

2021-22 FOSTER HIGH SCHOOL Enrollment / Registration Required Document Checklist

OFFICE USE ONLY

Grade Level _____

ELPA 21 _____

Start: _____

Date: _____ Student Name: _____

To be checked off by school staff only.

_____ **Proof of Age**

Acceptable documentation includes:

- Birth Certificate
- I-94
- Alternate government-issued identification (US Visa or Passport)

_____ **Parent ID**

_____ **District Registration Form (Pages 1 & 2)**

_____ **Race Ethnicity Data Form**

_____ **Transportation Information Form**

_____ **Student History Form**

_____ **Request for Transfer of Student Records**

_____ **Student Housing Questionnaire**

_____ **Proof of Address**

Please see reverse for acceptable proof of address documents.

A copy of this information will be retained at the school.

IMPORTANT: If you cannot provide proof of residency, you will need to obtain a **Residential Verification Form** from the registrar. The **Residential Verification Form** must be completed **AND** signed by the property owner or tenant **WITH** proof of their address (see reverse). This is necessary to enroll your child (ren) in the Tukwila School District.

_____ **FERPA Form**

_____ **Free/Reduced Lunch Form**

_____ **OSPI Home Language Survey (HLS) Form**

_____ **Title VI – Student Eligibility Certification Form**

_____ **Military Status Form**

_____ **Health History Information Form (Front + Back)**

_____ **Certificate of Immunization Status (CIS) (Signed 2x by Parent/Guardian)**

_____ **Completed & Signed Tukwila SD Rights & Responsibilities Handbook Receipt**

Your child may attend school only once all of the required documentation has been received. It is your responsibility to ensure that the office receives **ALL** of the required documents.

Approved Proof of Address Documents

- Mortgage Statement
- Apartment Rental or Lease Agreement
- Puget Sound Energy
- Seattle City Light
- Waste Management
- Republic Services/Allied Waste
- Recology Clean Scapes
- City of Tukwila Utilities Water or other Water District

All Proof of Address Documentation submitted must show the parent/guardian name, as well as the student's address. If statement is in a name other than parent/guardian, please request a Residency Verification form. We DO NOT accept statements from Xfinity, Comcast, Centurylink, Dish Network, Cell Phone Carriers, Department, Furniture or other stores.

Your child may attend school only once all of the required documentation has been received. It is your responsibility to ensure that the office receives **ALL** of the required documents.



Student Registration Form

Tukwila School District No. 406
4640 South 144th Street,
Tukwila, WA 98168

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

Other ID	Grade/Advisor	Proof of Address	District Entry Date	School Entry Date	Health Info Verified?	CV TH TUK SMS FHS
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STUDENT INFORMATION

STUDENT NAME: LEGAL LAST NAME:		LEGAL FIRST NAME:		LEGAL MIDDLE NAME:		ALSO KNOWN AS:
BIRTHDATE (M/D/Y)	GENDER (M / F) GENDER IDENTITY (M / F)	BIRTHPLACE: CITY STATE COUNTRY			GRADE LEVEL	
HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A:				HAS YOUR CHILD EVER BEEN RETAINED?		
SPECIAL ED PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO WHAT GRADE LEVEL(S)? _____		
SECTION 504 PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO				STUDENT ENTERED THE US MONTH – DAY - YEAR		*OPTIONAL* ARE YOU A REFUGEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

FAMILY INFORMATION

STUDENT LIVES WITH (CHECK ONE): <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> GRANDPARENTS <input type="checkbox"/> FATHER/STEPMOTHER <input type="checkbox"/> MOTHER/STEPFATHER <input type="checkbox"/> STEPFATHER/STEPMOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> AGENCY <input type="checkbox"/> OTHER _____	PARENT/GUARDIAN #1 (Primary household where student resides)		
	LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
	CELL PHONE	HOME PHONE	WORK PHONE
	INTERPRETER NEEDED?	EMAIL ADDRESS	
	PARENT/GUARDIAN #2 (Primary household where student resides)		
	LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
	CELL PHONE	HOME PHONE	WORK PHONE
	INTERPRETER NEEDED?	EMAIL ADDRESS	
ADDRESS (Primary household where student resides)	STREET		APT #
	CITY	STATE	ZIP
MAILING ADDRESS (If different from above)	STREET		APT #
	CITY	STATE	CITY
PARENT/GUARDIAN #1 (Secondary household where student resides)			
LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT
CELL PHONE		HOME PHONE	WORK PHONE
INTERPRETER NEEDED?		EMAIL ADDRESS	
PARENT/GUARDIAN #2 (Secondary household where student resides)			
LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT
CELL PHONE		HOME PHONE	WORK PHONE
INTERPRETER NEEDED?		EMAIL ADDRESS	
ADDRESS	STREET		APT #
	CITY	STATE	ZIP

