



Lake Stevens School District

Student Enrollment Registration Checklist

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

Student Registration Form

Washington State Ethnicity & Race Data Collection Form

Copy of birth certificate (or other legal document that shows proof of age and legal name)

Proof of Guardianship (if student lives with adult other than parent)

Proof of Residence (i.e., property tax statement, utility bill, lease or rental agreement)

Student Residency Questionnaire (McKinney-Vento)

Home Language Survey

Release of Information Form

Student Emergency Contact/Alert Form

Electronic Information Systems Consent Form

Certificate of Immunization Status (CIS Form)

We require medically verified immunization records for all students. Examples of a medically verified immunization record can be found on the district website under Departments > Health Services > Immunizations.

Student Health History Form

If your child has a life-threatening condition (i.e., asthma, diabetes, anaphylaxis, seizure, hemophilia) you must contact your school nurse for an appropriate care plan. These documents are also available on the district website under Health Services. Note: Medical requirements **may take 2-4 weeks** to be completed by the school nurse.

Washington State Voter Registration Form (optional)

Ballots are mailed to registered voters in Washington State. You can register online at vote.wa.gov or complete the attached form.



Lake Stevens School District

Student Registration Form

(EN) 2025-26

OFFICE USE ONLY		Y	N	Y	N
Entry date	Student ID	Legal name verified	Birth certificate	Other legal doc	LSSD resident Verified waiver
				Non-resident home district	Staff initials

1. Student Information

Date _____

Has your child or a sibling ever been registered in the Lake Stevens School District?

Yes _____
No _____

If yes, which school? _____

Student legal LAST name	Legal FIRST name	Legal MIDDLE name
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Grade	Birthdate (month/day/year)	Birthplace (city, state, county, country)
Gender (at birth) Male Female Gender identity Male Female Non-binary	Birth certificate? Yes No Migrant? Yes No _____ Date entered USA (month/day/year)	Military Family Student has a parent/guardian who is a member of the: Reserves of the Armed Forces Active Duty Armed Forces Washington National Guard More than one parent/guardian is a member of any of the above

2. Primary Household

Primary parent/guardian information (household where student resides the majority of the time)

<p>Legal parent/guardian #1 LAST name _____</p> <p>Legal parent/guardian #1 FIRST name _____</p> <p>Primary phone number _____ Home Work Mobile <i>Please check if confidential (will not be published)</i></p> <p>Phone number _____ Home Work Mobile <i>Please check if confidential (will not be published)</i></p> <p>Phone number _____ Home Work Mobile <i>Please check if confidential (will not be published)</i></p> <p>Email _____</p> <p>Relation to student: Father Mother Guardian Stepfather Stepmother Other: _____</p>	<p>Legal parent/guardian #2 LAST name _____</p> <p>Legal parent/guardian #2 FIRST name _____</p> <p>Phone number _____ Home Work Mobile <i>Please check if confidential (will not be published)</i></p> <p>Phone number _____ Home Work Mobile <i>Please check if confidential (will not be published)</i></p> <p>Phone number _____ Home Work Mobile <i>Please check if confidential (will not be published)</i></p> <p>Email _____</p> <p>Relation to student: Father Mother Guardian Stepfather Stepmother Other: _____</p>
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Resident street address	Apt. #	City	State	Zip
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Mailing address (if different from above)	Apt. #	PO Box	City	State	Zip
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Please list other siblings currently attending the Lake Stevens School District.

Last name	First name	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Secondary Household

Second household information (student does not primarily reside at this residence)

Legal parent/guardian #1 LAST name

Legal parent/guardian #1 FIRST name

Home Work Mobile
Please check if confidential (will not be published)

Primary phone number

Home Work Mobile
Please check if confidential (will not be published)

Phone number

Home Work Mobile
Please check if confidential (will not be published)

Phone number

Email

Relation to student

Father Mother Guardian Stepfather Stepmother

Other: _____

Legal parent/guardian #2 LAST name

Legal parent/guardian #2 FIRST name

Home Work Mobile
Please check if confidential (will not be published)

Phone number

Home Work Mobile
Please check if confidential (will not be published)

Phone number

Home Work Mobile
Please check if confidential (will not be published)

Phone number

Email

Relation to student

Father Mother Guardian Stepfather Stepmother

Other: _____

Resident street address	Apt. #	City	State	Zip
_____	_____	_____	_____	_____

Mailing address (if different from above)	Apt. #	PO Box	City	State	Zip
_____	_____	_____	_____	_____	_____

4. Student History

Name of school last attended **District**

Has your child ever been retained? If yes, at what grade level(s)?

