



# LAKEWOOD SCHOOL DISTRICT

## Student Enrollment Registration Packet

The following registration items must be completed in order to register your child in the Lakewood School District.

- ☐ Completed Registration Packet
- ☐ Copy of Birth Certificate or proof of legal age/name
- ☐ Proof of Current Address (i.e. property tax statement, utility bill, lease or rental agreement)
- ☐ Medically Verified Certificate of Immunization Status

For Office Use Only:

Verify address boundary or confirm Choice Transfer acceptance before selecting a school.

- ☐ Cougar Creek Elementary
- ☐ English Crossing Elementary
- ☐ Lakewood Elementary
- ☐ Lakewood Middle School
- ☐ Lakewood High School

### NON-DISCRIMINATION STATEMENT

In accordance with RCW 49.60, the Lakewood School District does not discriminate in employment and schools. The Lakewood School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability, sexual orientation including gender expression or identity, religion, age, veteran or military status, use of a trained dog to guide or service animal by a person with a disability, and provides equal access to the Boy Scouts and designated youth groups. The district complies with all applicable state and federal laws and regulations to include, but not limited to, Title IX, Title VI of the Civil Rights Acts, Section 504 of the Rehabilitation Act, RCW 49.60 "The Law Against Discrimination," and RCW 28A.640 "Sex Equity," and covers, but is not limited to, all district programs, courses, activities, including extracurricular activities, services, access to facilities, etc. Inquiries regarding compliance procedures should be directed to Lakewood School District, 17110 16th Drive NE, Marysville, WA 98271, Attention: Title IX and Civil Rights Officer, Timothy Haines, 360-652-4500, [thaines@lwsd.wednet.edu](mailto:thaines@lwsd.wednet.edu) or ADA Compliance Officer and Section 504 Compliance Officer, Lissan Wipfli 360-652-4500, [lwipfli@lwsd.wednet.edu](mailto:lwipfli@lwsd.wednet.edu).

### NON-DISCRIMINATION GRIEVANCE PROCEDURES

Students, and/or parents, staff or other individuals acting on behalf of students of the district are eligible to participate in the complaint procedure. The complaint procedure is designed to assure that the resolution of real or alleged violations will be directed toward a just solution that is satisfactory to the complainant, the administration and the school board. If you have questions, or need assistance with the process, please contact the District Compliance Officer, Timothy Haines at 360-652-4500.

TITLE IX/RCW 28A.640 COMPLIANCE OFFICER DISTRICT  
COMPLIANCE OFFICER  
Timothy Haines, Executive Director of HR & Student Services  
17110 16th Drive NE  
Marysville, WA 98271  
360-652-4500

SECTION 504/ADA COORDINATOR  
Lissan Wipfli  
Executive Director of Special Education  
17110 16th Drive NE  
Marysville, WA 98271  
360-652-4500



# STUDENT REGISTRATION

For Office Use Only						
Medical Alert	Student ID	School Entry Date	District Entry Date	Homeroom	Advisor	Bus Route
Student Legal Last Name		Student Legal First Name		Student Legal Middle Name		Also Known As
Birthdate (MM/DD/YY)	Gender <input type="radio"/> M <input type="radio"/> F	Current Grade Level	Birth Place (City/State/Country)			

Federal Funding: Under Public Law No. 874, the district can receive federal money for each child if the parent is in the active armed forces, lives or works on federal land. (Please Check)

☐ Active Armed Forces  
☐ Works on Federal Land

☐ Lives on Federal Land  
☐ Does Not Apply

School/Preschool Previously Attended	School District Previously Attended	Previous School City & State
--------------------------------------	-------------------------------------	------------------------------

Has student ever attended Lakewood School District? ☐ Yes ☐ No If yes, name of school attended \_\_\_\_\_

Has student ever attended Washington Public Schools? ☐ Yes ☐ No Date attended (Month/Year) \_\_\_\_\_

Has your child ever qualified for or been enrolled in a Special Ed Program? ☐ Yes, currently ☐ Yes, in (MM/YY) \_\_\_\_\_ ☐ Never

Has your child ever qualified for or had a 504 Plan? ☐ Yes, currently ☐ Yes, in (MM/YY) \_\_\_\_\_ ☐ Never

Check any that your child has ever participated in: ☐ Title ☐ LAP ☐ Gifted ☐ ELL ☐ IEP ☐ Speech ☐ Home School Other \_\_\_\_\_

The placement of new students is very important.