LEGAL INFORMATION

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? ☐ YES ☐ NO

(If yes, plan must be on file with the school) ☐ Copy Attached

IS THERE A RESTRAINING ORDER IN EFFECT? ☐ YES ☐ NO

(If yes, legal papers must be on file with the school) ☐ Copy Attached

Restraining order is against: ☐ Mother ☐ Father ☐ Other _____

EMERGENCY CONTACT INFORMATION

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

LOCAL EMERGENCY CONTACT #1 <i>Last name</i> <i>First Name</i>	Relationship to Student	Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
LOCAL EMERGENCY CONTACT #2 <i>Last name</i> <i>Last name</i>	Relationship to Student	Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

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 persons listed above as emergency contacts.

Signature of Legal Parent/Guardian: _____ Date: _____

PREVIOUS SCHOOL INFORMATION

NAME OF SCHOOL	ADDRESS	CITY/STATE/ZIP	GRADE	ENTRY DATE	WITHDRAWAL DATE
HAS STUDENT EVER ATTENDED TUKWILA PUBLIC SCHOOLS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF SCHOOL ATTENDED: _____			DATE ATTENDED (MONTH/YEAR)		
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____					
DOES STUDENT ATTEND CHILD CARE? IF SO WHEN? <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> BEFORE AND AFTER SCHOOL					
PLEASE LIST OTHER SIBLINGS ATTENDING TUKWILA SCHOOL DISTRICT					
LAST NAME	FIRST NAME	SCHOOL	GRADE		

Race - Ethnicity Data Collection



Student Last Name: _____ Student First Name: _____

Date of Birth: _____ Grade: _____

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s).
Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Ethnicity

Hispanic: ☐ Yes ☐ No

- | | | | | | | | |
|--------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|---|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Argentine | <input type="checkbox"/> Bolivian | <input type="checkbox"/> Brazilian | <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Chilean | <input type="checkbox"/> Colombian | |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Honduran | <input type="checkbox"/> Jamaican |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Native | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Surinamese | <input type="checkbox"/> Uruguayan | <input type="checkbox"/> Venezuelan | <input type="checkbox"/> Hispanic/Latino Write in: _____ | | |

Race

Black/African-American

- | | | |
|---|---|---|
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> African American | <input type="checkbox"/> African Canadian |
|---|---|---|

Caribbean:

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

Central African:

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Angolan | <input type="checkbox"/> Central African (Central African Republican) | <input type="checkbox"/> Cameroonian | <input type="checkbox"/> Chadian |
| <input type="checkbox"/> Congolese (Republic of the Congo) | <input type="checkbox"/> Congolese (Democratic Republic of the Congo) | <input type="checkbox"/> Equatorial Guinean | <input type="checkbox"/> Gabonese |
| <input type="checkbox"/> São Toméan | <input type="checkbox"/> Principe | <input type="checkbox"/> Central African Write in: _____ | |

East African:

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

Latin America:

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

South African:

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

West African:

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

Black Write in: _____

Race - Ethnicity Data Collection



White

☐ White

Eastern European:

☐ Bosnian ☐ Herzegovinian ☐ Polish ☐ Romanian ☐ Russian ☐ Ukrainian ☐ Eastern European Write in: _____

Middle Eastern and North African:

☐ Algerian ☐ Amazigh or Berber ☐ Arab or Arabic ☐ Assyrian ☐ Bahraini ☐ Bedouin ☐ Chaldean ☐ Copt
☐ Druze ☐ Egyptian ☐ Emirati ☐ Iranian ☐ Iraqi ☐ Israeli ☐ Jordanian ☐ Kurdish Kuwaiti
☐ Lebanese ☐ Libyan ☐ Moroccan ☐ Omani ☐ Palestinian ☐ Qatari ☐ Saudi Arabian ☐ Syrian
☐ Tunisian ☐ Yemeni ☐ Middle Eastern Write in: _____ ☐ North African Write in: _____

