

**Bring completed packet to your school office** (with the required and/or optional documents below) to complete registration.

Bring completed packets to the [Student Records Department at the NTPS Service Center](#) during the Summer.

### **Important Notes**

**Only a parent/guardian living in the District and at the same residence as the student** may enroll the student. **Please provide accurate information.** Inaccurate information could place you in jeopardy of legal action.

### **Required Documents:**

1. **Verification of student's name and age.** NTPS will accept a variety of documents for this purpose, including:
  - Birth Certificate ([order copies from the state if lost](#))
  - Valid Passport
  - Driver's License
  - Adoption Record
  - Previously Verified School Record
  - Affidavit from Parent
  
2. **Medically Verified Immunization Records** (Required by Washington State) *EXAMPLES:*
  - A completed [Certificate of Immunization Status \(CIS\)](#) signed by a healthcare provider (included in the packet above) ;
  - A CIS filled out by you or another parent/guardian with medical records attached;
  - A CIS printed by a health care provider or school from the Washington State Immunization Information System; OR
  - A CIS printed from MyIR (a free Dept of Health online tool), go to [wa.myir.net/register](http://wa.myir.net/register) to begin the sign-up process.
  
3. **Proof of residency** One (1) of the following documents:
  - Current lease
  - Recent contract of sale
  - Recent Mortgage statement
  - Recent Utility Bill
  
4. **Custody agreement/parenting plan/court order** if parents are separated or divorced.
5. **Military Affiliation Form**
6. **Indian Student Eligibility Certification Form**

### **Three (3) Documents not required, but helpful if available:**

1. **Academic records** (most recent report card for K-8) (helpful, but optional)
2. Copy of **Individualized Education Program (IEP) / Evaluation Report (ER)** [If applicable] (helpful, but optional)
3. Copy of **504** [if applicable] (helpful, but optional)

# NTPS Registration

School: \_\_\_\_\_

Date: \_\_\_\_\_



## STUDENT INFORMATION

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (mm/dd/yyyy)	GENDER (check) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	BIRTHPLACE (City, State, Country)		GRADE LEVEL
NAME OF LAST SCHOOL ATTENDED AND GRADE		HAS STUDENT <u>EVER</u> ATTENDED A SCHOOL IN NORTH THURSTON? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide the name of the school and date last attended (month/year):</i>		
NAME OF PREVIOUS SCHOOL DISTRICT <i>please provide mailing address, city, state, zip</i>		Did the student have a different name when previously enrolled in NTPS? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide the full name the student was previously registered under:</i>		

## Name of Preschool, Day Care, or Licensed In-Home Child Care attended. Check "None" if never attended.

None

## PRIMARY HOUSEHOLD INFORMATION – Parents/Guardians of Student (where student resides)

PRIMARY <b>GUARDIAN 1</b> – PRIMARY HOUSEHOLD Legal Last Name      Legal First Name      MI		RELATIONSHIP OF PRIMARY GUARDIAN 1 TO STUDENT <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other	PHONE #1 Primary Phone	Check if Unlisted <input type="checkbox"/>
Is guardian military or employed on Federal property? <input type="checkbox"/> No <input type="checkbox"/> Yes, Branch/Location _____			PHONE #2 Primary Guardian 1	<input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY GUARDIAN 1 EMAIL ADDRESS			PHONE #3 Primary Guardian 1	<input type="checkbox"/> Work <input type="checkbox"/> Cell
RESIDENT ADDRESS	Street, Apt #	City	State	Zip
MAILING ADDRESS <i>(if different)</i>	Street, Apt #	City	State	Zip
PRIMARY LANGUAGE SPOKEN BY PARENTS/GUARDIANS <i>(if other than English)</i> Guardian 1 _____ Guardian 2 _____		Will you need an interpreter to communicate with your student's teacher? <input type="checkbox"/> No <input type="checkbox"/> Yes	Will you need signing to communicate with your student's teacher? <input type="checkbox"/> No <input type="checkbox"/> Yes	
PRIMARY <b>GUARDIAN 2</b> – PRIMARY HOUSEHOLD Legal Last Name      Legal First Name      MI		RELATIONSHIP OF PRIMARY GUARDIAN 2 TO STUDENT <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PHONE #4 Primary Guardian 2	<input type="checkbox"/> Work <input type="checkbox"/> Cell
Is guardian military or employed on Federal property? <input type="checkbox"/> No <input type="checkbox"/> Yes, Branch/Location _____			PHONE #5 Primary Guardian 2	<input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY GUARDIAN 2 EMAIL ADDRESS			PHONE #6 Primary Guardian 2	<input type="checkbox"/> Other
Is any member of this household a current or former <b>employee</b> of NTPS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, full name of employee(s): _____		Is any member of this household a current or former <b>student</b> of NTPS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, full name of former student(s): _____		
Do parent(s) or grandparent(s) have a Native American tribal affiliation? <input type="checkbox"/> No <input type="checkbox"/> Yes				

