

**Tumwater School District No. 33**621 Linwood Ave SW Tumwater, WA 98512-6847
(360) 709-7000 Fax (360) 709-7002 www.tumwater.k12.wa.us**STUDENT REGISTRATION**

School _____

☐ Please check here if you have recently registered students at another TSD school or have/will have other students attending Tumwater Schools.

AM Bus Rt # _____

AM Bus Rt # _____

ALERT FLAG☐ Legal ☐ Medical

Please do not write in shaded area - FOR OFFICE USE ONLY

Student ID Number (StID)	School Entry Date (MM/DD/YY)	Teacher / Advisor	Home Room No.	Locker No.	Withdraw Date (MM/DD/YY)
WA State "SSID" Number	Residency Verification: <input type="checkbox"/> Driver's License AND <input type="checkbox"/> Other Documentation _____				

Student's Name LEGAL LAST	LEGAL FIRST	LEGAL MIDDLE NAME	BIRTHDATE (MM/DD/YY)	GRADE
Above must be Student's "LEGAL" Name. Please <u>note here</u> other name/s used by this student (past and/or present).				GENDER

Street Address (Where Student Resides)	Apt. #	City	ZIP
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Mailing Address (If different from Street Address)	Apt. #	City	ZIP
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Birthplace (City/State)	Birth Country (If other than United States)	Student Cell Number
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Yes ☐ No ☐ Was English this student's first language? ☐ Yes ☐ No ☐ Has this student attended US schools for more than 3 full academic years?
 Yes ☐ No ☐ Is English the primary language used in your home? Primary language used in the home, if NOT English _____

Is parent/legal guardian military or employed on Federal property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	Resident of Tumwater School District Transfer Student From Outside Tumwater District <input type="checkbox"/> Transfer Student From Another School Within Tumwater District
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School Previously Attended	District	Address (City/State/ZIP Code)	Phone Number (include area code)
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Has student ever attended Tumwater Schools? Yes <input type="checkbox"/> No <input type="checkbox"/>	When? (Month and Year)
If Yes, name schools _____	

Student Lives With	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Self	<input type="checkbox"/> Agency	<input type="checkbox"/> Other _____	

Primary Household Parent/Guardian 1 Address same as above Relationship to Student _____ Last Name _____ First Name _____ Middle Initial _____ Name of Company/Employer _____ City/State _____	Primary Parent/Guardian 1 Phone <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Work (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Primary Household Parent/Guardian 2 Address same as above Relationship to Student _____ Last Name _____ First Name _____ Middle Initial _____ Name of Company/Employer _____ City/State _____	Primary Parent/Guardian 2 Phone <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Work (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Second Household - Parent/Guardian 1 Relationship to Student _____ Last Name _____ First Name _____ Middle Initial _____ Mailing Address _____ City/State/Zip _____ Name of Company/Employer _____ City/State _____	Second Household Parent/Guardian 1 Phone <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Work (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO
Second Household - Parent/Guardian 2 Relationship to Student _____ Last Name _____ First Name _____ Middle Initial _____ Mailing Address _____ City/State/Zip _____ Name of Company/Employer _____ City/State _____	Second Household Parent/Guardian 2 Phone <input type="checkbox"/> Unlisted home phone Home (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Work (____) _____ <input type="checkbox"/> Check if NOT Local Area Code Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code E-mail _____ Do you want TSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO

Is there a joint custody or parenting plan in place? ☐ Yes ☐ No If yes, plan must be on file with the school. *Please inform school if/when this situation changes. Thank You!*

Is there a restraining order in effect? ☐ Yes ☐ No If yes, legal papers must be on file with the school.

Restraining order is against ☐ Mother ☐ Father ☐ Other _____

Please list other siblings

Last Name	First Name	M.I.	School	Grade	Birthdate

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach a family member, daycare provider or other responsible adult. In the event we cannot reach a parent/guardian, please list persons you trust, and who are available during the day to provide care for your child (local area if possible, please).

Does student attend childcare? <input type="checkbox"/> Before school only <input type="checkbox"/> After school only <input type="checkbox"/> Both before and after school		
Childcare Provider Name	Address	Phone

Emergency contacts (other than parent/guardian)		Relationship to child	Phone #1 (include area code)	Phone #2 (include area code)
Last Name	First Name			
First Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code
Second Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code
Third Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ <input type="checkbox"/> Check if NOT Local Area Code

EMERGENCY MEDICAL AUTHORIZATION:

I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately.