Please provide us with the following information about your child. Please rate your child in the following areas, with 1 being low and 5 being high:

	LOW				HIGH
Achievement	1	2	3	4	5
Behavior	1	2	3	4	5
Work Habits	1	2	3	4	5

Has your child ever been retained and repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No What grade level(s)? _____	Has your child ever been promoted and skipped a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No What grade level(s)? _____
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<b>Primary Household-Guardian 1</b>			
Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<u>Relationship to student</u> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent		

<b>Primary Household-Guardian 2</b>			
Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<u>Relationship to student</u> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent		

Primary Household Street Address (Students Primary Address)	Apt/Unit#	City	State	Zip
Primary Household Mailing Address (if different )	Apt/Unit#	City	State	Zip

Secondary Household-Guardian 1			
Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	Relationship to student <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent		

Secondary Household-Guardian 2			
Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	Relationship to student <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent		

Secondary Household Street Address (Students Primary Address)	Apt/Unit#	City	State	Zip
Secondary Household Mailing Address (if different )	Apt/Unit#	City	State	Zip

Is there a joint-custody or parenting plan in effect? (If yes, plan must be on file with the school for enforcement)    ☐ Yes    ☐ No

Is there a restraining order in effect related to the parents/guardians or student? (If yes, legal papers must be on file with the school for enforcement).  
☐ Yes    ☐ No

Please list siblings also attending Lakewood School District:

Last Name	First Name	School	Grade

#### 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.

Emergency Contact (other than parent/guardian) Full Name	Relationship	Primary Phone	Secondary Phone

Special instructions regarding religious beliefs: (optional) \_\_\_\_\_

Does the student have any pending disciplinary actions, history of violent or disruptive behavior, criminal or juvenile court proceedings (including attendance proceedings under BECCA), or history of gang affiliation?    ☐ Yes    ☐ No

If answered yes above, please explain: (a copy of any court order, disciplinary records, or other legal documents may be required.)

#### Please read each statement below and sign:

**Student Release Authorization:** 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.

**Emergency Medical Authorization:** I understand that in the event of an 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.

**Verification of Information:** The information on this form is true and accurate. 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 Lakewood School District.

Legal Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Washington State Ethnicity and Race Data Collection Form					
<p>School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).</p>					
ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)				
	Hispanic	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorean (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	<input type="checkbox"/> Salvadoran (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) <div>Hispanic/Latino Write In (H29)</div>
RACE-NATIVE HAWAIIAN/OTHER PACIFIC	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	Pacific Islander	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) <div>Pacific Islander Write In (P21)</div>
RACE-BLACK/AFRICAN-AMERICAN	Black/African	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <div>Black Write In (C02)</div>			
	Caribbean	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupian (B14) <input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <div>Caribbean Write In (B20)</div>
	Central African	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep.) (B23) <input type="checkbox"/> Chadian (B24)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)	<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> Príncipe (B30) <div>Central African Write In (B31)</div>	
	East African	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49)	<input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) <div>East African Write In (B53)</div>
	Latin American	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Ecuadorean (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74)	<input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <div>Latin American Write In (B77)</div>
	South African	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Swazi (B82) <div>South African Write In (B83)</div>	
	West African	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87) <input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)	<input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96)	<input type="checkbox"/> Senegalese (B97) <input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) <div>West African Write In (C01)</div>

# Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> Alaska Native Write In (N36) <input type="checkbox"/> American Indian Write In (N37)			
	Washington State Tribes	<div> <input type="checkbox"/> Chinook Tribe (N01)  <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02)  <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03)  <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04)  <input type="checkbox"/> Cowlitz Indian Tribe (N05)  <input type="checkbox"/> Duwamish Tribe (N06)  <input type="checkbox"/> Hoh Indian Tribe (N07)  <input type="checkbox"/> Jamestown S'Klallam Tribe (N08)  <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09)  <input type="checkbox"/> Kikiallus Indian Nation (N10)  <input type="checkbox"/> Lower Elwha Tribal Community (N11)  <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12)  <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13)  <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14)  <input type="checkbox"/> Muckleshoot Indian Tribe (N15)  <input type="checkbox"/> Nisqually Indian Tribe (N16)  <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17)  <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)         </div> <div> <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19)  <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20)  <input type="checkbox"/> Quinault Indian Nation (N21)  <input type="checkbox"/> Samish Indian Nation (N22)  <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23)  <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24)  <input type="checkbox"/> Skokomish Indian Tribe (N25)  <input type="checkbox"/> Snohomish Tribe (N26)  <input type="checkbox"/> Snoqualmie Indian Tribe (N27)  <input type="checkbox"/> Snoqualmoo Tribe (N28)  <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29)  <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30)  <input type="checkbox"/> Steilacoom Tribe (N31)  <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32)  <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33)  <input type="checkbox"/> Swinomish Indian Tribal Community (N34)  <input type="checkbox"/> Tulalip Tribes of Washington (N35)         </div>			
RACE-ASIAN	Asian	<div> <input type="checkbox"/> Asian (A00)  <input type="checkbox"/> Asian Indian (A01)  <input type="checkbox"/> Bangladeshi (A02)  <input type="checkbox"/> Bhutanese (A03)  <input type="checkbox"/> Burmese/Myanmar (A04)  <input type="checkbox"/> Cambodian/Khmer (A05)  <input type="checkbox"/> Cham (A06)  <input type="checkbox"/> Chinese (A07)         </div> <div> <input type="checkbox"/> Filipino (A08)  <input type="checkbox"/> Hmong (A09)  <input type="checkbox"/> Indonesian (A10)  <input type="checkbox"/> Japanese (A11)  <input type="checkbox"/> Korean (A12)  <input type="checkbox"/> Lao (A13)  <input type="checkbox"/> Malaysian (A14)  <input type="checkbox"/> Mien (A15)         </div> <div> <input type="checkbox"/> Mongolian (A16)  <input type="checkbox"/> Nepali (A17)  <input type="checkbox"/> Okinawan (A18)  <input type="checkbox"/> Pakistani (A19)  <input type="checkbox"/> Punjabi (A20)  <input type="checkbox"/> Singaporean (A21)  <input type="checkbox"/> Sri Lankan (A22)  <input type="checkbox"/> Taiwanese (A23)         </div> <div> <input type="checkbox"/> Thai (A24)  <input type="checkbox"/> Tibetan (A25)  <input type="checkbox"/> Vietnamese (A26)  <input type="checkbox"/> Asian Write In (A27)         </div>			
RACE-WHITE	White	<input type="checkbox"/> White (W00) <input type="checkbox"/> White Write In (W36)			
	Eastern European	<div> <input type="checkbox"/> Bosnian (W01)  <input type="checkbox"/> Herzegovinian (W02)         </div> <div> <input type="checkbox"/> Polish (W03)  <input type="checkbox"/> Romanian (W04)         </div> <div> <input type="checkbox"/> Russian (W05)  <input type="checkbox"/> Ukrainian (W06)         </div> <div> <input type="checkbox"/> Eastern European Write In (W07)         </div>			
	Middle Eastern and North African	<div> <input type="checkbox"/> Algerian (W08)  <input type="checkbox"/> Amazigh or Berber (W09)  <input type="checkbox"/> Arab or Arabic (W10)  <input type="checkbox"/> Assyrian (W11)  <input type="checkbox"/> Bahraini (W12)  <input type="checkbox"/> Bedouin (W13)  <input type="checkbox"/> Chaldean (W14)  <input type="checkbox"/> Copt (W15)         </div> <div> <input type="checkbox"/> Druze (W16)  <input type="checkbox"/> Egyptian (W17)  <input type="checkbox"/> Emirati (W18)  <input type="checkbox"/> Iranian (W19)  <input type="checkbox"/> Iraqi (W20)  <input type="checkbox"/> Israeli (W21)  <input type="checkbox"/> Jordanian (W22)  <input type="checkbox"/> Kurdish Kuwaiti (W23)         </div> <div> <input type="checkbox"/> Lebanese (W24)  <input type="checkbox"/> Libyan (W25)  <input type="checkbox"/> Moroccan (W26)  <input type="checkbox"/> Omani (W27)  <input type="checkbox"/> Palestinian (W28)  <input type="checkbox"/> Qatari (W29)  <input type="checkbox"/> Saudi Arabian (W30)  <input type="checkbox"/> Syrian (W31)         </div> <div> <input type="checkbox"/> Tunisian (W32)  <input type="checkbox"/> Yemeni (W33)  <input type="checkbox"/> Middle Eastern Write In (W34)  <input type="checkbox"/> North African Write In (W35)         </div>			

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: Received By \_\_\_\_\_ Date \_\_\_\_\_



The Home Language Survey is given to *all* students enrolling in Washington schools.

<b>Student Name:</b>		<b>Grade:</b>	<b>Date:</b>
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<b>Right to Translation and Interpretation Services</b>  All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No   Language _____</p>		
<b>Eligibility for Language Development Support</b>  Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p>		
<b>Prior Education</b>  Your responses about your child's birth country and previous education: <ul style="list-style-type: none"><li>• Give us information about the knowledge and skills your child is bringing to school.</li><li>• May enable the school district to receive additional federal funding to provide support to your child.</li></ul> <b><i>This form is not used to identify students' immigration status.</i></b>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12<sup>th</sup> Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12<sup>th</sup> Grade)</p> <p>_____</p> <p>Month      Day      Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.



School Year:



**LAKEWOOD**  
SCHOOL DISTRICT

**DO NOT Release Directory Information Request**

**Only complete and return this form if you DO NOT want photos (including class picture, yearbook and newsletter) 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 is defined as the student's name, photograph, address, telephone number, date of birth, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, diplomas and awards received and the most recent previous school attended. Lakewood School District will release directory information upon request to Law Enforcement and Child Protective Services without the consent of parents. Lakewood School District does not release directory information for commercial use. See Board Policy 3231 for additional information.

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.

**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 ONLY		ALL STUDENTS		
<input type="radio"/> MILITARY	<input type="radio"/> HIGHER EDUCATION	<input type="radio"/> PUBLIC	<input type="radio"/> DISTRICT	<input type="radio"/> LOCAL
Military	Higher Education (College, Tech)	Broad Public Audience Beyond School Families	Internal Use Only	School Families are the Primary Audience, but Accessible by General Public
Examples include but are not limited to: ... Army ... Air Force ... Navy ... Coast Guard	Examples include but are not limited to: ... Colleges ... Technical Schools ... Trade Schools	Examples include but are not limited to: ... Newspapers & Other Media ... Publications to General Public ... Other Agencies' Websites or Publication ... Child's Former Teachers	Examples include but are not limited to: ... Signs/Posters in District Buildings ... Videos used in School/District	Examples include but are not limited to: ... Yearbooks ... Rosters ... Programs/Sport Activity Sheets ... Newsletters to School Families ... District Website ... Family Handbooks ... For Release to District/School Selected Vendors and Event Planners Like Photographers. Trip Organizers, Alumni Assoc., etc.

