

Lincoln Academy

7600-272nd Street N.W.

Stanwood, WA 98292

Phone: (360) 629-1340

Fax: (360) 629-1341

Registration Packet

2016- 2017

Today's Date _____

Student Name _____
Last First Middle

Address _____

Home Phone Number _____ Birth date _____ Age _____

Current School _____ Grade _____

Mother/Guardian Name _____ Work # _____ Cell# _____

Father/Guardian Name _____ Work # _____ Cell# _____

Application Process

1. Complete the application and return to the Lincoln Hill Office. We are located on the Church Creek Campus (7600 – 272nd Street NW, Stanwood, WA. 98292).
2. Applications will be reviewed along with student records.
3. A meeting with the parent/guardians and school representatives will be arranged to discuss and determine the appropriateness of enrolment in the alternative middle school.

1. Does the student live within the Stanwood-Camano School District boundaries?
Yes ___ No ___ If not, where do you live? _____

(You must obtain a release waiver from your home district if you do not live in the Stanwood-Camano School District).

2. Has the student been enrolled in special services?
Gifted ___ Learning Difficulties ___ Title I (LAP) ___ IEP ___
Other _____

3. Please describe the most significant academic struggles your student has had over the last couple school years. What are the most difficult subjects for the student?

4. Please describe the student's attendance. Is it a struggle for your student to get to school each day? _____

5. What factors about the alternative middle school influence you to believe it is a positive placement for your student? _____

Please have the student respond to questions 6 and 7.

6. What do you like most about school? _____

7. What do you like least about school? _____

8. What questions do you have about the alternative middle school?

9. Is there anything you would like the administrator, counselor or nurse to know about?

Acknowledgment of Handbook Access

(IMPORTANT – Please sign and return)**

The Stanwood-Camano School District is providing the Student/Family Handbooks and Code of Conduct in electronic form to be more efficient and provide more convenient access for parents and students. The handbooks are available at the school district Web site: www.stanwood.wednet.edu under Families & Students and through all school Websites. **A printed copy of the student handbook and code of conduct will be provided to all parents who request them. These copies are also available at all school offices.**

We urge you to read this student handbook and code of conduct and to discuss it among your family. If you have any questions about the behaviors and consequences, we encourage you to ask the student's teacher or principal. The student and parent must acknowledge that they have electronic access to the Student Code of Conduct and that they understand the consequences to students who violate district disciplinary policy by signing and returning this form.

Student Code of Conduct

I understand and consent to the responsibilities outlined in the District's Student Code of Conduct. I also understand and agree that my child will be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school, at school-sponsored and school-related activities, including school-sponsored travel, and for any school-related misconduct, regardless of time or location. I understand that this signature verifies that my child and I have reviewed the District's notice regarding drug-free schools, and understand that my child will be subject to school discipline and possibly to criminal prosecution if they are found to have violated the District's Student Code of Conduct. I also understand the compulsory attendance laws and rules. I have read the compulsory attendance notice in this student handbook and understand that failure to comply with the law may result in legal action being taken. I also understand and consent to the Stanwood-Camano School District Acceptable Use Policy for Technology as listed in the handbook.

Cut along line and return to school-----

My child and I have access to the Student Handbook and Code of Conduct or we have received a copy of the Student Handbook that includes the Technology Acceptable Use Policy, the Student Code of Conduct for 2011-2012, and the information on the compulsory attendance laws. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in this handbook.

Print Name of Student: _____ **Grade Level:** _____

Student Signature _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Name of School: _____

Please complete this form and return along with the Registration Form

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ENROLLED IN THE STANWOOD-CAMANO PUBLIC SCHOOLS? YES NO

• STUDENT INFORMATION:

WAC 392-415-070: The following information must meet the statutory requirement under RCW 28A.230.125, including the student's legal name (last name, first name, and middle name(s) or middle initial(s)); and other or former names used; student's birth date; name(s) of parent(s) or guardian(s); name and location of previous schools attended where credit was attempted; and, student's academic history for all high school level courses attempted.