Yes No _____

Has your child ever received services in any of the following programs?
 Check all applicable programs.

Special Education/IEP for: _____

504 Plan for: _____

OT/PT Fine/Gross Motor Highly Capable

ELL Speech/Language Title 1/LAP Services

Behavior Services

Counseling (inside/outside school), Social Skills (i.e., Friendship Group)

Phone **City** **State**

Does your child have any past, current, or pending disciplinary actions or any history of violent behavior?

Yes No Date: _____

Is your child presently on suspension or expulsion from another school? If yes, reason:

Yes No _____

Do you work or reside on federal land? **Is there a joint-custody or parenting plan in effect?**

Yes No Yes No

Is there a restraining order against anyone pertaining to your student? If yes, most recent certified legal papers must be on file with the school.

Yes No

Restraining order is against (names)

5. Residence Verification

Please provide the information requested below so that we may legally enroll your child in the Lake Stevens School District. The Lake Stevens School District may ONLY enroll students whose parent(s) or guardian(s) reside within school district boundaries, unless an Inter-district Transfer form has been ACCEPTED by our district prior to enrollment. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate cancellation of enrollment.**

In order to verify the address listed (on the front page of this form), we require ONE of the following be provided for review upon initial registration or at any time during enrollment when a home address changes.

Property Tax Statement

Utility Bill (must show parent/guardian name, address < 30 days old)

Lease or Rental Agreement (specifying date of occupancy within 30 days)

6. Release Authorization

Please check YES or NO.

Emergency Medical Authorization

In the event parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Yes No

Student Release

In the event parent/guardian cannot be reached, I authorize school authorities to release my child to the persons designated on my child's Emergency Contacts form.

Yes No

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment in the Lake Stevens School District."

Legal parent/guardian signature

Date

Washington State Ethnicity & 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).

Student Name:

Grade:

School:

Send Copy to ELL Coordinator if Applicable

► Ethnicity

Hispanic:	Yes	No	Colombian (H07)	Jamaican (H15)	Puerto Rican (H23)
		(H01)	Costa Rican (H08)	Mexican (H16)	Salvadoran (H24)
			Cuban (H09)	Mestizo (H17)	Spaniard (H25)
			Dominican (H10)	Native (H18)	Surinamese (H26)
			Ecuadorian (H11)	Nicaraguan (H19)	Uruguayan (H27)
			Guatemalan (H12)	Panamanian (H20)	Venezuelan (H28)
			Guyanese (H13)	Paraguayan (H21)	
			Honduran (H14)	Peruvian (H22)	Hispanic/Latino Write In (H29)

► Race: Native Hawaiian/Other Pacific Islander

Hawaiian/Other Pacific Islander	Chuukese (P03)	Ni-Vanuatu (P10)	Tokelauan (P17)
	Fijian (P04)	Palauan (P11)	Tongan (P18)
Native Hawaiian/Other Pacific Islander (P00)	i-Kiribati/Gilbertese (P05)	Papuan (P12)	Tuvaluan (P19)
	Kosraean (P06)	Pohpeian (P13)	Yapese (P20)
Pacific Islander	Maori (P07)	Samoan (P14)	
Carolinian (P01)	Marshallese (P08)	Solomon Islander (P15)	Pacific Islander Write In (P21)
Chamorro (P02)	Native Hawaiian (P09)	Tahitian (P16)	

► Race: Black/African-American (1 of 2)

