

Lincoln Academy
7600-272nd Street N.W.
Stanwood, WA 98292
Phone: (360) 629-1340
Fax: (360) 629-1341

Registration Packet
2020- 2021

Today's Date _____

Student Name _____
Last First Middle

Address _____

Home Phone Number _____ Birth date _____ Age _____

Current School _____ Grade _____

Mother/Guardian Name _____ Work # _____ Cell# _____

Father/Guardian Name _____ Work # _____ Cell# _____

Application Process

1. Complete the application and return to the Lincoln Hill Office. We are located on the Church Creek Campus (7600 – 272nd Street NW, Stanwood, WA. 98292).
2. Applications will be reviewed along with student records.
3. A meeting with the parent/guardians and school representatives will be arranged to discuss and determine the appropriateness of enrolment in the alternative middle school.

1. Does the student live within the Stanwood-Camano School District boundaries?
Yes ___ No ___ If not, where do you live? _____

(You must obtain a release waiver from your home district if you do not live in the Stanwood-Camano School District).

2. Has the student been enrolled in special services?

Gifted ___ Learning Difficulties ___ Title I (LAP) ___ IEP ___

Other _____

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

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

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

Please have the student respond to questions 6 and 7.

6. What do you like most about school? _____

7. What do you like least about school? _____

8. What questions do you have about the alternative middle school?

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

Acknowledgment of Handbook Access

(IMPORTANT – Please sign and return)**

The Stanwood-Camano School District is providing the Student/Family Handbooks and Code of Conduct in electronic form to be more efficient and provide more convenient access for parents and students. The handbooks are available at the school district Web site: www.stanwood.wednet.edu under Families & Students and through all school Websites. **A printed copy of the student handbook and code of conduct will be provided to all parents who request them. These copies are also available at all school offices.**

We urge you to read this student handbook and code of conduct and to discuss it among your family. If you have any questions about the behaviors and consequences, we encourage you to ask the student's teacher or principal. The student and parent must acknowledge that they have electronic access to the Student Code of Conduct and that they understand the consequences to students who violate district disciplinary policy by signing and returning this form.

Student Code of Conduct

I understand and consent to the responsibilities outlined in the District's Student Code of Conduct. I also understand and agree that my child will be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school, at school-sponsored and school-related activities, including school-sponsored travel, and for any school-related misconduct, regardless of time or location. I understand that this signature verifies that my child and I have reviewed the District's notice regarding drug-free schools, and understand that my child will be subject to school discipline and possibly to criminal prosecution if they are found to have violated the District's Student Code of Conduct. I also understand the compulsory attendance laws and rules. I have read the compulsory attendance notice in this student handbook and understand that failure to comply with the law may result in legal action being taken. I also understand and consent to the Stanwood-Camano School District Acceptable Use Policy for Technology as listed in the handbook.

Cut along line and return to school-----

My child and I have access to the Student Handbook and Code of Conduct or we have received a copy of the Student Handbook that includes the Technology Acceptable Use Policy, the Student Code of Conduct for 2011-2012, and the information on the compulsory attendance laws. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in this handbook.

Print Name of Student: _____ **Grade Level:** _____

Student Signature _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Name of School: _____

****Please complete this form and return along with the Registration Form****

Lincoln Academy

7600 272nd Street N.W.
Stanwood, WA 98292
Phone: (360) 629-1340 Fax: (360) 629-1341

Ryan Ovenell, Principal

Dear Parent/Guardian,

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

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

WHAT WE NEED FROM YOU

We miss your student when they are gone and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please contact Debbie Norman at 360-629-1340 within 48 hours of their absence.

OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school regularly or on time. Christy Thompson, our school counselor can provide strategies that may be useful to your family. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children that are 6- or 7-years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements.

<http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.225>

We, the school, are required to take daily attendance and notify you when your student has an unexcused absence.

If your student has two unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

In elementary school after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and the parent, student and school have made plan so your student does not fall behind academically. If your student has an Individualized Education Plan or a 504 Plan the team that created the plan needs to reconvene.

If your student has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the Juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed and your student may need to appear in Juvenile Court. If your student continues to be truant you may need to go to court.

At Lincoln Academy we have established rules on attendance that will help you ensure your student is attending regularly. Our points system is one of these.

WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your child has the required immunizations.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your student's teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful after school activities, including sports and clubs.

