



LR Academy Online K-12

This year we will continue using Edmentum EdOptions Academy as our approved online provider.

In addition to professionally developed, digital learning courses, we now have a full-time, certificated ALE Coordinator. Mr. Paul McAnally will serve as the LR Academy teacher. His duties include working directly with students and parents to support every aspect of academic planning and learning.

Lind-Ritzville Academy offers a variety of learning options that include:

- Synchronous or in-real-time, online lesson with live teachers
- Live Help with live teachers in specific subjects
- Asynchronous or pre-recorded digital lessons
- Hybrid- both online and on-campus learning options
- Credit-retrieval for high school students
- Core, electives, AP and World Language courses

For More Information:

Contact Paul McAnally at 509-666-9059 or pmcanally@lrschools.org



Lind-Ritzville Academy

New Student Registration Form

SCHOOL: _____
TODAY'S DATE: _____
START DATE: _____

STUDENT INFORMATION

Last Name		First Name		Middle Name	
Gender	M F	Birth Date	Place of Birth	Current Grade	
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Agency <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other: _____					
Are there legal situations regarding the student of which the school should be aware? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____					

PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1 Last Name		Parent/Guardian #2 Last Name	
First Name		First Name	
Primary () Cell () Work () Other Phone		Primary () Cell () Work () Other Phone	
Third () Cell () Work () Other Phone		Second () Cell () Work () Other Phone	
Relationship To Student		Relationship To Student	
Parent/Guardian #1 E-mail Address		Parent/Guardian #2 E-mail Address	

FAMILY #2 INFORMATION (WHERE STUDENT DOES NOT RESIDE) (If applicable)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1 Last Name		Parent/Guardian #2 Last Name	
First Name		First Name	
Primary () Cell () Work () Other Phone		Primary () Cell () Work () Other Phone	
Second () Cell () Work () Other Phone		Second () Cell () Work () Other Phone	
Third () Cell () Work () Other Phone		Third () Cell () Work () Other Phone	
Relationship To Student		Relationship To Student	
Parent/Guardian #1 E-mail Address		Parent/Guardian #2 E-mail Address	

PREVIOUS SCHOOL INFORMATION

Has the student attended Lind-Ritzville schools?
 No Yes If yes, please list:
 Name of School(s): _____

SIBLING INFORMATION

Does the student have siblings enrolled in the Lind-Ritzville School District?
 No Yes If yes, please list:

Sibling Name: _____	School: _____
Sibling Name: _____	School: _____
Sibling Name: _____	School: _____

HEALTH ALERT INFORMATION

Does the student have any current health concerns of which the school should be made aware? No Yes If yes, please indicate on the Student Health Form.

HOME LANGUAGE INFORMATION

SEE HOME LANGUAGE SURVEY FOR THIS INFORMATION

EMERGENCY CONTACT AUTHORIZATION

The following individuals may pick up the student from school with written permission from the legal parent/guardian **OR** when contacted by school personnel in an emergency. In the event of an accident or illness, every effort will be made to contact the student's legal parent/guardian first.

Parent/Guardian Initials: _____

#1 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

Last Name

First Name

Primary () Cell () Work () Other Phone

Second () Cell () Work () Other Phone

Third () Cell () Work () Other Phone

Relationship To Student

#2 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

Last Name

First Name

Primary () Cell () Work () Other Phone

Second () Cell () Work () Other Phone

Third () Cell () Work () Other Phone

Relationship To Student

#3 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

Last Name

First Name

Primary () Cell () Work () Other Phone

Second () Cell () Work () Other Phone

Third () Cell () Work () Other Phone

Relationship To Student

SPECIAL PROGRAMS/SERVICES

Has the student received special classes/special education services within the last year? No Yes If yes, please mark all that apply below:

- ESL/ELL Gifted OT/PT Self-Contained Special Ed. Resource Room Speech Title I Math Title I Reading 504 Care Plan
 Other: _____

PHOTO RELEASE AUTHORIZATION

The student's photo may be taken for inclusion in: District publications, District websites, and/or other District-related websites; local newspaper articles, magazine articles, and/or letters relating to school activities. Please choose one of the following options:

- Yes, I give my permission for photos to be used. No, I do not give permission for photos to be used.