White Write in: _____

American Indian/Alaskan Native

☐ American Indian/Alaskan Native

Washington State Tribes:

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

Alaska Native Write in: _____

American Indian Write in: _____

Asian

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

Asian Write in: _____

Native Hawaiian/Other Pacific Islander

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

Tukwila School District No. 406



☐ Showalter Middle School

4628 S 144th St
Tukwila, WA 98168
Phone: 206-901-7800
Fax: 206-901-7807

☐ Foster High School

4242 S 144th St
Tukwila, WA 98168
Phone: 206-901-7900
Fax: 206-901-7907

TRANSPORTATION INFORMATION

Most children are transported to and from school by the district school bus system and most are picked up at bus stops near their homes and returned to bus stops near their homes. However, many children go to daycare centers or babysitters before and/or after school. Information about the points of pick-up and return for each student is necessary so that transportation plans for each child may be made before school begins including information for students that do not plan to use district transportation.

Please provide the necessary information by answering the following questions:

My child will need bus transportation to school from:

Home: _____

Daycare: _____ Daycare or Provider Name: _____

Address: _____ Phone: _____

My child will need bus transportation **after** school to:

Home: _____

Daycare: _____ Daycare or Provider Name: _____

Address: _____ Phone: _____

Child's Name: _____ Child's Date of Birth: _____

Parent Signature: _____ Date: _____

Printed Parent Name: _____

Alternate Guardian Name: _____

My child will not need transportation _____ (please initial)

STUDENT HISTORY INFORMATION (complete for grades 6-12)Student's Name: _____ Birth Date: _____ / _____ / _____
Month Day Year

Washington State law (RCW 28A.225.330) permits a school district to request that you briefly indicate in writing whether the above-named student has any past, current, or pending disciplinary action or any history of violent behavior. This same statute also requires school districts to request school records of such actions or behaviors. This information will be used to plan for the appropriate placement and program for the student and to ensure the safety of others. The existence of disciplinary actions or violent behaviors will not, by themselves, bar the enrollment of the student.

The Tukwila School District Board of Directors has also determined that the absence of records known to exist implies an immediate and continuing danger to the student or others, or an immediate and continuing threat of substantial disruption of the educational process. In such cases, enrollment may be delayed until a complete set of records is received, and the student and parent will be provided with notice and an opportunity to appeal in accordance with the District's procedure for emergency expulsions. (Refer to board policy 3120).

As it relates to the above-named student, please check all that apply:

- ☐ I certify that the above-named student has no past, current, or pending disciplinary actions.
- ☐ I certify that all past, current, or pending disciplinary actions taken against the above-named student are described on an attached sheet or on the back of this form.
- ☐ I certify that copies of all school records of past, current, or pending disciplinary actions taken against this student are attached to this form.
- ☐ I certify that the above-named student has no history of violent behavior.
- ☐ I certify that all instances of the above-named student's violent behaviors are described on an attached sheet or on the back of this form.
- ☐ I certify that copies of all school records of the above-named student's violent behaviors are attached to this form.

I declare under penalty of perjury under the laws of the State of Washington that the certifications checked above are true and accurate to the best of my knowledge and belief.

Parent or Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



Tukwila

SCHOOL DISTRICT

FOSTER HIGH SCHOOL

4242 S 144th St

Tukwila, WA 98168

PHONE: 206-901-7982

FAX: 206-901-7918

schenckb@tukwila.wednet.edu

REQUEST FOR TRANSFER OF STUDENT RECORDS

Previous school name: _____

School phone number: (____)_____ School fax number: (____)_____

School address: _____

Student Name

Birth Date

Grade

(Month / Day / Year)

_____/_____/_____

ATTN: Registrar/Counselor

Please fax all educational records indicated below to 206-901-7918. If the student is in Special Education, please forward psychological testing results, IBP, and/or any other reports. If the student is in an English Language Learner/English as a Second Language class, please forward those records (WLPT scores, dates of entry, etc.)