Black/African	Martiquais/Martiniquaise (B17)	Djiboutian (B34)	Belizean (B55)
Black/African-American (B00)	Montserratian (B18)	Eritrean (B35)	Bolivian (B56)
African American (B01)	Puerto Rican (B19)	Ethiopian (B36)	Brazilian (B57)
African Canadian (B02)		Kenyan (B37)	Chilean (B58)
	Caribbean Write In (B20)	Malagasy (Madagascar) (B38)	Colombian (B59)
Black Write In (C02)		Malawian (B39)	Costa Rican (B60)
Caribbean	Central African	Mauritian (Mauritius) (B40)	Ecuadorian (B61)
Anguillan (B03)	Angolan (B21)	Mahoran (Mayotte) (B41)	El Salvadoran (B62)
Antiguan (B04)	Cameroonian (B22)	Mozambican (B42)	Falkland Islander (B63)
Bahamian (B05)	Central African (Central African Rep.) (B23)	Reunionese (B43)	French Guianese (B64)
Barbadian (B06)	Chadian (B24)	Rwandan (B44)	Guatemalan (B65)
Barthélemois/Barthélemoises (Saint Barthélemy) (B07)	Congolese (Rep. of the Congo) (B25)	Seychellois/Seychelloise (B45)	Guyanese (B66)
British Virgin Islander (B08)	Congolese (Democratic Republic of the Congo) (B26)	Somali (B46)	Honduran (B67)
Caymanian (Cayman Island) (B09)	Equatorial Guinean (B27)	South Sudanese (B47)	Mexican (B68)
Cuba Dominican (B10)	Gabonese (B28)	Sudanese (B48)	Nicaraguan (B69)
Dominican (Dominican Republic) (B11)	São Toméan (B29)	Ugandan (B49)	Panamanian (B70)
Dutch Antillean (Netherlands Antilles) (B12)	Principe (B30)	Tanzanian (United Republic of Tanzania) (B50)	Paraguayan (B71)
Grenadian (B13)	Central African Write In (B31)	Zambian (B51)	Peruvian (B72)
Guadeloupian (B14)		Zimbabwean (B52)	S. Georgia/S. Sandwich Islands (B73)
Haitian (B15)	East African	East African Write In (B53)	Surinamese (B74)
Jamaican (B16)	Burundian (B32)		Uruguayan (B75)
	Comoran (B33)	Latin American	Venezuelan (B76)
		Argentine (B54)	Latin American Write In (B77)

► **Race: Black/African-American (2 of 2)**

South African

Botswanan (B78)
Mosotho (Lesotho) (B79)
Namibian (B80)
South African (B81)
Swazi (B82)

South African Write In (B83)

West African

Beninese (B84)
Bissau-Guinean (B85)
Burkinabé (Burkina Faso) (B86)
Cabo Verdean (B87)
Ivorian (Cote d'Ivoire) (B88)
Gambian (B89)

Ghanaian (B90)
Liberian (B91)
Malian (B92)
Mauritanian (B93)
Nigerien (Niger) (B94)
Nigerian (Nigeria) (B95)
Saint Helenian (B96)

Senegalese (B97)
Sierra Leonean (B98)
Togolese (B99)

West African Write In (C01)

► **Race: American Indian/Alaskan Native**

American Indian/Alaskan Native

American Indian/Alaskan Native (N00)

Alaska Native Write In (N36)

American Indian Write In (N37)

Washington State Tribes

Chinook Tribe (N01)
Confederated Tribes and Bands of the Yakama Nation (N02)
Confederated Tribes of the Chehalis Reservation (N03)
Confederated Tribes of the Colville Reservation (N04)

Cowlitz Indian Tribe (N05)
Duwamish Tribe (N06)
Hoh Indian Tribe (N07)
Jamestown S'Klallam Tribe (N08)
Kalispel Indian Community/
Kalispel Reservation (N09)
Kikiallus Indian Nation (N10)
Lower Elwha Tribal Community (N11)
Lummi Tribe of the Lummi Reservation (N12)
Makah Indian Tribe/Makah Indian Reservation (N13)
Marietta Band of Nooksack Tribe (N14)
Muckleshoot Indian Tribe (N15)

Nisqually Indian Tribe (N16)
Nooksack Indian Tribe of Washington (N17)
Port Gamble S'Klallam Tribe (N18)
Puyallup Tribe of Puyallup Reservation (N19)
Quileute Tribe of the Quileute Reservation (N20)
Quinault Indian Nation (N21)
Samish Indian Nation (N22)
Sauk-Suiattle Indian Tribe of Washington (N23)
Shoalwater Bay Indian Tribe/
Shoalwater Bay Indian Reservation (N24)
Skokomish Indian Tribe (N25)

Snohomish Tribe (N26)
Snoqualmie Indian Tribe (N27)
Snoqualmoo Tribe (N28)
Spokane Tribe of the Spokane Reservation (N29)
Squaxin Island Tribe of the Squaxin Island Reservation (N30)
Steilacoom Tribe (N31)
Stillaguamish Tribe of Indians of Washington (N32)
Suquamish Indian Tribe of the Port Madison Reservation (N33)
Swinomish Indian Tribal Community (N34)
Tulalip Tribes of Washington (N35)

► **Race: Asian**

Asian

Asian (A00)
Asian Indian (A01)
Bangladeshi (A02)
Bhutanese (A03)
Burmese/Myanmar (A04)