STUDENT NAME: <i>Legal Last Name</i>		<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Also Known As (Nickname)</i>
BIRTHDATE <i>(Month/Day/Year)</i>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHPLACE: <i>City State Country</i>		GRADE LEVEL
CURRENT LANGUAGE STUDENT SPEAKS <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		FIRST LANGUAGE SPOKEN BY STUDENT <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

• PRIMARY HOUSEHOLD:

STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother			<input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other			<input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self			EMAIL ADDRESS
<i>Legal Last Name</i>			<i>Legal First Name</i>			PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted			
<i>Work Place</i>						Home: ()			
<i>Legal Last Name</i>			<i>Legal First Name</i>			Cell: ()			
<i>Work Place</i>						Work: ()			
<i>Legal Last Name</i>			<i>Legal First Name</i>			Home: ()			
<i>Work Place</i>						Cell: ()			
<i>Work Place</i>						Work: ()			
RESIDENT ADDRESS		<i>Street</i>	<i>Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>			
MAILING ADDRESS		<i>Street</i>	<i>Apt. # or P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>			

• SECOND HOUSEHOLD:

RELATIONSHIP TO STUDENT: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather/Stepmother			<input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other			<input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self			EMAIL ADDRESS
SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student)						PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted			
<i>Legal Last Name</i>			<i>Legal First Name</i>			Home: ()			
<i>Work Place</i>						Cell: ()			
<i>Legal Last Name</i>			<i>Legal First Name</i>			Work: ()			
<i>Work Place</i>						Home: ()			
<i>Work Place</i>						Cell: ()			
<i>Work Place</i>						Work: ()			
SECOND HOUSEHOLD MAILING ADDRESS			<i>(Street/P.O. Box, City, State, Zip Code)</i>			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please complete all registration information.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• **ETHNICITY AND RACE**

1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | | | | |
|--|------------------------------------|---|---|--|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Dominican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Central American | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> South American | <input type="checkbox"/> Other Hispanic/Latino |

2. What race(s) do you consider your child? (Check all that apply.)

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> White | | | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Korean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | | | | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Lummi | <input type="checkbox"/> Quileute | <input type="checkbox"/> Spokane | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Makah | <input type="checkbox"/> Quinault | <input type="checkbox"/> Squaxin Island | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Samish | <input type="checkbox"/> Stillaguamish | |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Suquamish | <input type="checkbox"/> Other American Indian/Alaska Native |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Swinomish | |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Tulalip | |

• **PREVIOUS SCHOOL:**

USA SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City/State)
HAS STUDENT EVER ATTENDED STANWOOD-CAMANO PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, NAME OF SCHOOL ATTENDED:		DATE ATTENDED (Month/Year)
IF BIRTH COUNTRY IS NOT USA, DID STUDENT ATTEND SCHOOL IN A COUNTRY OTHER THAN USA? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, HOW MANY MONTHS DID STUDENT ATTEND SCHOOL OUT OF COUNTRY? _____ months WHAT IS THE INITIAL PLACEMENT DATE STUDENT ATTENDED USA PUBLIC SCHOOL? (Month/Year) _____ / _____		

• **OTHER LEGAL INFORMATION:**

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school)	<input type="checkbox"/> Copy attached
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school) Restraining order is against <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	<input type="checkbox"/> Copy attached

Please complete all registration information.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• STUDENT SERVICES:

HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS STUDENT EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Lap <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:		

• STUDENT SERVICES:

HAS STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN PETITIONED FOR BECCA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN RETAINED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, what grade level(s)
DOES STUDENT ATTEND CHILD CARE:	<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> Both
CHILD CARE PROVIDER: Name:	Address:		Phone:
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)			

• FAMILY HISTORY:

PLEASE LIST OTHER SIBLINGS ATTENDING STANWOOD-CAMANO PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)
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Any additional comments regarding your child:

** If yes, copy of registration form to School Psychologist

Please complete all registration information.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• **STUDENT RELEASE AUTHORIZATION**

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.

PRIMARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
SECONDARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
THIRD CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	

In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above:

Legal Parent/Guardian Signature

Date

• **EMERGENCY MEDICAL AUTHORIZATION:**

DOCTOR'S NAME (Full Name)	PHONE (INCLUDE AREA CODE)
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I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature

Date

• **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 Stanwood-Camano School District.