____ Report Cards ____ Medical Records ____ Immunization Records
____ Withdrawal Grades ____ Attendance ____ Discipline
____ ELL / ESL Records ____ IEP / SpEd (504 / IHP) ____ Birth Certificate
____ Testing Results (WASL, WLPT, COGAT, etc.) ____ Proof of Washington St History
____ Official Transcript(s): Please fax a signed transcript until an official one can be mailed

According to the final regulations, Family Education Rights and Privacy Act (Buckley Amendment), dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution in which the student may intend to enroll, may receive a student's record without a written consent for such release.

School Representative Signature

Date

Parent/Guardian Signature

Date

1st Request _____

2nd Request _____

3rd Request _____

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, please do not complete this form
and initial here: _____**

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: _____ 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:

Maryan Abdow
District Liaison

(206)901-8065
Phone Number

Service Center
4060 S. 144th St, Tukwila, WA 98168
 Location

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; or are awaiting foster care placement;

(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>

The District will provide equal educational opportunity and treatment for all students in all aspects of the academic and activities program without discrimination based on race, religion, creed, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, gender expression or identity), marital status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability. The district will provide equal access to school facilities to the Boy Scouts of America and all other designated youth groups listed in Title 36 of the United States Code as a patriotic society. District programs will be free from sexual harassment (Policy 3210).

TUKWILA SCHOOL DISTRICT (TSD) – NOTIFICATION OF RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) and OPT-OUT FORM

Under the Family Educational Rights and Privacy Act (FERPA), parents/guardians of students under age 18, and students over 18 years of age (“eligible students”) have certain rights with respect to the education records of a student. If the student is 18 years old, even if living with the parent/guardian, the student has all the rights under this Act. These rights are:

- (1) The right to inspect and review their education records within 45 days of the day TSD receives a written request.
- (2) The right to request the amendment of an education record for a student that the parent or eligible student believes is inaccurate or misleading. If TSD decides not to amend the record, TSD will notify the parent/guardian or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent/guardian or eligible student when notified of the right to a hearing.
- (3) The right to consent to disclosures of personally identifiable information contained in the education records of a student, except to the extent that FERPA authorizes disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by TSD as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a student teacher; a person serving on the School Board; contractors (a person or company with whom TSD has contracted to perform a special task, such as an attorney, auditor, medical consultant, or therapist); consultants; volunteers; or a parent or student serving on an official committee or assisting another school official in performing his or her duties. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, TSD discloses education records without consent to officials of another school where a student seeks to enroll.
- (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by TSD to comply with the requirements of FERPA. Written complaints should be directed to Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue S.W.; Washington, DC 20202.

Directory Information: Under FERPA, TSD may release “directory” information to anyone, including but not limited to parent-teacher organizations, the media, colleges and universities, the military, youth groups, and scholarship grantors, unless you tell TSD that you do not want the information released. The following information is considered directory information: parent and student name, home address, home telephone number, home email address, student photograph or video, student date of birth, dates of enrollment, grade level, enrollment status, degree or award received, major field of study, participation in officially recognized activities and sports teams, height and weight of athletes, most recent school or program attended, and other information that would not generally be considered harmful or an invasion of privacy if disclosed.

Release of Directory Information for Students in Grades Nine to Twelve (9-12)

As a parent/guardian of a high school student or an eligible student (reached 18 years of age), you have the right to choose between three (3) options on whether directory information concerning your student is released or not.

The United States military requests and is entitled to the names, telephone numbers, and addresses of “secondary school students,” unless the parent/guardian or eligible student checks either box B or C. The military typically requests this information in October of each academic year. If you do not want information to be released to the military, you **must** check box B or C and return this form by **October 1** in order to ensure that your selection is recorded in time. If you do not want information to go to colleges, employers, parent groups, or the military you must check box B.

Parents/guardians of high school students and eligible high school students are encouraged to remember that checking Box B or C means that TSD will not release directory information to the military. However, it does not mean that the military might not gather student information from other, non-school district sources. Additionally, checking Box B or C does not prevent military recruiters from speaking with your student when the recruiter is on campus.

Please check one box below and return this form to the school your student attends no later than **October 1**. If the **parent/guardian or eligible student does not check one of the boxes or does not return the form, or checks box A as well as other boxes, TSD considers this response as consent for box A.**

Turn Over for Signature and Selection

For students in grades **Nine to Twelve (9-12)**:

Please mark **only one** box:

- ☐ **A.** I consent to the release of the above directory information about the student named below.
Option A supersedes any other selections below.
- ☐ **B.** I consent to the release of the above directory information about the student named below, **except information about this student may NOT be released to the military.**
- ☐ **C.** I do **NOT consent to the release of the above directory information** about the student named below, except as authorized by law. No information to colleges, parent groups, the military, or employers.

