



**Tumwater School District**  
**Cascadia High School**  
**Application 2024-25**

**Legal Name** \_\_\_\_\_ **Grade** \_\_\_\_ **M** \_\_\_\_ **F** \_\_\_\_ **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Student Lives with Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Guardian \_\_\_\_ Other (please describe) \_\_\_\_\_

**Parent/Guardian #1 Full Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_ **Email** \_\_\_\_\_

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

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

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian #2 Full Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_ **Email** \_\_\_\_\_

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

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

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

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

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

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

Please note: The medication and treatment order must address the life threatening medical condition and must be on file with the school **prior to the first day of attendance**. Reference RCW28A.210.320

***Required for Federal and State Reporting:***

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

Student Race    American Indian/Alaska Native \_\_\_\_      Asian \_\_\_\_      Black/African American \_\_\_\_      Native Hawaiian/other Pacific Islander \_\_\_\_ 2

or more races \_\_\_\_\_

White \_\_\_\_

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

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



**Tumwater School District**  
**Cascadia High School**  
**Application 2024-25 (Page 2)**

Legal Name \_\_\_\_\_  
Last First MI

**COMPLETED BY SENDING SCHOOL ONLY**

Sending High School \_\_\_\_\_ Resident School District \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Does student have a School Emergency Health Care Plan? Yes  No  Does student have an IEP? Yes  No  Does student have an academic 504 plan? Yes  No

*A copy of the School Health Care Plan, IEP or 504 plan must be included before application will be processed. No student will be denied access to Cascadia High School or otherwise be subjected to discrimination based on a disability.*

Is the student required by court action to attend school? Yes  No  If yes, does the student have a PO? Yes  No  Becca status  
 Name of PO \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Counselor Signature (Required) \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETED BY TUMWATER SCHOOL DISTRICT STAFF ONLY**

Date Intake Interview Completed \_\_\_\_\_ Status: Accepted  Denied  Waitlisted

Cascadia High School Counselor Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Special Services Signature (Required for 504/IEP) \_\_\_\_\_ Date \_\_\_\_\_

Cascadia High School Administrator Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

**Date Enrollment Approved** \_\_\_\_\_ **Start Date** \_\_\_\_\_

Tumwater School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) have been designated to handle questions and complains of alleged discrimination: Civil Rights Coordinator: Shawn Batstone, 360-709-7030, shawn.batstone@tumwater.k12.wa.us and Section 504 Coordinator4: Kelli Ehresmann, 360-709-7040, kelli.ehresmann@tumwater.k12.wa.us. Address: 621 Linwood Ave SW, Tumwater, WA 98512