Legal Parent/Guardian Signature

Date

DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY

STUDENT SCHOOL #	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM #	LOCKER NUMBER	BUS ROUTE AM PM

Please complete all registration information.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

Student name: _____	Birthdate: _____	Grade: _____
Preferred student start date (if applicable): _____		Today's date: _____

• I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION WITH THE AGENCY/ PERSON(S) LISTED BELOW:

<p align="center">Records To / From (circle one):</p> <hr/> <p align="center">Name of previous school/agency/person</p> <hr/> <p align="center">Street address</p> <hr/> <p align="center">City, state, zip</p>	<p align="center">Send Records To/From (circle one):</p> <p align="center">Stanwood-Camano School District</p> <p align="center">Please check the appropriate school/department below.</p>
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• RELEASE THE FOLLOWING INFORMATION RELEVANT TO EDUCATIONAL PLACEMENT:

<p>School records:</p> <input type="checkbox"/> Student Cum file <input type="checkbox"/> Immunization records <input type="checkbox"/> Discipline records <input type="checkbox"/> Transcripts <input type="checkbox"/> Attendance <input type="checkbox"/> BECCA	<p>Special Education records:</p> <input type="checkbox"/> Special education IEP & evaluation report <input type="checkbox"/> Assessment information <input type="checkbox"/> Behavioral assessment <input type="checkbox"/> Other:	<p>Medical records:</p> <input type="checkbox"/> Diagnostic information of medical condition that may impact educational placement decisions <input type="checkbox"/> Medical records <input type="checkbox"/> Other:
<p>Purpose for Exchange:</p> <input type="checkbox"/> to discuss and/or place student in program <input type="checkbox"/> to complete assessment/evaluation <input type="checkbox"/> to update records <input type="checkbox"/> other:		

• IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:

<input type="checkbox"/> Cedarhome Elementary 27911 – 68 th Ave NW Stanwood, WA. 98292 Ph: (360) 629-1280 Fax: (360) 629-1289	<input type="checkbox"/> Twin City Elementary 26211 – 72 nd Ave NW Stanwood, WA. 98292 Ph: (360) 629-1270 Fax: (360) 629-1279	<input type="checkbox"/> Port Susan Middle 7506 – 267 th St NW Stanwood, WA. 98292 Ph: (360) 629-1360 Fax: (360) 629-1365	<input type="checkbox"/> Saratoga School 9307 - 271 st St. NW Stanwood, WA 98292 Ph: (360) 629-1372 Fax: (360) 629-1256
<input type="checkbox"/> Elger Bay Elementary 1810 Elger Bay Rd Camano Island, WA. 98282 Ph: (360) 629-1290 Fax: (360) 629-1291	<input type="checkbox"/> Utsalady Elementary 608 Arrowhead Rd Camano Isl., WA. 98282 Ph: (360) 629-1260 Fax: (360) 629-1261	<input type="checkbox"/> Stanwood High School 7400 – 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1330 Fax: (360) 629-1331	<input type="checkbox"/> Lincoln Hill High School Lincoln Academy On-line Learning 7600 - 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1340 Fax: (360) 629-1341
<input type="checkbox"/> Stanwood Elementary 10227 - 273 rd Pl NW Stanwood, WA. 98292 Ph: (360) 629-1250 Fax: (360) 629-1252	<input type="checkbox"/> Stanwood Middle 9405 – 271 st St NW Stanwood, WA. 98292 Ph: (360) 629-1350 Fax: (360) 629-1354	<input type="checkbox"/> Special Services 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1236 Fax: (360) 629-1233	

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. Parent or guardian may revoke this authorization in writing at any time.

Legal Parent/Guardian Signature: _____ **Date** _____

ADDRESS (Street/PO Box, City, State, ZIP)

The confidential exchange of medical information expires after **90 days**.

Please complete all registration information.

Student Housing Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Please identify the student's current living arrangement. Check one box.