The following selections only need to be made if you selected Option C – No Release of Information. Your child's information will not be included in any of the following **unless you complete the section below.** If you would like your child's information shared in any of the below places, please indicate your consent below by selecting the appropriate option.

☐ **School Directory and Classroom Roster** Is made available to our families, staff and PTSA. YES, Include our information (phone, address, email)

☐ **Photo/Video** Student photographs and video may be posted on the school and district external website, social media and district printed publications. No names will be posted. YES, my student's photograph and video can be posted on the district channels.

☐ **Yearbook/Class Photo Release** YES, I give my consent for my student's photograph and name to be included in the yearbook and class photo

Print student's full name	Date of Birth	Student's School ID number

Print signer's name	Signature	Date

Notice of Right to File a Public Records Request: Pursuant to RCW 28A.320.160, school districts are required to notify parents/guardians that they have the right, under the Washington Public Records Act (RCW 42.56), to request the public records regarding school employee discipline. To file a public records request with TSD, send a written request, in writing, to: Human Resources Department: Attn: Public Records Request; TSD: 4640 S 144th St, Tukwila, WA 98168

**PLEASE RETURN THIS FORM DIRECTLY TO THE STUDENT'S SCHOOL
EITHER IN PERSON OR BY U.S. MAIL.**

If you have more than one student, you must return a separate form for each student to each student's school.
 This form will be retained in your student's folder at his or her school.



Office of Superintendent of Public Instruction (OSPI) Home Language Survey

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

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____	
Eligibility for Language Development Support 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.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___	
Prior Education Your responses about your child's birth country and previous education: <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>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12 th grade) _____ Month Day Year	

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.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Forms and Translated Material from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

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



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**Tukwila School District
Parent/Guardian Military Status
2021-2022 School Year**

Student Name: _____ School: _____

The state legislature has passed a law requiring Washington State public schools to collect information, yearly on military affiliation beginning with the 2016-17 school year. The legislature requires this data collection to accurately monitor critical elements of academic progress and proficiency for students from military families. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices to meet the needs of our military family students.

Please indicate whether or not the student's parent(s) or guardian(s) are currently active in any branch of the US Military.

☐ No (please sign and date below) **(N)**

☐ Yes (if yes, please check the appropriate option below that indicates the type of service, and then sign and date below)

- ☐ U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. **(A)**
- ☐ National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. **(G)**
- ☐ More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. **(M)**

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

PLEASE RETURN THIS TO YOUR STUDENT'S SCHOOL

**Tukwila School District
Padre/Tutor Estado Militar
2021-2022 Año Escolar**

Nombre del estudiante: _____

Escuela: _____

La legislatura ha aprobado una ley que requiere a las escuelas públicas de estado de Washington para recopilar información, anualmente en principio de afiliación militar con el año 2016-17. La legislatura requiere esta recopilación de datos para monitorizar con precisión los elementos críticos de progreso académico y competencia para estudiantes de familias de militares. Información confiable sobre el desempeño de los estudiantes ayudará a educadores más eficazmente la transición de los estudiantes a una nueva escuela y permitir que los distritos escolares descubran e implementar las mejores prácticas para satisfacer las necesidades de nuestros estudiantes de familias militares.

Por favor indique si los padres o tutores del estudiante son activos en cualquier rama de la militar.

☐ **No (firma y fecha en al final de la página) (N)**

☐ **Sí (en caso afirmativo, por favor marque la opción correspondiente que indica el tipo de servicio y luego firma y fecha al final de la página)**

- ☐ Servicio activo de las fuerzas armadas de Estados Unidos – estudiante y la familia tiene un padre o tutor que es un miembro actual del activo de las fuerzas armadas de Estados Unidos. (A)
- ☐ Miembro de la Guardia Nacional-estudiante y la familia tiene un padre o tutor que es un miembro actual de la Guardia Nacional de Washington o de otro Estado. (G)
- ☐ Más de un miembro de la guardia nacional o fuerzas armadas, estudiantes y la familia tiene más de un padre o tutor que se encuentra actualmente sea miembro del servicio activo fuerzas armadas de Estados Unidos, las reservas o las fuerzas armadas de Estados Unidos o la Guardia Nacional de Washington u otro Estado. (M)

