



How to enroll in a Tacoma Public School

1. Determine your neighborhood school:

Call Tacoma Public Schools Enrollment Office at (253) 571-1142 or use the online look-up tool at www.TacomaSchools.org/LookUp

2. Bring your completed enrollment packet, for each student, to your neighborhood school, along with the following:

- Two documents showing proof of address - i.e. utility bill, rental agreement or mortgage.
- For Kindergarten students a birth certificate or other document to verify age. Acceptable alternatives include, baptismal certificate, hospital records or insurance records.
- Proof of immunizations.

About choice enrollment (K-12)

If you wish to attend a school other than your neighborhood school, parents/guardians may submit a choice application at www.TacomaSchools.org/Enroll. Acceptance for choice enrollment is dependent on building capacity, seats at various grade levels and program availability. Families are encouraged to explore their neighborhood school options along with choice options.

- Dependent on building capacity.
- Dependent on seats available per grade.
- Dependent on program availability.
- Parents/Guardians must provide transportation to and from school.

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Registration/Enrollment Form

Assigned Student ID:

Legal First Name		Nickname	
Legal Middle Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Legal Last Name		Current Grade	
Birthdate (MM/DD/YYYY)		Birth City	
Student's Mobile Phone	()	Birth State	
Student's Email Address		Birth Country	

Student's Physical Address					
Street Address		Apt #		Complex	
City		State		Zip	
Student's Mailing Address <i>(only complete if different than Physical Address)</i>					
Street Address		Apt #		Complex	
City		State		Zip	

Does your student...	...have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	...receive ESL/ELL services? <input type="checkbox"/> Yes <input type="checkbox"/> No
	...receive Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	...receive Highly Capable/Gifted services? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(if yes for Special Education, please check below)</i>		
<input type="checkbox"/> Resource <input type="checkbox"/> Self-contained <input type="checkbox"/> DD/MR <input type="checkbox"/> Speech <input type="checkbox"/> Hearing-Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> OT/PT <input type="checkbox"/> Other		

Guardians & Emergency Contacts			
Type of Contact	<input type="checkbox"/> Guardian <input type="checkbox"/> Emergency Contact		
First Name			
Last Name			
Relationship			
Home Language			
Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City, State, Zip			
Email Address			
Landline Number	()		
Mobile Number*	()		
Work Number	()		

Type of Contact	<input type="checkbox"/> Guardian <input type="checkbox"/> Emergency Contact		
First Name			
Last Name			
Relationship			
Home Language			
Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City, State, Zip			
Email Address			
Landline Number	()		
Mobile Number*	()		
Work Number	()		

Type of Contact	<input type="checkbox"/> Guardian <input type="checkbox"/> Emergency Contact		
First Name			
Last Name			
Relationship			
Home Language			
Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City, State, Zip			
Email Address			
Landline Number	()		
Mobile Number*	()		
Work Number	()		

**Guardians: by providing your mobile number, you are giving Tacoma Public Schools consent to be contacted on that number for official school activities or other messages related to the mission of the school district.*

Military Service	Is one parent/guardian active duty US Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is one parent/guardian in the US Armed Forces Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is one parent/guardian in the Washington National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is more than one parent/guardian active duty US Armed Forces/Reserves, or in the Washington National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency	Health Care Provider/Physician	
	Health Care Provider/Physician's Phone Number	
	Preferred Hospital (in the event of an emergency)	

Transportation	My student walks to school.	AM	<input type="checkbox"/> Yes <input type="checkbox"/> No	PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
	My student takes the bus.	AM	<input type="checkbox"/> Yes <input type="checkbox"/> No	PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
	My student is picked up/dropped off.	AM	<input type="checkbox"/> Yes <input type="checkbox"/> No	PM	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sibling's Name	School

Student's Daycare Information	
Daycare Name/Contact	
Address	
Phone	

The information provided on all pages of this enrollment form is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