Sincerely,

Ryan Ovenell

Your signature below indicates that you have read and understand the attendance policies and procedures in the Stanwood-Camano School District.

Student Name

Parent / Guardian Signature

Date

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ENROLLED IN THE STANWOOD-CAMANO PUBLIC SCHOOLS?

YES NO

• **STUDENT INFORMATION:**

WAC 392-415-070: The following information must meet the statutory requirement under RCW 28A.230.125, including the student's legal name (last name, first name, and middle name(s) or middle initial(s)); and other or former names used; student's birth date; name(s) of parent(s) or guardian(s); name and location of previous schools attended where credit was attempted; and, student's academic history for all high school level courses attempted.

STUDENT NAME: <i>Legal Last Name</i>		<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Also Known As (Nickname)</i>
BIRTHDATE <i>(Month/Day/Year)</i>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Gender not exclusively Male or Female	BIRTHPLACE: <i>City</i> <i>State</i> <i>Country</i>		GRADE LEVEL
HOME LANGUAGE SURVEY <i>(Must complete form on page 6)</i>				

• **PRIMARY HOUSEHOLD:**

STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother		<input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other	<input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Foster Parent	U.S. MILITARY <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> More than one parent/guardian	EMAIL ADDRESS
<i>Legal Last Name</i>		<i>Legal First Name</i>		PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted	
<i>Work Place</i>				Home: ()	
<i>Legal Last Name</i>		<i>Legal First Name</i>		Cell: ()	
<i>Work Place</i>				Work: ()	
RESIDENT ADDRESS		<i>Street</i>	<i>Apt. #</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
MAILING ADDRESS		<i>Street</i>	<i>Apt. # or P.O. Box</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>

• **SECOND HOUSEHOLD:**

RELATIONSHIP TO STUDENT: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather/Stepmother			<input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other	<input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Foster Parent	EMAIL ADDRESS
SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student)			PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted		
<i>Legal Last Name</i>		<i>Legal First Name</i>		Home: ()	
<i>Work Place</i>				Cell: ()	
<i>Legal Last Name</i>		<i>Legal First Name</i>		Work: ()	
<i>Work Place</i>				Home: ()	
<i>Legal Last Name</i>		<i>Legal First Name</i>		Cell: ()	
<i>Work Place</i>				Work: ()	
SECOND HOUSEHOLD MAILING ADDRESS <i>(Street/P.O. Box, City, State, Zip Code)</i>				ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
STUDENT HOUSING QUESTIONNAIRE <i>(Must complete form on page 7)</i>					

Please Complete all registration information.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• ETHNICITY AND RACE

1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | | | | |
|--|------------------------------------|---|---|--|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Dominican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Central American | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> South American | <input type="checkbox"/> Other Hispanic/Latino |

2. What race(s) do you consider your child? (Check all that apply.)

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> White | | | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Korean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | | | | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Lummi | <input type="checkbox"/> Quileute | <input type="checkbox"/> Spokane | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Makah | <input type="checkbox"/> Quinault | <input type="checkbox"/> Squaxin Island | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Samish | <input type="checkbox"/> Stillaguamish | |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Suquamish | <input type="checkbox"/> Other American Indian/Alaska Native |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Swinomish | |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Tulalip | |

• PREVIOUS SCHOOL:

USA SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City/State)
HAS STUDENT EVER ATTENDED STANWOOD-CAMANO PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, NAME OF SCHOOL ATTENDED:		DATE ATTENDED (Month/Year)
IF BIRTH COUNTRY IS NOT USA, DID STUDENT ATTEND SCHOOL IN A COUNTRY OTHER THAN USA? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, HOW MANY MONTHS DID STUDENT ATTEND SCHOOL OUT OF COUNTRY? _____ months WHAT IS THE INITIAL PLACEMENT DATE STUDENT ATTENDED USA PUBLIC SCHOOL? (Month/Year) _____/_____/_____		

• OTHER LEGAL INFORMATION:

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, plan must be on file with the school)</i>	<input type="checkbox"/> Copy attached
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, legal papers must be on file with the school)</i>	<input type="checkbox"/> Copy attached
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

Please Complete all registration information.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• STUDENT SERVICES:

HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS STUDENT EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Lap <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:		

• STUDENT HISTORY:

HAS STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN PETITIONED FOR BECCA?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN RETAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what grade level(s)

• FAMILY HISTORY:

PLEASE LIST OTHER SIBLINGS ATTENDING STANWOOD-CAMANO PUBLIC SCHOOLS

Last Name	First Name	School	Grade

• CHILD CARE INFORMATION:

DOES STUDENT ATTEND CHILD CARE: <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Both	
CHILD CARE PROVIDER: Name:	Address:
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)
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<p>Any additional comments regarding your child:</p>

** If yes, copy of registration form to School Psychologist

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• STUDENT RELEASE AUTHORIZATION

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

PRIMARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
SECONDARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
THIRD CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	

In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above:

Legal Parent/Guardian Signature _____ **Date** _____

• EMERGENCY MEDICAL AUTHORIZATION:

DOCTOR'S NAME (Full Name)	PHONE (INCLUDE AREA CODE)
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I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ **Date** _____

• VERIFICATION OF INFORMATION:

The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Stanwood-Camano School District.

Legal Parent/Guardian Signature _____ **Date** _____

DO NOT WRITE IN THIS AREA - FOR OFFICE USE ONLY

STUDENT SCHOOL #	SCHOOL ENTRY DATE	MEDICAL ALERT	HOME ROOM #	LOCKER NUMBER	BUS ROUTE	
					AM	PM

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

Student name: _____	Birthdate: _____	Grade: _____
Preferred student start date (if applicable): _____		Today's date: _____

• I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION WITH THE AGENCY/ PERSON(S) LISTED BELOW:

<p align="center">Records To / From (circle one):</p> <hr/> <p align="center">Name of previous school/agency/person</p> <hr/> <p align="center">Street address</p> <hr/> <p align="center">City, State, Zip</p>	<p align="center">Send Records To/From (circle one):</p> <p align="center">Stanwood-Camano School District</p> <p align="center">Please check the appropriate school/department below.</p>
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• RELEASE THE FOLLOWING INFORMATION RELEVANT TO EDUCATIONAL PLACEMENT:

<p>School records:</p> <input type="checkbox"/> Student Cum file <input type="checkbox"/> Special Education Records <input type="checkbox"/> Immunization records <input type="checkbox"/> Discipline records <input type="checkbox"/> State Test Assessments	<input type="checkbox"/> WA State History <input type="checkbox"/> Attendance <input type="checkbox"/> Transcripts <input type="checkbox"/> BECCA <input type="checkbox"/> Other Assessments	<p>Medical records:</p> <input type="checkbox"/> Diagnostic information of medical condition that may impact educational placement decisions <input type="checkbox"/> Medical records <input type="checkbox"/> Other: _____
<p>Purpose for Exchange:</p> <input type="checkbox"/> to discuss and/or place student in program <input type="checkbox"/> to complete assessment/evaluation <input type="checkbox"/> to update records <input type="checkbox"/> other: _____		

• IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:

<input type="checkbox"/> Cedarhome Elementary 27911 – 68 th Ave NW Stanwood, WA. 98292 Ph: (360) 629-1280 Fax: (360) 629-1289 cesinfo@stanwood.wednet.edu	<input type="checkbox"/> Twin City Elementary 26211 – 72 nd Ave NW Stanwood, WA. 98292 Ph: (360) 629-1270 Fax: (360) 629-1279 tceinfo@stanwood.wednet.edu	<input type="checkbox"/> Port Susan Middle 7506 – 267 th St NW Stanwood, WA. 98292 Ph: (360) 629-1360 Fax: (360) 629-1365 psmsinfo@stanwood.wednet.edu	<input type="checkbox"/> Saratoga School 9307 - 271 st St. NW Stanwood, WA 98292 Ph: (360) 629-1372 Fax: (360) 629-1256 sarinfo@stanwood.wednet.edu
<input type="checkbox"/> Elger Bay Elementary 1810 Elger Bay Rd Camano Island, WA. 98282 Ph: (360) 629-1290 Fax: (360) 629-1291 ebeinfo@stanwood.wednet.edu	<input type="checkbox"/> Utsalady Elementary 608 Arrowhead Rd Camano Isl., WA. 98282 Ph: (360) 629-1260 Fax: (360) 629-1261 uesinfo@stanwood.wednet.edu	<input type="checkbox"/> Stanwood High School 7400 – 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1330 Fax: (360) 629-1331 shsinfo@stanwood.wednet.edu	<input type="checkbox"/> Lincoln Hill High School Lincoln Academy 7600 - 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1340 Fax: (360) 629-1341 lhhsinfo@stanwood.wednet.edu
<input type="checkbox"/> Stanwood Elementary 10227 - 273 rd Pl NW Stanwood, WA. 98292 Ph: (360) 629-1250 Fax: (360) 629-1252 sesinfo@stanwood.wednet.edu	<input type="checkbox"/> Stanwood Middle 9405 – 271 st St NW Stanwood, WA. 98292 Ph: (360) 629-1350 Fax: (360) 629-1354 smsinfo@stanwood.wednet.edu	<input type="checkbox"/> Special Services 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1236 Fax: (360) 629-1233 spedinfo@stanwood.wednet.edu	<input type="checkbox"/> Open Doors 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1200 Fax: (360) 629-1242 djohnston@stanwood.wednet.edu

