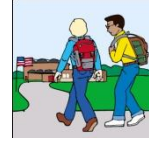




REGISTER YOUR MIDDLE SCHOOL STUDENT



Tahoma Middle School



REGISTRATION

Students must register for the school within their attendance boundaries. If you need assistance determining your attendance boundary, please telephone the TSD Transportation Department with your address.
#425-413-3220

WHAT DO I NEED TO DO?

- Fill out all forms completely (incomplete forms/registration packets will delay the enrollment process).
- Provide all information and applicable forms (birth certificate/passport, court orders, and special ed. documents) for example.
- Schedule an appointment for the Math placement test that is necessary **before** receiving a schedule.

RECORDS OF IMMUNIZATION

Washington state law RCW28A.210.080 requires school age children to receive specific immunizations in order to attend school. Proof of immunizations from your family physician or local health department are required. The parent/guardian then needs to transfer this information to a certificate of immunization and sign the certificate to verify its accuracy.

EMERGENCY CONTACT INFORMATION

Please list necessary information such as student's birth date, address and home phone, mother and father's employers and work numbers, name and phone of emergency contacts other than parent/guardian as well as name of any medications student takes and any medical condition student may have.

ADDRESS VERIFICATION

Proof of residency is a Tahoma School District requirement. TMS must have this information before the enrollment process can take place. Acceptable documentation includes:

- Utility bills – power, gas, garbage or water
- Mortgage information or signed current lease/rental agreement
- Insurance information or documents from public agencies or the court system

What to do with registration information

After completing all attached forms and gathering all applicable information, you may drop off your packet in the main office at TMS or you may post your packet to the TMS address below. *(Incomplete packets **will not** be accepted by the office personnel)* Alternative arrangements are made only by communicating with the Registrar or Tahoma Middle made School Administrator.

TAHOMA MIDDLE SCHOOL REGISTRATION CONTACT INFORMATION

Tahoma Middle School – 24425 SE 216th St. Maple Valley, WA 98038 – 425-413-3600
 Registrar: Vickie Glockner – 425-413-3645 – fax# 425-413-3659
 Email: vjglock@tahomasd.us
 Hours: Monday-Friday 8:30-3:00
 Closed for the summer: June 24-August 23 (Please call the main office during this time)

**Tahoma Middle School
2011-2012 Grades 6 & 7**

These Documents are required *PRIOR* to enrollment.

_____ **TSD Registration Form**

_____ **Emergency Contact Form**

_____ **Immunization Form**

State law requires all immunization information be submitted before Students can begin classes. Copies may be obtained from previous school.

_____ **Electronic Resource Permission Form**

_____ **Proof of Residency with-in the Tahoma MS boundaries.**

Yes No **Acceptable Documentation:**

Utility Bill: Power, garbage, Gas

Mortgage Statement

Signed Purchase or Rental Agreement

_____ **Consent for Mutual Exchange of Information Form**

(If applicable)

_____ **Custody and Control Verification Form**

(If applicable)

_____ **Birth Certificate, Social Security Card or Passport**

_____ **Withdrawal Form/Last Report Card from previous school**

Your child's class schedule may not be processed until this documentation is received.
Please contact your child's previous school to request copies.

_____ **TMS class choices form**

_____ **Schedule a time for Math assessment testing**

(A requirement before receiving a schedule)

Student Name: _____

Parent Signature: _____

STUDENT REGISTRATION FORM

Has your student previously attended the Tahoma School District? Yes No

Is your student a resident in the Tahoma School District? Yes No

Has your student ever been enrolled in a WA State school? Yes No List (include district, city and state): _____

STUDENT Legal LAST Name		Legal FIRST Name		Legal MIDDLE Name
BIRTHPLACE		GENDER	GRADE	BIRTHDATE (Month/Day/Year)
City	State	(check one) <input type="checkbox"/> M <input type="checkbox"/> F		
Country	US Entry Date	STUDENT'S PRIMARY LANGUAGE (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other (list)		

PRIMARY RESIDENCE PARENT/ GUARDIAN INFORMATION			Designate emergency contact/release priority #
Name		Relationship (select one)	
Address		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency	
Mailing address		<input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent	
Home Phone		<input type="checkbox"/> Other (list)	
Cell Phone			
Work Phone	Email		