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

ETHNICITY	Hispanic	Yes	No			
	Hispanic			Costa Rican	Mexican	
	Argentine			Cuban	Mestizo	
	Bolivian			Dominican	Native	
	Brazilian			Ecuadorian	Nicaraguan	
	Chicano			Guatemalan	Panamanian	
	(Mexican American)			Guyanese	Paraguayan	
	Chilean			Honduran	Peruvian	
	Colombian			Jamaican	Puerto Rican	
Black/ African-American (continued below)						
	Black/ African-American		African American		African Canadian	
RACE	Caribbean					
	Anguillan			Caymanian (Cayman Island)	Jamaican	
	Antiguan			Cuba Dominican	Martiniquais/Martiniquaise	
	Bahamian			Dominican (Dominican Republic)	Montserratian	
	Barbadian			Dutch Antillean (Netherlands Antilles)	Puerto Rican	
	Barthélemois/Barthélemoises			Grenadian	Caribbean Write in	
	(Saint Barthélemy)			Guadeloupian		
	British Virgin Islander			Haitian		
	Central African					
	Angolan			Congolese (Republic of the Congo)	Gabonese	
	Cameroonian			Congolese	São Toméan	
	Central African			(Democratic Republic of the Congo)	Principe	
	(Central African Republic)			Equatorial Guinean	Central African Write in	
	Chadian					
Black/ African-American (continued)						
East African						
Burundian			Malagasy (Madagascar)	Rwandan	Tanzanian	
Comoran			Malawian	Seychellois/Seychelloise	(United Republic of Tanzania)	
Djiboutian			Mauritian (Mauritius)	Somali	Zambian	
Eritrean			Mahoran (Mayotte)	South Sudanese	Zimbabwean	
Ethiopian			Mozambican	Sudanese	East African Write in	
Kenyan			Reunionese	Ugandan		
RACE	Latin American					
	Argentine			Costa Rican	Guyanese	Peruvian
	Belizean			Ecuadorian	Honduran	South Georgia/South Sandwich Islands
	Bolivian			El Salvadoran	Mexican	Surinamese
	Brazilian			Falkland Islander	Nicaraguan	Uruguayan
	Chilean			French Guianese	Panamanian	Venezuelan
	Colombian			Guatemalan	Paraguayan	Latin American Write in
	South African					
	Botswanan			Namibian	Swazi	
	Mosotho (Lesotho)			South African	South African Write in	
	West African					
	Beninese			Ivorian (Cote d'Ivoire)	Mauritanian	Sierra Leonean
	Bissau-Guinean			Gambian	Nigerien (Niger)	Togolese
	Burkinabé			Ghanaian	Nigerian (Nigeria)	West African Write in
(Burkina Faso)			Liberian	Saint Helenian		
Cabo Verdean			Malian	Senegalese	Black Write in	

RACE	American Indian/Alaskan Native				
	American Indian/Alaskan Native				
	Washington State Tribes				
	Chinook Tribe		Puyallup Tribe of Puyallup Reservation		
	Confederated Tribes and Bands of the Yakama Nation		Quileute Tribe of the Quileute Reservation		
	Confederated Tribes of the Chehalis Reservation		Quinault Indian Nation		
	Confederated Tribes of the Colville Reservation		Samish Indian Nation		
	Cowlitz Indian Tribe		Sauk-Suiattle Indian Tribe of Washington		
	Duwamish Tribe		Shoalwater Bay Indian Tribe of the		
	Hoh Indian Tribe		Shoalwater Bay Indian Reservation		
	Jamestown S’Klallam Tribe		Skokomish Indian Tribe		
	Kalispel Indian Community of the Kalispel Reservation		Snohomish Tribe		
	Kikiallus Indian Nation		Snoqualmie Indian Tribe		
	Lower Elwha Tribal Community		Snoqualmoo Tribe		
	Lummi Tribe of the Lummi Reservation		Spokane Tribe of the Spokane Reservation		
	Makah Indian Tribe of the Makah Indian Reservation		Squaxin Island Tribe of the Squaxin Island Reservation		
	Marietta Band of Nooksack Tribe		Steilacoom Tribe		
	Muckleshoot Indian Tribe		Stillaguamish Tribe of Indians of Washington		
	Nisqually Indian Tribe		Suquamish Indian Tribe of the Port Madison Reservation		
	Nooksack Indian Tribe of Washington		Swinomish Indian Tribal Community		
	Port Gamble S’Klallam Tribe		Tulalip Tribes of Washington		
Alaskan Native		American Indian			
Alaska Native Write in		American Indian Write in			
Asian					
Asian		Asian Indian			
Asian (continued)					
Bangladeshi		Hmong	Mongolian	Taiwanese	
Bhutanese		Indonesian	Nepali	Thai	
Burmese/Myanmar		Japanese	Okinawan	Tibetan	
Cambodian/Khmer		Korean	Pakistani	Vietnamese	
Cham		Lao	Punjabi	Asian Write in	
Chinese		Malaysian	Singaporean		
Filipino		Mien	Sri Lankan		
Native Hawaiian/Other Pacific Islander					
Native Hawaiian/Other Pacific Islander					
Pacific Islander					
Carolinian		Maori	Pohpeian	Tuvaluan	
Chamorro		Marshallese	Samoan	Yapese	
Chuukese		Native Hawaiian	Solomon Islander	Pacific Islander Write in	
Fijian		Ni-Vanuatu	Tahitian		
i-Kiribati/Gilbertese		Palauan	Tokelauan		
Kosraean		Papuan	Tongan		
RACE					
	White				
	Eastern European				
	White		Bosnian	Polish	
			Herzegovinian	Romanian	
			Russian	Ukrainian	
			Eastern European Write in		
	Middle Eastern and North African				
	Algerian		Druze	Lebanese	Tunisian
	Amazigh or Berber		Egyptian	Libyan	Yemeni
	Arab or Arabic		Emirati	Moroccan	Middle Eastern Write in
	Assyrian		Iranian	Omani	
	Bahraini		Iraqi	Palestinian	
	Bedouin		Israeli	Qatari	North African Write in
	Chaldean		Jordanian	Saudi Arabian	
	Copt		Kurdish Kuwaiti	Syrian	