A	<input type="checkbox"/> Permanently Housed Student who is living in a fixed, regular, and adequate housing situation. STOP: If you checked box in Section A, you do not need to complete this form or return it.
B	<input type="checkbox"/> Doubled Up Temporarily lives with another family or other person due to loss of housing, economic hardship or similar reason <input type="checkbox"/> Shelter Emergency or transitional housing <input type="checkbox"/> Hotel / Motel Living in what is not an emergency or transitional shelter and involves payment <input type="checkbox"/> Other Temporary Living Situation In a vehicle of any kind, RV park or campground, abandoned building, substandard housing, public or private places not designed for regular sleeping accommodations. <input type="checkbox"/> Unaccompanied Youth A youth who is not in the physical custody of a legal guardian. <input type="checkbox"/> Awaiting Foster Care Placement CONTINUE: If you checked a box in Section B, complete the remainder of this form and return it to your child's school.

If you checked a box in Section B, your child/children may be eligible for additional educational services through Title X, Part C- Federal McKinney-Vento Assistance Act.

Student(s) Name		M/F	Birthdate	Grade	School Name
First	Last				

The undersigned certifies that the information provided above is accurate.

Print Name of Parent/Guardian/Adult Caring for Student _____

Current Address _____
Street Address City State Zip

Phone/Mobile/Contact # _____

Signature of Parent/Guardian/Adult Caring for Student _____ Date _____

Enrollment Staff: If parent marked any box in Section B, please forward a copy of this form to Elisse Sahlin @ D.O.



Restriction of Release of Directory Information

*Only complete and return this form if you **do not** want photos or student directory information released about your student for specific purposes.*

Directory Information:

Directory information can be made public without the consent of parents/guardians, according to the federal Family Educational Rights and Privacy Act (FERPA).

Directory information means the student's name, photo, parent/guardian name, student's birth date, major field of study, post-high school plans, participation in officially recognized activities and sports, weight, and height of members of athletic teams, dates of attendance, diplomas and awards received, and most recent school attended.

Directory information is primarily used in school (local) publications. Examples include:

- Annual yearbook; school or district newsletter; a playbill, showing your student's role in a drama production;
- Graduation programs; honor roll or other recognition lists; and
- Sports activity sheets, such as wrestling, showing weight and height of team members.

This information is not released for commercial purposes and is generally not considered to be harmful or invasive of privacy. Families have the right to restrict the release of directory information for certain circumstances. If you **do not** want directory information released about your student, please complete the form below and return it to your school. This form is only effective for one school year at a time.

If no documentation is on file, it will be assumed that permission for release of directory information has been granted. Check only when you **do not want directory information released.**

HIGH SCHOOL Students Only:

- PLEASE DO NOT:
release my high school student's directory information to military recruiters.
- PLEASE DO NOT:
release my high school student's directory information to institutions of higher learning.

ALL Students:

- PLEASE DO NOT:
release student directory information for any school-related publicity purpose or news coverage, such as use in district/school print and electronic publications, including district/school Web sites, or for use by local/regional print, broadcast or online news media. *If you check here, your child will not be listed in the school annual yearbook.*

Student name: _____ School: _____ Grade: _____
(Last) (First)

Parent/guardian name: _____
(Last) (First)

Parent/guardian signature or student if 18 years or older: _____ Date: _____

Please use one form per student.

If you require additional forms, please make copies, contact your school or download at www.stanwood.wednet.edu under Families & Students. Submit this form to your child's school as soon as possible after the school year has begun.

Student Name _____ Grade _____ Birth date _____

Parent/Guardian Name _____ Parent/Guardian Email _____

Home Phone _____ Work/Cell Phone _____

Medical History:

Has your student ever had a serious accident, operation, or illness? (nature and approx. date) _____

Please check any health concerns that your student has. If your student does not have any health concerns, simply check the box that says "No Health Concerns at this time".

No Health Concerns at this time

ALLERGIES

Bee or insect allergy
Reaction Mild Severe/Life Threatening
Symptoms _____
Treatment _____

Seasonal allergies

Food allergy

List foods _____

Reaction Mild Severe/Life Threatening
Symptoms _____
Treatment _____

Latex allergy

Drug allergy _____

*Has EpiPen

NEUROLOGICAL

Seizure Disorder Type: _____

ADD ADHD

Autism Spectrum Disorder

Headaches Migraines

Other: _____

DIGESTION/ELIMINATION

Bowel control problems

Irritable Bowel Syndrome

Bladder incontinence

Other: _____

DIABETES

Type I Type II

VISION/HEARING

Vision deficit Glasses/Contacts

Hearing deficit Hearing Aid

CARDIOVASCULAR

Heart Murmur Arrhythmia _____

Cardiac Disorder _____

Heart Birth Defect

Other: _____

RESPIRATORY

Asthma – mild Intermittent symptoms, infrequently uses rescue inhaler, no interference with normal activity