STUDENT DISCIPLINE INFORMATION

Has the student been suspended or expelled from school in the past 12 months? No Yes If yes, please explain below:

Date(s): _____ Reason(s): _____

MILITARY FAMILY INFORMATION (Please mark appropriate box)

- Student has parent/guardian who is a member of active duty U.S. Armed Forces (A)
 Student has parent/guardian who is a member of the Reserves of the U.S. Armed Forces (R)
 Student has parent/guardian who is a member of the Washington National Guard (G)
 Student has more than one parent/guardian who is a member of any of the above (M)
 No affiliation (N) No Response/Refuse to State (Z)

PARENTAR/GUARDIAN SIGNATURE

Signature: _____

Today's Date: _____

OFFICE USE ONLY

- Proof of Birth Date on file Immunizations on file

Updated 6/7/2022

2025-26
Lind-Ritzville Cooperative Schools
Student Health & Annual Update

**This form must be completed for each new school year.*

Nurse Initial _____
504 ___ ECP ___

Name: _____ Birthdate: _____ Gender: _____
Last First

School: _____ Grade: _____

Doctor: _____ Clinic: _____

Student Lives with: Both Parents Mother Father Mother & Stepfather Father & Stepmother
 Agency Legal Guardian Self Other: _____

Father's Name: _____ Mother's Name: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Emergency Contact: _____

Name	Relationship to Child	Phone
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___ Yes, my child has a life-threatening health condition - Please complete Section 1 and 2

___ No, my child does not have a life-threatening health condition - Please skip to Section 2

Section 1 – LIFE-THREATENING HEALTH CONDITIONS **

- Asthma and requires rescue inhaler at school:** (Only Grade 6-12) has permission to self-carry Yes No
 What triggers the asthma: Exercise Illness Allergies Other:
- Anaphylaxis (Life-Threatening Allergy) and requiring emergency medication:** EpiPen: Yes No
 (Only Grade 6-12) Student has permission to self-carry EpiPen Yes No
 What causes the allergic reaction? Bee sting Food: Other:
- Diabetes:** Age of diagnosis: _____ Type I Type II Uses Insulin Oral Medication
- Seizure disorder:** Type _____ Date of Last Seizure: _____ Uses Seizure Medication
- V/P Shunt (in brain) Cardiac arrhythmia or other cardiac problems which require activity restrictions?**
- Hemophilia/Other blood disorder**
- Other Life-Threatening Health Condition:** _____

****For students with life threatening health conditions, RCW 28A.210.320, requires that a licensed health care provider (LHP) order, medication and a nursing care plan be in place before the student attends school.**

Please complete back of form

Section 2 - NON-LIFE-THREATENING HEALTH CONDITIONS

- Vision concerns? Glasses Contacts Other: _____
- Hearing concerns? Wears hearing aids
- History of Concussion(s): Age(s) ____ Was a doctor seen? _____ Lasting Effects: _____
- Other _____

Please list any other significant health concerns that the school nurse should know about (allergies, surgeries, hospitalizations, disorders, mental health disorders such as ADHD, autism, depression, anxiety, etc.)

MEDICATION (Prescription or Non-Prescription)

- Does your child take any medication? No Yes, name of medication: _____
- Will medication be needed at school? No *Yes, name of medication: _____

*If your child needs medication at school, a "Medication Authorization" form is required every year before any medication may be given. This form is available from the school office or on the district website at www.lrschools.org

AUTHORIZATION FOR SHARING HEALTH INFORMATION/ACCESSING MEDICAL CARE

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Lind-Ritzville Cooperative Schools staff to contact health care professionals, including 911, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that Lind-Ritzville Cooperative Schools, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I give permission to my child's school to add immunization information into the Immunization Information System to help the school maintain my child's record.

*IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR. *

Date

Parent or legal guardian signature

Choice Transfer Instructions for Lind-Ritzville Academy

Go online to this site:

<https://eds.ospi.k12.wa.us/ChoiceTransferRequest>

- The resident school district is the district where you live
- The non-resident district is Ritzville and pick Lind-Ritzville Academy as the requested program.