Office of Superintendent of Public Instruction (OSPI) Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools.

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

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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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, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below.

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |
-

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate (M/D/Year): _____ Age: _____

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: _____

E-mail Address: _____

Print parent/legal guardian/Unaccompanied Youth name: _____

***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 your school and/or the District Liaison:

Christiane Paget – Elementary Liaison / Jamie Morrow – Secondary Liaison (CAB-rm. 319) 253-571-1054

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms "enroll" and "enrollment" include attending classes and participating fully in school activities.
- (2) The term "homeless children and youths" —
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - (B) includes —
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term "unaccompanied youth" includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)

Proof of Residency in the Tacoma School District

Note: If you do not own or rent your own residence or if you are sharing the housing of others due to loss of housing or economic hardship, leave this form blank.

School: _____ School Year: 20_____

1) Identifying Information

This form is to be completed by the student's parent or legal guardian. A separate Proof of Residency form must be submitted for each child.

I. Student Information:

Student Name: _____
First Name M.I. Last Name

Student DOB: _____ Student ID (if previously attended TPS): _____

II. Student's Physical Address: Please note that a post office box is not acceptable as a residence address.

Address: _____
Street Address City Zip

☐ Student shares a residence or resides at the home of a third party. *Third party signature required below.*

Provide two pieces of evidence to confirm your child's residence.

I declare under the penalty of perjury that the child resides at the above address. I also agree to notify the school within two (2) weeks when the child moves from this residence, and provide a new Proof of Residency form and associated evidence.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in;

- a) revocation of student's enrollment*
- b) being held liable to reimburse the district for expenses incurred to educate this student; and/or
- c) civil action from fraud, negligent misrepresentation and negligence.

***Students whose parent/legal guardian are found after appropriate investigation, to have submitted false evidence shall be withdrawn from the enrolled school at the end of the attendance period.**

Parent/Guardian/Caregiver Printed Name: _____

Signature of Parent/Guardian/Caregiver or Adult Student

Date

If the student shares a residence with a third party, please complete the following:

Third Party Printed Name: _____

Signature of Third Party

Date

Evidence for Proof of Residency:

- A. If you **own** the residence, please attach copies of any **two** of the following:
- 1) Mortgage Statement in your name showing residence address,
 - 2) A utility bill in your name for the current month showing the residence property address,
 - 3) A property tax bill for the residence,
 - 4) Any of the following showing the parent/guardian name, address, **and** dated within last eight weeks:
 - a. Current landline telephone bill
 - b. Utility or cable bill
 - c. Health insurance document
 - d. Official mail from a public agency such as the court system or DSHS
- B. If you **rent** a residence within the school district's boundary, please attach:
- 1) Copy of the lease/rental agreement
 - 2) Any **one** of the following showing the parent/guardian name, address, **and** dated within the last eight weeks:
 - a. Current landline telephone bill
 - b. Utility or cable bill
 - c. Health insurance document
 - d. Official mail from a public agency such as the court system or DSHS

Office Use Only

Address Verified (2 pieces): _____ School Name: _____
Verified By: _____ Date Verified: _____

Tacoma Public Schools
Verification of Student History

Student Name _____ Birthdate _____

Address _____

Name of Last School Attended _____

City _____ State _____ Enrolled from _____ to _____

Does the student have a history of any of the following?