## STUDENT INFORMATION – SPECIAL PROGRAMS

Has your student ever been retained (held back)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what grade? _____
Has your student ever qualified for or been enrolled in a <a href="#">Special Education</a> program? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, do they have a current IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has your student ever qualified for or had a <a href="#">504 Plan</a> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, do they have a current 504 Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has your student ever participated in: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> <a href="#">Gifted/Highly Capable</a> <input type="checkbox"/> <a href="#">ELL</a> <input type="checkbox"/> Other _____
Was your student enrolled in: <input type="checkbox"/> Band <input type="checkbox"/> Orchestra <input type="checkbox"/> Choir If yes, do they wish to continue? <input type="checkbox"/> No <input type="checkbox"/> Yes

## STUDENT INFORMATION – ATTENDANCE AND DISCIPLINE

Has your student ever been suspended for a weapon violation? <input type="checkbox"/> No <input type="checkbox"/> Yes	Does your student have a juvenile record? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, is your student currently on probation? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has your student been to court for Becca Bill? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is your student currently expelled from any school in any district? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you live in the North Thurston Public Schools district? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, which district? _____ Resident School? _____	
Has your student ever attended school in WA state before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, most recent district enrolled in: _____	

## STUDENT INFORMATION – FAMILY

PLEASE LIST OTHER SIBLINGS ATTENDING NORTH THURSTON PUBLIC SCHOOLS		School	Grade	Office Use Only Lunch Status
Last Name	First Name			

Is there a joint-custody or parenting plan in effect?  No  Yes If yes, plan must be on file with the school for enforcement.

Is there a restraining order in effect?  No  Yes If yes, legal papers must be on file with the school for enforcement.  
 Restraining order against?  Mother  Father  Other \_\_\_\_\_

## SECOND HOUSEHOLD INFORMATION – Parents/Guardians of Student (NOT residing full-time with student)

<b>SECONDARY GUARDIAN 1 – SECOND HOUSEHOLD</b>		<b>RELATIONSHIP OF SECONDARY GUARDIAN 1 TO STUDENT</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	<b>PHONE #1 Primary Phone</b>	Check if Unlisted <input type="checkbox"/>
Legal Last Name	Legal First Name MI			
Is guardian military or employed on Federal property? <input type="checkbox"/> No <input type="checkbox"/> Yes, Branch/Location _____			<b>PHONE #2 Secondary Guardian 1</b>	<input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>SECONDARY GUARDIAN 1 EMAIL ADDRESS</b>			<b>PHONE #3 Secondary Guardian 1</b>	<input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>RESIDENT ADDRESS</b>	Street, Apt #		City State Zip	
<b>MAILING ADDRESS</b> <i>(if different)</i>	Street, Apt #		City State Zip	
<b>SECONDARY GUARDIAN 2 – SECOND HOUSEHOLD</b>		<b>RELATIONSHIP OF SECONDARY GUARDIAN 2 TO STUDENT</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	<b>PHONE #4 Secondary Guardian 2</b>	<input type="checkbox"/> Work <input type="checkbox"/> Cell
Legal Last Name	Legal First Name MI			
Is guardian military or employed on Federal property? <input type="checkbox"/> No <input type="checkbox"/> Yes, Branch/Location _____			<b>PHONE #5 Secondary Guardian 2</b>	<input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>SECONDARY GUARDIAN 2 EMAIL ADDRESS</b>			<b>PHONE #6 Secondary Guardian 2</b>	<input type="checkbox"/> Other
<b>ADDITIONAL MAILINGS REQUESTED TO SECOND HOUSEHOLD? (Report cards, etc.)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes				
Is any member of this household an employee of NTPS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, full name of employee(s): _____		Is any member of this household a former student of NTPS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, full name of former student(s): _____		

## EMERGENCY CONTACTS

When injury, illness or other non-emergency situations occur involving your student, 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 person(s) you trust, and who are available during the day to provide care for your student (local area if possible, please).