Please Note: All Lind District students (regardless of which campus they attend school) must complete a Choice transfer form.



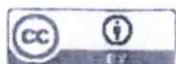
Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

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

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Eligibility for Language Development Support 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 did your child learn first? _____</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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
<p>Prior Education 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>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12th grade) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12th grade)</p> <p style="margin-left: 40px;">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.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/homeLanguage.asp>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Student Name: _____

Lind-Ritzville Academy Race/Ethnicity Collection Form

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part I and Part II

Part I: HISPANIC OR LATINO Is your student of Hispanic or Latino origin? yes no (If "yes" please check all that apply)

- | | | | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Chilean | <input type="checkbox"/> Cuban | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Honduran | <input type="checkbox"/> Native | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Mexican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Venezuelan | |
- Hispanic or Latino** Write in: _____

Please note: These race and ethnicity categories are provided by the State of Washington and the Lind-Ritzville Cooperative Schools is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

Part II: What race(s) do you consider your student? You may check categories and/or use write-in--check all that apply

AMERICAN INDIAN or ALASKAN NATIVE

- American Indian/Alaskan Native
- American Indian (Write in): _____
- Alaska Native (Write in): _____

Washington State Tribes:

- | | |
|--|---|
| <input type="checkbox"/> Chinook Tribe | <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation |
| <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation |
| <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | <input type="checkbox"/> Quinault Indian Nation |
| <input type="checkbox"/> Confederated Tribes of the Colville Reservation | <input type="checkbox"/> Samish Indian Nation |
| <input type="checkbox"/> Cowlitz Indian Tribe | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington |
| <input type="checkbox"/> Duwamish Tribe | <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian |
| <input type="checkbox"/> Hoh Indian Tribe | <input type="checkbox"/> Reservation Skokomish Indian Tribe |
| <input type="checkbox"/> Jamestown S'Klallam Tribe | <input type="checkbox"/> Snohomish Tribe |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Snoqualmie Indian Tribe |
| <input type="checkbox"/> Kikiallus Indian Nation | <input type="checkbox"/> Snoqualmoo Tribe |
| <input type="checkbox"/> Lower Elwha Tribal Community | <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | <input type="checkbox"/> Steilacoom Tribe |
| <input type="checkbox"/> Marietta Band of the Nooksack Tribe | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| <input type="checkbox"/> Muckleshoot Indian Tribe | <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| <input type="checkbox"/> Nisqually Indian Tribe | <input type="checkbox"/> Swinomish Indian Tribal Community |
| <input type="checkbox"/> Nooksack Indian Tribe of Washington | <input type="checkbox"/> Tualip Tribes of Washington |
| <input type="checkbox"/> Port Gamble S'Klallam Tribe | |

ASIAN

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Lao | |

Asian Write in: _____

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

- | | |
|---|---|
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Papuan |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohpeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> i-Kiribati / Gilbertese | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Yapese |

Pacific Islander Write in: _____

Lind-Ritzville Cooperative Schools Race/Ethnicity Collection Form

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES (continued):

check all that apply

BLACK or AFRICAN AMERICAN

- Black/ African American
- African American
- African Canadian

Caribbean

- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)
- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupian
- Haitian
- Jamaican
- Martiniquais/Martiniquaise
- Montserratian
- Puerto Rican

Caribbean Write in: _____

Black (Write in): _____

Central African

- Angolan
- Cameroonian
- Central African (Central African Republic)
- Chadian
- Congolese (Republic of the Congo)
- Congolese (Democratic Republic of the Congo)
- Equatorial Guinean
- Gabononese
- São Toméan
- Príncipe

Central African Write in: _____

South African

- Botswanan
- Mosotho (Lesotho)
- Namibian
- South African
- Swazi

South African Write in: _____

East African

- Burundian
- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Mahoran (Mayotte)
- Mozambican
- Reunionese
- Rwandan
- Seychellois/Seychelloise
- Somali
- South Sudanese
- Sudanese
- Ugandan
- Tanzanian (United Republic of Tanzania)
- Zambian
- Zimbabwean