If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child. **YES** ☐ **NO** Please initial here _____

STUDENT RELEASE AUTHORIZATION:

In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

YES ☐ **NO** Please initial here _____

Previous School Program Participation (please check appropriate boxes)

- ☐ Special Education ☐ Title/LAP Mathematics ☐ Speech/Language (CDS) ☐ EL (English Learners)
☐ Gifted/Highly Capable ☐ Title/LAP Reading ☐ Occupational/Physical Therapy (OT/PT) ☐ Section 504 Accommodation Plan
☐ Other (please explain) _____

Has your child ever been retained? Yes No If yes, at what grade level(s) _____

Has your child ever been promoted? Yes No If yes, at what grade level(s) _____

DISCIPLINE HISTORY

In accordance with RCW 28.A.225.330, enrolling students must provide the following information at the time of enrollment:

☐ Yes ☐ No Does the student have any past, current, or pending discipline action (i.e., suspensions or expulsions) at any previous school(s)?
If yes, please explain.

☐ Yes ☐ No Does the student have any history of violent behavior?
If yes, please explain.

☐ Yes ☐ No Has the student been convicted of a crime?
If yes, please explain.

Federal Family Educational Rights and Privacy Act (FERPA) ... FERPA defines certain information about your child as "directory information." This information may be released unless it is requested in writing, to the school district that information not be released. Tumwater School District will not release any directory information for commercial purposes or for other purposes not related to the conduct of school business. For more information or the "opt out" form for the release of directory information or visual communication, please ask your school office or visit our website at:
[www.tumwater.k12.wa.us/parents/release information](http://www.tumwater.k12.wa.us/parents/release%20information).

Automated Calls ... The law allows the District to make automated emergency calls (i.e., school cancellations, school lock-downs, emergency closures) to telephone numbers you have provided regardless if you opt out of other messages.

Birth Certificate or alternative documentation of age ... child must be 5 years old on or before August 31st ... (Alternative documentation could include but not limited to: a religious, hospital, or physician's certificate showing date of birth; an entry in a family bible; an adoption record; an affidavit from a parent; a birth certificate; previously verified school records; or other documents permitted by law)

Proof of Residency ... (might be a telephone or utility bill, mortgage or lease document, parent affidavit, rent payment receipts, a copy of a money order made for payment of rent, or a letter from a parent's employer that is written on company letterhead)

Tumwater School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, 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.

TO MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS REGISTRATION FORM IS TRUE AND ACCURATE.

Parent/Guardian Signature _____ Date _____

Please Print Name as signed above _____

RACE AND ETHNICITY DATA SURVEY

Student Name _____ *Birth Date* _____ *School* _____

Please complete one survey for each student (note form is front/back). It asks you to tell us the race and ethnic heritage of your child.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with **NO** student names attached to those numbers.

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

PLEASE ANSWER BOTH QUESTIONS 1 & 2

QUESTION 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Chicano (Mexican American)	<input type="checkbox"/> Dominican	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Panamanian	<input type="checkbox"/> Spaniard
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Chilean	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Mexican	<input type="checkbox"/> Paraguayan	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Argentine	<input type="checkbox"/> Colombian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Mestizo	<input type="checkbox"/> Peruvian	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Native	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Honduran	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Salvadorian	
<input type="checkbox"/> Other – (Write In) _____					

QUESTION 2: What race(s) do you consider your child? (Please check ALL that apply)

American Indian / Alaska Native – WA State Tribes		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
<input type="checkbox"/> Chinook Tribe	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation	<input type="checkbox"/> Skokomish Indian Tribe
<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation	<input type="checkbox"/> Marietta Band of Nooksack Tribe	<input type="checkbox"/> Snohomish Tribe
<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation	<input type="checkbox"/> Muckleshoot Indian Tribe	<input type="checkbox"/> Snoqualmie Indian Tribe
<input type="checkbox"/> Confederated Tribes of the Colville Reservation	<input type="checkbox"/> Nisqually Indian Tribe	<input type="checkbox"/> Snoqualmoo Tribe
<input type="checkbox"/> Cowlitz Indian Tribe	<input type="checkbox"/> Nooksack Indian Tribe of Washington	<input type="checkbox"/> Spokane Tribe of the Spokane Res.
<input type="checkbox"/> Duwamish Tribe	<input type="checkbox"/> Port Gamble S'Klallam Tribe	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
<input type="checkbox"/> Hoh Indian Tribe	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation	<input type="checkbox"/> Steilacoom Tribe
<input type="checkbox"/> Jamestown S'Klallam Tribe	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation	<input type="checkbox"/> Stillaguamish Tribe of Indians of WA
<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation	<input type="checkbox"/> Quinault Indian Nation	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
<input type="checkbox"/> Kikiallus Indian Nation	<input type="checkbox"/> Samish Indian Nation	<input type="checkbox"/> Swinomish Indian Tribal Community
<input type="checkbox"/> Lower Elwha Tribal Community	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of WA	<input type="checkbox"/> Tulalip Tribes of Washington
<input type="checkbox"/> Alaska Native (Write In) _____		<input type="checkbox"/> American Indian (Write In) _____