Does the student attend childcare?  Before school only  After school only  Both before and after school

**EMERGENCY CONTACTS (other than parent(s)/guardian(s))**

Last Name	First Name	Relationship to Student	Local Y/N	Phone 1 (include area code)	Phone 2 (include area code)
1.				<input type="checkbox"/> Primary <input type="checkbox"/> Work	<input type="checkbox"/> Primary <input type="checkbox"/> Work
2.				<input type="checkbox"/> Primary <input type="checkbox"/> Work	<input type="checkbox"/> Primary <input type="checkbox"/> Work
3.				<input type="checkbox"/> Primary <input type="checkbox"/> Work	<input type="checkbox"/> Primary <input type="checkbox"/> Work

Student names, addresses, and certain other information are Directory Information. Annually parents may prohibit release of such information by written notice to the school prior to October 1 or within ten (10) days of late registration. ([District Procedure 3231P](#))

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment of a school in North Thurston Public Schools.

Legal Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p><b>Right to Translation and Interpretation Services</b></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? ____ Yes ____ No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p>		
<p><b>Eligibility for Language Development Support</b></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 ____ No ____ Don’t Know ____</p>		
<p><b>Prior Education</b></p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><b><i>This form is not used to identify students’ immigration status.</i></b></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-12<sup>th</sup> Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12<sup>th</sup> Grade)</p> <p>_____</p> <p>Month      Day      Year</p>		

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



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

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

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

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

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

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

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

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

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

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

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

**Attestation Statement**

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

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

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

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

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

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

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

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

# NTPS Military Parent/Guardian Affiliation



Washington State Legislature has mandated that data regarding military parent/guardian affiliation be collected annually for all students as stated in RCW 28A.300.507. More information about data collection for military families can be found on the OSPI website under [Military Kids](#).

Please complete a separate form for **EACH** of your students or login to Skyward Family Access to complete it online.

## Military Affiliation

Please select only **ONE OPTION** below:

- A – Parent/Guardian is a **CURRENT** member of the US Armed Forces, **Active Duty**.
- R – Parent/Guardian is a **CURRENT** member of the US Armed Forces, **Reserves**.
- G – Parent/Guardian is a **CURRENT** member of the **Washington National Guard**.
- M – More than one parent/guardian qualifies for A, R or G above.
- N – No parent/guardian is currently serving in the US Armed Forces or Washington National Guard.
- Z – No response/refused to state.

## Student Information

Legal Last Name	Legal First Name
School	Grade
Sibling	Sibling
Sibling	Sibling
Parent/Guardian Name (please print)	Parent/Guardian Signature  
Date	

**Note:** If at any time throughout the school year your military family status changes, please contact our student's school office to report the change.

## Optional *(collection of this information is used for the federal Impact Aid Program)*

Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other _____	Rank:
	Work Location:

# Race and Ethnicity Data Collection




## Why do we need this information?

The State of Washington requires school districts to collect this information, in alignment with the [Race and Ethnicity Student Data Taskforce](#). The information collected will be analyzed to ensure we are providing equitable resources and opportunities for all our students. The Family Educational Rights and Privacy Act protects the confidentiality of this information.

## What is required?

Please **complete all 3 steps** of this survey for *each* of your students, making sure to select **both** ethnicity and race. According to the U.S. Department of Education, every student must have an ethnicity (step 2) **AND** one or more races (step 3) designated. If the parent/guardian does not answer all questions below, a school staff person will follow the federally mandated process of Observer Identification.

## Step 1 – Student Information

Legal Last Name	Legal First Name	Legal Middle Name
Birthdate MM/DD/YYYY	Gender	Grade
Parent Name (please print)	Parent Signature 	Date MM/DD/YYYY