East African Write in: _____

Latin American

- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- French Guianese
- Guatemalan
- Guyanese
- Honduran
- Mexican
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- South Georgia and the South Sandwich Islands
- Surinamese
- Uruguayan
- Venezuelan

Latin American Write in: _____

West African

- Beninese
- Bissau-Guinean
- Burkinabé (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Liberian
- Malian
- Mauritanian
- Nigerien (Niger)
- Nigerian (Nigeria)
- Saint Helenian
- Senegalese
- Sierra Leonean
- Togolese

West African Write in: _____

WHITE

- White

Eastern European

- Bosnian
- Herzegovinian
- Polish
- Romanian
- Russian
- Ukrainian

Eastern European Write in: _____

Middle Eastern and North African

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Algerian | <input type="checkbox"/> Copt | <input type="checkbox"/> Jordanian | <input type="checkbox"/> Qatari |
| <input type="checkbox"/> Amazigh or Berber | <input type="checkbox"/> Druze | <input type="checkbox"/> Kurdish Kuwaiti | <input type="checkbox"/> Saudi Arabian |
| <input type="checkbox"/> Arab or Arabic | <input type="checkbox"/> Egyptian | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Assyrian | <input type="checkbox"/> Emirati | <input type="checkbox"/> Libyan | <input type="checkbox"/> Tunisian |
| <input type="checkbox"/> Bahraini | <input type="checkbox"/> Iranian | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Yemeni |
| <input type="checkbox"/> Bedouin | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Omani | |
| <input type="checkbox"/> Chaldean | <input type="checkbox"/> Israeli | <input type="checkbox"/> Palestinian | |

Middle Eastern Write in: _____

North African Write in: _____

White (Write in): _____

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.



Statement of Understanding

In accordance with the Alternative Learning Experience Implementation Standards, reference WAC 392-121-182 (3) (e), prior to enrollment parent(s) or guardians shall be provided with, and sign, documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience (ALE).

Provided on this form are summary and narrative descriptions of the difference between home-based instruction and an ALE. Please read the descriptions below and sign.

Summary Description

- Home-Based Instruction (this is not us)
- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A225.010
- Students are not enrolled in public education
- Students are not subject to the rules and regulations governing public school, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student's education.

Alternative Learning Experience:

- Is authorized under WAC 392-121-182.
- Students are enrolled in public education either full-time or part-time.
- Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.
- Learning experiences are:
 - Supervised, monitored, assessed, and evaluated by certified staff.
 - Provided via a written student learning plan (SLP).
 - Provided in whole, or part outside the regular classroom.

Part-Time enrollment of Home-Based Instruction Students

Home-based instruction students may enroll in public school programs, including ALE programs, on a part-time basis and retain their home-based instruction status. In the case of part-time enrollment in ALE, the student will need to comply with the requirements of the ALE written student learning plan, but not required to participate in state assessments or meet the state graduation requirements.

I have read the summary and detailed descriptions of home-based instruction and alternative learning experience provided, a stand t · erence between home-based instruction and the alternativ my child is enrolling.

Parent Signature: _____ **Date:** _____

Name of Students: _____

Assurance Payment Information

Please complete and include with your payment for LRCS Assurance Program

Student Name: _____ Grade: _____

I am including the following payment:

- Full Annual Cost \$30
- Reduced Lunch Cost \$20
- Free Lunch Cost \$10
- No Charge (Paid for 2 students/3rd & additional students at no cost) Please complete information below.

Make checks payable to: _____

After the first two students have paid, the 3rd and all additional children living in the same household are automatically opted in and considered full participants in the LRCS Assurance Program at no additional charge.

Please list additional children enrolled in Assurance Program:

Student Name _____ School Attends _____

Student Name _____ School Attends _____

Student Name _____ School Attends _____

Lind-Ritzville Cooperative Chromebook Agreement

Must be completed and turned into your student(s) office before Chromebook will be issued.