Nombre padre/tutor (letra de molde)

Firma de padre/tutor

Fecha

PLEASE RETURN THIS TO YOUR STUDENT'S SCHOOL

Tukwila School District – Student Health Record

Student Name: (last) _____ (first) _____ Birthdate: _____

School: _____ Phone 1: (_____) _____ Phone 2: (_____) _____

State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes or seizures have a care plan completed prior to the first day of school. Contact the school nurse as soon as possible to complete the proper forms.

Does your student have a LIFE-THREATENING health condition? ☐ Yes ☐ No

MEDICAL HISTORY (check all that apply)

<p>Life-Threatening Conditions: (Care plan is REQUIRED)</p> <p>EG <input type="checkbox"/> Anaphylaxis (Epi-pen prescribed) Allergen/s:</p> <p>EK <input type="checkbox"/> Diabetes Type 1</p> <p>NP <input type="checkbox"/> Seizures – (Emergency medication required)</p> <p>RG <input type="checkbox"/> Asthma – Severe</p> <p><input type="checkbox"/> Other Life-Threatening Condition:</p> <p>Congenital / Genetic</p> <p>AH <input type="checkbox"/> Down Syndrome</p> <p>AJ <input type="checkbox"/> Fetal Alcohol Spectrum Disorder</p> <p><input type="checkbox"/> Please list:</p> <p>Blood / Hematology</p> <p>BA <input type="checkbox"/> Anemia</p> <p>BB <input type="checkbox"/> Hemophilia</p> <p>BC <input type="checkbox"/> Sickle Cell Disease Trait</p> <p>OJ <input type="checkbox"/> History of Severe Nosebleeds</p> <p><input type="checkbox"/> Other Blood Condition:</p> <p>Cardiac / Heart</p> <p>CC <input type="checkbox"/> Heart Birth Defect</p> <p>CD <input type="checkbox"/> Heart Murmur</p> <p><input type="checkbox"/> Other Cardiovascular Condition:</p> <p>Allergy, Immune, Endocrine, Metabolic and Nutritional</p> <p>ED <input type="checkbox"/> Allergy – Food</p> <p>EE <input type="checkbox"/> Allergy – Insect</p> <p><input type="checkbox"/> Allergy – Other List:</p> <p>EL <input type="checkbox"/> Diabetes Type 2</p> <p><input type="checkbox"/> Other Endocrine, Immune, Nutritional or Metabolic:</p> <p>Gastrointestinal, Dental and Oral</p> <p>GA <input type="checkbox"/> Celiac</p> <p>GG <input type="checkbox"/> Food Intolerance List:</p> <p>GL <input type="checkbox"/> Lactose Intolerance</p> <p>GF <input type="checkbox"/> Encopresis</p> <p>GO <input type="checkbox"/> Chronic Constipation</p> <p>GH <input type="checkbox"/> Gastric Reflux</p> <p>GJ <input type="checkbox"/> Inflammatory Bowel Disease</p> <p>GK <input type="checkbox"/> Irritable Bowel Syndrome</p> <p><input type="checkbox"/> Other Gastrointestinal, Liver, Dental, Oral Condition</p> <p>Musculoskeletal</p> <p>MC <input type="checkbox"/> Juvenile Rheumatoid / Idiopathic Arthritis</p> <p><input type="checkbox"/> Please list:</p> <p>Cancer / Tumor</p> <p><input type="checkbox"/> Please list:</p>	<p>Nervous System</p> <p>NB <input type="checkbox"/> ADHD / ADD diagnosed by:</p> <p>NC <input type="checkbox"/> Autism Spectrum Disorder</p> <p>NE <input type="checkbox"/> Cerebral Palsy</p> <p>NF <input type="checkbox"/> Developmental Disability</p> <p>NH <input type="checkbox"/> Migraines</p> <p>NI <input type="checkbox"/> Headaches, Recurring</p> <p>NP <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Current <input type="checkbox"/> History Type:</p> <p>NU <input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Other Neurological Condition:</p> <p>Transplant</p> <p>OD <input type="checkbox"/> List organ:</p> <p>Mental or Behavioral Health</p> <p>PA <input type="checkbox"/> Anxiety</p> <p>PC <input type="checkbox"/> Depression</p> <p>PH <input type="checkbox"/> Sleep Disorder</p> <p><input type="checkbox"/> Other Mental or Behavioral Health Condition</p> <p>Respiratory / Breathing</p> <p>RG <input type="checkbox"/> Asthma – Current</p> <p>RH <input type="checkbox"/> Asthma – Ever Diagnosed</p> <p>RA <input type="checkbox"/> Asthma – Exercised Induced</p> <p>RE <input type="checkbox"/> Reactive Airway Disease</p> <p><input type="checkbox"/> Other Respiratory Condition:</p> <p>Skin</p> <p>SB <input type="checkbox"/> Eczema or Contact Dermatitis or Psoriasis</p> <p><input type="checkbox"/> Other Skin Condition:</p> <p>Renal / Kidney</p> <p><input type="checkbox"/> Please list:</p> <p>Ear / Hearing</p> <p>YA <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Currently <input type="checkbox"/> Historically</p> <p>YB <input type="checkbox"/> Hearing Impaired Hearing Aid/s Cochlear Implant</p> <p><input type="checkbox"/> Other Ear Condition:</p> <p>Eye / Vision</p> <p>YF <input type="checkbox"/> Wears glasses / contacts</p> <p>YE <input type="checkbox"/> Color Vision Deficit</p> <p>YD <input type="checkbox"/> Visually Impaired</p> <p><input type="checkbox"/> Other Eye Condition:</p> <p>Other Health Concerns:</p> <p><input type="checkbox"/> Please list:</p>
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OC ☐ **No known health concerns.** Please initial _____