## Step 2 – Select Student Ethnicity

Is your student of Hispanic or Latino origin? *Please check all that apply.*

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

## Step 3 – Select Student Race

What race(s) do you consider your student? *Please check all that apply.*

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



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

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

White/Eastern European/Middle Eastern & North African	
<input type="checkbox"/> White	<input type="checkbox"/> Emirati
<input type="checkbox"/> White (Write in)	<input type="checkbox"/> Iranian
	<input type="checkbox"/> Iraqi
<b>Eastern European</b>	<input type="checkbox"/> Israeli
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Jordanian
<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Kurdish
<input type="checkbox"/> Polish	<input type="checkbox"/> Kuwaiti
<input type="checkbox"/> Romanian	<input type="checkbox"/> Lebanese
<input type="checkbox"/> Russian	<input type="checkbox"/> Libyan
<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Moroccan
<input type="checkbox"/> Eastern European (Write in)	<input type="checkbox"/> Omani
	<input type="checkbox"/> Palestinian
<b>Middle Eastern &amp; North African</b>	<input type="checkbox"/> Qatari
<input type="checkbox"/> Algerian	<input type="checkbox"/> Saudi Arabian
<input type="checkbox"/> Amazigh or Berber	<input type="checkbox"/> Syrian
<input type="checkbox"/> Arab or Arabic	<input type="checkbox"/> Tunisian
<input type="checkbox"/> Assyrian	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Bahraini	<input type="checkbox"/> Middle Eastern (Write in)
<input type="checkbox"/> Bedouin	
<input type="checkbox"/> Chaldean	<input type="checkbox"/> North African (Write in)
<input type="checkbox"/> Copt	
<input type="checkbox"/> Druze	
<input type="checkbox"/> Egyptian	

Black/African/Caribbean/Latin American	
<input type="checkbox"/> Black/African American	<b>Latin America</b>
<input type="checkbox"/> African American	<input type="checkbox"/> Argentine
<input type="checkbox"/> African Canadian	<input type="checkbox"/> Belizean
<input type="checkbox"/> Black (Write in)	<input type="checkbox"/> Bolivian
	<input type="checkbox"/> Brazilian
<b>Caribbean</b>	<input type="checkbox"/> Chilean
<input type="checkbox"/> Anguillan	<input type="checkbox"/> Colombian
<input type="checkbox"/> Antiguan	<input type="checkbox"/> Costa Rican
<input type="checkbox"/> Bahamian	<input type="checkbox"/> Ecuadorean
<input type="checkbox"/> Barbadian	<input type="checkbox"/> El Salvadoran
<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy)	<input type="checkbox"/> Falkland Islander
	<input type="checkbox"/> French Guianese
<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Guatemalan
<input type="checkbox"/> Caymanian (Cayman Island)	<input type="checkbox"/> Guyanese
<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Honduran
<input type="checkbox"/> Dominican (Dominican Republic)	<input type="checkbox"/> Mexican
<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)	<input type="checkbox"/> Nicaraguan
<input type="checkbox"/> Grenadian	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Guadeloupien	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Haitian	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Jamaican	<input type="checkbox"/> South Georgia and the South Sandwich Islands
<input type="checkbox"/> Martiniquais/Martiniquaise	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Montserratian	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Caribbean (Write in)	<input type="checkbox"/> Latin American (Write in)
<b>Central African</b>	<b>South African</b>
<input type="checkbox"/> Angolan	<input type="checkbox"/> Botswanan
<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Mosotho (Lesotho)
<input type="checkbox"/> Central African (Central African Rep)	<input type="checkbox"/> Namibian
<input type="checkbox"/> Chadian	<input type="checkbox"/> South African
<input type="checkbox"/> Congolese (Republic of the Congo)	<input type="checkbox"/> Swazi
<input type="checkbox"/> Congolese (Democratic Republic of the Congo)	<input type="checkbox"/> South African (Write in)
<input type="checkbox"/> Equatorial Guinean	
<input type="checkbox"/> Gabonese	
<input type="checkbox"/> São Tomé	
<input type="checkbox"/> Príncipe	
<input type="checkbox"/> Central African (Write in)	
<b>East African</b>	<b>West African</b>
<input type="checkbox"/> Burundian	<input type="checkbox"/> Beninese
<input type="checkbox"/> Comoran	<input type="checkbox"/> Bissau-Guinean
<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Burkinabé (Burkina Faso)
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Cabo Verdean
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Ivorian (Cote d'Ivoire)
<input type="checkbox"/> Kenyan	<input type="checkbox"/> Gambian
<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Ghanaian
<input type="checkbox"/> Malawian	<input type="checkbox"/> Liberian
<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Malian
<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> Mauritanian
<input type="checkbox"/> Mozambican	<input type="checkbox"/> Nigerien (Niger)
<input type="checkbox"/> Reunionese	<input type="checkbox"/> Nigerian (Nigeria)
<input type="checkbox"/> Rwandan	<input type="checkbox"/> Saint Helenian
<input type="checkbox"/> Seychellois/Seychelloise	<input type="checkbox"/> Senegalese
<input type="checkbox"/> Somali	<input type="checkbox"/> Sierra Leonean
<input type="checkbox"/> South Sudanese	<input type="checkbox"/> Togolese
<input type="checkbox"/> Sudanese	<input type="checkbox"/> West African (Write in)
<input type="checkbox"/> Ugandan	
<input type="checkbox"/> Tanzanian (United Republic of Tanzania)	
<input type="checkbox"/> Zambian	
<input type="checkbox"/> Zimbabwean	
<input type="checkbox"/> East African (Write in)	

