



**Muckleshoot**



Muckleshoot Tribal School  
15599 SE 376th ST.  
Auburn, WA 98092  
(253)931-6709

Dear Parent/Guardian:

As you are aware the Muckleshoot Tribal School is federally funded by the Bureau of Indian Affairs. In order to stay in compliance with the BIA we must have the following documents on file.

- ° Enrollment Application
- ° Emergency Information Form
- ° Student - Parent School Compact
- ° Field Trip Permission Slip
- ° Original Birth Certificate
- ° Certification of Indian Blood
- ° Immunization Record
- ° Prior School Records including Transcripts
- ° Waiver (if your child lives out of Auburn/Enumclaw School Districts)

**These documents are required by the Muckleshoot Tribal School prior to student acceptance for enrollment.** If you have any questions or concerns please contact the Tribal School Office at (253)931-6709.



# Muckleshoot Tribal School Application



**Student Information:** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Legal Name or other name student goes by: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

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

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Racial/ Ethic Category:**

\_\_\_\_ African American \_\_\_\_ Asian American \_\_\_\_ Hispanic American \_\_\_\_ Caucasian

\_\_\_\_ Pacific Islander American \_\_\_\_ Native American \_\_\_\_ Alaskan Native \_\_\_\_ Descendant

**Tribal Affiliation:** \_\_\_\_\_ **Enrollment #:** \_\_\_\_\_ **Tribal Agency:** \_\_\_\_\_

**(A copy of your Certificate of Degree of Indian Blood must be attached)**

With whom do you live?  Both Parents  Mother  Father  Other: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Mother/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**(If the student does not live with either parent, complete the following information for the guardian. If the student is a ward of the court, attach documents and provide information on the person responsible for the student. Students may not list themselves as guardians even if they are 18 or older).**

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Authorized pick up:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_



# Muckleshoot Tribal School Continued Application



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Transportation Information:**

Pick Up Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Drop Off Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Daycare Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Will your child be: Driving \_\_\_\_\_ Parent Drop off/Pick up \_\_\_\_\_

### **Schools that your child has attended:**

\_\_\_\_\_ Grade(s) \_\_\_\_\_ From 20\_\_\_\_ to 20\_\_\_\_

\_\_\_\_\_ Grade(s) \_\_\_\_\_ From 20\_\_\_\_ to 20\_\_\_\_

\_\_\_\_\_ Grade(s) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Grade(s) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

### **Educational Support Services: (Check those that apply)**

\*Spoken in Home Language:  English  Other: \_\_\_\_\_

\*Has your child received services in the following:  Yes  No (Circle all that apply)

Special Education    Resource Room    Gifted & Talented    Limited English Proficiency

\*Has your child had any evaluations which the school should be aware of?

\_\_\_\_\_ Educational    \_\_\_\_\_ Psychological    \_\_\_\_\_ Medical

\*Has your child been experiencing difficulty in: (Circle all that apply)

Mathematics    Reading    Written Language    Behavior

\*Has your child had problems with (Circle all that apply):

ear problems/infections    eyes    asthma    speech    seizures or convulsions    serious accidents    epilepsy    allergies  
diabetes    head injury    other: \_\_\_\_\_

\*How many days of school has your child missed this past year? (circle)

0-15 days    16-25 days    25-50 days    More than 50 days

\*Have you ever been suspended or expelled?  Yes  No If yes, give the reason for the suspension or expulsion: \_\_\_\_\_

\*Is your child currently on BECCA petition or is there one pending? \_\_\_\_\_Yes    \_\_\_\_\_NO

I certify (or declare) the information is true and correct. I understand that any misrepresentation may result in my child being released to their local school district.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Muckleshoot Tribal School - Emergency Information Form



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

Last Name First Name

Sitter/Day Care Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Days at sitter/day care: \_\_\_\_\_

<u>Names Of Siblings Enrolled at Muckleshoot Tribal School:</u>	Grade(s)
_____	_____
_____	_____
_____	_____

Student Lives With:  Both Parents  Mother Only  Father Only  Guardian/Foster Parent  Other: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

In the event of an Emergency School Closure (Snow, Power, Outage, etc.) the school buses may operate on regular or emergency rout at a time different than regular schedule. What are your special instructions for the school with regard to your child (does not include phone call to parent/guardian):

In the event of an Emergency School Closure that prevents operation of school buses, elementary students will ONLY be released to their own parent or emergency contacts listed below (TWO local contacts required).

