Inspiring Excellence

LAKE STEVENS
School District

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 **PRIOR to the first day of school**. These documents are also available on the district website under Health Services. Note: Medical requirements **may take 2-4 weeks** to be reviewed by the school nurse to create an appropriate health plan **PRIOR to the student attending school**.
- ☐ 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) 2026-27

OFFICE USE ONLY

Y	N		Y	N	
☐	☐	Legal name verified	☐	☐	LSSD resident
☐	☐	Birth certificate	☐	☐	Verified waiver
☐	☐	Other legal doc			

Entry date _____ **Student ID** _____ **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** _____

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)

Legal parent/guardian #1 LAST name _____

Legal parent/guardian #1 FIRST name _____

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 _____ ☐ Home ☐ Work ☐ Mobile ☐ *Please check if confidential (will not be published)*

Email _____

Relation to student:
☐ Father ☐ Mother ☐ Guardian ☐ Stepfather ☐ Stepmother
☐ Other: _____

Legal parent/guardian #2 LAST name _____

Legal parent/guardian #2 FIRST name _____

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 _____ ☐ Home ☐ Work ☐ Mobile ☐ *Please check if confidential (will not be published)*

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** _____

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
Primary phone number
☐ *Please check if confidential (will not be published)*

☐ Home ☐ Work ☐ Mobile
Phone number
☐ *Please check if confidential (will not be published)*

☐ Home ☐ Work ☐ Mobile
Phone number
☐ *Please check if confidential (will not be published)*

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
Phone number
☐ *Please check if confidential (will not be published)*

☐ Home ☐ Work ☐ Mobile
Phone number
☐ *Please check if confidential (will not be published)*

☐ Home ☐ Work ☐ Mobile
Phone number
☐ *Please check if confidential (will not be published)*

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** **Phone** **City** **State**

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)

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?

☐ Yes ☐ No

Is there a joint-custody or parenting plan in effect?

☐ 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 EL Coordinator if Applicable

▶ Ethnicity

Hispanic: ☐ Yes ☐ No (H01)

- ☐ Hispanic (H00)
- ☐ Argentine (H02)
- ☐ Bolivian (H03)
- ☐ Brazilian (H04)
- ☐ Chicano (Mexican American) (H05)
- ☐ Chilean (H06)
- ☐ Colombian (H07)
- ☐ Costa Rican (H08)
- ☐ Cuban (H09)
- ☐ Dominican (H10)
- ☐ Ecuadorian (H11)
- ☐ Guatemalan (H12)
- ☐ Guyanese (H13)
- ☐ Honduran (H14)
- ☐ Jamaican (H15)
- ☐ Mexican (H16)
- ☐ Mestizo (H17)
- ☐ Native (H18)
- ☐ Nicaraguan (H19)
- ☐ Panamanian (H20)
- ☐ Paraguayan (H21)
- ☐ Peruvian (H22)
- ☐ Puerto Rican (H23)
- ☐ Salvadoran (H24)
- ☐ Spaniard (H25)
- ☐ Surinamese (H26)
- ☐ Uruguayan (H27)
- ☐ Venezuelan (H28)

_____

- ☐ Hispanic/Latino Write In (H29)

▶ Race: Native Hawaiian/Other Pacific Islander

Hawaiian/Other Pacific Islander

- ☐ Native Hawaiian/Other Pacific Islander (P00)

Pacific Islander

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

_____

- ☐ Pacific Islander Write In (P21)

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

Black/African

- ☐ Black/African-American (B00)
- ☐ African American (B01)
- ☐ African Canadian (B02)

_____

- ☐ Black Write In (C02)

Caribbean

- ☐ Anguillan (B03)
- ☐ Antiguan (B04)
- ☐ Bahamian (B05)
- ☐ Barbadian (B06)
- ☐ Barthélemois/Barthélemoises (Saint Barthélemy) (B07)
- ☐ British Virgin Islander (B08)
- ☐ Caymanian (Cayman Island) (B09)
- ☐ Cuba Dominican (B10)
- ☐ Dominican (Dominican Republic) (B11)
- ☐ Dutch Antillean (Netherlands Antilles) (B12)
- ☐ Grenadian (B13)
- ☐ Guadeloupian (B14)
- ☐ Haitian (B15)
- ☐ Jamaican (B16)
- ☐ Martiniquais/Martiniquaise (B17)
- ☐ Montserratian (B18)
- ☐ Puerto Rican (B19)