Cambodian/Khmer (A05)
Cham (A06)
Chinese (A07)
Filipino (A08)
Hmong (A09)
Indonesian (A10)

Japanese (A11)
Korean (A12)
Lao (A13)
Malaysian (A14)
Mien (A15)
Mongolian (A16)

Nepali (A17)
Okinawan (A18)
Pakistani (A19)
Punjabi (A20)
Singaporean (A21)
Sri Lankan (A22)

Taiwanese (A23)
Thai (A24)
Tibetan (A25)
Vietnamese (A26)

Asian Write In (A27)

► **Race: White**

White

White (W00)

White Write In (W37)

Eastern European

Bosnian (W01)
Herzegovinian (W02)
Polish (W03)
Romanian (W04)
Russian (W05)
Ukrainian (W06)

Eastern European Write In (W07)

Middle Eastern and North African

Algerian (W08)
Amazigh or Berber (W09)
Arab or Arabic (W10)
Assyrian (W11)
Bahraini (W12)
Bedouin (W13)
Chaldean (W14)
Copt (W15)
Druze (W16)

Egyptian (W17)
Emirati (W18)
Iranian (W19)
Iraqi (W20)
Israeli (W21)
Jordanian (W22)
Kurdish (W23)
Kuwaiti (W24)
Lebanese (W25)
Libyan (W26)
Moroccan (W27)
Omani (W28)

Palestinian (W29)
Qatari (W30)
Saudi Arabian (W31)
Syrian (W32)
Tunisian (W33)
Yemeni (W34)

Middle Eastern Write In (W35)

North African Write In (W36)

Parent/Guardian Signature:

Date:

For Office Use Only | Received By:

Date:



Student Housing Questionnaire

For distribution to all families/students annually

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see page 2 for more information.)

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

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

In a motel
In a shelter
With more than one family in a house, mobile home, or apartment (doubled-up)
In a car, park, campsite, or similar location
In transitional housing
Moving from place to place (couch surfing)
In someone else's house or apartment with another family
In a residence with inadequate facilities (no water, heat, electricity, etc.)
Other:

Student Name: _____ Age: _____

Birth Date (mm/dd/yyyy): _____ School: _____ Grade: _____

Address of Current Residence: _____

Phone or contact number: _____ Name of contact: _____

Student is unaccompanied (not living with a parent or legal guardian)

Student is living with a parent or legal guardian

Print name of parent(s)/legal guardian(s): _____
(or unaccompanied youth)

*Signature of parent(s)/legal guardian(s): _____ 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: Sarah Danielson, ESC, 425-335-1589

OFFICE USE ONLY BELOW THIS LINE



Instructions for Registrars
1. Enter enrollment details into Skyward as appropriate.
2. Send form to District Homeless Liaison (fax: 425-335-1549)
3. Keep a copy of all questionnaires
4. Contact District Homeless Liaison (x1589)

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

Sec. 725 Definitions.

- (1) The terms "enroll" and "enrollment" include attending classes and participating fully in school activities.
- (2) The term "homeless children and youth" –
 - (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 youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; 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 youth 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 youth 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).
- (3) The term "unaccompanied youth" includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent/guardian 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



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

Student Name:	Grade:	Date:
<hr/> <div style="display: flex; justify-content: space-between;"> Parent/Guardian Name Parent/Guardian Signature </div>		
<p>Right to Translation and Interpretation Services</p> <p>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>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school?</p> <p>_____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>_____</p> <p>Parent/Guardian Name #1</p> <p>Interpreter Needed? Yes No Language: _____</p> <p>_____</p> <p>Parent/Guardian Name #2</p> <p>Interpreter Needed? Yes No Language: _____</p>	
<p>Eligibility for Language Development Support</p> <p>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>	<p>2. What language(s) did your child first speak or understand?</p> <p>_____</p> <p>3. What language does your child use the most at home?</p> <p>_____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child?</p> <p>_____</p> <p>5. Has your child received English language development support in a previous school?</p> <p style="text-align: center;">Yes No Don't Know</p>	
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born?</p> <p>_____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th 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-12th Grade)</p> <p>_____</p> <p style="text-align: center;">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.





Dear Lake Stevens Families:

The mission of the Lake Stevens School District (LSSD) is to help students become contributing members of society and lifelong learners. We are proud of our students—they are doing remarkable things, and we love to tell their stories and highlight their successes. One of the ways we do this is through the sharing of photos, videos and classwork. This information is shared internally, throughout the community, in presentations, online and with the media for television, newspaper and radio coverage.