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Adults that have permission to pick up my child: \_\_\_\_\_

In the event of an Emergency (Ex. Earthquake) which may affect phone lines and /or closed roads and result in students staying at school for extended hours or days. We require a out of state contact who may be possible to reach:

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any significant health concerns, allergies or other problems that the school should know about your child: \_\_\_\_\_

Please list any medications (prescribed by a physician) your child currently takes:

Medication name: \_\_\_\_\_ Dose: \_\_\_\_\_ How often: \_\_\_\_\_

If your child will require medication during an emergency, you must complete additional MEDICATION FORMS and PROVIDE AN EMERGENCY SUPPLY TO THE SCHOOL- Please contact the school nurse to arrange

**ACTION IN CARE OF AN EMERGENCY:**

In the event that my child is injured or seriously ill and a parent or guardian can not be reached; I here by delegate the Principal or the School's delegated agent to do whatever is in the best interest of my child. If in the judgment of school authorities, immediate treatment is necessary, I authorize school authorities to obtain care with the most accessible doctor or hospital.

Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Muckleshoot Tribal School  
*Field Trip, Photograph, Native Language Form*



***Field Trip Permission Form***

To Administrator of Muckleshoot Tribal School,

I hereby request that you permit \_\_\_\_\_

To participate on all school field trips for the 20\_\_\_\_\_ & 20\_\_\_\_\_ School Year

Transportation will be provided by First Student School Bus or Muckleshoot Tribal School Shuttles. Students will leave from school and return to the school during regular school hours unless I have been notified. My child will receive a notice from the school whenever a field trip is scheduled and I will have the option to keep my child home if I do not want him/her to participate.

I give permission for my child to be seen by a medical team and be transported to a local hospital for immediate care if needed.

As parents/guardians of the above named student, I promise to hold Muckleshoot Tribal School harmless from and liabilities that may incur from the above named student in connection with the above described excursion, except as might arise because of negligence on the part of the school.

The following special health problems should be noted: \_\_\_\_\_

Parent/Guardian name & phone number: \_\_\_\_\_

Chaperone Information:

\_\_\_\_\_ Yes I would like to be contacted to chaperone 1 or more school field trips

\_\_\_\_\_ No I will not be able to chaperone any school field trips

I understand that I may not bring siblings along due to my supervision responsibilities and insurance liability restrictions. I understand that all chaperones must be at least 18 years old to attend. I promise to hold Muckleshoot Tribal School harmless from any liabilities that may incur from the above described excursion except as might arise because of negligence on the part of the school.

I will be transported by:

\_\_\_\_\_ First student bus/school shuttle

\_\_\_\_\_ Private Vehicle

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

***Permission to Photograph:***

I \_\_\_\_\_ do not want my child to be photographed by the Muckleshoot Tribal School for the 2010/2011 school year.

Initials: \_\_\_\_\_

***Native Language:***

I \_\_\_\_\_ do not want my child to participate in the Native Language Restoration Program for the 2010/2011 school year.

Initials: \_\_\_\_\_

**MUCKLESHOOT TRIBAL SCHOOL**  
**Student-Parent-School Compact**  
**200 - 200**

"This compact is a voluntary commitment made by individuals to support your child's education"

**As a Parent/Guardian I Will ...**

- See that my child attends school regularly, on time and prepared to learn,
- Encourage my child to read daily at home and/or read to my child daily at home,
- Insist that all homework is completed and returned to school on time,
- Communicate with the school when my child is ill, changes in school routine, and/or when circumstances change at home that could effect my child's learning,
- Accept the responsibility to support Tribal School policies and staff to the best of my abilities as well as take an active role in support of the school.

**Parent/Guardian Signature:** \_\_\_\_\_

**As a Student I Will ....**

- Attend school and all classes regularly, on time and be prepared to learn,
- Demonstrate respect by listening to my teachers/Tribal School Staff and follow their directions,
- Take care to not interfere with other's learning in class and throughout the school,
- Complete all class work and homework to the best of my abilities and on time,
- Accept the responsibility to do my best in my school work, attitude and behavior at all the times.

**Student Signature:** \_\_\_\_\_

**As a Teacher I Will ...**

- Have high expectations for myself and my students every day,
- Communicate and work with families to support student learning and parent involvement,
- Show respect for each student and expect students to show respect for each other,
- Accept the responsibility to provide a quality education with an emphasis on cultural awareness to enable each child to grow to his/her fullest potential.

**Teacher Signature:** \_\_\_\_\_

**As a Tribal School Principal I Will ...**

- Provide a Tribal School setting that allows for positive communication between the school and home,
- Have high expectations from all our students and staff,
- Expect and support community/parent involvement,
- Accept the responsibility to provide a quality curriculum and opportunities for all students to learn and grow in a safe educational environment which promotes cultural awareness.