PLEASE COMPLETE BACK PAGE

Tukwila School District – Student Health Record

Student Name: (last) _____ (first) _____ Birthdate: _____

MEDICATIONS

Please report all medications that your student takes at home and/or at school.

Is medication needed at home? <input type="checkbox"/> No <input type="checkbox"/> Yes Please list:
Is medication needed at school? <input type="checkbox"/> No <input type="checkbox"/> Yes Please list: Complete REQUIRED paperwork for medication at school.
<i>State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.</i>

Medical Devices OLA <input type="checkbox"/> Vagal Nerve Stimulator OLB <input type="checkbox"/> Automatic Internal Cardiac Defibrillator OLC <input type="checkbox"/> Pacemaker OLD <input type="checkbox"/> Gastrostomy tube OLE <input type="checkbox"/> Jejunostomy tube <input type="checkbox"/> Brace <input type="checkbox"/> Prosthesis List: <input type="checkbox"/> Other medical devices:	Stoma OKA <input type="checkbox"/> Gastrostomy OKB <input type="checkbox"/> Colostomy OKD <input type="checkbox"/> Tracheostomy OKE <input type="checkbox"/> Urostomy OK <input type="checkbox"/> Other: Physical Activity / Mobility Issues: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Other List:
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I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered. **I understand that Washington law requires that my student's immunizations are complete or conditional before starting school. Permission to enter medically verified records in WAIS:** I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____ Date: _____

IMMUNIZATION VERIFICATION (Office use only)

WAIS # _____ CIS Type: ☐ Preschool ☐ K-6 Grade ☐ 7-12 Grade

☐ Immunization Status is COMPLETE on the WAIS Certificate of Immunization Status (CIS)

OR

☐ Immunization Status is CONDITIONAL on the WAIS CIS and the conditional status expiration date is after the first day of attendance
 ☐ Parent/Guardian has signed the conditional status acknowledgement on the CIS

OR

☐ Student is not in the WAIS CIS: medically verified immunization records must be provided
 ☐ Medically verified immunization records provided ☐ Permission to enter statement signed

OR

☐ Certificate of Exemption (COE) provided for all vaccines not in compliance on CIS
 ☐ COE is fully completed ☐ Permission to enter statement signed

OR

☐ Immunization Status is NOT COMPLETE on the WAIS CIS **Student may not start school until documentation of missing immunizations is received that will change the CIS status to COMPLETE or CONDITIONAL.**

☐ Student added to School Module Roster: Grade: _____

Registrar Name: _____ Date: _____