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. Parent or guardian may revoke this authorization in writing at any time.

Legal Parent/Guardian Signature: _____ **Date:** _____

ADDRESS (Street/PO Box, City, State, ZIP) _____

The confidential exchange of medical information expires after 90 days.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

NONDISCRIMINATION STATEMENT:

The Stanwood-Camano School District does not discriminate in employment, programs, or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Affirmative Action Officer and Civil Rights Compliance Coordinator, Maurene Stanton, or the Section 504/American Disabilities Act Coordinator, Robert Hascall, Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood, WA 98292. Telephone: (360) 629-1200.

El Distrito Escolar de Stanwood-Camano School District no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación:
Título IX / Oficial de Acción Afirmativa y Coordinador de Cumplimiento de Derechos Civiles, Maurene Stanton, o la Sección 504 / Coordinador de la Ley de Discapacidades Estadounidenses, Robert Hascall. Distrito Escolar Stanwood-Camano, 26920 Pioneer Hwy, Stanwood, WA 98292. Teléfono: (360) 629-1200.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____



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

English/November 2016

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 ___ No ___ Don't Know ___</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) ___ Yes ___ No</p> <p style="margin-left: 20px;">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: 20px;">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.aspx>. 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.



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Stanwood Camano School District

26920 Pioneer Hwy Stanwood WA 98292

Student Housing Questionnaire

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

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

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

- In a motel
- In a shelter
- 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.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other _____

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

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

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

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

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

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

Please return your students school to be forwarded to:

Michele Kunzman	360-629-1392	26920 Pioneer Hwy Stanwood WA 98292
District Liaison	Phone Number	Location

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

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



Restriction of Release of Directory Information

Only complete and return this form if you **do not** want photos or student directory information released about your student for specific purposes.

Directory Information:

Directory information can be made public without the consent of parents/guardians, according to the federal Family Educational Rights and Privacy Act (FERPA).

Directory information means: the student's name, photograph, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received and the most recent previous school attended.

Directory information is primarily used in school (local) publications. Examples include:

- Annual yearbook; school or district newsletter; a playbill, showing your student's role in a drama production;
- Graduation programs; honor roll or other recognition lists; and
- Sports activity sheets, such as wrestling, showing weight and height of team members.

This information is not released for commercial purposes and is generally not considered to be harmful or invasive of privacy. Families have the right to restrict the release of directory information for certain circumstances. If you ***do not*** want directory information released about your student, please complete the form below and return it to your school. This form is only effective for one school year at a time.

If no documentation is on file, it will be assumed that permission for release of directory information has been granted. Check only when you **do not** want directory information released.

HIGH SCHOOL Students Only:

- PLEASE DO NOT: release my high school student's directory information to military recruiters.
- PLEASE DO NOT: release my high school student's directory information to institutions of higher learning.

ALL Students:

- PLEASE DO NOT: release student directory information for any school-related publicity purpose or news coverage, such as use in district/school print and electronic publications, including district/school Web sites, or for use by local/regional print, broadcast or online news media. *If you check here, your child will not be listed in the school annual yearbook.*

Student name: _____ School: _____ Grade: _____
(Last) (First)

Parent/guardian name: _____
(Last) (First)

Parent/guardian signature or student if 18 years or older: _____ Date: _____

Please use one form per student.