PRIMARY RESIDENCE PARENT/ GUARDIAN INFORMATION			Designate emergency contact/release priority #
Name		Relationship (select one)	
Cell Phone		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent	
Work Phone		<input type="checkbox"/> Other (list)	
Email			

SECONDARY RESIDENCE PARENT/ GUARDIAN INFORMATION			Designate emergency contact/release priority #
Check to receive <input type="checkbox"/> grade reports <input type="checkbox"/> discipline <input type="checkbox"/> notices of school activities (FERPA)			
Name		Relationship (select one)	
Address		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
City		<input type="checkbox"/> Agency <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent	
Mailing address		<input type="checkbox"/> Other (list)	
Home Phone		Email	
Cell Phone		Work Phone	

If your child has any of the following current or pending issues please check:
 504 Title I LAP Highly Capable (Gifted) Health Condition (list)
 ELL (ESL) RAP IEP Expulsion Suspension BECCA Restraining Order (copy provided) Other (list)

Emergency Contact			Designate emergency contact/release priority #
Name		Relationship (select one)	
Address		<input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent	
Phone	Work Phone	<input type="checkbox"/> Other (list)	
City			
Cell Phone			

Emergency Contact			Designate emergency contact/release priority #
Name		Relationship (select one)	
Address		<input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent	
Phone	Work Phone	<input type="checkbox"/> Other (list)	
City			
Cell Phone			

CHILDCARE PROVIDER <input type="checkbox"/> Before School <input type="checkbox"/> After School			Designate emergency contact/release priority #
Name		Phone	
Address		Cell Phone	
City			

PREVIOUS SCHOOL ATTENDED		# Months Attended K-12 School in the US		
Name				
Address		City	State	Zip
		Phone		

SIBLINGS		
Name	School	Grade
Name	School	Grade
Name	School	Grade

Office use only			
Entry Date	Request for Records	Student ID	Bus Route
Teacher	Residence area/development	Comments	

Ethnicity and Race Data Collection

QUESTION 1: Is your child of Hispanic or Latino origin? (check all that apply)

	Not Hispanic/Latino	Spaniard	Central American
	Cuban	Puerto Rican	South American
	Dominican	Mexican/Mexican American/Chicano	Latin American
			Other Hispanic/Latino

QUESTION 2: What race(s) do you consider your child? (check all that apply)

	African American/Black	Native Hawaiian	Muckleshoot
		Fijian	Nisqually
	White	Guamanian or Chamorro	Nooksack
		Mariana Islander	Port Gamble Klallam
	Asian Indian	Melanesian	Puyallup
	Cambodian	Micronesia	Quileute
	Chinese	Samoa	Quinault
	Filipino	Tongan	Samish
	Hmong	Other Pacific Islander	Sauk-Suiattle
	Indonesian		Shoalwater
	Japanese	Alaska Native	Skokomish
	Korean	Chehalis	Snoquaimie
	Laotian	Colville	Spokane
	Malaysian	Cowlitz	Squaxin Island
	Pakistani	Hoh	Stllaguamish
		Jamestown	Suquamish
	Singaporean	Kalispel	Swinomish
	Taiwanese	Lower Elwha	Tulalip
	Thai	Lummi	Yakama
	Vietnamese	Makah	Other Washington Indian
	Other Asian		Other American Indian/Alaska Native

Emergency School Closure Information

In the event of inclement weather or other unexpected conditions, it may be necessary to change our school schedule to provide for the safety of students.

Grades Kindergarten-5th Grade: If it is determined by the Superintendent's Office that the roads are unsafe, students who live in the affected areas will be kept at their school building until parent/emergency contact can be reached and can pick up their student OR the district can safely transport them home.

Grades 6-12: If an emergency situation occurs after school has already started, students will be sent home. Every effort will be made to see if the student expects someone to be home. If students are unsure as to what they should do, an area in the District will be provided for students to wait until a parent/emergency contact is contacted.

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 to a school in the Tahoma School District.

I understand that the information given above will be shared with appropriate school staff that needs to know in order to provide for the health and safety of my student. If parents/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment 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 services rendered.

