)

Sí (en caso afirmativo, por favor marque la opción correspondiente que indica el tipo de servicio y luego firma y fecha al final de la página)

- Servicio activo de las fuerzas armadas de Estados Unidos – estudiante y la familia tiene un padre o tutor que es un miembro actual del activo de las fuerzas armadas de Estados Unidos. (A)
- Miembro de la Guardia Nacional-estudiante y la familia tiene un padre o tutor que es un miembro actual de la Guardia Nacional de Washington o de otro Estado. (G)
- Más de un miembro de la guardia nacional o fuerzas armadas, estudiantes y la familia tiene más de un padre o tutor que se encuentra actualmente sea miembro del servicio activo fuerzas armadas de Estados Unidos, las reservas o las fuerzas armadas de Estados Unidos o la Guardia Nacional de Washington u otro Estado. (M)

Nombre padre/tutor (letra de molde)

Firma de padre/tutor

Fecha

PLEASE RETURN THIS TO YOUR STUDENT'S SCHOOL

TUKWILA SCHOOL DISTRICT (TSD) NOTIFICATION OF RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) and OPT-OUT FORM

Under the Family Educational Rights and Privacy Act (FERPA), parents/guardians of students under age 18, and students over 18 years of age (“eligible students”) have certain rights with respect to student “education records.” If the student is 18 years old, even if living with the parent/guardian, the student has all the rights under this Act. These rights are:

- (1) The right to inspect and review their education records within 45 days of the day TSD receives a written request.
- (2) The right to request the amendment of an education record for a student that the parent or eligible student believes is inaccurate, misleading, or is in violation of the student’s right to privacy. If TSD decides not to amend the record, TSD will notify the parent/guardian or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent/guardian or eligible student when notified of the right to a hearing.
- (3) The right to provide written consent before the school discloses personally identifiable information contained in the education records of a student, except to the extent that FERPA authorizes disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A “school official” is a person employed by TSD as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel). A “school official” also may include a volunteer or contractor outside of the school who performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of personally identifiable information from education records, such as an attorney, auditor, medical consultant, or therapist, a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, TSD discloses education records without consent to officials of another school where a student seeks to enroll.
- (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by TSD to comply with the requirements of FERPA. Written complaints should be directed to Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue S.W., Washington, DC 20202.

Directory Information: Under FERPA, TSD may release “directory” information to anyone, including but not limited to parent-teacher organizations, the media, colleges and universities, the military, youth groups, and scholarship grantors, unless you tell TSD that you do not want the information released. The following information is considered directory information: parent and student name, home address, home telephone number, home email address, student photograph or video, student date of birth, dates of enrollment, grade level, enrollment status, degree or award received, major field of study, participation in officially recognized activities and sports teams, height and weight of athletes, most recent school or program attended, and other information that would not generally be considered harmful or an invasion of privacy if disclosed.

Release of Directory Information for Students in Grades Pre-Kindergarten to Eight (Pre-K to 8): As a parent/guardian of a pre-kindergarten student, an elementary student, or a middle school student you have the right to choose between two (2) options on whether directory information concerning your student is released or not. Once this form is completed and returned to the school, your choice will be electronically recorded and it will not change until you complete and submit a new form. Please check one box below and return this form to the school your student attends no later than October 1. If the parent/guardian does not check one of the boxes or does not return this form, TSD considers the lack of response as consent for box A.

For students in grades Pre-Kindergarten through Eight (Pre-K to 8):

Please select **only one** box:

A. I consent to the release of the above directory information about the student named below.

B. I do NOT consent to the release of the above directory information about the student named below, except as authorized by law.

The following selections only need to be made if you selected Option B. If you selected Option B – No Release of Information, your child’s information will not be included in the following *unless you complete the section below*. If you would like your child’s information shared in any of the below places, please indicate your consent below by selecting the appropriate option.

School Directory and Classroom Roster Is made available to our staff and Parent Organizations. YES, Include our information (phone, address, email)

Photo/Video Student photographs and video may be posted on the school and district external website, social media and district printed publications. No names will be posted. YES, my student’s photograph and video can be posted on the district channels.

Yearbook/Class Photo Release YES, I give my consent for my student’s photograph and name to be included in the yearbook and class photo

Print Student’s Name	Date of Birth	Student’s School
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Print Signer’s Name	Parent/Guardian/Eligible Student’s Signature	Date
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Notice of Right to File a Public Records Request: Pursuant to RCW 28A.320.160, school districts are required to notify parents/guardians that they have the right, under the Washington Public Records Act (RCW 42.56), to request the public records regarding school employee discipline. To file a public records request with TSD, send a written request to: Human Resources Department: Attn: Public Records Request; TSD: 4640 S 144th St, Tukwila, WA 98168

PLEASE RETURN THIS FORM DIRECTLY TO THE STUDENT’S SCHOOL EITHER IN PERSON OR BY U.S. MAIL.

If you have more than one student, you must return a separate form for each student to each student’s school.
This form will be retained in your student’s folder at his or her school.