



Tumwater School District

Cascadia High School

Application 2026-27

Legal Name _____ Grade _____ M _____ F _____ Birth Date ____/____/____
Last First MI

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

Parent/Guardian #1 Full Name _____ Relationship to student _____ Email _____

Street Address _____ City _____ Zip _____

Mailing Address (if different than above) _____ City _____ Zip _____

Primary Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian #2 Full Name _____ Relationship to student _____ Email _____

Street Address _____ City _____ Zip _____

Mailing Address (if different than above) _____ City _____ Zip _____

Primary Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Person #1 _____ Relationship _____ Phone _____

Emergency Contact Person #2 _____ Relationship _____ Phone _____

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

DOES YOUR STUDENT CARRY AN EPIPEN? YES ____ NO ____ DOES YOUR STUDENT CARRY AN INHALER? YES ____ NO ____

If yes to any of above, please describe _____

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

Required for Federal and State Reporting:

Student Ethnicity Not Hispanic _____ Hispanic _____

Student Race American Indian/Alaska Native _____ Asian _____ Black/African American _____ Native Hawaiian/other Pacific Islander _____ 2
or more races _____

White _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____



Tumwater School District
Cascadia High School
Application 2026-27 (Page 2)

Legal Name _____
Last First MI

COMPLETED BY SENDING SCHOOL ONLY

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

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

Is the student required by court action to attend school? Yes ☐ No ☐ If yes, does the student have a PO? Yes ☐ No ☐ Becca status

Name of PO _____ Phone _____ Email _____

Counselor Signature (Required) _____ Phone _____ Date _____

Administrator Signature (Required) _____ Date _____

COMPLETED BY TUMWATER SCHOOL DISTRICT STAFF ONLY

Date Intake Interview Completed _____ Status: Accepted ☐ Denied ☐ Waitlisted ☐

Cascadia High School Counselor Signature (Required) _____ Date _____

Special Services Signature (Required for 504/IEP) _____ Date _____

Cascadia High School Administrator Signature (Required) _____ Date _____

Date Enrollment Approved _____ Start Date _____

Tumwater School District/CHS does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) have been designated to handle questions and complaints of alleged discrimination: Civil Rights Coordinator and Title IX Officer: Assistant Superintendent Meagan Dawson 360-709-7030, Meagan.dawson@tumwater.k12.wa.us and Section 504 Coordinator: Director Chris Burgmeier, 360-709-7040, chris.burgmeier@tumwater.k12.wa.us. Address: 621 Linwood Ave SW, Tumwater, WA 98512