If you require additional forms, please make copies, contact your school or download at www.stanwood.wednet.edu under Families & Students. Submit this form to your child's school as soon as possible after the school year has begun.



Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2020-2021



Parent/Guardian Instructions: To see which vaccines are required for school, find your child's grade and look only at that row going across to find the vaccines and number of doses required.

	Hepatitis B	DTaP/Tdap (Diphtheria, Tetanus, Pertussis) Vaccine doses required may be fewer than listed	Polio Vaccine doses required may be fewer than listed	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten through 6th Grade	3 doses <i>within the correct timeframes</i>	5 doses <i>within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease
7th Grade through 12th Grade	3 doses <i>within the correct timeframes</i>	5 doses DTaP AND 1 dose Tdap, <i>all within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease (<i>Exceptions are allowed for certain students</i>)

- Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.
- Find information on other recommended vaccines not required for school: www.immunize.org/cdc/schedules/



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
<p>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.</p>			
X	<p style="text-align: center;">Parent/Guardian Signature _____ Date _____</p>		
			X
			Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

Required Vaccines for School or Child Care Entry				
	Date	Date	Date	Date
▲ Required for School ● Required Child Care/Preschool	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 (<i>Haemophilus influenzae</i> type b)				
● IPV (Polio) (any combination of IPV/OPV)				
● OPV (Polio)				
● MMR (Measles, Mumps, Rubella)				
● PCV/PPSV (Pneumococcal)				
● Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS				

Recommended Vaccines (Not Required for School or Child Care Entry)				
	Date	Date	Date	Date
▲	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Flu (Influenza)				
Hepatitis A				
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (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.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

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: _____

If verified by school or child care staff the medical immunization records must be attached to this document.

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

To print with the immunization information filled in:

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

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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

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

Stanwood-Camano School District
Student Health Concerns

School Year 2020-2021

Student Name _____ Grade _____ Birth date _____

Parent/Guardian Name _____ Parent/Guardian Email _____

Medical History:

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

Please check any **HEALTHCARE PROVIDER DIAGNOSED** health concerns that your student has. If your student does not have any health concerns, simply check the box that says "No Health Concerns at this time".

No Health Concerns at this time

ALLERGIES

Bee or Insect Allergy
Reaction Mild Severe/Life Threatening
Symptoms _____
Treatment _____

Seasonal allergies
 Food allergy Food Intolerance
 List foods _____
Reaction Mild Severe/Life Threatening
Symptoms _____
Treatment _____

Latex allergy _____

Drug allergy _____

*Has EpiPen

NEUROLOGICAL

Seizure Disorder Type: _____
 ADD ADHD
 Autism Spectrum Disorder
 Sensory Processing Disorder
 Headaches Migraines
 Other: _____

DIGESTION / ELIMINATION

Bowel control problems
 Irritable Bowel Syndrome
 Bladder incontinence
 Other: _____

DIABETES

Type I Type II

VISION / HEARING

Vision deficit Glasses/Contacts
 Hearing deficit Hearing Aid

DEVELOPMENTAL

Prematurity-Gestation _____
 Prenatal exposure _____
 Developmental Delay _____

CARDIOVASCULAR

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

RESPIRATORY Current Diagnosis Past Diagnosis

Asthma – mild Intermittent symptoms, infrequently uses rescue inhaler, no interference with normal activity
 Asthma – moderate Persistent symptoms, uses rescue inhaler, some activity limitation
 Asthma – severe Daily symptoms, uses rescue inhaler several times a day, normal activities extremely limited

Has Inhaler at? *School Home

Other: _____

MUSCULOSKELETAL / SKIN

Cerebral Palsy
 Other Musculoskeletal condition _____
 Other Skin conditions: _____

BEHAVIORAL HEALTH

Obsessive Compulsive Disorder
 Oppositional Defiant Disorder
 Bipolar Disorder
 Depression
 Other: _____

CONGENITAL

Down Syndrome
 Other: _____

HEMATOLOGICAL

Hemophiliac Sickle Cell Other: _____

Medication:

Medication student takes daily at home (list medications): _____

Medication at school (list medications): _____

**If medication is needed at school, complete and return an "Authorization for Medication at School" form. Health care provider AND parent/guardian signatures are required. Form can be obtained from school nurse, office, or district website.*

I authorize the disclosure of health information on this form to be shared with the school nurse or other staff responsible for my student during the school day.