_____

- ☐ Caribbean Write In (B20)

Central African

- ☐ Angolan (B21)
- ☐ Cameroonian (B22)
- ☐ Central African (Central African Rep.) (B23)
- ☐ Chadian (B24)
- ☐ Congolese (Rep. of the Congo) (B25)
- ☐ Congolese (Democratic Republic of the Congo) (B26)
- ☐ Equatorial Guinean (B27)
- ☐ Gabonese (B28)
- ☐ São Toméan (B29)
- ☐ Principe (B30)

_____

- ☐ Central African Write In (B31)

East African

- ☐ Burundian (B32)
- ☐ Comoran (B33)
- ☐ Djiboutian (B34)
- ☐ Eritrean (B35)
- ☐ Ethiopian (B36)
- ☐ Kenyan (B37)
- ☐ Malagasy (Madagascar) (B38)
- ☐ Malawian (B39)
- ☐ Mauritian (Mauritius) (B40)
- ☐ Mahoran (Mayotte) (B41)
- ☐ Mozambican (B42)
- ☐ Reunionese (B43)
- ☐ Rwandan (B44)
- ☐ Seychellois/Seychelloise (B45)
- ☐ Somali (B46)
- ☐ South Sudanese (B47)
- ☐ Sudanese (B48)
- ☐ Ugandan (B49)
- ☐ Tanzanian (United Republic of Tanzania) (B50)
- ☐ Zambian (B51)
- ☐ Zimbabwean (B52)

_____

- ☐ East African Write In (B53)

Latin American

- ☐ Argentine (B54)
- ☐ Belizean (B55)
- ☐ Bolivian (B56)
- ☐ Brazilian (B57)
- ☐ Chilean (B58)
- ☐ Colombian (B59)
- ☐ Costa Rican (B60)
- ☐ Ecuadorian (B61)
- ☐ El Salvadoran (B62)
- ☐ Falkland Islander (B63)
- ☐ French Guianese (B64)
- ☐ Guatemalan (B65)
- ☐ Guyanese (B66)
- ☐ Honduran (B67)
- ☐ Mexican (B68)
- ☐ Nicaraguan (B69)
- ☐ Panamanian (B70)
- ☐ Paraguayan (B71)
- ☐ Peruvian (B72)
- ☐ S. Georgia/S. Sandwich Islands (B73)
- ☐ Surinamese (B74)
- ☐ Uruguayan (B75)
- ☐ Venezuelan (B76)

_____

- ☐ 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 (W36)

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:

Inspiring Excellence

LAKE STEVENS
School District

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

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Home Language Survey – English

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

Student Name:	**Grade:**	**Date:**

_____ _____
Parent/Guardian Name Parent/Guardian Signature

Right to Translation and Interpretation Services

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.

1. a) In what language(s) would your family prefer to receive written communication from the school?

_____

b) Do you need an interpreter for meetings and phone calls (including ASL)?

_____
Parent/Guardian Name #1

Interpreter Needed? ☐ Yes ☐ No Language: _____

_____
Parent/Guardian Name #2

Interpreter Needed? ☐ Yes ☐ No Language: _____

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.

2. What language(s) did your child first speak or understand?

_____

3. What language does your child use the most at home?

_____

4. What is the primary language used in the home, regardless of the language spoken by your child?

_____

5. Has your child received English language development support in a previous school?

☐ Yes ☐ No ☐ Don't Know

Prior Education

Your responses about your child's birth country and previous education:

- 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.

This form is not used to identify students' immigration status.

6. In what country was your child born?

_____

7. Has your child ever received formal education outside of the United States?

(K-12th Grade) ☐ Yes ☐ No

If yes: Number of months: _____

Language(s) of instruction: _____

8. When did your child first attend a school in the United States? (K-12th Grade)

_____ _____ _____
Month Day Year

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.

Forms and Translated Material from the Multilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a Creative Commons Attribution 4.0 International License.

LAKE STEVENS SCHOOL DISTRICT

Request to Restrict Release of Information

Inspiring Excellence
LAKE STEVENS
School District

Please complete this form only if you want to restrict the release of information about your child.
If no form is submitted, permission to release directory information is assumed.