# NTPS 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 complete the following:

## Housing Status *(please check all that apply)*

<input type="checkbox"/> In a motel/hotel	<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 <i>(please specify)</i>
<input type="checkbox"/> Temporarily sharing the housing of others due to loss of housing or economic hardship	
<input type="checkbox"/> In a residence with sub-standard facilities (no water, heat, electricity, etc.)	

## Student Information

<input type="checkbox"/> Student is unaccompanied (not living with a parent or legal guardian)		
<input type="checkbox"/> Student is living with a parent or legal guardian		
Student Last Name	Student First Name	Gender
Birthdate <i>(mm/dd/yyyy)</i> and Age	School	Grade
Address of Current Residence		
Phone Number or Contact Number	Name of Contact	
Name of Parent/Guardian/Unaccompanied Youth <i>(please print)</i>	<b>*Signature of Parent/Guardian/Unaccompanied Youth <i>(please print)</i></b>	Date
*I declare under penalty of perjury under laws of the State of Washington that the information provided here is true and correct.		

### Office Use Only

For data collection purposes and student information system coding.				
<input type="checkbox"/> N – Not Homeless	<input type="checkbox"/> A - Shelters	<input type="checkbox"/> B – Doubled-Up	<input type="checkbox"/> C - Unsheltered	<input type="checkbox"/> D – Hotels/Motels

Please return completed form to:

NTPS District Liaison	Phone Number	Location
Brenda McAftery	360-412-4902	NTPS – Family & Youth Resource Center

SEC. 725. DEFINITIONS.

For purposes of this part:

(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 11302(a)(1) of this title); 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; or 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 11302(a)(2)(C) <sup>1</sup> of this title);

(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 6399 of title 20) who qualify as homeless for the purposes of this part because the children are living in circumstances described in clauses (i) through (iii).

(3) The terms "local educational agency" and "State educational agency" have the meanings given such terms in section 7801 of title 20.

(4) The term "Secretary" means the Secretary of Education.

(5) The term "State" means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

(6) The term "unaccompanied youth" includes a homeless child or 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](#)

Website: <https://nche.ed.gov>

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

Website: <https://naehcy.org>

# NTPS Important Health Information



Welcome to the beginning of a new school year for your student! We will be working with you, your student, and the school staff to make this a safe, healthy, and successful school year for your student. Please contact the health room at your school if you have any questions or concerns with which we may be able to help. Following is information pertaining to your student's health and safety while at school.

## Emergency Contact Information and Health History Form

**This is very important!** Please complete and return it as soon as possible. The information assists us in providing the best possible care for you student. *In case of illness or injury, your student will be allowed to leave the school only with the people you list as Emergency Contacts.*

## Medication

- Oral medication is defined as **EITHER** prescription medication **OR** over-the-counter medication (such as Tylenol, cough syrup, Benadryl, etc.). There is no distinction between them.
- **ALL** oral medication must be accompanied by a signed **Authorization for Administration of Medication at School** form by **BOTH** the parent **AND** the physician/dentist. There will be no grace period in which to obtain the signature. Medication cannot be given to your student without this signed form. Forms may be obtained [online](#) or by calling your school nurse.
- All medication must be in the **ORIGINAL CONTAINER**.

## Life Threatening Conditions

Students with life-threatening health conditions such as bee sting or peanut allergies, diabetes mellitus, asthma, seizures or any condition that places a child in danger of death during the school day, **MUST** have medication and/or treatment orders in place **PRIOR** to the first day that your student will be in attendance at school. You may obtain a packet of required forms from your school's health room or office professional. Please call our school nurse or Student Support Services at 360-412-4484, if you need more information.

## Student Records

A record is maintained of health care services provided to students. You may request to view and/or copy your student's record. You may also ask us to correct that record. We will not disclose our student's record to others without your consent unless the law authorizes us to do so.