Parent/Guardian Signature: _____ Date: _____

ELECTRONIC INFORMATION SYSTEM (K-20 Network)

Technology

The use of technology by students in the educational process has become an everyday occurrence. Developing efficient skills is vital to the success of students now and in the future. It is a goal of the Stanwood-Camano School District not only to provide students access to technology, but also to further their development of technological skills. Technology is an integral part of the curriculum, physical environment and delivery of instruction.

Equitable Access

1. Students throughout the school district will have equitable access to technologies while being provided educational opportunities to use those technologies.
2. Students with special needs, including those with identified disabilities, benefit greatly from the use of technology. In many cases, technology can remove barriers to learning.

Appropriate Use

1. It is the expectation of the school district that students effectively and appropriately use available technology.
2. Appropriate safeguards are established to ensure the security of school district and student data.
3. All users of the system shall comply with current copyright laws.

General Use of Stanwood-Camano School District Technology

1. Diligent effort by all users must be made to conserve system resources; e.g., system storage, network bandwidth, software licenses, etc.
2. Prior to having access to the system, every effort shall be made to provide appropriate training.
3. A signed acknowledgment by parent(s)/guardian(s) that they have received and agreed to the conditions for student use of technology as specified in these procedures and student or staff handbooks should be collected.

Personal Security

1. Personal information such as complete names, addresses, telephone numbers and identifiable photos should remain confidential when communicating on the system. Students should never reveal such information without permission from their teacher and parent(s)/guardian(s). No user may disclose, use or disseminate personally identifiable information regarding others without authorization.
2. Students should never make appointments to meet people in person whom they have contacted on the system without school and parent permission.
3. Students should report to school staff if they come across information or messages on the web or when using electronic mail, chat rooms and other forms of direct electronic communications (e.g., instant message services) that may be dangerous or inappropriate.

Student Access and Use of Technology

1. Student access and use of technology is granted on a continuing basis unless a parent/guardian chooses to withhold permission. Parent(s)/guardian(s) may notify the school of their intent to withdraw permission for use of technology by notifying the school in writing.
2. Internet access shall be granted on a continuing basis unless a parent/guardian chooses to withhold permission. Parent(s)/guardian(s) may notify the school of their intent to withdraw permission for Internet access by notifying the school in writing or completing the appropriate form provided by the school.
3. All use of technology must be in support of education and classroom learning and consistent with the mission of the Stanwood-Camano School District.

4. Use of technology must conform to state law, federal law and Stanwood-Camano School District's policy.
5. Use of the system for commercial solicitation is prohibited.
6. Technology shall not be used to disrupt the operation of the system by others.
7. Use of technology to access, store or distribute inappropriate, obscene or pornographic materials is prohibited.
8. Use of electronic recording devices, including still, video, and audio, is prohibited in Stanwood-Camano School District facilities except as authorized by Stanwood-Camano School District staff for educational purposes. In no case shall any such devices be used in restrooms and locker rooms.
9. Student access and use of technology on school district equipment is authorized, provided the student follows the "System Acceptable Use Guidelines" as follows:

System Use

1. All use of the system must be in support of education and the Stanwood-Camano School District's operations and consistent with the mission of the Stanwood-Camano School District. The school district reserves the right to prioritize use and access to the system.
2. Any use of the system must be in conformity to state and federal law, system use policies and the Stanwood-Camano School District's policy.
3. Use of the system for commercial solicitation is prohibited, except as allowed by law.
4. The system constitutes public facilities and may not be used to support or oppose political candidates or ballot measures.
5. Subscriptions to mailing lists, bulletin boards, chat groups, commercial online services and other information services must be directly related to classroom curriculum or the job responsibilities of the employee.
6. Diligent effort must be made to conserve system resources.
7. Technology shall not be used to disrupt the operation and use of the system by others; system components including hardware or software shall not be destroyed, modified, removed or abused in any way.
8. Malicious use of the system to develop programs or institute practices that harass other users or gain unauthorized access to any service or information on the system and/or damage the components of a service or information on the system is prohibited.
9. Users are responsible for the appropriateness of the material they transmit or publish on the system. Hate mail, harassment, discriminatory remarks or other antisocial behaviors are expressly prohibited.
10. Uses of the system to access, store or distribute obscene or pornographic material is prohibited.
11. Connecting or attaching any computer or networking equipment or components to the system via network ports and/or communications closets, by anyone other than a network technician or other individuals expressly authorized by the director of the Information Systems and Technology Department, is strictly prohibited. Unauthorized computer or networking equipment or components will be removed without notice.