Teacher	Last Name	First Name
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Legal Parent/Guardian Signature _____ **Date** _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Parent/Guardian Name (please print): _____

Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? Yes No

I certify that the information provided on this form is correct and verifiable.
Parent/Guardian Signature Required _____ Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
◆ Haemophilus influenzae Type b (Hib)				
	1			
	2			
	3			
	4			
◆ Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			

Office Use Only: Immunization information updated and verified with parent/guardian permission.

Printed Staff Name _____ Date _____
Printed Staff Name _____ Date _____
Printed Staff Name _____ Date _____

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below – see, back #5.

1) Chickenpox disease verified by printout from CHIL D Profile Immunization Registry. Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by Health Care Provider (HCP)
If you choose this box, mark 2A OR 2B below.
2A) Signed note from HCP attached OR
2B) HCP signed here and print name below.

Licensed health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

3) Chickenpox disease verified by school staff from CHIL D Profile Immunization Registry. If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) Chickenpox disease verified by parent*
If you choose this box, fill in the date or child's age when he or she had the disease:
Age/Date of disease: _____

*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHILDD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILDD Profile and your child's information will fill in automatically. Be sure to review all the information, sign and date the CIS in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILDD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

Vaccine	Dose	Date		
		Month	Day	Year
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1	01	12	2011
	2	03	20	2011
	DTaP	3	06	01

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, use only one of these four options to record this on the CIS:

- If your child's CIS is printed directly from the CHILDD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- If school staff access the CHILDD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- If your child started kindergarten in the 2008-2009 school year or later, you CANNOT use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfr/immunize/schools/vaccine.htm>

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and attach signed lab reports.

#7 Be sure to sign and date the CIS in the upper right hand box, and return to school or child care.

#8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Reference Guide

Vaccine Trade Names in alphabetical order		(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)	
Trade Name	Vaccine	Trade Name	Vaccine
AchHIB	Hib	Engerix-B	Hep B
Adacel	Tdap	Fluarix	Flu (TIV)
Altuvia	Flu (TIV)	FluAval	Flu (TIV)
Boostrix	Tdap	FlukMist	Flu (LAIV)
Cervarix	HPV2	Fluvirin	Flu (TIV)
Comvax (Chvax)	Hep B + Hib	Fluzone	Flu (TIV)
Danbecel	DTaP	Gardasil	HPV4
Decavac	Td	Havrix	Hep A

Vaccine Abbreviations in alphabetical order		(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)	
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAA)	Hepatitis A
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B
DTP	Diphtheria, Tetanus, Pertussis	MMR / MMRV	Measles, Mumps, Rubella / with Varicella
Flu (TIV or LAIV)	Influenza	OPV	Oral Poliovirus Vaccine
HBIG	Hepatitis B Immune Globulin	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine
		PPSV or PPV23	Pneumococcal Polysaccharide Vaccine
		VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-625-0127 (TDD/TTY 1-800-833-6388).



EMERGENCY CARE AUTHORIZATION FORM

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name	Also known as:
STUDENT ID #	GENDER (M/F)	GRADE LEVEL	BIRTHDATE	TEACHER	BUS ROUTE #

STUDENT LIVES WITH:

- Both parents
 Father only
 Mother only
 Father/Stepmother
 Mother/Stepfather
 Stepfather/Stepmother
 Grandparents
 Guardian
 Agency
 Self
 Other _____

MAIN HOUSEHOLD - GUARDIAN #1 - LEGAL NAME <i>Last Name</i>		<i>First Name</i>		GUARDIAN #1 - Home Phone (include area code)	Work #
RESIDENT ADDRESS <i>Street</i>		<i>Apt #</i>		Please check if unlisted <input type="checkbox"/>	Cell/Pager #
				<i>City</i>	<i>State</i> <i>Zip Code</i>
MAILING ADDRESS <i>Street</i>		<i>Apt #</i>		<i>P O Box</i>	
<i>If different</i>				<i>City</i>	<i>State</i> <i>Zip Code</i>

RESIDENTIAL AREA:		E-MAIL ADDRESS:			
GUARDIAN #2 - LEGAL NAME <i>Last Name</i>		<i>First Name</i>		GUARDIAN #2 - Home Phone (include area code)	Work #
ADDRESS <i>(Street/PO Box)</i>		<i>City</i>		Please check if unlisted <input type="checkbox"/>	Employer _____
				<i>State, Zip</i>	Cell/Pager #

