TACOMA PUBLIC SCHOOLS

VERIFICATION OF STUDENT HISTORY

Student Name _____ _____ _____ Birthdate ____/____/_____
Last Name First Name Middle Name mm dd yyyy

Address _____
_____
_____

Last school attended School Name _____
City/town _____ State ____
Enrolled from_____ to _____

Does the student have a history of any of the following?

	YES	NO
1. Placement in a special education program.....	__	__
2. Special accommodations for a 504 plan.....	__	__
3. Health conditions affecting the student's educational needs.....	__	__
4. Unpaid fines or fees from other schools.....	__	__
5. Past, current, or pending suspensions from school of 10 or more days.....	__	__
6. Past, current, or pending expulsions from school.....	__	__

Conviction, adjudication or diversion agreement related to any of the following...

7.	Violent offense.....	__	__
8.	Assault.....	__	__
9.	Sexual offense.....	__	__
10.	Harassment, extortion or stalking.....	__	__
11.	Kidnapping.....	__	__
12.	Inhaling toxic fumes.....	__	__
13.	Drug offense.....	__	__
14.	Liquor violation.....	__	__
15.	Arson or vandalism.....	__	__

If you answered "YES" to any of the above, provide an explanation on the reverse side.

Name of person completing this form (please print) _____

Signature _____ Date _____

Your relationship to student (check one) __ Parent/guardian
__ Student (if over 18 yrs old)

Policy 3120 requires completion of this form for students who are either enrolling in Tacoma Public Schools for the first time, or who are re-enrolling after an absence from the district. Failure to accurately complete this form may result in disciplinary action and/or the involuntary transfer of the student to another school. Parents/guardians needing assistance with translation should call the Second Language Acquisition office at 571-1161.

TACOMA PUBLIC SCHOOLS

Verification of Student History -- EXPLANATION

Student Name _____ _____ _____ Birthdate ____/____/_____
Last Name First Name Middle Name mm dd yyyy

Use this form for explanation of any conditions marked as "YES" on the VERIFICATION OF STUDENT HISTORY form on the reverse side.

Please provide a brief explanation of the event(s) and/or circumstances checked as "YES".

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name of person completing this form (please print) _____

Signature _____ Date _____

Your relationship to student (check one)

__ Parent/guardian
__ Student (if over 18 yrs old)