Security

1. System log-ins or accounts are to be used only by the authorized owner of the account for authorized purposes.
2. Users may not share their system, computer or software passwords with others or leave an open file or session unattended or unsupervised. Account owners are ultimately responsible for all activity under their account.
3. Users shall not seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users, misrepresent other users on the system or attempt to gain unauthorized access to any data or entity on specific computers or the network.
4. Communications may not be encrypted so as to avoid school district security review.
5. Users will avoid using easily-guessed passwords and will be required to change passwords regularly as necessary to maintain security.

Filtering and Monitoring

1. Filtering services are in use on all computers with access to the Internet. The system is designed to block or filter access to Internet content the district deems inappropriate, including pornography and any depictions that are obscene or are harmful to minors.

District Responsibilities

The Stanwood-Camano School District shall:

1. Review, monitor, and log, as appropriate, all activity on the system for responsible use consistent with the terms of the policy and procedures.
2. Make determinations on whether specific uses of the system are consistent with these acceptable use guidelines.
3. Remove a user's access to the system, with or without notice, at any time the school district suspects that the user is engaged in unauthorized activity or violating this policy. In addition, further disciplinary or corrective action(s) may be imposed for violations of the policy up to, and including, termination of employment for staff, or appropriate disciplinary sanctions for students.
4. Cooperate fully with law enforcement investigation(s) concerning, or relating to, any suspected or alleged inappropriate activities on the system or any other electronic media.
5. From time to time make a determination on whether specific uses of the system are consistent with the regulations stated above. Under prescribed circumstances, non-student or non-staff use may be permitted, provided such individuals demonstrate that their use furthers the purpose and goals of the school district.

Discipline and Consequences for Unauthorized Use of Technology

For Students

Violation of the Stanwood-Camano School District's expectations for use of technology may be cause for disciplinary action up to, and including, expulsion.

For Staff

Violation of the Stanwood-Camano School District's expectations for use of technology may be cause for disciplinary action up to, and including, termination and reporting to the Office of Superintendent of Instruction's Office of Professional Practice.

Adopted: 08.05.03
Stanwood-Camano School District
Revised: 03.03.06
Revised: 01.05.09

**STANWOOD-CAMANO SCHOOL DISTRICT NO. 401
ELECTRONIC INFORMATION SYSTEM**

Dear Parent(s)/Guardian:

Your child has the opportunity to receive an electronic network account or access, and needs your permission to do so. Among other advantages, your child will be able to communicate with other schools, colleges, organizations and individuals around the world through Internet and other electronic information systems and networks. Internet is a system which links smaller computer networks, creating a large and diverse network. Internet allows your child, through electronic mail (e-mail) and other means to reach out to many other people to share information, learn concepts and research subjects. These are significant learning opportunities to prepare your child for the future.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed informed consent form, school district procedures and other material, and discuss it together. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of the privilege to use this educational tool, and other disciplinary action if appropriate. Parents, remember that you are legally responsible for your child's actions.

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

We have established procedures and rules regulating the materials that students may search for on the network, but please be aware that there is unacceptable and controversial material and communications on the Internet that your child could access. It is not possible for us to always provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the informed consent form.

We also reserve the right to review e-mail sent or received on the district system to improve student safety and system integrity, and you and your child must waive the copyright on any material posted through the network.

If you have any questions please contact your child's school administrator. If you want your child to have the opportunity to receive an Electronic Network account or access, please return signed informed consent forms to us as soon as possible.

STANWOOD-CAMANO SCHOOL DISTRICT
ELECTRONIC INFORMATION SYSTEM (K-20 Network)
Individual User Access Informed Consent Form

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Stanwood-Camano School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Stanwood-Camano School District's Acceptable Use Guidelines. Further, my 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 Stanwood-Camano School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the Internet through the school district's system is waived.

Signature of User

Please circle: Staff Student

Grade _____

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

Location (building)

Printed Name of User

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed

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

OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE

Account Number: _____

Approved by: _____

Date: _____