Student Name

School

Grade

Signature of Parent/Guardian of Student  
(Students who are 18 may sign request)

Date

**UPON COMPLETION OF THIS FORM, PLEASE RETURN IT TO YOUR CHILD'S SCHOOL OFFICE**

FOR OFFICE USE ONLY

☐ Completed form sent to District Office ☐ Information entered in WESPaC



**LAKEWOOD**  
SCHOOL DISTRICT

## Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

**If you own/rent your own home, you do not need to complete this form.**

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- |  |   |
|--|---|
| <input type="checkbox"/> In a motel  | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter  | <input type="checkbox"/> Transitional Housing                       |
| <input type="checkbox"/> Moving from place to place/couch surfing                                      | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> In someone else's house or apartment with another family                      |   |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |   |
- 

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_  
☐ Student is unaccompanied (not living with a parent or legal guardian)  
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
(Or unaccompanied youth)

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or unaccompanied youth)

\*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

**Please return completed form to:**

*Lynn Konkol, Director of Teaching and Learning  
Lakewood School District 306  
P.O. Box 220  
N. Lakewood, WA 98259*

*For Questions, please contact Lynn Konkol by phone at 360-652-4500*



**For School Personnel Only:** For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

McKinney-Vento Liaison Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send copies to : ☐ Transportation

## McKinney-Vento Act 42 U.S.C. 11435

### SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

### Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



## New Immunization Record Requirements

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to [MyIR mobile](#) to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact your child's school nurse or the District Nurse.

Sincerely,

Lakewood School District  
Nurse (360) 654-2098

Lakewood High School  
(360) 652-4505

Lakewood Middle School  
(360) 652-4510

English Crossing Elementary  
(360) 652-4515

Lakewood Elementary School  
(360) 652-4520

Cougar Creek Elementary  
(360) 652-4517



# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

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

Child's Last Name:		First Name:		Middle Initial:		Birthdate (MM/DD/YYYY):	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.				Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.			
X _____ Parent/Guardian Signature				X _____ Parent/Guardian Signature Required if Starting in Conditional Status			
Date				Date			

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	<b>Documentation of Disease Immunity (Health care provider use only)</b>  If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.  I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below. <table><tr><td><input type="checkbox"/> Diphtheria</td><td><input type="checkbox"/> Hepatitis A</td><td><input type="checkbox"/> Hepatitis B</td></tr><tr><td><input type="checkbox"/> Hib</td><td><input type="checkbox"/> Measles</td><td><input type="checkbox"/> Mumps</td></tr><tr><td><input type="checkbox"/> Rubella</td><td><input type="checkbox"/> Tetanus</td><td><input type="checkbox"/> Varicella</td></tr></table> <input type="checkbox"/> Polio (all 3 serotypes must show immunity)	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B														
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps														
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella														
<b>Required Vaccines for School or Child Care Entry</b>																
●▲ DTaP (Diphtheria, Tetanus, Pertussis)																
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)																
●▲ DT or Td (Tetanus, Diphtheria)																
●▲ Hepatitis B																
● Hib ( <i>Haemophilus influenzae type b</i> )																
●▲ IPV (Polio) (any combination of IPV/OPV)																
●▲ OPV (Polio)																
●▲ MMR (Measles, Mumps, Rubella)																
● PCV/PPSV (Pneumococcal)																
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS																
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>																
Flu (Influenza)																
Hepatitis A																
HPV (Human Papillomavirus)																
MCV/MPSV (Meningococcal Disease types A, C, W, Y)																
MenB (Meningococcal Disease type B)																
Rotavirus																

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____		
	If verified by school or child care staff the medical immunization records must be attached to this document.		

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

### To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waiisrecords@doh.wa.gov](mailto:waiisrecords@doh.wa.gov) or 1-866-397-0337.

### To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

### Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

### Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

### Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

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

DOH 348-013 November 2019

Annual Student Health Concern Report

School Year: \_\_\_\_\_

This form helps our health team support your student’s **safety, medical needs, and academic success**. Please complete one per student. Notify the school nurse if any information changes during the year.

1. Life-Threatening Health Conditions

Does your student have a **life-threatening condition** (e.g., asthma, severe allergy, diabetes, seizure disorder)?

☐ No    ☐ Yes – Please explain: \_\_\_\_\_

**IMPORTANT:** *Washington State law requires a care plan and emergency medication be in place **before** school attendance for life-threatening conditions. Please contact the school nurse.*

Primary Healthcare Provider: \_\_\_\_\_

Preferred Hospital (if applicable): \_\_\_\_\_

2. Medication Use

Does your student take any medications?