By signing below, the student and their parent/guardian agree to follow and accept:

- Lind-Ritzville Cooperative Schools Chromebook User and Safety Agreement (Attached)
- If a student leaves the District, but does not return the Chromebook, a fine for the full replacement cost will be placed on the student record, and standard rules for the restriction of records and transcripts will apply. Law enforcement may be involved for the purpose of recovering District property.
- Accepted/Declined Assurance Program (Chromebook Insurance) Information Attached

Please see the attached Lind-Ritzville School District Assurance Information before you make your selection.

- I ACCEPT the LRCS Assurance Program and will pay the appropriate fee based on my Free/Reduced Lunch qualification. I have read and understand the rules and the financial responsibilities of the LRCS Assurance Program. I agree to all terms and conditions of the program and voluntarily enroll my student for the current school year.
- I agree to allow my Free/Reduced information to be used in order to qualify for a reduced Assurance Program fee. If you qualify for free or reduced price meals, you are eligible for decreased fees to participate in the Assurance Program. However, we need your permission to use this information. If you do not agree, you will not receive the discounted rate for the Assurance program. Agreeing or disagreeing to share this information will not affect your child's eligibility for free or reduced-price meals.
- I DECLINE the LRCS Assurance Program.
I decline to participate in the voluntary LRCS Assurance Program. By doing so, I understand and accept any financial responsibilities for damage, loss or theft of my students' Chromebook.

As the parent/guardian, my signature indicates that I have read and understand the LRCS Chromebook User Safety and Safety Agreement and give my permission for my child to have access to and use district-issued technology.

Printed Name: _____ Signature: _____ Date: _____

As the student, my signature indicates I have read or had explained to me and understand the LRCS Chromebook User Safety and Safety Agreement and accept responsibility for abiding by the terms and conditions outlined and using these resources for educational purposes.

Printed Name: _____ Signature: _____ Date: _____

Please include payment with completed form. Damages/loss/theft are not covered unless payment is received.

Please make checks payable to: _____

Lind-Ritzville School District Assurance Information

The Lind-Ritzville School District Assurance Program provides an inexpensive solution for parents/guardians to lessen the financial burden if an accident, loss, or theft occurs. Families may opt out of the Assurance Program, but will be fully responsible for any associated cost for damage, loss, or theft. Assurance Program enrollment will cover the current school year for a single device.

Assurance Enrollment Costs			
Annual Cost		Device Issued After Start of 2nd Semester	
Full Cost	\$30	Full Cost	\$15
Reduced Lunch	\$20	Reduced Lunch	\$10
Free Lunch	\$10	Free Lunch	\$5
Payment can be made in the school office			

After the first two students have paid, the 3rd and all additional children living in the same household are automatically opted in and considered full participants in the LRCS Assurance Program at no additional charge.

Device Coverage WITH Assurance		
Occurrence	Accidental	Lost/Stolen
1st Incident	\$0 to fix	\$25 to replace
2nd Incident	\$25 to fix	\$75 to replace
3rd Incident	Full Cost	Full Cost
Explanation	Dropping, water damage, natural disaster, etc.	Police report filled with in 24 hours if stolen and provided to Lind-Ritzville Cooperative Schools
Intentional damage to school property is the full responsibility of the student		

Approximate Costs WITHOUT Assurance	
Replacement Charger	\$50
Replacement Screen	\$200
Replacement Keyboard, Touchpad, Camera, Exterior, Ect	\$100
Hinge	\$50
New Chromebook (Lost/Stolen/Beyond Repair)	\$230

Additional Information

- Fee is non-refundable and can only be paid prior to 1:1 devices being checked out.
- If the device and/or accessory is later recovered in working condition, the fee will be refunded.
- If a student leaves the District, but does not return the Chromebook, a fine for the full replacement cost will be placed on the student record, and standard rules for the restriction of records and transcripts will apply. Law enforcement may be involved for the purpose of recovering District property.
- The district may request proof of free or reduced lunch status at the time of payment.