Most information about our students is confidential and cannot be made public without the consent of parents/guardians. However, the Federal Family Educational Rights and Privacy Act (FERPA) allows each student's "directory information" to be released without specific consent from parents. Directory information, which is generally not considered harmful or an invasion of privacy if released, includes: the student's name, photograph, address, telephone number, date and place of birth, dates of attendance, participation in officially recognized sports and activities, weight and height of members of athletic teams, diplomas and awards received and the most recent previous school attended.

LSSD will release directory information upon request to law enforcement and Child Protective Services without the consent of parents. LSSD does not release directory information for commercial use.

If you do not want directory information released about your child, please complete Section A on the next page.

The choices made on this form will remain on your student's record as long as they are enrolled in the Lake Stevens School District, or until a new form is submitted. You have the right to make changes to this form at any time. If no form is on file, permission for the release of directory information is granted. For more information, please review Board Policy 5230: Student Records.

Additionally, the Federal Elementary and Secondary Education Act requires high schools to provide military recruiters and higher education institutions with a list of student names, addresses and phone numbers. Parents have the right to request that their child's name be omitted from that list. **If you do not want directory information released to military or college recruiters, please complete section B on the next page.**

For questions or more information, contact the district's Communications Department at 425-335-1501.

Sincerely,

Mary Templeton, Ed.D.
Superintendent

Request to Restrict Release of Information

If you **do not** want directory information released about your child, or if you do not want information about your child released to military or college recruiters, complete this form and return it to your child's school. A separate form must be completed for each child. If this form is not returned, your permission to release information is implied. This form supersedes any prior permissions or restrictions. If your preferences change, you are responsible for completing a new form and submitting it to your child's school.

SECTION A: Directory Information and Student Images

Directory information is defined as the student's name, address, telephone number, photograph, date and place 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. This information can only be released to state and federal education agencies; state and local officials; organizations conducting studies for educational agencies for the purpose of improving education; or persons and agencies in connection with an emergency to protect the health and safety of the student or other persons.

Do not release any of my student's information to other institutions except where required by law.

By marking the box above, you have restricted the release of all directory information about your child—including his or her name and photo in school and district publications. This includes the yearbook, school newsletters, graduation/honor roll lists, athletic programs or PTA materials. Please note that Lake Stevens School District will still release directory information, upon request, to law enforcement and Child Protective Services.

The district uses student images and school work in a variety of ways, including *Lake Schools*; the district calendar; local newspapers; professional development materials; brochures; flyers; school newsletters; and on its website and social media to promote student achievement and build school spirit. The district and its schools also produce videos highlighting student successes. In addition, media often visit schools to capture events and activities.

Exception: If you would like your child's name and photo to be included in school and district publications and in information shared with the media, mark the box below.

I agree to allow my child's name and photograph to be included in school and district publications and in information shared with the media.

Note: If you mark both boxes, directory information will not be released to other institutions, but your child's name and photo/likeness may be published inside and outside of the district.

SECTION B: Recruitment

The United States Military requests and is entitled to the names, telephone numbers and addresses of middle and high school students unless the parent/guardian restricts release of the information. Additionally, secondary schools often host college fairs and campus visits where students' names, telephone numbers and addresses are shared with the higher education institutions.

Do not release my student's information to military recruiters.

Do not release my student's information to college recruiters.

Name of student (please print)

Name of parent or guardian (please print)

Date

Parent/guardian signature

NEW STUDENT EMERGENCY CONTACTS/ALERTS

SCHOOL YEAR: _____

Student Name: _____ **Grade:** _____ **Birthdate:** _____

Parent/Guardian Name(s): _____

School Closure Emergency Procedure

In the event of school closure during the school day (power outage, heavy falling snow, etc.), the school will **first** attempt to call the parent(s)/guardian(s) at the phone numbers provided on the student registration form. Please ensure that you have provided numbers where we may reach you during daytime hours. If your child is medically fragile, make arrangements for your child’s medical needs at school and have an emergency plan in place. You will need to make additional contact with the school nurse for those arrangements.

Authorized Emergency & Release Contacts (Please list contacts in order of preference)

In the event that you cannot be reached, please provide up to four additional contacts that are authorized to pick up your student from school.