☐ No

☐ Yes – Taken: ☐ At home ☐ At school

List all medications: \_\_\_\_\_

**Reminder:** *Any medications given by staff at school, during extracurricular activities or overnight school trips require a signed form from both a **licensed healthcare provider** and a **guardian**. Self-Carry/ self-administration Medication forms are available for non-controlled substances needed for less than 15 consecutive days. Forms are available at your school office or district website and must be renewed annually.*

3. Current or Ongoing Health Conditions

Please check all that apply and provide relevant details. Indicate if medication or support at school is needed.

Chronic Health Conditions	Needs Medication at School?	Notes / Details
<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Diabetes (Type 1 or Type 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Severe allergies (e.g., food, insect)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Other chronic illness:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Cardiovascular Health	Needs Medication at School?	Notes / Details
<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Congenital heart defect	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Cardiovascular Health**☐ High blood pressure☐ Bleeding Disorder☐ Other heart/circulatory issue:**Needs Medication at School? Notes / Details**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

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**Neurological & Developmental**☐ Seizure Disorder☐ ADHD / ADD☐ Autism Spectrum Disorder (ASD)☐ Asperger's Syndrome☐ Migraines or Chronic Headaches☐ Other neurological concern:**Needs Medication at School? Notes / Details**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

Last seizure: \_\_\_\_\_

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**Behavioral / Mental Health**☐ Anxiety☐ Depression☐ Mood disorder☐ Post Traumatic Disorder☐ Other mental health concern:☐ Student sees therapist / counselor?**Needs Medication at School? Notes / Details**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

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**Digestive / GI / Elimination**☐ G-tube (Gastrostomy Tube)☐ J-tube (Jejunostomy Tube)☐ Celiac Disease / Gluten-Free Diet☐ Crohn's Disease☐ Lactose Intolerance☐ Constipation / Encopresis**Needs Medication at School? Notes / Details**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

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Digestive / GI / Elimination	Needs Medication at School?	Notes / Details
<input type="checkbox"/> Incontinence / Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Frequent stomach pain or nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Diagnosed GI condition (e.g., IBS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Vision / Hearing / Physical / Skeletal	Needs Medication at School?	Notes / Details
<input type="checkbox"/> Hearing loss	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hearing Aids <input type="checkbox"/> Uses Microphone device
<input type="checkbox"/> Vision concerns	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	_____
<input type="checkbox"/> Color Blindness	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Skeletal or mobility limitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Uses mobility aid (wheelchair, brace)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Other physical health concern:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

#### 4. Additional Support Needs

- Does your student have an:
  - ☐ IEP
  - ☐ 504 Plan
  - ☐ Health Care Plan

If yes, please describe: \_\_\_\_\_

Are there any additional health concerns that may affect learning, attendance, or safety? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

#### 5. Consent & Emergency Authorization

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

In case of a serious illness or accident, if I cannot be reached, I authorize Lakewood School District to arrange emergency care, including EMS transport if needed.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Parent/Guardian Military Status

School Year \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

The state legislature has passed a law requiring Washington State public schools to collect information, yearly on military affiliation beginning with the 2016-17 school year. The legislature requires this data collection to accurately monitor critical elements of academic progress and proficiency for students from military families. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices to meet the needs of our military family students.

Please indicate whether or not the student's parent(s) or guardian(s) are currently active in any branch of the US Military.

☐ No (please sign and date below) **(N)**

☐ Yes (if yes, please check the appropriate option below that indicates the type of service, and then sign and date below)

☐ U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. **(A)**

☐ National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. **(G)**

☐ More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. **(M)**

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS TO YOUR STUDENT'S SCHOOL BY OCTOBER 1 OF EACH YEAR





## REQUIRED ANNUAL ATTENDANCE NOTIFICATION

Dear Parent/Guardian-

The Lakewood School District is a rapidly changing and growing community dedicated to supporting high levels of learning, growth, and achievement for each student.

Each year, the Lakewood School District makes a concerted effort to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school—and themselves. Your student can start building this habit early, so they learn—right away—that going to school on time, every day, is important. Consistent attendance will help children do well in high school, college, and at work.

We miss your student when they are absent, and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please contact your child's school.

### ESTABLISHING A COMMUNITY OF CARING

We know that there are a wide variety of reasons that students are absent from school, ranging from health concerns to transportation challenges. We have many staff members in our building prepared to help if you or your student face challenges with getting to school regularly or on time. When attendance-related concerns/questions surface, please contact your child's school. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school. Additionally, we will utilize extended community resources and services to support your child's consistent attendance.

### DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (two days per month) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with schoolwork, dealing with a bully, or facing some other potentially serious difficulty. If you think this might be the case, please contact us—we want to help!
- By 9th grade, regular and high attendance (at least 90%) is a better predictor of graduation rates than 8th grade test scores.

## SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children that are 6- or 7-years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Additionally, school staff are required to take daily attendance and notify you when your student has an unexcused absence.

## WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomachache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing 10 percent (two days per month) could put your student at risk of falling behind
- Talk to your student about the importance of attendance.
- Talk to your students' teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

I verify that I am aware of the attendance expectations for Lakewood School District students and agree to abide by the following:

1. All students, regardless of age, must comply with attendance rules. (WAC 180:40-210)
2. Students are expected to arrive at school on time and be in class when it commences.
3. Students will attend all scheduled classes, in their entirety, every day without tardies, skips, or unexcused absences.
4. If my student misses any part of the school day, I will communicate the reason for the absence to the attendance secretary at the school my child attends.
5. Excessive excused absences may result in a parent/guardian conference, attendance contract, BECCA Petition, and/or referral to LWSD Community Engagement Board; students who fail to attend school, or are absent without an excuse, seven times in a month or ten times in a school year, may be referred to the juvenile court according to RCW 28A.225.030.

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Parent Name \_\_\_\_\_  
(Please print)



**LAKEWOOD**  
SCHOOL DISTRICT

PO Box 220  
N. Lakewood, WA 98259

Office Use Only  
Date request made: \_\_\_\_\_  
Request sent by: \_\_\_\_\_

## AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Was your student receiving special education services? (Including speech services)

☐ Yes

☐ No

### RECORDS FROM:

Name of  
Previous School:

Phone Number of Previous School:

Street Address:

Fax Number of Previous School:

City, State, Zip

### SCHOOL USE ONLY

Please FAX all of the following information and mail the official transcript.

☐ Academic Progress Report

☐ Attendance Records, including  
BECCA Filings, etc.

☐ Legal Documents (Parenting plans,  
etc.)

☐ Birth Certificate

☐ Copy of Withdrawal Form

☐ Discipline Records

☐ Immunization/Health Records

☐ Official Transcript

☐ Special Education Records

☐ 504 Accommodations

☐ State Test Scores

☐ Other:

Student Start Date:

School Year:

### Send Records to Lakewood School District

Check appropriate box below and send records to school/department addresses as indicated.

#### Lakewood High School

PO Box 10

☐ N. Lakewood, WA 98259  
Phone: (360) 652-4505  
Fax: (360) 652-4507

#### Lakewood Middle School

PO Box 9

☐ N. Lakewood, WA 98259  
Phone: (360) 652-4510  
Fax: (360) 652-4512

#### Cougar Creek Elementary

PO Box 128

☐ N. Lakewood, WA 98259  
Phone: (360) 652-4517  
Fax: (360) 652-4519

#### Lakewood Elementary

PO Box 40

☐ N. Lakewood, WA 98259  
Phone: (360) 652-4520  
Fax: (360) 654-2039

#### English Crossing Elementary

PO Box 50

☐ N. Lakewood, WA 98259  
Phone: (360) 652-4515  
Fax: (360) 654-2036

#### Special Services

PO Box 220 N. Lakewood, WA 98259 Phone:  
☐ (360) 654-2037  
Fax: (360) 652-4502  
email: [specialrecords@lwsd.wednet.edu](mailto:specialrecords@lwsd.wednet.edu)

I authorize my student's previous school listed above to forward my student's educational records to the Lakewood School District.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_



## **FOOD SERVICE CHARGE POLICY**

All students that come through the meal line at their school will receive a regular menu meal regardless of their ability to pay for the meal. The parent/guardian on file with the school, will be notified by automated phone call and/or email notification if the meal puts the student into a negative amount on their account. These notifications will go out Sunday through Thursday. A letter will be mailed to the parent/guardians address every other Friday for accounts that are overdrawn more than 2 meals.

Snacks or extras will not be covered under this policy.

Free/Reduced applications can be obtained at any Lakewood School office, District office or in the cafeterias. If help is needed to fill out the application, school principals and counselors are available to help.

No student will be denied a meal unless the parent has instructed the Food Service Dept. in writing to deny meals to a student.

If you have any questions please contact our the Food Service Director at (360) 654-2079

Student Name (Please print): \_\_\_\_\_  
Last Name, First Name, Middle Initial

School \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent(s)/ Guardian(s):

In the Lakewood School District, a variety of technology and online educational resources are used to allow students access to their own student work and data from almost any networked device, at any given time. Technology is used to enhance the learning experience; augment learning in the classroom; provide for productivity tools to create, store and organize work; communicate with teachers; and collaborate on school projects inside and outside of the school day. Appropriate access and full utilization of these tools hinges on the cooperation of students with the support of parent(s)/guardian(s). As a result, we are providing parent notification and requiring parents to give permission.

Students under the age of 18 must have parental or legal guardian consent to be able to have full access to all of the digital and online resources. Online content is used to enhance the student's educational experience and develop safe, lifelong, technology skills.