Lind-Ritzville Cooperative Schools



CONSENT FOR MUTUAL RELEASE AND/OR EXCHANGE OF INFORMATION

Today's Date: _____

Student's Name: _____ Date of Birth: _____ Grade: _____

INFORMATION ABOUT LAST SCHOOL ATTENDED

Previous School District: _____ School: _____

Street Address: _____ City: _____ State: _____

Phone Number: _____ Withdraw Date from Last School: _____

In accordance with the Family Educational Rights and Privacy Act, and Washington State Law, I hereby authorize the release of all records regarding the above student(s). I understand that I have a right to receive a copy of my own expense, if requested, and have an opportunity for a hearing to change the content of the records. I understand the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature: _____ Date: _____

Please send all pertinent information/records for the student, including:

- Transcript of Grades and Credits
- Withdrawal Grades
- Health Records/Immunizations
- Discipline Records
- Birth Certificate
- Behavior Records
- Attendance
- Special Education Records
- All of the Above Listed Items

Please Send Records to the School Indicated Below

Lind Elementary School (K-5)
 PO Box 340
 Lind, WA 99341
 (509) 677-3481 fax (509) 677-3463
 Attn: Tammy Doyle
 Email: tdoyle@lrschools.org

Lind-Ritzville High School (9-12)
 209 E Wellsandt Ave
 Ritzville, WA 99169
 (509) 659-1720 fax (888) 974-3546
 Attn: Michelle Balfe
 Email: mbalfe@lrschool.org

Ritzville Grade School (K-5)
 401 E 6th Ave
 Ritzville, WA 99169
 (509) 659-0232 fax (888) 974-3546
 Attn: Stephanie Stokoe
 Email: stokoe@lrschools.org

Lind-Ritzville Academy
 209 E Wellsandt Ave
 Ritzville, WA 99169
 (509) 659-1720 fax (888) 974-3546
 Attn: Paul McAnally
 Email: pmcanally@lrschools.org

Lind-Ritzville Middle School (6-8)
 PO Box 340
 Lind, WA 99341
 (509) 677-3408 fax (509) 677-3420
 Attn: Karissa Labes
 Email: klabes@lrschools.org

K-6 Student/Parent Contract

The LRA Program is an alternative educational opportunity that requires a strong commitment to the school's values and expectations. It is a **parent-partnership** program that requires parents and students to meet regularly with their consultant and for the parents to be involved in and supportive of the home learning component of the Written Student Learning Plan (WSLP). Below is a list of non-negotiable requirements for parents and students that are needed for the success of the student. Please read them carefully, initial and sign to indicate your understanding of the commitment you are making by enrolling in the LRA Program. We look forward to our partnership and journey together.

I understand:

- Students are subject to assessments which includes the SBA (state assessment)
- My decision to enroll my student in the LRA Program is based upon my desire to be an active partner in my child's education.
- I recognize that I am the main teacher of my child, and I embrace my role to have primary responsibility for my student's education. I understand that support classes on site do not remove my need to ensure that course work in each subject area is completed appropriately.
- I understand MY CHILD needs to make two-way weekly contact with a certificated teacher either through classes, Google Classroom, progress meetings, phone, or email by the end of each week.
- I understand that the educational requirement is 27.75 hours per week for 1st-6th grades and 14 hours per week for Kindergarten. I also understand that 100 minutes of Physical Education is required each week.

Parents will adhere to the following guidelines: (Please initial each one.)

- ___ Ensure my child abides by the student code of conduct, thus including internet use policy and cheating policy
- ___ Make certain my child is present on a regular basis and arrives to school on time each day
- ___ Ensure my child is making satisfactory progress in all academic areas
- ___ Provide instruction in all subjects for the required weekly hours on the WSLP
- ___ If there are any problems with completing ANY coursework, I will contact my teacher as soon as I recognize an issue, rather than wait until our progress meeting.
- ___ Confirm and attend, with my child, monthly progress meetings each month
- ___ Provide work samples at the monthly progress meeting
- ___ Read all information sent through email, and respond as requested
- ___ Make certain my child is checking in weekly with the certificated teacher/site coordinator for weekly attendance.
- ___ We (student and parent/guardian) have read and will abide by policies and procedures set forth in the LRA Handbook.

Students will adhere to the following guidelines: (Please initial each one)

- ___ I will attend and be on time for my scheduled classes and consultations.
- ___ I will participate fully in my classes and consultations. (Be prepared, be attentive to instruction, ask questions when I do not understand, work cooperatively and respectfully)
- ___ I will seek additional help when I am having difficulty with any content.
- ___ I will complete the hours needed to meet the requirements and goals of my Written Student Learning Plan (WSLP).
- ___ I will follow the rules and expectations of the LRA Program.