- GUARDIAN #2 RELATIONSHIP:**
 Father
 Mother
 Grandparents
 Guardian
 Agency
 Other _____

IF STUDENT LIVES BETWEEN TWO HOUSEHOLDS, PLEASE DESIGNATE EMERGENCY CONTACT:

<i>Name/Relationship</i>	<i>Phone Number(s)</i>
--------------------------	------------------------

PLEASE LIST ALL SIBLINGS RESIDING IN THE MAIN HOUSEHOLD (Include full name, birthdate, school and grade)

ALTERNATE CONTACTS TO BE NOTIFIED IN CASE OF AN EMERGENCY:

<i>Daycare Provider:</i>	<i>Address:</i>	<i>Phone Number:</i>
<i>Name:</i>	<i>Relationship:</i>	<input type="checkbox"/> Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cell/Pager
<i>Name:</i>	<i>Relationship:</i>	<input type="checkbox"/> Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cell/Pager
<i>Name:</i>	<i>Relationship:</i>	<input type="checkbox"/> Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cell/Pager

Teacher

Last Name

First Name

PERMISSION: I give permission for this information to be shared with appropriate district staff members who provide direct service to my child during the school year. If the legal parent/guardian can not be reached at the time of an emergency and if immediate observation or treatment is urgent in the judgment of the school authorities - I authorize and direct these authorities to send my student to the hospital or doctor most easily accessible & authorize any appropriate medical treatment needed. It is understood that I will assume full responsibility for the payment of any services rendered.

Legal Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE ADDITIONAL INFORMATION ON THE BACK

MEDICAL HISTORY

Please check all of the following which apply to the student:

- Allergies to: _____
- Asthma Is the asthma condition _____ Severe/Life-Threatening? _____ Moderate? _____ Mild?
- Bleeder Bone Disease Chicken Pox/Vaccine Color Blind Diabetes Glasses/Contacts
- Hearing Problems Heart Disorder Migraines Nose Bleeds Reaction to Bee Stings Seizures Tubes in ears
- Other _____

Does your student have any conditions that would affect school performance? _____

Does your student have any condition that would require immediate medical attention? _____

Does your student have any condition that would limit physical education? _____

Does your student have any condition that would require regular medication? Yes No

If yes, list types of medication: _____

Does this medication need to be taken at school? Yes No

(If yes, a school medication form must be filled out before medicine can be dispensed at school.)

EMERGENCY SCHOOL CLOSURE INFORMATION

In the event of inclement weather or other unexpected unsafe conditions, it may be necessary to change our school schedule to provide for the safety of students.

If it is determined by the Superintendent's Office that roads are unsafe, students who live in the affected areas will be kept at their school building until parents can be reached and can pick up their student OR the district can safely transport them home.

If it is determined by the Superintendent's Office that roads are safe but the district has determined that an early dismissal is necessary for the safety of students, we request that you select the most appropriate option for your student:

Kindergarten – 5th Graders

- Option 1** My student can be released to the authorized people listed on the front side of this form if I can not be reached.

The school where your student attends will attempt to contact you as the parent/guardian. If the school can not make contact with you, your student will be kept at the school building until you or an authorized person listed below is able to pick them up:

- Option 2** My student is to follow my instructions listed below if the school sends students home at the early dismissal time:
(Please be specific)

Grades 6-12

If an emergency situation occurs after school has already started, students will be sent home. Every effort will be made to see if the student expects someone to be home. If students are unsure as to what they should do, an area in the District will be provided for students to wait until a parent/guardian is contacted.

I understand I am responsible for making the above arrangements and need to keep the school notified of any changes throughout the school year.

Guardian Signature _____ Date _____

**Tahoma Middle School
6th Grade Elective Registration Form**

At the middle school level, our 6th graders have the option of registering for **one full year class** (Band) or an exploratory sequence consisting of Art, Choir, Digital Exploration and Drama. In order to accurately staff each elective class, it is very important that you make a decision at this time which elective your student will choose for the current school year. Please review the course descriptions on the reverse side and make your elective choice accordingly. All electives have a \$10.00 elective fee for the year paid at the start of school. If this fee is a hardship for your family, and you receive free or reduced lunch, please let us know so we can waive the fee.

