

LINCOLN ACADEMY MIDDLE SCHOOL

7600 272nd Street N.W.
Stanwood, WA 98292
Phone:(360) 629-1340 - Fax:(360) 629-1341
Email: lhinfo@stanwood.wednet.edu

My student is enrolled in the following special services:
IEP ____
Section 504 ____
Learning Difficulties ____
Title 1 (LAP) ____
Gifted ____
Other ____

Directions: Please provide ALL the information requested in this packet. We will not consider you for enrollment at LA until you submit this completed application.

Today's Date _____ Last School Attended _____

Grade Level _____ Birthdate _____ Age _____

Student Name _____

Last

First

Middle

Address _____

Primary Phone Number _____

Mother/Guardian Name _____ Phone # _____

Email _____

Father/Guardian Name _____ Phone # _____

Email _____

#1 Emergency Contact Name (Not parent or guardian) _____

Relationship _____ Phone # _____

#2 Emergency Contact Name (Not parent or guardian) _____

Relationship _____ Phone # _____

#2 Emergency Contact Name (Not parent or guardian) _____

Relationship _____ Phone # _____

By signing below, I understand that attending Lincoln Academy is a CHOICE and that failing to behave appropriately, attend regularly, and make satisfactory academic progress could result in losing the opportunity to attend Lincoln Academy.

Student Signature _____ Date _____

Parent Signature _____ Date _____

LINCOLN ACADEMY

COMPLETING THE REGISTRATION PACKET

Read Very Carefully - If you have questions call the Lincoln Academy office at 360-629-1340.

1. Fill out ALL the enclosed forms.
2. If you do not reside in the Stanwood-Camano School District, you must obtain a transfer waiver form from your home district. We will consider your application on a space-available basis.
3. Return your application and related paperwork to the LA office and make an appointment with the principal.
4. Enrollment in LA is based on space availability, and a waiting list can sometimes occur. Please do not withdraw from your school until it has been confirmed that you will be enrolled at Lincoln Academy.

Parent/Guardian Information

Student Name _____

(To be completed by the parent/guardian of the student applying to attend Lincoln Academy)

Directions: Write a thorough response to each of the following items. Provide your ideas and opinions supported with facts and examples. Please write neatly and in pen.

Does your child live with you? Yes / No If not, where do they live? _____

If not, please explain the circumstances and provide legal documentation.

Does the student live within the Stanwood-Camano School District Boundaries? Yes / No

If not, where do they live? _____ Please note, if they don't live within the boundaries, you must obtain a choice transfer from your home district.

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

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

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

Is there anything else you would like the administrator, counselor, or nurse to know about your student? _____

Parent's Signature _____ **Date** _____

Student Information

Student Name _____

(To be completed by the **student** applying to attend Lincoln Academy)

Directions: Write a thorough response to each of the following items. Provide your ideas and opinions supported with facts and examples. Please write neatly and in pen.

What do you like most about school?

What do you like least about school?

What questions do you have about the alternative middle school?

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

Student's Signature _____ Date _____

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 with 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.

My student 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 2024-2025, and the information on the compulsory attendance laws. I understand that the handbook contains information that my student 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.

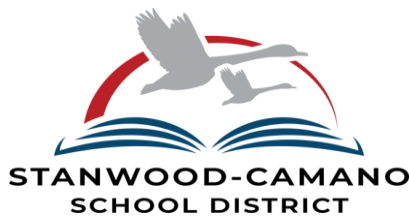
Name of School: _____

Print Name of Student: _____ Grade Level: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***** Please complete this form and return with your registration packet. *****



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 purpose.*

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, photograph, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received and the most recent previous 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:

Note: the following data restrictions WILL NOT restrict your student from being included in the annual yearbook.

Do NOT RELEASE student directory information to the following checked options.

MILITARY
PLEASE DO NOT:
release my high school student’s directory information to military recruiters.

HIGHER ED
PLEASE DO NOT:
release my high school student’s directory information to institutions of higher learning.

ALL Students:

Note: the following data restrictions WILL also restrict your student from being included in the annual yearbook.

Do NOT RELEASE student directory information to the following checked options.

PUBLIC (restrict from public)
School or District Publications, both print and electronic

DISTRICT (restrict from district)
School or District Web sites

LOCAL (restrict from local)
News Media, both local and regional, print, broadcast or online

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 them 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 _____

Medical History:

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

Please check any **HEALTHCARE PROVIDER DIAGNOSED** 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 Food Intolerance
 List foods: _____
Reaction Mild Severe/Life Threatening
Symptoms _____
Treatment _____

Latex allergy

Drug allergy _____

*Has EpiPen

NEUROLOGICAL

Seizure Disorder Type: _____
 ADD ADHD
 Autism Spectrum Disorder
 Sensory Processing 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

DEVELOPMENTAL

Prematurity-Gestation _____
 Prenatal exposure _____
 Developmental Delay

CARDIOVASCULAR

Heart Murmur Arrhythmia _____
 Cardiac Disorder _____
 Heart Birth Defect
 Other: _____

RESPIRATORY **Current Diagnosis** **Past Diagnosis**

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

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. I give permission to my child's school to add immunization information into the Immunization Information System to help the school maintain my child's record.

Parent/Guardian Signature: _____ Date: _____



26920 Pioneer Hwy. Stanwood, WA 98292 - 360-629-1200

TECHNOLOGY AND ELECTRONIC RESOURCES SYSTEMS

Dear Parent(s)/Guardian:

Your child has the opportunity to receive an electronic network account or access, and needs your permission to do so. Your child will be able to communicate with other schools, colleges, organizations and individuals around the world through the Internet and other electronic information systems and networks. 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.

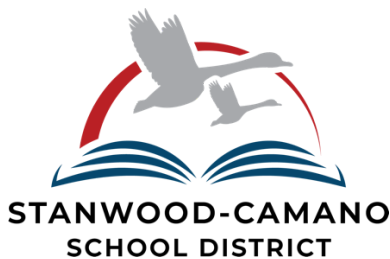
Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

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. You and your child must waive the copyright on any material posted through the network in order to use 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 a technology account or have access to the district system and technological services, please return a signed informed consent form to us as soon as possible.

Adoption Date: 08.05.03
Stanwood-Camano School District
Revised: 09.18.12; 07.20.21



TECHNOLOGY AND ELECTRONIC RESOURCES

Individual User Access Informed Consent Agreement Form for Students

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 student'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 student 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 student 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 student or I may otherwise have into such material. My student and I acknowledge and agree that any copyright my student may have in material posted on the Internet through the school district's system is waived.

Signature of Student

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

Grade

School Building (Student User is Enrolled In)

Printed Name of Student

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed

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