We live in a global and digital world -- a world changed by technology and new ideas about how we communicate with one another. In the Lakewood School District (LWSD), we realize that students must develop the research, information fluency, and technology skills that will allow them to be successful in this digital world, as well as the skills necessary to live safely and ethically. Because of this, LWSD provides computer access privileges, as well as access to the Internet, email, digital communication and collaboration tools, online learning spaces, and electronic educational resources. These resources, tools, and equipment are essential to teaching and learning. The stipulations for responsible use of these tools and digital citizenship are outlined in School Board Policy and Procedure 2022, which can be found here:

- [Policy 2022: Electronic Resources and Internet Safety](#)
- [Procedure 2022: Electronic Resources and Internet Safety](#)

Standard applications and accounts that are configured for student use include (but are not limited to):

- **Active Directory:** Each student is given an account in Active Directory that they will use to log on to any district-owned computer within the district network and provide them with access to educational resources that support their learning program.
- **Office 365 Student Microsoft Tool:** Office 365 will be provided for specific grade level coursework. As we learn from these targeted classrooms, we may provide this tool district-wide as another suite of educational tools that students can access from any networked device. This tool is a digital suite of tools that brings conversations, collaboration, content, assignments, and apps together in one place.
- **LWSD Google Apps for Education Environment:** This education-focused Google Apps environment is hosted by Google and managed by the LWSD. This collection of online applications provides students with a Google Drive, Google Docs, Google Slides and Google Sheets where students can create, share, and publish documents, spreadsheets, presentations, and other artifacts of their learning. LWSD creates and manages user accounts; manages access to applications based on grade level organizations; and manages permissions. Students should only use their district Google Accounts for school assignment purposes only. There should not be an expectation of privacy by the student when using their Google account.

The District reserves the right to review and suspend an account if violation of the Electronic Resources and Internet Safety Policy and Procedure 2022 is suspected. Through ongoing training, students will be taught that anything written or stated within the Google account should be treated with the same proper behavior expected publicly in their classroom, in the presence of peers and staff.

- **Online Curriculum Systems:** Most of the curriculum adopted in the District is accompanied by or relies on access to an online system where content and assessments are stored. Many of these systems require students to have a unique account created for them which allows them to access supplemental video content, take quizzes, and strengthen their understanding about the ideas in a content area. For approved district curriculum, LWSD creates and manages these accounts. In these cases, the terms of use and privacy policies are reviewed thoroughly before providing any student account data to the vendor.
- **Online Educational Websites (those that require a student login or tracks student progress):**  
Many teachers use additional websites that require a student login, to enhance the learning experience of students. Permission only applies for sites that require a student login, collecting basic information such as name of the student and their email address to send a password confirmation to access the site. Secondary students can email peers for collaborative purposes. Please visit our "Vetted Website and Digital Resources" list. This list will show what has been reviewed and updated as well as approved status.

Under the Federal Children's Internet Protection Act (CIPA), the District is required to filter Internet access and to teach online safety. The District takes your student's safety and privacy very seriously and makes every effort to supervise and monitor student technology use. We use Internet filtering software to block access to content that is obscene, pornographic, and harmful to minors. We provide instruction to all students in the area of digital citizenship and online safety.

The Student User Privacy Educational Rights (SUPER) Act (Chapter 28A.604 RCW) requires districts to provide notification to parents about collection and use of student data by vendors who supply online curriculum or educational resources used by the District. LWSD reviews these sites that require a student login or collects information from a student to create a log-in for compliance with the SUPER Act, CIPA, and the Family Educational Rights Privacy Act (FERPA). We want to assure you that we take cyber safety of our students very seriously and take necessary precautions as required by state and federal law.

Providing digital resources, technology, and proper utilization of these online educational tools is a partnership among our schools, students and parents. As such, please indicate whether or not you allow your student to have full access to the technology and online resources used for your student's educational program. If permission is not provided, students will be given alternative means to complete assignments. If the student abuses these resources or violates the Electronic Resources and Internet Safety Procedure, access to utilizing the network, the technology, and online resources will be suspended at the discretion of the building administrator.

Thank you for your partnership in your student's educational experience.

\_\_\_\_\_ I **GIVE** permission for my student to have full access to district-approved digital resources including a Google Apps account and in limited cases, an Office 365 account that will support their educational experience in LWSD.

\_\_\_\_\_ I **DO NOT** give permission for my student to have full access to district-approved online education resources. I understand that this will impact my child's full educational experience. I also understand this means my child may need to complete alternate assignments.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### NON-DISCRIMINATION NOTICE

In accordance with RCW49.60, the Lakewood School District does not discriminate in employment and schools. The Lakewood School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability, sexual orientation including gender expression or identity, religion, age, veteran or military status, use of a trained dog to guide or service animal by a person with a disability, and provides equal access to the Boy Scouts and designated youth groups. The district complies with all applicable state and federal laws and regulations to include, but not limited to, Title IX, Title VI of the Civil Rights Acts, Section 504 of the Rehabilitation Act, RCW 49.60 "The Law Against Discrimination," and RCW 28A.640 "Sex Equity," and covers, but is not limited to, all district programs, courses, activities, including extracurricular activities, services, access to facilities, etc. Inquiries regarding compliance procedures should be directed to Lakewood School District, 17110 16th Drive NE, Marysville, WA 98271, Attention: Title IX and Civil Rights Officer, Timothy Haines, 360-652-4500, thaines@lwsd.wednet.edu or ADA Compliance Officer and Section 504 Compliance Officer, Lissan Wipfli 360-652-4500, lwipfli@lwsd.wednet.edu.