My child can only be released from school with a parent/guardian OR the following individuals:

- | | | | |
|----|--|--------------|-------------------------------------|
| 1) | | Phone: _____ | List relationship to student: _____ |
| 2) | | Phone: _____ | List relationship to student: _____ |
| 3) | | Phone: _____ | List relationship to student: _____ |
| 4) | | Phone: _____ | List relationship to student: _____ |

Critical Alerts

Please list any **non medical** critical alerts that the school should be aware of concerning your child. Alert information is shared with school staff on a “need to know basis” only and is considered confidential. It is your responsibility to alert the school with critical information. Please be specific. **Medical alerts need to be recorded on the Student Health History Form, not in this section.**

Legal Restrictions/No Contact/Restraining Orders

Are there any legal restrictions in place regarding your student? Yes No

If YES, the most recent certified legal papers must be on file with the school.

Restrictions are against (names): _____

Parent/Guardian Signature: _____ Date: _____

Electronic Information System (Networks)
Individual User Access Informed Consent Form for Parent and Student

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release the Lake Stevens School District, Washington School Information Processing Cooperative, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from including, without limitation, the type of damage identified in the Lake Stevens School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the district's policy and procedures for electronic information systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that the Lake Stevens School District has the right to review, edit, or remove any materials installed, used, stored or distributed on or through the network or the district's system and we hereby waive any right or privacy which my child or I may otherwise have into such material.

Signature of Student

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

Printed Name of Student

Printed Name of Parent/Guardian

Date Signed

Date Signed

Student ID #

Address

Student Birth Date

City, State, Zip

School / Campus

Phone Number

Student Grade Level

***Students over 18 do not need a parent/guardian signature.**



Certificate of Immunization Status (CIS)

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

Reviewed by: _____	Date: _____
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (MM/DD/YYYY): _____
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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 information.
---	---

X _____ Parent/Guardian Signature	_____ Date	X _____ Parent/Guardian Signature Required if Starting in Conditional Status	_____ Date
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Required Vaccines for School or Child Care Entry							Documentation of Disease Immunity (Health care provider use only)		
▲ Required School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY			
•▲ DTaP (<i>Diphtheria, Tetanus, Pertussis</i>)							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.		
▲ Tdap (<i>Tetanus, Diphtheria, Pertussis</i>) grade 7+									
•▲ DT or Td (<i>Tetanus, Diphtheria</i>)							I certify that the child named on this CIS has: A verified history of varicella (chickenpox) disease. Laboratory evidence of immunity (titer) to disease/s marked below.		
•▲ Hepatitis B									
• Hib (<i>Haemophilus influenzae type b</i>)									
•▲ IPV (<i>Polio</i>)									
•▲ OPV (<i>Polio</i>)									
•▲ MMR (<i>Measles, Mumps, Rubella</i>)									
• PCV (<i>Pneumococcal</i>)							Diphtheria	Hepatitis A	Hepatitis B
•▲ Varicella (<i>Chickenpox</i>) <input type="checkbox"/> History of disease verified by IIS							Hib	Measles	Mumps
							Rubella	Tetanus	Varicella

Recommended Vaccines (Not Required for School or Child Care Entry)							Licensed Health Care Provider Signature	Date
COVID-19								
Flu (<i>Influenza</i>)								
Hepatitis A							▶	
HPV (<i>Human Papillomavirus</i>)								
Meningococcal Disease types A, C, W, Y							▶	
Meningococcal Disease type B								
Rotavirus							Printed Name	

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ Handwritten forms must have medical immunization records attached for school or child care staff verification.
---	---

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://myirmobile.com/>

If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@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 Pediarix 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.



Student Health History

School Year 2025-26

Student last name: _____

First name: _____

Birthdate _____ Grade _____ School _____

Please check all conditions that apply. If your child has no chronic health conditions, skip to the final box and sign below. All information given on this form will be shared with appropriate school staff on a "need to know" basis in order to provide for the health and safety of your student.

LIFE-THREATENING HEALTH CONDITIONS | Required Health Room Forms: www.lkstevens.wednet.edu/health-forms

- RG SEVERE Asthma (see below if not severe)
- EG SEVERE Allergy (requiring EpiPen) Allergy to: _____
- EK Diabetes Type 1 (insulin dependent)
- GE Dysphagia: _____
- NP Seizures C_ Heart condition: _____
- NW Seizure - Ever Diagnosed BB Hemophilia

State Law requires that students with life threatening conditions such as anaphylaxis, asthma, seizure, cardiac, hemophilia or diabetes have a parent meeting with the School Nurse & care plan completed prior to the first day of school.