Asian					
<input type="checkbox"/> Asian	<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Mien	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Cham	<input type="checkbox"/> Japanese	<input type="checkbox"/> Mongolian	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Nepali	<input type="checkbox"/> Sri Lankan	
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Lao	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Taiwanese	
<input type="checkbox"/> Burmese/Myanmar	<input type="checkbox"/> Hmong	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Thai	
<input type="checkbox"/> Asian (Write in) _____					

Black / African American		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> African American	<input type="checkbox"/> African Canadian
Black / African American - Caribbean		
<input type="checkbox"/> Anguillian	<input type="checkbox"/> Caymanian (Cayman Island)	<input type="checkbox"/> Haitian
<input type="checkbox"/> Antiguan	<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Bahamian	<input type="checkbox"/> Dominican (Dominican Republic)	<input type="checkbox"/> Martiniquais/Martiniquaise
<input type="checkbox"/> Barbadian	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)	<input type="checkbox"/> Montserratian
<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy)	<input type="checkbox"/> Grenadian	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Guadeloupian	<input type="checkbox"/> Caribbean (Write in) _____

Black / African American – Central African

<input type="checkbox"/> Angolan	<input type="checkbox"/> Congolese (Republic of the Congo)	<input type="checkbox"/> São Tomé
<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Congolese (Democratic Republic of the Congo)	<input type="checkbox"/> Príncipe
<input type="checkbox"/> Central African (Central African Rep)	<input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Central African
<input type="checkbox"/> Chadian	<input type="checkbox"/> Gabonese	(Write In) _____

Black / African American – East African

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

Black / African American – Latin America

<input type="checkbox"/> Argentine	<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Belizean	<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Bolivian	<input type="checkbox"/> French Guianese	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> South Georgia and the South Sandwich Islands
<input type="checkbox"/> Chilean	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Colombian	<input type="checkbox"/> Honduran	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Latin American (Write in) _____

Black / African American – South African

<input type="checkbox"/> Botswanan	<input type="checkbox"/> Namibian	<input type="checkbox"/> Swazi
<input type="checkbox"/> Mosotho (Lesotho)	<input type="checkbox"/> South African	<input type="checkbox"/> South African (Write in) _____

Black / African American – West African

<input type="checkbox"/> Beninese	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Saint Helenian
<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Liberian	<input type="checkbox"/> Senegalese
<input type="checkbox"/> Burkinabé (Burkina Faso)	<input type="checkbox"/> Malian	<input type="checkbox"/> Sierra Leonean
<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Mauritanian	<input type="checkbox"/> Togolese
<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Nigerien (Niger)	<input type="checkbox"/> West African (Write in) _____
<input type="checkbox"/> Gambian	<input type="checkbox"/> Nigerian (Nigeria)	

Black / African American – Black

<input type="checkbox"/> Black (Write In) _____

Native Hawaiian / Other Pacific Islander

<input type="checkbox"/> Native Hawaiian / Other Pacific Islander

Native Hawaiian / Other Pacific Islander – Pacific Islander

<input type="checkbox"/> Carolinian	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Palauan	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Maori	<input type="checkbox"/> Papuan	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Pohpeian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Fijian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> i-Kiribati/Gilbertese	<input type="checkbox"/> Ni-Vanuatu	<input type="checkbox"/> Solomon Islander	<input type="checkbox"/> Yapese
		<input type="checkbox"/> Pacific Islander (Write in) _____	

White - White

<input type="checkbox"/> White

White – Eastern European

<input type="checkbox"/> Bosnian	<input type="checkbox"/> Polish	<input type="checkbox"/> Russian	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Romanian	<input type="checkbox"/> Eastern European (Write In) _____	

White – Middle Eastern and North African

<input type="checkbox"/> Algerian	<input type="checkbox"/> Copt	<input type="checkbox"/> Jordanian	<input type="checkbox"/> Qatari
<input type="checkbox"/> Amazigh or Berber	<input type="checkbox"/> Druze	<input type="checkbox"/> Kurdish Kuwaiti	<input type="checkbox"/> Saudi Arabian
<input type="checkbox"/> Arab or Arabic	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Syrian
<input type="checkbox"/> Assyrian	<input type="checkbox"/> Emirati	<input type="checkbox"/> Libyan	<input type="checkbox"/> Tunisian
<input type="checkbox"/> Bahraini	<input type="checkbox"/> Iranian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Bedouin	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Omani	
<input type="checkbox"/> Chaldean	<input type="checkbox"/> Israeli	<input type="checkbox"/> Palestinian	
<input type="checkbox"/> Middle Eastern (Write in) _____	<input type="checkbox"/> North African (Write in) _____		
<input type="checkbox"/> White (Write In) _____			