Identify below which of the following elective you would like your student to take:

_____ Band (Full Year Course)

- My student has taken band before: YES or NO
- My student plays or will be playing the following instrument:

An instrument must be determined and listed here or the student will not be registered for band.

If you **did not** select Band please sign up for the exploratory sequence below.

_____ One quarter each of Art, Choir, Digital Exploration, and Drama.

Student Name _____

5th grade teacher _____

Parent signature _____

Date _____

Please complete and return to your 5th grade homeroom teacher by

Monday, March 28, 2011

If you have any questions, please call the TMS counseling center (425-413-3666).
Thank you!

6th Grade Middle School Elective Registration Form
Course Descriptions:

Band – Full Year Course:

Students will be put in a band class sorted either by years played or by the type of instrument. Due to staffing constraints, we need enough students to fill a section of band (30). If we have 30 advanced students and 30 beginning students, we will sort band by years played. Otherwise, we will run a woodwind/percussion section of band and a brass/percussion section of band. This class will teach and reinforce basic fundamentals of playing and reading music and performance. Students will be required to perform in at least two evening concerts throughout the year and will also be required to purchase a band book. Students will be required to rent an instrument if they do not already own one. This class is only for brass, woodwind, stand up string bass and percussion instruments. There are no other string instruments in band class.

Exploratory Sequence—one quarter of each class described below:

Art—one quarter

Students will discover the basic elements and principles of art, such as line, form, shape, texture, value, and color. Design in drawing, color mixing, clay hand building, art terms and basic composition will be taught.

Choir—one quarter

Students will develop healthy singing techniques through choral singing. Students will develop their singing voices, sing quality music from a variety of cultures and styles, and learn about the anatomy of the singing voice.

Digital Exploration—one quarter

Students will learn about the emerging technology tools available to them in the digital 21st century world while engaging in real-world problems. The course will be designed to have students access and use Web 2.0 products (such as blogs, wikis, social networking sites, and virtual learning centers) to practice information literacy and build digital fluency as they work collaboratively to contribute to their community. Internet safety and digital citizenship will be integrated into the course. Students will also have an opportunity to increase their keyboarding skills through the course content.

Drama—one quarter

Students will be introduced to theater and drama activities. Students will participate in drama games, build confidence in speaking in front of groups, and do creative dramatics through role playing and improvised scenes. Through this exploratory class, students will gain a broad overview of drama, as well as experience a five minute production complete with costumes, a set, lights and sound system.

Tahoma Middle School
7th Grade Middle School Elective Registration Form

At the Middle School level, our 7th graders have the option of registering for one year long class: Band, or Choir or two semester long classes: Art, Drama, Acoustic guitar, or Digital Exploration. In order to accurately staff each elective class, it is very important that you make a decision at this time which elective(s) your student will choose for the year.

About Elective Options:

Your student will have two semesters of elective options. Remember that a year long elective counts as two semester elective choices. You will either be assigned one year long elective choice (Band, or Choir) or two semester long elective choices. Please review the course descriptions on the reverse side and make your elective choices accordingly. The course names are similar to the exploratory rotation in 6th grade. However the class is not the same curriculum and will offer more advanced learning opportunities. All electives have a \$10.00 elective fee for the year paid at the start of school. If this fee is a hardship for your family, and you receive free or reduced lunch, please let us know so we can waive the fee.

Please rank in order of preference your top four choices. (1 being high) It is important that you review these choices with your parents and carefully consider them because only limited course changes are available once your schedule is set. If you do not rank choices with a number 1, 2, 3, & 4 we will have to do it for you.

Please identify below which of the following elective(s) you would like your student to participate:

- _____ Band (Rental fees apply) (Y)
- _____ Choir (Y)
- _____ Acoustic guitar (S) (Student must own or rent acoustic guitar)
- _____ Art (S)
- _____ Drama (S)
- _____ Digital Exploration (S)

Student Name _____

6th grade homeroom teacher _____

Parent signature _____ Date _____

**Please complete and return to your homeroom teacher by
Monday March 28, 2011**

If you have any questions, please call the counseling center at **425.413.3600**.

Course Descriptions:

Band—Full year

Symphonic Band: This is an intermediate/entry level band course. This course will reinforce the basic fundamentals of playing an instrument. There will be an emphasis on development of technical and musical skills appropriate for this level. Students will perform at solo/ensemble confests, recitals and concerts.