In order for your student to attend school, please contact the building nurse **after** all paperwork is complete.

Other Conditions

- NB ADHD/ADD diagnosed by: _____
- ED Allergy - Food: _____
- EE Allergy - Insect: _____
- EM Allergy - Medication: _____
- EC Allergy - Seasonal: _____
- EV Allergy - Animal: _____
- EB Allergy - Other: _____
- PA Anxiety
- RG Asthma currently treated (not severe) using inhaler
- RH Asthma past history no longer using inhaler
- NC Autism Spectrum Disorder
- B_ Blood condition: _____
- GA Celiac Disease
- NE Cerebral Palsy
- YA Chronic Ear Infections
- UB Chronic Urinary Tract Infections

- NU Concussion history/Traumatic Brain Injury
- EJ Cystic Fibrosis
- PC Depression
- NF Developmental Disability
- EL Diabetes Type 2
- EN Eating Disorder
- GH GERD/Acid Reflux
- N_ Headaches OR Migraines
- GK Irritable Bowel OR Crohns
- M_ Musculoskeletal Disorder: _____
- RE Reactive Airway Disease
- EU Thyroid condition: _____

Other pertinent medical history (hospitalizations, injuries, other diagnoses/conditions not listed):

List ALL current medications (circle those that will be taken at school):

Please note: State law requires written permission from a health care provider and parent/guardian before any medications (prescription AND over the counter) can be carried and/or taken at school. Forms are available online and in each school office.

My student wears: Glasses (YF) Contact Lenses (YF) Hearing Aids (YB) Other: _____

My student has **NO CHRONIC HEALTH CONDITIONS** at this time.

If parent/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct school authorities to send the student to the nearest and most appropriate healthcare facility. I understand that I will assume full responsibility for the payment of any services rendered.

Date _____ Signature _____ Relationship _____ Phone _____

Fold and seal, or use an envelope

Washington State Voter Registration Form

Register online at www.VoteWA.gov.

1 Personal Information

last name first middle suffix (Sr., Jr., etc.)

date of birth (mm/dd/yyyy) gender (optional)

residential address in Washington state (cannot be a PO Box or PMB) apt/unit #

city ZIP

mailing address, if different from above apt/unit #

city state and ZIP

phone number (optional) email address (optional)

2 Citizenship

I am a citizen of the United States.

yes no If you answered *no*, do not complete this form.

3 Military or Overseas Status

I am actively serving in the military.

Includes National Guard or Reserves, and spouses or dependents away from home due to service.

yes no

I currently live outside the country.

yes no

4 Identification — Washington Driver License, Permit, or ID; or SSN

□ □ □ □ □ □ □ □ □ □ □ □ □ □

If you do not have a Washington driver license, permit, or ID, you may use the last four digits of your Social Security number to register. x x x - x x - □ □ □ □

5 Previous Name or Address

This information will be used to update your registration, if applicable.

previous last name first middle

previous residential address city state and ZIP

6 Declaration and Signature

I declare that the facts on this voter registration form are true. I am a citizen of the United States, I am a Washington state resident, and I am at least sixteen years old. I am not disqualified from voting due to a court order, and I am not currently serving a sentence of total confinement under the jurisdiction of the department of corrections for a Washington felony conviction, and I am not currently incarcerated for a federal or out-of-state felony conviction.

sign here [] date here []

Instructions

Use this form to register to vote or update your current registration.

Print all information clearly using a black or blue pen. Your signature will be used to verify your ballot. Mail this completed form to your county elections office (address on back).

Deadline

This registration will be in effect for the next election if received by the elections office at least eight days before election day. If it is within seven days of an election, register in person at a voting center. Locations are listed at www.sos.wa.gov/elections/auditors

Notice

You must be a United States citizen in order to register to vote.

If you knowingly provide false information on this voter registration form or knowingly make a false declaration about your qualifications for voter registration you will have committed a class C felony that is punishable by imprisonment for up to five years, a fine of up to ten thousand dollars, or both.

Future Voters

If you are at least 16 years old, use this form to sign up as a Future Voter. You'll be automatically registered to vote when you qualify. You may vote if you will be at least 18 years old by the next general election, or are at least 18 years old for special elections.

Public Information

Your registration name, address, gender, and year of birth will be public information when you become eligible to vote.

Voting

You will receive your ballot in the mail. Contact your county elections office for accessible voting options.