	Yes	No
Placement in a special education program		
Placement in Remedial/LAP Math		
Placement in Remedial/LAP Reading		
Special accommodations for a 504 Plan		
Health conditions affecting the student's educational needs		
Unpaid fines and fees from other schools		
Past, current, or pending suspensions from school of 10 or more days		
Past, current, or pending expulsions from school		
Conviction, adjudication or diversion agreement related to any of the following:		
Violent offense		
Assault		
Sexual offense		
Harassment, extortion or stalking		
Kidnapping		
Inhaling toxic fumes		
Drug offense		
Liquor violation		
Arson or vandalism		
Currently on probation under the court system of this or any other state		

If you answered YES to any of the above, please provide an explanation on the reverse side.

Parent/Guardian's Name _____

What is your relationship to the student?

☐ Parent/Guardian

☐ Student (if over 18 years old)

Signature _____ Date _____

Policy 3120 requires completion of this form for students who are either enrolling in Tacoma Public Schools for the first time or who are re-enrolling after an absence from the district. Failure to accurately complete this form may result in disciplinary action and/or the involuntary transfer of the student to another school. Parents/guardians needing assistance with translation should call the Second Language Acquisition Office at 253.571.1161.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What is your relationship to the student? ☐ Parent/Guardian ☐ Student (if over 18 years old)

Signature _____ Date _____

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ **Signature** _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: “The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)”.

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA’s school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: 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 and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child’s eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

Health and Developmental History

Student Name		Phone	
Date of Birth		Doctor Name	
School		Doctor Phone	
Teacher		Date of Last Doctor Exam	
Grade		Dentist Name	
Parent/Guardian Name		Dentist Phone	
		Date of Last Dental Exam	

ARE ANY OF THE FOLLOWING A PROBLEM FOR YOUR CHILD?

Allergies	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Contact <input type="checkbox"/> Drugs <input type="checkbox"/> Food <input type="checkbox"/> Insect <input type="checkbox"/> Latex <input type="checkbox"/> Pollen <input type="checkbox"/> Other (specify):		
Blood	<input type="checkbox"/> Anemia <input type="checkbox"/> Hemophilia <input type="checkbox"/> Sickle Cell Disease		
Disability	<input type="checkbox"/> Behavioral <input type="checkbox"/> Hearing <input type="checkbox"/> Hyperactive <input type="checkbox"/> Learning <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Social <input type="checkbox"/> Speech <input type="checkbox"/> Vision		
Ears	<input type="checkbox"/> Hearing Device <input type="checkbox"/> Infections <input type="checkbox"/> Tubes	Eyes	<input type="checkbox"/> Blindness <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses
Gastrointestinal	<input type="checkbox"/> Colitis <input type="checkbox"/> Ulcer	Genitourinary	<input type="checkbox"/> Catheter <input type="checkbox"/> Infections <input type="checkbox"/> Kidney/Bladder
Heart	<input type="checkbox"/> Arrhythmia <input type="checkbox"/> Congenital <input type="checkbox"/> Rheumatic	Hospitalizations	<input type="checkbox"/> Year: Reason:
Lungs	<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Tuberculosis	Metabolic	<input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid
Medication	Does your child take any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of medication(s):		
Mouth	<input type="checkbox"/> Dental Decay <input type="checkbox"/> Orthodontia		
Neurological Disorder	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Meningitis <input type="checkbox"/> Migraines <input type="checkbox"/> Seizures		
Nose	<input type="checkbox"/> Bleeding	Operations	<input type="checkbox"/> Year: Reason:
Orthopedic	<input type="checkbox"/> Assistive Device <input type="checkbox"/> Congenital Hip/Treatment <input type="checkbox"/> Fracture <input type="checkbox"/> Kyphosis <input type="checkbox"/> Scoliosis <input type="checkbox"/> Sprain <input type="checkbox"/> Wheelchair/Crutch/Cane/Walker		
Skin	<input type="checkbox"/> Eczema	Other	

DEVELOPMENTAL HISTORY

Normal Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Normal Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prenatal problems or at delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Weight	
Length of Hospital Stay at Delivery		Sat Alone (age) (6 months is average)	
Talked – words (age) (18 months is average)		Said Sentences (age)	
Walking (age)		Speech Difficulty, if any	
Toilet Trained (age)		Bowel or Bladder Problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Do you feel your child's development has been comparable to other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

MINOR ILLNESSES AND COMMUNICABLE DISEASES

Colds (more than 5x per year)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Digestive Upsets (those your child has often)	<input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Stomach Cramps <input type="checkbox"/> Vomiting
Communicable Diseases	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Mumps <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Strep Throat <input type="checkbox"/> Whooping Cough
Do you have any health concerns about your child not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on the back of this form

I understand this information may be shared with school district staff as needed to protect the health and safety of the above student and to plan for a safe environment conducive to learning.