# Student Health History



Please update your student's health information so that we can administer the best care possible at school.

## Student Information

Student Last Name	Student First Name	Gender
Birthdate (mm/dd/yyyy)	Teacher	Grade
Parent/Guardian Name (please print)	Parent/Guardian Home Phone	Parent/Guardian Cell Phone
Parent/Guardian Email	Name/Address of Licensed Health Professional	Health Professional Phone

## Student Medical History

Please check all that apply.

<input type="checkbox"/> Allergies (see below)	<input type="checkbox"/> Diabetes (see below)	<input type="checkbox"/> Seizure disorder (see below)
<input type="checkbox"/> Asthma (see below)	<input type="checkbox"/> Dietary concerns	<input type="checkbox"/> Skin condition/eczema
<input type="checkbox"/> Behavioral concerns	<input type="checkbox"/> Frequent headaches/migraines	<input type="checkbox"/> Stomach/intestinal concerns
<input type="checkbox"/> Bladder or bowel concerns	<input type="checkbox"/> Hearing problem	<input type="checkbox"/> Urinary/kidney disorder
<input type="checkbox"/> Blood disorder	<input type="checkbox"/> Heart condition (see below)	<input type="checkbox"/> Vision problem
<input type="checkbox"/> Brain (injury, conditions, surgery etc.)	<input type="checkbox"/> Physical disabilities	<input type="checkbox"/> Vision problem – glasses/contacts?
<input type="checkbox"/> Other (please write in)		

### Allergies

<input type="checkbox"/> Bee sting allergy	<input type="checkbox"/> Food allergy (specify)	<input type="checkbox"/> Other allergy (specify)
--	---	--

Please describe the allergic reaction and treatment:

Has your student ever been advised by your licensed healthcare professional to keep an EpiPen?  No  Yes

If yes, your student must have a physician order and EpiPen in place before attending school.

### Asthma

Please check applicable triggers:  allergies  exercise  irritants  respiratory infections  weather (cold air)

If you checked yes to asthma above, please complete an asthma treatment plan (ASP-1) prior to attending school.

### Life Threatening Condition

If your student has a life-threatening condition such as diabetes, heart condition, or seizure disorder, please contact the school nurse for additional documentation required prior to attending school.

### Other Health Information

Does your student have a health problem that affects his/her daily living or school participation?  No  Yes If yes, please explain:

List any significant injuries or operations:

Is your student required to take medication(s)?  No  Yes

Is your student required to take medication at school?  No  Yes

Please list any medication names and reason for taking:

Any other special needs or concerns?

### Policy for Administering Medication to Students

Oral medications, prescriptive or over-the-counter, may be administered to students only with the written permission of the parent/guardian and a licensed healthcare provider. **Authorization for Administration of Medication at School** forms can be obtained [online](#) or by calling your school nurse.

### Injury at School

If your student is injured at school, we will contact: 1) the parent/guardian or emergency contact; and 2) 911 if necessary.

I consent to the release of medical information related to my student to school personnel to ensure his/her safety at school. I understand that it will be my responsibility to arrange payment for medical care should my student be injured. I have read and understand this form.

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date (mm/dd/yyyy)
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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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
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 _____ <b>Parent/Guardian Signature</b> <span style="float:right"><b>Date</b></span>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b> <span style="float:right"><b>Date</b></span>	

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ 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						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
COVID-19						
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:

A verified history of varicella (chickenpox) disease.  
 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

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.
---	---

**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: [waisrecords@doh.wa.gov](mailto:waisrecords@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 Pediarix 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		

# NTPS Verification of Residency Statement



One of the documents listed below must be provided to verify residency within the North Thurston Public Schools attendance area. The document must show the parent/legal guardian's name and address and must be dated within the past 30 days. Post office boxes are not acceptable as residence addresses.

- |   |  |
|---|--|
| <input type="checkbox"/> Gas or Electric bill | <input type="checkbox"/> Escrow papers or mortgage statement |
| <input type="checkbox"/> Cable TV bill        | <input type="checkbox"/> Renter's insurance statement        |
| <input type="checkbox"/> Garbage bill         | <input type="checkbox"/> Rental agreement/lease              |
| <input type="checkbox"/> Water/Sewer bill     |  |

Address of Current Residence	
Parent/Legal Guardian Name (please print)	
Student's Legal Name (please print)	School
Student's Legal Name (please print)	School
Student's Legal Name (please print)	School
Student's Legal Name (please print)	School
Student's Legal Name (please print)	School

I declare that the above-named student(s) reside(s) at the address shown above and on the document provided. I will notify the school within two weeks if residency changes and agree to provide new residency documentation and an updated signed statement at that time. If I move outside of the district, I understand that an Inter-district Transfer Form must be submitted for the student(s) to be considered for continued attendance.