The choices you make will remain in effect for as long as your student is enrolled in the Lake Stevens School District, or until you submit a new form. You may update this form at any time.

For additional details, please see Board Policy 5230: Student Records.

What is "Directory Information?"

Most student information is confidential and cannot be shared without caregiver consent. However, the Family Educational Rights and Privacy Act (FERPA) allows schools to release certain basic information, called directory information, unless a caregiver requests that it be restricted.

Directory information may include:

- Student name
- Address
- Caregiver phone number on file
- Photograph
- Date and place of birth
- Dates of attendance
- Participation in school activities and sports
- Height and weight of athletic team members
- Diplomas and awards received
- Most recent previous school attended

Directory information is only shared with authorized entities such as state or federal education agencies, organizations conducting educational studies, or in emergency situations to protect student or public safety. The district does not release directory information for commercial use. Directory information may be released to law enforcement or Child Protective Services when required.

Directory Information Restriction

☐ Please do **NOT** release my child's directory information.
(Registrar uncheck "Directory Data" AND check "Opt Out of Media")

By checking this box, your child's name, photo, and other directory information will not be included in:

- *School or district newsletters and publications*
- *Websites and social media*
- *Event, activity, and athletic programs*
- *Honor roll or graduation lists*
- *Public displays of student work that include names, photos, or video*
- *District or school photos and videos*
- *Elementary Seesaw teacher postings*
- *Classroom recordings involving outside practicum or higher-education observers*

This restriction does not prevent teachers from sharing information, photos, or videos directly with caregivers (for example, through classroom communication tools).

***Please note:** Complete privacy cannot be guaranteed at school or district-related public events (such as performances, games, or activities) where photography or video recording is allowed.*

Yearbook and Class Photos

☐ Please **do not include** my child in the yearbook or class photo.
(Registrar leave "District" and "Local" checked)

Higher Education Recruitment

(Registrar uncheck "Higher Ed")

☐ Please do not release student directory information to the Office of the Superintendent of Public Instruction, colleges, universities, and institutions of higher education.

Military Recruitment

(Registrar uncheck "Military")

☐ Please do not release student directory information to military recruiters.

Student name	Signature of parent or legal guardian	Date

ELC HML GLW HLD HLC MTP SKY STC SUN LSMS NLMS CMHS LSHS

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

_____
Printed Name of Student

_____
Date Signed

_____
Student ID #

_____
Student Birth Date

_____
School / Campus

_____
Student Grade Level

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

_____
Printed Name of Parent/Guardian

_____
Date Signed

_____
Address

_____
City, State, Zip

_____
Phone Number

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

Washington State Department of HEALTH

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? ☐ Yes ☐ No

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 information.
X _____ **Parent/Guardian Signature** **Date**	X _____ **Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

Required Vaccines for School or Child Care Entry						
▲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 *(Diphtheria, Tetanus, Pertussis)*						
▲ Tdap *(Tetanus, Diphtheria, Pertussis) grade 7+*						
●▲ DT or Td *(Tetanus, Diphtheria)*						
●▲ Hepatitis B						
● Hib *(Haemophilus influenzae type b)*						
●▲ IPV *(Polio)*						
●▲ OPV *(Polio)*						
●▲ MMR *(Measles, Mumps, Rubella)*						
● PCV *(Pneumococcal)*						
●▲ Varicella *(Chickenpox)* ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu *(Influenza)*						
Hepatitis A						
HPV *(Human Papillomavirus)*						
Meningococcal Disease types A, C, W, Y						
Meningococcal Disease type B						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

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:

☐ A verified history of varicella (chickenpox) disease.

☐ Laboratory evidence of immunity (titer) to disease/s marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐ Polio (all 3 serotypes must show immunity)

►

Licensed Health Care Provider Signature Date

►

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: 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 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 2026-27

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

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

fold in half

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**

For official use: English

12 / 2025

return address:
PO Box 40229, Olympia, WA 98504-0229

WASHINGTON
Secretary of State

PO Box 40229
Olympia, WA 98504-0229

first class postage required



Please write your county elections office address below:

fold in half

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

Asotin County
PO Box 129
Asotin, WA 99402
(509) 243-2084 ext. 1534

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
115 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-VOTE (8683)

Kitsap County
614 Division St, MS 31
Port Orchard, WA 98366
(360) 307-VOTE (8683)

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 (8683)

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

fold in half