**School Principal Signature:** \_\_\_\_\_



DOH 348-013  
Rev: 10/15/08

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature

Is there an accompanying signed Certificate of Exemption on file?  
 Yes  No

# Certificate of Immunization Status (CIS)

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Child's Address: \_\_\_\_\_  
 Child's Birthdate: \_\_\_\_\_ Child's Sex: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Day Phone: \_\_\_\_\_

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.  
 ♦ Required for School and Child Care/Preschool • Required for Child Care/Preschool Only

Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age
♦ Hepatitis B (Hep B)				• Pneumococcal (PCV, PPV)			
	1				1		
	2				2		
	3				3		
Hepatitis B (Hep B) Alternate schedule for teens				Meningococcal (MCV4, MPSV4)			
	1				1		
	2						
Rotavirus				Human Papillomavirus (HPV)			
	1				1		
	2				2		
	3				3		
♦ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				Other			
	1						
	2						
	3						
	4						
	5						
♦ Diphtheria, Tetanus, Pertussis (Tdap, Td)							
	1						
	2						
• Haemophilus influenzae type b (Hib)							
	1						
	2						
	3						
	4						

I certify that the information provided here is correct and verifiable.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Licensed HCP Signature (MD, DO, ND, PA, ARNP) \_\_\_\_\_ Date \_\_\_\_\_

Either initial with parent approval or get parent signature below:  
 Staff initials indicating parent approval: \_\_\_\_\_  
 Parent Signature indicating approval: \_\_\_\_\_

Verification of varicella disease history ▼  
 Health Care Provider (HCP) Verified  Signed note from HCP attached or HCP provider signature here:   
 HCP Verified by Registry  No HCP Sig required if box at left checked.  If school staff find verification in the Registry, then school staff must:   
 Parental Report  ONLY acceptable for some grades. Write date or age child had disease: \_\_\_\_\_

See the back of this page for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.

## Documentation of Immunity by Blood Test (titer)

I certify that the child named on this form has laboratory evidence of immunity to (check all that apply):

- Diphtheria     Hepatitis A     Hepatitis B     Hib     Measles     Mumps     Polio     Rubella     Tetanus     Varicella  
 Other (list): \_\_\_\_\_     lab report(s) attached (required)

X

Typed or Printed Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X

Signature of Licensed Health Care Provider (required)

Date (required)

### Vaccine Trade Names\*

Read down and across - Trade Names are in Alphabetical Order.

Trade Name	Vaccine	Trade Name	Vaccine
Acel-Imune	DTaP	Menomune	MPSV4
ActiHIB	Hib	OmniHIB	Hib
Adacel	Tdap	Pediarix	DTaP + IPV + Hep B
Boostrix	Tdap	PedvaxHIB	Hib
Certiva	HPV	Pentacel	DTaP + IPV + Hib
Comvax	Hib + Hep B	Pentavalente	DTaP + Hep B + Hib
Daptacel	DTaP	Pneumovax	PPV23
Decavac	Td	Prevnar	PCV or PCV7
Engerix-B	Hep B	ProHIBIT	Hib
Fluarix	Flu	ProQuad	MMRV
FluMist	Flu	Quadracel	DTaP + IPV
Fluvirin	Flu	Recombivax	Hep B
Fluzone	Flu	Rotarix	Rotavirus
Gardasil	HPV	RotaTeq	Rotavirus
Havrix	Hep A	Tetramune	DTP + Hib
HibTITER	Hib	TriHIBit	DTaP + Hib
HyperTET	TIG	Tri-Immunol	DTP
HyperHEP B	HBIG	Tripedia	DTaP
Ipol	IPV	Twinnix	Hep B + Hep A
Infanrix	DTaP	Vaqtia	Hep A
Kinrix	DTaP + IPV	Varivax	Varicella
Menactra	MCV4		

### Vaccine Abbreviations\*

Read down - Abbreviations are in Alphabetical Order.

Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus
DTaP	Diphtheria, Tetanus, acellular Pertussis
DTP	Diphtheria, Tetanus, Pertussis
Flu (TIV or LAIV)	Influenza
HBIG	Hepatitis B Immune Globulin
Hep A (HAV)	Hepatitis A
Hep B (HBV)	Hepatitis B
Hib	<i>Haemophilus influenzae</i> type b
HPV	Human Papillomavirus
IPV	Inactivated Poliovirus Vaccine
MCV4	Meningococcal Conjugate Vaccine
MPSV4	Meningococcal Polysaccharide Vaccine
MMR	Measles, Mumps, Rubella
MMRV	Measles, Mumps, Rubella, Varicella
OPV	Oral Poliovirus vaccine
PCV or PCV7	Pneumococcal Conjugate Vaccine
PPV23	Pneumococcal Polysaccharide Vaccine
Rota (RV1 or RV5)	Rotavirus
Td	Tetanus, Diphtheria
Tdap	Tetanus, Diphtheria, acellular Pertussis
TIG	Tetanus immune globulin
VAR or VZV	Varicella

\*These lists may not be comprehensive; visit <http://www.doh.wa.gov/cfn/immunize/forms/default.htm> for updated lists.