

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                       |
|---|--------------------------|--------------------------|
| <del>X</del> Placement in a special education program.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>2</del> Special accommodations for a 504 plan.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>3</del> Health conditions affecting the student's educational needs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Unpaid fines or fees from other schools.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Past, current, or pending suspensions from school of 10 or more days.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Past, current, or pending expulsions from school.....                      | <input type="checkbox"/> | <input type="checkbox"/> |

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

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 7. Violent offense.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Assault.....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Sexual offense.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Harassment, extortion or stalking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Kidnapping.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Inhaling toxic fumes.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Drug offense.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Liquor violation.....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Arson or vandalism.....                | <input type="checkbox"/> | <input type="checkbox"/> |

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 \_\_\_\_\_

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.

*Need*

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".

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Name of person completing this form (please print) \_\_\_\_\_

Relationship to student (check one) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/guardian  
 Student (if over 18 yrs old)