Asthma – moderate Persistent symptoms, uses rescue inhaler, some activity limitation

Asthma – severe Daily symptoms, uses rescue inhaler several times a day, normal activities extremely limited

Has Inhaler at? *School Home

Triggers of asthma

Exercise Dust Pollen Respiratory illness

Change in temperature Other _____

Other: _____

MUSCULOSKELETAL/SKIN

Cerebral Palsy

Other Musculoskeletal condition _____

Other Skin conditions: _____

BEHAVIORAL HEALTH

Obsessive Compulsive Disorder

Oppositional Defiant Disorder

Bipolar Disorder

Depression

Other: _____

CONGENITAL

Down Syndrome

Other: _____

HEMATOLOGICAL

Hemophiliac Sickle Cell Other: _____

Medication:

Medication student takes daily **at home** (list medications): _____

Medication **at school** (list medications): _____

**If medication is needed at school, complete and return an "Authorization for Medication at School" form. Health care provider AND parent/guardian signatures are required. Form can be obtained from school nurse, office, or district website.*

I authorize the disclosure of health information on this form to be shared with the school nurse or other staff responsible for my student during the school day.

Parent/Guardian Signature: _____ Date: _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

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

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

Symbol(s) below:
 Required for School and Child-Care/Preschool
 Required for Child-Care/Preschool Only
 Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

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/Guardian Signature Required _____ Date _____

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

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)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

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

1) Chickenpox disease verified by printout from the Immunization Information System (IIS)
 Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP)
 If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

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 healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

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

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically. Be sure to review all the information, sign and date the CIS, and return it to school or child care. If your provider's office does not use the IIS, 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
	3	06	01	2011

- #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 had chickenpox (varicella) disease and not the vaccine, use only one of these three options to record this on the CIS:
 1) If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
 2) If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
 3) If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.
- #6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider 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, and return to the school or child care.

Vaccine Trade Names in alphabetical order		(For updated lists, visit https://fortress.wa.gov/doh/cpir/web/homepage/completeinfo/vaccinenames.pdf)	
Trade Name	Vaccine	Trade Name	Vaccine
AchIB	Hib	FLUCELVAX	Flu
Adacel	Tdap	PRIVISTIN	Flu
Afluria	Flu	FLUVIRTIN	Flu
Boostrix	Tdap	Fluzone	Flu
Cervarix	HPV2	Gardasil	HPV4
Dipacel	DTaP	Flavix	Hep A
Enerix-B	Hep B	Hibertix	Hib
Fluarix	Flu	HIBITITER	Hib
		Inol	IPV
		Inflanx	DTaP
		Kinrix (Kinrix)	DTaP + IPV
		Menactra	MCV or MCV4
		MenHibrix	Meningococcal C/Y-
		Menomune	HIB-PRP
		Menveo	MPSV or MPSV4
		Pediarix (Pedrix)	Meningococcal
		Pediarix (Pedrix)	DTaP + Hep B + IPV
		Rotarix	Rotavirus (RV1)
		Rotiteq	Rotavirus (RV5)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAAV)	Hepatitis A
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B
DTP	Diphtheria, Tetanus, Pertussis	Haib	<i>Haemophilus influenzae</i> type b
Flu (IPV or LAIV)	Influenza	HPV	Human Papillomavirus
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine
		MCV or MCV4	Meningococcal Conjugate Vaccine

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	OPV	Oral Poliovirus Vaccine
MMR /MMRV	Mumps, Measles, Rubella / with Varicella	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine
		PPSV or PPV23	Pneumococcal Polysaccharide Vaccine
		VAR or VZV	Varicella

Reference Guide

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

ELECTRONIC INFORMATION SYSTEM (K-20 Network)

Technology

The use of technology by students in the educational process has become an everyday occurrence. Developing efficient skills is vital to the success of students now and in the future. It is a goal of the Stanwood-Camano School District not only to provide students access to technology, but also to further their development of technological skills. Technology is an integral part of the curriculum, physical environment and delivery of instruction.