I understand that falsification of any information or documentation required for residency verification or the use of any address where students do not reside may result in revocation of student enrollment.

Parent/Guardian Signature	Date (mm/dd/yyyy)
[Redacted Signature]	

**Office Use Only**

The document(s) show(s) the name and address of the person(s) enrolling the above-named student(s).		
Principal or Designee's Signature	Date	School
Review busing information.		
<input type="checkbox"/> Documentation complete	<input type="checkbox"/> Documentation shared with sibling schools	





# NORTH THURSTON PUBLIC SCHOOL

*All Students Empowered & Future -Ready*

## **Request for Student Records from Previous District**

Date: \_\_\_\_\_

**Previous School Name:** \_\_\_\_\_

Previous School Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Contact Email: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Please include complete permanent file records including:**

- Academic Records
- Health Records
- Immunization Records Attendance
- Transcript
- Report Cards
- Test Scores
- Behavioral Information
- Fines and Fees

**Please send all school records to:**

<p><i>For Office Use Only:</i></p> <p>Telephone Contact made by: _____</p> <p>Request Faxed: _____</p> <p>Request Emailed: _____</p>
--

Per RCW 28A.225.330 Subsection (2) also include the above-named student's confidential discipline records that include history of disciplinary action, history of violent behavior, or behavior listed in RCW 13.04.155

According to the Family Educational Rights and Privacy Act (U.S. Code: Title 20, Section 123g, a(6) 1B), it is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll, may receive a student's record without written consent for such release.

# NTPS Guaranteed Admissions Program (GAP)

## High School Students Only



North Thurston Public Schools is partnering with Washington’s public four-year colleges and universities in to meeting the college and career goals of Washington’s students. We are focused on increasing access for students who wish to attend college. Many of Washington’s public baccalaureate institutions offer guaranteed admissions programs for students who meet set criteria.

### Washington Public Baccalaureate Institution Guaranteed Admissions Program

The Guaranteed Admissions Program provides direct admissions at Central Washington University, Eastern Washington University, The Evergreen State College, Western Washington University, Washington State University and University of Washington-Tacoma.

All Guaranteed Admissions programs require two criteria be met for a student to be eligible: (1) A minimum GPA or minimum GPA/class ranking and (2) Completion of the College Academic Distribution Requirements (CADRs).

- CWU - GPA 3.0 and CADRs completion
- EWU - GPA 3.0 and CADRs completion
- Evergreen - GPA 2.5 and CADRs completion
- WWU – GPA 3.0 and CADRs completion
- WSU - GPA 3.0 and CADRs completion
- UW-Tacoma - GPA 3.0 and CADRs completion

In addition to the public universities listed above, North Thurston Public Schools has an agreement with Pacific Lutheran University to provide direct admission to students with a minimum GPA of 3.3 and specific courses. Additional colleges and universities may be added to this list.

If a student meets the criteria or is on track to meet the criteria by high school completion, he/she/they are guaranteed admission to the institution. Students eligible for guaranteed admission must complete an admissions application and additional requirements by the institution.

### How Students Can Participate in the Guaranteed Admissions Program

To participate in the Guaranteed Admissions Program with the public baccalaureate institutions identified above, please review this form and have your parent/guardian sign, acknowledging it is permissible for you to take part in this program including release of student information noted on this consent form.

Student Information to be shared with Washington Public Baccalaureate Institutions:

- First Name
- Last Name
- Date of Birth
- Email(s) on record (to reach out to students about the opportunity)
- Unweighted GPA
- Transcripts
- Course taking details (e.g., honors, dual credit)
- Race and ethnicity
- Free/reduced price meals eligibility

By signing this form, I give consent for my student's information to be shared with the institutions listed.

Parent/Guardian Name (please print)	Parent/Guardian Signature (Optional if student is 18+)	Data (mm/dd/yyyy)
Student Name (please print)	Student Signature (Optional if student is under 18)	Data (mm/dd/yyyy)