Public Benefits Offices

If you received this form from a public benefits office, where you received the form will remain confidential. Registering or declining to register will not affect the assistance provided to you by that agency.

If you believe someone interfered with your right to register, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division.

Contact Information

If you would like help with this form, contact the Washington State Elections Division.

web www.sos.wa.gov/elections

call 1 (800) 448-4881

email elections@sos.wa.gov

mail PO Box 40229
Olympia, WA 98504-0229

For official use: English

first class
postage
required



WASHINGTON

Secretary of State

PO Box 40229
Olympia, WA 98504-0229



Please write your county elections office address below:

[Empty box for county elections office address]

Adams County

210 W Broadway, Ste 200
Ritzville, WA 99169
(509) 659-3249

Asotin County

PO Box 129
Asotin, WA 99402
(509) 243-2084

Benton County

PO Box 1000
Richland, WA 99352
(509) 736-3085

Chelan County

350 Orondo Ave, Ste 306
Wenatchee, WA 98801
(509) 667-6808

Clallam County

223 E 4th St, Ste 1
Port Angeles, WA 98362
(360) 417-2221

Clark County

PO Box 8815
Vancouver, WA 98666
(564) 397-2345

Columbia County

341 E Main St, Ste 3
Dayton, WA 99328
(509) 382-4541

Cowlitz County

207 4th Ave N, Rm 205
Kelso, WA 98626
(360) 577-3005

Douglas County

PO Box 853
Waterville, WA 98858
(509) 888-6402

Ferry County

350 E Delaware Ave #2
Republic, WA 99166
(509) 775-5225 ext. 1139

Franklin County

PO Box 1451
Pasco, WA 99301
(509) 545-3538

Garfield County

PO Box 278
Pomeroy, WA 99347
(509) 843-1411

Grant County

PO Box 37
Ephrata, WA 98823
(509) 754-2011 ext. 2704

Grays Harbor County

100 W Broadway Ave, Ste 2
Montesano, WA 98563
(360) 249-4232

Island County

PO Box 1410
Coupeville, WA 98239
(360) 678-8290

Jefferson County

PO Box 563
Port Townsend, WA 98368
(360) 385-9119

King County

919 SW Grady Way
Renton, WA 98057
(206) 296-8683

Kitsap County

614 Division St, MS 31
Port Orchard, WA 98366
(360) 337-7128

Kittitas County

205 W 5th Ave, Ste 105
Ellensburg, WA 98926
(509) 962-7503

Klickitat County

205 S Columbus Ave, Rm 203
Goldendale, WA 98620
(509) 773-4001

Lewis County

PO Box 29
Chehalis, WA 98532
(360) 740-1278

Lincoln County

PO Box 28
Davenport, WA 99122
(509) 725-4971

Mason County

PO Box 400
Shelton, WA 98584
(360) 427-9670 ext 470

Okanogan County

PO Box 1010
Okanogan, WA 98840
(509) 422-7240

Pacific County

PO Box 97
South Bend, WA 98586
(360) 875-9317

Pend Oreille County

PO Box 5015
Newport, WA 99156
(509) 447-6472

Pierce County

2501 S 35th St, Ste C
Tacoma, WA 98409
(253) 798-VOTE

San Juan County

PO Box 638
Friday Harbor, WA 98250
(360) 378-3357

Skagit County

PO Box 1306
Mount Vernon, WA 98273
(360) 416-1702

Skamania County

PO Box 790, Elections Dept
Stevenson, WA 98648
(509) 427-3730

Snohomish County

3000 Rockefeller Ave, MS 505
Everett, WA 98201
(425) 388-3444

Spokane County

1033 W Gardner Ave
Spokane, WA 99260
(509) 477-2320

Stevens County

215 S Oak St, Rm 106
Colville, WA 99114
(509) 684-7514

Thurston County

2000 Lakeridge Dr SW
Olympia, WA 98502
(360) 786-5408

Wahkiakum County

PO Box 543
Cathlamet, WA 98612
(360) 795-3219

Walla Walla County

PO Box 1856
Walla Walla, WA 99362
(509) 524-2530

Whatcom County

311 Grand Avenue, Ste 103
Bellingham, WA 98225
(360) 778-5102

Whitman County

PO Box 191
Colfax, WA 99111
(509) 397-5284

Yakima County

PO Box 12570
Yakima, WA 98909
(509) 574-1340

WA State Elections Division

PO Box 40229
Olympia, WA 98504-0229
1 (800) 448-4881

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