Equitable Access

1. Students throughout the school district will have equitable access to technologies while being provided educational opportunities to use those technologies.
2. Students with special needs, including those with identified disabilities, benefit greatly from the use of technology. In many cases, technology can remove barriers to learning.

Appropriate Use

1. It is the expectation of the school district that students effectively and appropriately use available technology.
2. Appropriate safeguards are established to ensure the security of school district and student data.
3. All users of the system shall comply with current copyright laws.

General Use of Stanwood-Camano School District Technology

1. Diligent effort by all users must be made to conserve system resources; e.g., system storage, network bandwidth, software licenses, etc.
2. Prior to having access to the system, every effort shall be made to provide appropriate training.
3. A signed acknowledgment by parent(s)/guardian(s) that they have received and agreed to the conditions for student use of technology as specified in these procedures and student or staff handbooks should be collected.

Personal Security

1. Personal information such as complete names, addresses, telephone numbers and identifiable photos should remain confidential when communicating on the system. Students should never reveal such information without permission from their teacher and parent(s)/guardian(s). No user may disclose, use or disseminate personally identifiable information regarding others without authorization.
2. Students should never make appointments to meet people in person whom they have contacted on the system without school and parent permission.
3. Students should report to school staff if they come across information or messages on the web or when using electronic mail, chat rooms and other forms of direct electronic communications (e.g., instant message services) that may be dangerous or inappropriate.

Student Access and Use of Technology

1. Student access and use of technology is granted on a continuing basis unless a parent/guardian chooses to withhold permission. Parent(s)/guardian(s) may notify the school of their intent to withdraw permission for use of technology by notifying the school in writing.
2. Internet access shall be granted on a continuing basis unless a parent/guardian chooses to withhold permission. Parent(s)/guardian(s) may notify the school of their intent to withdraw permission for Internet access by notifying the school in writing or completing the appropriate form provided by the school.
3. All use of technology must be in support of education and classroom learning and consistent with the mission of the Stanwood-Camano School District.

4. Use of technology must conform to state law, federal law and Stanwood-Camano School District's policy.
5. Use of the system for commercial solicitation is prohibited.
6. Technology shall not be used to disrupt the operation of the system by others.
7. Use of technology to access, store or distribute inappropriate, obscene or pornographic materials is prohibited.
8. Use of electronic recording devices, including still, video, and audio, is prohibited in Stanwood-Camano School District facilities except as authorized by Stanwood-Camano School District staff for educational purposes. In no case shall any such devices be used in restrooms and locker rooms.
9. Student access and use of technology on school district equipment is authorized, provided the student follows the "System Acceptable Use Guidelines" as follows:

System Use

1. All use of the system must be in support of education and the Stanwood-Camano School District's operations and consistent with the mission of the Stanwood-Camano School District. The school district reserves the right to prioritize use and access to the system.
2. Any use of the system must be in conformity to state and federal law, system use policies and the Stanwood-Camano School District's policy.
3. Use of the system for commercial solicitation is prohibited, except as allowed by law.
4. The system constitutes public facilities and may not be used to support or oppose political candidates or ballot measures.
5. Subscriptions to mailing lists, bulletin boards, chat groups, commercial online services and other information services must be directly related to classroom curriculum or the job responsibilities of the employee.
6. Diligent effort must be made to conserve system resources.
7. Technology shall not be used to disrupt the operation and use of the system by others; system components including hardware or software shall not be destroyed, modified, removed or abused in any way.
8. Malicious use of the system to develop programs or institute practices that harass other users or gain unauthorized access to any service or information on the system and/or damage the components of a service or information on the system is prohibited.
9. Users are responsible for the appropriateness of the material they transmit or publish on the system. Hate mail, harassment, discriminatory remarks or other antisocial behaviors are expressly prohibited.
10. Uses of the system to access, store or distribute obscene or pornographic material is prohibited.
11. Connecting or attaching any computer or networking equipment or components to the system via network ports and/or communications closets, by anyone other than a network technician or other individuals expressly authorized by the director of the Information Systems and Technology Department, is strictly prohibited. Unauthorized computer or networking equipment or components will be removed without notice.