Parent/Guardian Signature: _____ Date: _____

LIFE-THREATENING ALLERGIES AND HEALTH CONDITIONS – REQUIRED INFORMATION

Must be completed at time of enrollment

IMPORTANT INFORMATION FOR PARENT/GUARDIAN:

- **SERIOUS HEALTH CONDITIONS:** In accordance with Washington State Law, RCW28A.210.320, students who have a life-threatening health condition must have a health care plan along with any needed medication or treatment order (and supplies) in place prior to attending school. **Life-threatening means a health condition that will put the child in danger of death during the school day if the above requirements are not met.**

Office staff: Notify School Nurse for any “yes” responses

PARENT/GUARDIAN PLEASE COMPLETE THE FOLLOWING:

Student Name: _____ **Date of Birth:** _____

Does your child have:

- **Severe Allergies** ☐ Yes ☐ No
 - If yes, allergy to: _____
 - Describe Reaction: _____
- **Severe Asthma** ☐ Yes ☐ No
- **Heart Condition** ☐ Yes ☐ No
- **Seizure Disorder** ☐ Yes ☐ No
- **Diabetes** ☐ Yes ☐ No
- **Other Life-Threatening Health Condition(s)** ☐ Yes ☐ No
 - If yes, describe: _____

- I understand that it is my responsibility to inform the school if there are changes in my child's health.
- I also understand that indicating a health condition on this form does not constitute a health care plan.
- I understand that the above information may be shared with school district staff as needed to protect the health and safety of the student and to plan for a safe environment conducive to learning.

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

Parent/Guardian Phone: _____

Form reviewed by _____ **Date:** _____

(School Nurse)

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Certificate of Immunization Status (CIS)

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

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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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.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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

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

DOH 348-013 November 2019

Pathway Partnership Program

Student Access to Tacoma Public Library Resources

Tacoma Public Schools (TPS) and Tacoma Public Library (TPL) have an exciting district-wide partnership to offer, the **Pathway Partnership Program**, an innovative way for every TPS student (Preschool through grade 12), to access resources of the public library system. *Pathway* allows **TPS student IDs** to serve as a Tacoma Public Library card. This is in addition to, and separate from, a library card that a student may already have. Special *Pathway* cards for students in grades Preschool through fifth grade will be delivered to schools for newly enrolled students. *Pathway* is a unique program and cities across the nation have contacted TPS and TPL to understand how they can replicate it at their district.

We look forward to joining with you in *Pathway*. Research shows that reading leads to powerful learning that prepares students for graduation and a successful future!

The Pathway Partnership Program allows TPS Students to...

- borrow 5 items such as books or CDs from any **Tacoma Public Library** location. (No access to DVDs or video streaming)
- incur **No overdue fines or fees** for items checked out with a TPS student ID card or *Pathway* card
- receive free on-line, one-on-one homework tutoring in English or Spanish in all major subjects (grades 3 through 12 only)
- use public library computers at any of the eight library locations with computers
- download books and other educational resources 24/7 from the Tacoma Public Library website while at home

What student information will Tacoma Public Schools share with the Tacoma Public Library?

1) Student's Name, 2) School Name, 3) Grade Level, and 4) Student ID number.

Tacoma Public Library has signed an agreement not to share student information with other entities.

Your child will automatically be enrolled in the Pathway Partnership Program with the Tacoma Public Library.

Select an option below:

- ☐ I understand my child will participate in the Pathway Partnership Program
- ☐ I want my child to participate in the Pathway Partnership Program even though I filed a Parent/Student Request to Restrict Release of Information and/or Access to Internet form (Included in the enrollment packet)
- ☐ I do not want my child to participate in the Pathway Partnership Program

*Please note, by allowing your child to participate in the *Pathway Partnership Program*, you agree to accept responsibility for monitoring their usage of library resources.

Please complete the following required information:

Child's Name (Print) _____

Parent/Guardian (Signature): _____ Date _____