Choir—Full year

This class emphasizes the fundamental of healthy singing and performance skills. Expressive ability and general music knowledge are developed. The bulk of class time is spent in rehearsal for various performances. Students will be required to attend one evening performance per quarter as part of their choir grade. There is an additional \$10 choir T-shirt fee.

Art—1 semester

This comprehensive introduction to art will enhance your creativity. The elements of design, line, shape, color and texture will guide instruction in the techniques, tools, language and critical eye of the developing artist. Students will receive instruction in drawing with pencil, ink and painting in watercolor and opaque. Students will also explore the fundamentals of film/video technology and production. Students will also learn thinking skills, vocabulary of the visual arts and art history. A sketchbook is required.

Drama—1 semester

Drama is a one semester course in which students are taught beginning skills in theater arts. Students will learn skills in movement, improvisation, and speaking that support stage acting. Acting Skills will be taught through the experience of pantomime, performing a monologue, and competing for a role in a 30 minute theatrical production. This role may be acting or participating in a behind the scenes, running sounds FX, managing the stage crew, moving sets on and off (stage crew), producing parts of the set (art producers) or supporting actors by prompting during rehearsal and performances.

Digital Exploration—1 semester

Students will learn about the emerging technology tools available to them in the digital 21st century world while engaging in real-world problems. The course will be designed to have students access and use Web 2.0 products (such as blogs, wikis, social networking sites, and virtual learning centers) to practice information literacy and build digital fluency as they work collaboratively to contribute to their community. Internet safety and digital citizenship will be integrated into the course. Students will also have an opportunity to increase their keyboarding skills through the course content.

Acoustic Guitar—1 semester

This course is designed to introduce students to the fundamentals of acoustic guitar technique: strumming/picking technique, correct fingerings and tuning the guitar. Students will be introduced to the rudiments of music (types of notes, note values, time signatures, chord structure and scales). Students will learn to read and perform simple guitar melodies/chords and they need to not have had previous guitar instruction. Students will provide their own guitar. Acoustic guitar only; this class will not include the electric guitar.



Electronic Resources User Agreement and Parent Permission Form

The Electronic Resources User Agreement is reviewed and signed by parent and student upon entrance to the school district and when students enter grades 6, 8 and 10.

Dear Parents or Guardian:

Tahoma School District offers students access to the district computer network resources and the Internet. To use these resources, students must sign and return this form, and those under age 18 must obtain parental permission. Parents, please read and complete this document carefully, review its contents with your son/daughter, and sign, date, and return this form. Any questions or concerns about this permission form or any aspect of the computer network should be referred to your school's principal or the district technology coordinator. A copy of Board policy regarding student use of electronic devices and access to networked information resources (2022P) and this document are available on the Tahoma School District web site, www.tahomasd.us.

Student User Agreement:

As a user of the Tahoma School District computer network, I hereby agree to comply with the statements and expectations outlined in the Acceptable Use Guidelines for Electronic Devices and Information Systems: E-Mail, Networks, and Internet and to honor all relevant laws and restrictions.

Student Name: _____ Grade Level _____

Student Signature _____ Date _____

Parent/Guardian Permission:

I have reviewed the Tahoma School District Procedure 2022, "Acceptable Use Guidelines for Electronic Devices and Information Systems: E-Mail, Networks, and Internet, and give permission for my student to use Tahoma School District electronic resources, including the internet. I also give my permission to have my student have his/her work and/or photo published to the World Wide Web in accordance with district procedures.

Parent Signature _____ Date _____

CONSENT FOR MUTUAL EXCHANGE OF INFORMATION
(WAC 392-172-422)

Student _____ Birthdate _____

School _____ Grade _____

For the purpose of gathering information relevant to educational programming, I authorize the exchange of information regarding the above named student between Special Services, Tahoma School District No. 409, and

NAME OF PERSON/AGENCY

ADDRESS

Check all appropriate:

- Health records
- Psychological and counseling records
- Other (specify) _____
- Special education records
- Transcripts

In compliance with the Family Educational Rights and Privacy Act, all information concerning this student will be available for inspection by the parent/legal guardian. Such information will be forwarded to other persons and organizations only in accordance with procedures specified in the Family Educational Rights and Privacy Act. I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Duration of Validity: _____ (not to exceed 1 year/90 days for medical)

Signed _____ Date _____

*Relationship to Student _____

Phone: Work _____ Home _____

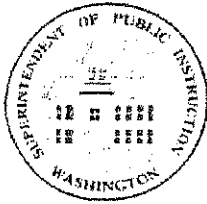
Address _____

City _____ Zip _____

Witness: _____ (Optional)
(Staff requesting Consent)

*If dependent of STATE, need DSHS caseworker signature and documentation of legal guardianship.