Security

1. System log-ins or accounts are to be used only by the authorized owner of the account for authorized purposes.
2. Users may not share their system, computer or software passwords with others or leave an open file or session unattended or unsupervised. Account owners are ultimately responsible for all activity under their account.
3. Users shall not seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users, misrepresent other users on the system or attempt to gain unauthorized access to any data or entity on specific computers or the network.
4. Communications may not be encrypted so as to avoid school district security review.
5. Users will avoid using easily-guessed passwords and will be required to change passwords regularly as necessary to maintain security.

Filtering and Monitoring

1. Filtering services are in use on all computers with access to the Internet. The system is designed to block or filter access to Internet content the district deems inappropriate, including pornography and any depictions that are obscene or are harmful to minors.

District Responsibilities

The Stanwood-Camano School District shall:

1. Review, monitor, and log, as appropriate, all activity on the system for responsible use consistent with the terms of the policy and procedures.
2. Make determinations on whether specific uses of the system are consistent with these acceptable use guidelines.
3. Remove a user's access to the system, with or without notice, at any time the school district suspects that the user is engaged in unauthorized activity or violating this policy. In addition, further disciplinary or corrective action(s) may be imposed for violations of the policy up to, and including, termination of employment for staff, or appropriate disciplinary sanctions for students.
4. Cooperate fully with law enforcement investigation(s) concerning, or relating to, any suspected or alleged inappropriate activities on the system or any other electronic media.
5. From time to time make a determination on whether specific uses of the system are consistent with the regulations stated above. Under prescribed circumstances, non-student or non-staff use may be permitted, provided such individuals demonstrate that their use furthers the purpose and goals of the school district.

Discipline and Consequences for Unauthorized Use of Technology

For Students

Violation of the Stanwood-Camano School District's expectations for use of technology may be cause for disciplinary action up to, and including, expulsion.

For Staff

Violation of the Stanwood-Camano School District's expectations for use of technology may be cause for disciplinary action up to, and including, termination and reporting to the Office of Superintendent of Instruction's Office of Professional Practice.

Adopted: 08.05.03
Stanwood-Camano School District
Revised: 03.03.06
Revised: 01.05.09

STANWOOD-CAMANO SCHOOL DISTRICT NO. 401
ELECTRONIC INFORMATION SYSTEM

Dear Parent(s)/Guardian:

Your child has the opportunity to receive an electronic network account or access, and needs your permission to do so. Among other advantages, your child will be able to communicate with other schools, colleges, organizations and individuals around the world through Internet and other electronic information systems and networks. Internet is a system which links smaller computer networks, creating a large and diverse network. Internet allows your child, through electronic mail (e-mail) and other means to reach out to many other people to share information, learn concepts and research subjects. These are significant learning opportunities to prepare your child for the future.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed informed consent form, school district procedures and other material, and discuss it together. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of the privilege to use this educational tool, and other disciplinary action if appropriate. Parents, remember that you are legally responsible for your child's actions.

Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

We have established procedures and rules regulating the materials that students may search for on the network, but please be aware that there is unacceptable and controversial material and communications on the Internet that your child could access. It is not possible for us to always provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the informed consent form.

We also reserve the right to review e-mail sent or received on the district system to improve student safety and system integrity, and you and your child must waive the copyright on any material posted through the network.

If you have any questions please contact your child's school administrator. If you want your child to have the opportunity to receive an Electronic Network account or access, please return signed informed consent forms to us as soon as possible.

STANWOOD-CAMANO SCHOOL DISTRICT
ELECTRONIC INFORMATION SYSTEM (K-20 Network)
Individual User Access Informed Consent Form

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Stanwood-Camano School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Stanwood-Camano School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Stanwood-Camano School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the Internet through the school district's system is waived.

Signature of User

Please circle: Staff Student

Grade _____

Signature of Parent/Guardian
(required if user is under age 18)

Location (building)

Printed Name of User

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed

*Students over eighteen do not need a parent's signature

OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE

Account Number: _____

Approved by: _____

Date: _____