#### NON-DISCRIMINATION GRIEVANCE PROCEDURES

Students, and/or parents, staff or other individuals acting on behalf of students of the district are eligible to participate in the complaint procedure. The complaint procedure is designed to assure that the resolution of real or alleged violations will be directed toward a just solution that is satisfactory to the complainant, the administration and the school board. If you have questions, or need assistance with the process, please contact the District Compliance Officer, Timothy Haines at 360-652-4500.

TITLE IX/RCW 28A.640 COMPLIANCE OFFICER &  
DISTRICT COMPLIANCE OFFICER  
Timothy Haines, Executive Director of HR & Student Services  
17110 16<sup>th</sup> Drive NE  
Marysville, WA 98271  
360-652-4500

SECTION 504/ADA COORDINATOR  
Lissan Wipfli  
Executive Director of Special Education  
17110 16<sup>th</sup> Drive NE  
Marysville, WA 98271  
360-652-4500



## STUDENT ACCOUNT

Lakewood School District and Sno-Isle Libraries have established a partnership to give K-12 students access to public library resources. Each student will have their own Sno-Isle Student Account, and all they need to sign in is their Lakewood student ID number.

Students will be able to:

- Check out up to 10 physical items contact free, such as books or DVDs, at any Sno-Isle library.
- Download 30 digital items (eBooks or eAudiobooks) at a time.
- Access digital resources, online homework help, research databases, and streaming content.
- Use remote printing and pick up prints at any library.

This is in addition to, and separate from, a library card that a student may already have. If a student already has a traditional Sno-Isle Libraries card, they will continue to be able to use it in addition to their student account.

To enable the use of a student ID number as a student library account, Lakewood School District will share basic student information with Sno-Isle Libraries. This is in compliance with the Family Educational Rights and Privacy Act (FERPA), and no other information will be shared.

If you do not want your child to access public library resources using their student ID number, please complete the section below and select "I do not give my permission for my student".

To learn more, visit [www.sno-isle.org/studentaccount](http://www.sno-isle.org/studentaccount). If you have questions, go to [www.askus.sno-isle.org](http://www.askus.sno-isle.org) to chat, email, call or text a librarian. Information about minors' library rights can be found at <https://www.sno-isle.org/policies/internet/>. You can also contact Sno-Isle Student Success Coordinator ([jsullivan@sno-isle.org](mailto:jsullivan@sno-isle.org)) or Lakewood School District Librarian, 360-652-4505.

\_\_\_\_\_ I **GIVE** permission for my student to have a Sno-Isle Student account.

\_\_\_\_\_ I **DO NOT** give permission for my student to have a Sno-Isle Student account.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# BUS EXPECTATIONS

## Be Kind

- Use kind words
- Level 1 voices



## Be Safe

- Face forward in your seat
- Keep body and belongings in seat
- Follow driver's directions
- Report concerns



## Be Respectful

- Keep hands to self
- Use headphones/earbuds
- No eating/drinking
- Throw away trash



Dear Lakewood School District Students, Parents, and Guardians,

Ensuring the safety and well-being of all students is our highest priority. As part of this commitment, we would like to remind you of the importance of safe and appropriate behavior while riding the school bus. The school bus is an extension of the classroom, and students are expected to adhere to the same standards of behavior.

To help maintain a safe environment for everyone, we ask that you review the following guidelines with your child:

- **Obey the Driver and Staff:** Students must follow the instructions of the bus driver, aide, or any other staff member at all times.
- **Assigned Buses and Stops:** Students are to ride only on their assigned bus and may not leave the bus at any stop other than their regular one unless written permission is provided.
- **Assigned Seating:** If a seat has been assigned, students must use only that seat.
- **Classroom Conduct:** Students should observe the same rules of conduct as they do in the classroom. Noise must be kept to a minimum to avoid distracting the driver. The use of obscene language or gestures is strictly prohibited.



- **No Smoking or Ignition of Flames:** Smoking and the use of lighters or matches are not allowed on the bus.
- **No Eating Without Authorization:** Eating on the bus is not permitted unless specifically authorized. It is important to keep the bus clean at all times.
- **Bus Windows:** Windows may only be opened with the driver's permission. Students must not extend any part of their body outside the bus windows.
- **Prohibited Items:** Students are not allowed to bring or carry items that could cause injury to others. This includes, but is not limited to, sticks, breakable containers, weapons, or large, bulky items that cannot be securely held. All personal belongings should be kept out of the aisles and the back-window ledge.
- **Animals:** Animals are not permitted on the bus, with the exception of those that assist students with disabilities.
- **Orderly Boarding and Exiting:** Students should always get on and off the bus in an orderly manner and must never cross the roadway behind the bus.
- **Responsibility for Damages:** Parents/Guardians will be responsible for the cost of any damage caused to the bus by their child. Students who cause damage may also face suspension from bus transportation.
- **Misconduct and Consequences:** Any misconduct on the bus may result in suspension of transportation privileges.

By following these guidelines, we can ensure that every student enjoys a safe and pleasant ride to and from school. We appreciate your cooperation and support in reinforcing these rules with your child. We ask all passengers to respect these guidelines to help us maintain a safe and respectful atmosphere for all.

If you have any questions or concerns, please feel free to contact your child's school.

Thank you for your attention to this important matter.