Please return this form to Tahoma School District, Attn: _____
Name Title



Home Language Survey
 Washington State
 Transitional Bilingual Instructional Program

Student's Name	Date
School	Grade
SSID	Gender

1. Yes No Is a language other than English the primary language used in your home?

If yes, list languages _____

2. Yes No Is your child's primary language a language other than English?

If yes, list languages _____

If you answered "Yes" to either of the two questions above, please complete the information below, including questions A and B:

Parent or Guardian's Name _____ Phone Number _____

Address _____ City _____ Zip _____

Student's Country of Origin _____

Parent or Guardian's Signature _____ Date _____

Reference to WAC392-160-005.

- "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.
- "Eligible student" means any student who meets the following two conditions:
 - (a) The primary language of the student must be other than English; and
 - (b) The student's English skills must be sufficiently deficient or absent to impair learning.

The following information is collected for the State Transitional Bilingual Instruction Program end-of-year report, and is not part of the Home Language Survey.

- A. _____ For how many months has the student attended school in the United States (grades K – 12) before enrolling in this district?
- B. _____ For how many months has the student received formal education outside the United States in his/her native language (equivalent to grades K – 12) before enrolling in this district?

Guidance:

- One (1) school year = ten (10) months.
- "Formal education" does not include refugee camp schools or other unaccredited programs for children.
- "Native Language" refers to the family's LI or dominant language.



Encuesta sobre el idioma hablado en casa
 Washington State Transitional Bilingual Instructional Program
 Programa transitorio de instrucción bilingüe del
 Estado de Washington

Nombre del estudiante	Fecha
Escuela	Grado escolar
Nº. de identificación estatal del estudiante (SSID, siglas en inglés)	Sexo

1. Sí No ¿Se habla en su casa otro idioma que no sea el inglés como idioma principal?
 Si responde que "Sí", anote los idiomas _____
2. Sí No ¿Habla su hijo otro idioma que no sea el inglés como idioma principal?
 Si responde que "Sí", anote los idiomas _____

Si respondió que "Sí" a cualquiera de las dos preguntas anteriores, complete la siguiente información, incluidas las preguntas A y B:

Nombre del padre, madre o tutor _____ Número de teléfono _____

Dirección _____ Ciudad _____ Código postal _____

Pais de origen del estudiante _____

Firma del padre, madre o tutor _____ Fecha _____

Referencia a WAC392-160-005.

- "Idioma principal" significa el idioma utilizado con mayor frecuencia por un estudiante (no necesariamente el utilizado por los padres, tutores u otros) para comunicarse en el lugar de residencia del estudiante.
- "Estudiante que reúne los requisitos" significa cualquier estudiante que satisface las dos condiciones siguientes:
 - (a) El idioma principal del estudiante debe ser otro que no sea el inglés; y
 - (b) Las aptitudes de dominio del inglés por parte del estudiante deben ser lo suficientemente deficientes o carentes como para dificultar el aprendizaje.

La siguiente información se obtiene para el informe de fin de año del Programa transitorio de instrucción bilingüe estatal y no forma parte de la Encuesta sobre el idioma hablado en casa.

- A. _____ ¿Por cuántos meses ha asistido el estudiante a la escuela en los Estados Unidos (Kindergarten al 12º grado) antes de inscribirse en este distrito?
- B. _____ ¿Por cuántos meses ha recibido el estudiante enseñanza escolar fuera de los Estados Unidos en su lengua materna (equivalentes a enseñanza de Kindergarten al 12º grado) antes de inscribirse en este distrito?

Pautas de orientación:

- Un (1) año escolar = diez (10) meses.
- La "enseñanza escolar" no incluye escuelas en campamentos de refugiados ni otros programas no acreditados para niños.
- La "lengua materna" se refiere al idioma dominante o primer idioma de la familia.