LRA Program
Lind-Ritzville School District

209 E Wellsandt Rd
Ritzville, WA 99169
Phone: 509-666-9059

We recognize that the LRA Program is a school of choice that requires students and parents to take on responsibilities and commitments that are not usually part of attending the five-day traditional school. By signing this agreement, we are stating that we are fully aware of these responsibilities and commitments and intend to fulfill them as educational partners with the LRA Program. We also understand that not fulfilling these contractual obligations will result in academic/contact intervention. If my child's academic performance/contact does not improve, I will need to find a more suitable learning environment.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Printed Name: _____

Student Signature: _____ Date _____

Student Parent Name: _____

7-12 Student/Parent Contract

The LRA Program is an alternative educational opportunity that requires a strong commitment to the school's values and expectations. It is a **parent-partnership** program that requires parents and students to meet regularly with their consultant and for the parents to be involved in and supportive of the home learning component of the Written Student Learning Plan (WSLP). Below is a list of non-negotiable requirements for parents and students that are needed for the success of the student. Please read them carefully, initial and sign to indicate your understanding of the commitment you are making by enrolling in the LRA Program. We look forward to our partnership and journey together.

I understand:

- Students are subject to assessments which includes SBA (state assessment)
- My decision to enroll my student in the LRA Program is based upon my desire to be an active partner in my child's education.
- I recognize that I am the main teacher of my child, and I embrace my role to have primary responsibility for my student's education. I understand that support classes on site do not remove my need to ensure that course work in each subject area is completed appropriately.
- I understand MY CHILD needs to make two-way weekly contact with a certificated teacher either through classes, Google Classroom, progress meetings, phone, or email by the end of each week.
- I understand that the educational requirement is 27.75 hours per week for 1st-6th grades and 14 hours per week for Kindergarten. I also understand that 100 minutes of Physical Education is required each week.

Parents will adhere to the following guidelines: (Please initial each one.)

- Ensure my child abides by the student code of conduct, thus including internet use policy and cheating policy
- Make certain my child is present on a regular basis and arrives to school on time each day
- Ensure my child is making satisfactory progress in all academic areas
- Provide instruction in all subjects for the required weekly hours on the WSLP
- If there are any problems with completing ANY coursework, I will contact my teacher as soon as I recognize an issue, rather than wait until our progress meeting.
- Confirm and attend, with my child, monthly progress meetings each month
- Provide work samples at the monthly progress meeting
- Read all information sent through email, and respond as requested
- Make certain my child is checking in weekly with the certificated teacher/site coordinator for weekly attendance.
- We (student and parent/guardian) have read and will abide by policies and procedures set forth in the LRA Handbook.

Students will adhere to the following guidelines: (Please initial each one)

- I will attend the online school orientation.
- I will attend and be on time for my scheduled classes and consultations.
- I will participate fully in my classes and consultations. (Be prepared, be attentive to instruction, ask questions when I do not understand, work cooperatively and respectfully)
- I will seek additional help when I am having difficulty with any content.
- I will complete the hours needed to meet the requirements and goals of my Written Student Learning Plan (WSLP).
- Online Only: I understand that a grade of 60% is passing and I have to complete at least 80% of the course.
- I will follow the rules and expectations of the LRA Program.

LRA Program
Lind-Ritzville School District

209 E Wellsandt Rd
Ritzville, WA 99169
Phone: 509-666-9059

We recognize that the LRA Program is a school of choice that requires students and parents to take on responsibilities and commitments that are not usually part of attending the five-day traditional school. By signing this agreement, we are stating that we are fully aware of these responsibilities and commitments and intend to fulfill them as educational partners with the LRA Program. We also understand that not fulfilling these contractual obligations will result in academic/contact intervention. If my child's academic performance/contact does not improve, I will need to find a more suitable learning environment.

Parent/Guardian Signature: _____

Date _____

Parent/Guardian Printed Name: _____

Student Signature: _____

Date: _____

Student Printed Name: _____