



Registration/Enrollment

Date: _____

Student Name: _____

Date of Birth: _____

Please Provide:

Verification of Residency

- Verify that your address is zoned for TSD
- Provide proof of address with a power, water bill, or lease agreement

Immunization Records: View letter from School Nurse

- Provide a CIS download from the State website
- or: • Provide a signed list of immunizations from your doctor

Age Verification - ie. Birth Certificate or affidavit from parent

Academic Records (unofficial transcript for High School)

- Bring in a copy of grades from your previous school

Previous School:

Grade: _____

Previous School: _____

Previous School District: _____

City: _____ State: _____

Email Address (Registrar/contact): _____

Online Family Access (Skyward): Online Access is used to update contact information, view attendance records, current grades, report cards, health records, and for lunch account purchases.

Parent/guardian email address: _____

I give permission to use the above email address for school-related communications

Special Information:

Please check if your student has any of the following:

- Disciplinary Records
- Special Education
- 504 Plan



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 note here 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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Was English this student's first language? Is English the primary language used in your home?	Has this student attended US schools for more than 3 full academic years? Primary Language used in the home, if Not English
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Is parent/legal guardian military or employed on Federal property? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian

School Previously Attended	District	Address (City/State/ZIP Code)	Phone Number (include area code)
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Has student ever attended Tumwater Schools? If Yes, name schools _____	When? (Month and Year)
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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 _____ Unlisted home phone _____ Home _____ Work _____ Cell _____ E-mail _____ Do you want TSD Family Web Access _____
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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 _____ Unlisted home phone _____ Home _____ Work _____ Cell _____ E-mail _____ Do you want TSD Family Web Access? _____
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Please continue → → →

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 Home _____ Work _____ Cell _____ E-mail _____ Do you want TSD Family Web Access? _____
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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 Home _____ Work _____ Cell _____ E-mail _____ Do you want TSD Family Web Access? _____
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Is there a joint custody or parenting plan in place? _____ 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? _____ 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? _____		
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				
Second Contact				
Third Contact				

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.

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.

Please Initial here

Please continue → → →

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? If yes, at what grade level(s) _____

Has your child ever been promoted? If yes, at what grade level(s) _____

DISCIPLINE HISTORY

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

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.

Does the student have any history of violent behavior?
If yes, please explain.

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 _____

Please continue → → →

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"/> Anguillan	<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"/> Guadeloupien	<input type="checkbox"/> Caribbean (Write in) _____

Please continue → → →

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 (Write in) _____
<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Somali	
<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) _____			



ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Student's name _____ Birthdate _____ Gender ____ Grade/Teacher _____

Parent/Guardian _____ Phone _____ Cell _____

Email address _____

Health Care Provider _____ Phone _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

<input type="checkbox"/> YES <input type="checkbox"/> NO My student has a life-threatening health condition	<input type="checkbox"/> My student has NO HEALTH CONCERNS at this time
---	---

Student Medical History: Does your student have any of the following? Please check:

ADD/ADHD	Diabetes (see below)	Physical disabilities
Autism Spectrum Disorder	Dietary concerns	Seizure disorder (see below)
Allergies (see below)	Feeding support	Skin condition/eczema
Asthma (see below)	Frequent headaches/migraines	Social/Emotional/Behavioral concerns
Bladder/kidney or bowel concerns	Hearing problem	Stomach/intestinal concerns
Blood disorder	Heart condition (see below)	Vision problems
Brain (injury, conditions, surgery, etc.)	Other health conditions	Glasses/contacts

Allergies:

Bee sting Food allergies (specify) _____ Other allergies (specify) _____

Describe allergic reaction and treatment _____

*Has your child been advised by your Healthcare Provider to keep an EpiPen? Yes No

Asthma Please check applicable triggers: Allergies Exercise Irritants Respiratory infections Weather changes

****ALERT TO PARENTS/GUARDIANS**** The school **must know of LIFE-THREATENING** conditions (for example severe allergy with anaphylaxis, diabetes, heart condition, seizure disorder, asthma) prior to the start of school as these require an additional plan per RCW 28.A210.320. Contact the school nurse to begin the process.

Please list other health conditions: _____

MEDICATIONS List any medications taken.

Medication: _____ For: _____ Home School

Medication: _____ For: _____ Home School

Medication: _____ For? _____ Home School

Medication: _____ For? _____ Home School

****Policy for Medication at School**** Medications, prescriptive or over the counter, may be administered to students by building administrators or their designee(s) only with **WRITTEN PERMISSION of the parent/guardian AND a Licensed Health Care Provider's Order for Medication at School**. I understand that licensed healthcare providers have Authorization for Medication forms, available at TSD schools or, online at the TSD website.

****I** permit my child's school/child care to add immunization information into the Immunization Information System to help maintain my child's records and for the release of information.

Parent/Guardian Signature: _____ Date: _____

****If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person, if possible, and call 911 if the injury or illness warrants it. I consent to releasing medical information related to my child, to school personnel, as needed, to ensure his/her safety at school. I understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured.**

Parent/Guardian Signature: _____ Date: _____



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</p> <p>All families have the right to information about their child’s education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>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(s) did your child first speak or understand? _____</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 <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/></p>	
<p>Prior Education</p> <p>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? (K-12th Grade) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Number of months: _____</p> <p style="padding-left: 40px;">Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p style="padding-left: 40px;">_____</p> <p style="padding-left: 40px;">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.



MILITARY PARENT OR GUARDIAN AFFILIATION FORM

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

For the purpose of collecting the data please mark all that apply:

- No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- Yes a parent/guardian is a current member of the **reserves** of the U.S. Armed Forces.
- Yes a parent/guardian is a current member of the **Washington National Guard**.
- Yes more than one parent or guardian is **currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard**.
- No Response/Refused to state.

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

(Note: If at any time throughout the school year the military status changes please contact your student's school to report the change.)

TUMWATER SCHOOL DISTRICT STUDENT HOUSING QUESTIONNAIRE

Your answers to these questions will be reviewed only by the district McKinney-Vento (Homeless) Liaison and Counselors. "Homeless" includes some temporary living situations. Filling out this form will help us decide whether or not your student may be eligible to receive services under the McKinney-Vento Act 42 U.S.C. 11435.

Contact Terri Turner, District McKinney-Vento Liaison at 709-7056 if you have questions.

Completion of this form is optional. If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- 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: Tumwater High 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 the counselor at your child's school or the McKinney-Vento Liaison, located at the Tumwater School District Office (621 Linwood Avenue SW, Tumwater, WA 98512)

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;
 - (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>
- <http://www.schoolhouseconnection.org/>

The following attachments are needed to complete your registration packet. **TSD will not enroll the student until all documents have been received and verified.**

Verification of Residency or Approved Transfer

Verify that your address is zoned for TSD by searching: [click here](#)

Provide proof of address with a power, water bill, or lease agreement

Immunization Records: View letter from School Nurse: [click here](#)

Provide a CIS download from the State website: [click here](#)

or Provide a signed list of immunizations from your doctor

Age Verification

The following attachment is requested if available.

Academic Records (unofficial transcript for High School)

Bring in a copy of grades from your previous school

Additional Information:

Request for Transportation can be found on the Transportation Website: [click here](#)

Food Services Free and Reduced Lunch Application can be found on the Food Services Website: [click here](#)