



LAKEWOOD SCHOOL DISTRICT

Student Enrollment Registration Packet

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

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

For Office Use Only:

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

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

NON-DISCRIMINATION STATEMENT

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

NON-DISCRIMINATION GRIEVANCE PROCEDURES

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

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

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



STUDENT REGISTRATION

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

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

- ☐ Active Armed Forces
 ☐ Lives on Federal Land
☐ Works on Federal Land
 ☐ Does Not Apply

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

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

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

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

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

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

The placement of new students is very important.

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

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

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

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

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

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

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

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

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

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

Please list siblings also attending Lakewood School District:

Last Name	First Name	School	Grade

Student Release Authorization

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

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

Special instructions regarding religious beliefs: (optional) _____

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

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

Please read each statement below and sign:

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

Emergency Medical Authorization: I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Verification of Information: The information on this form is true and accurate. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Lakewood School District.

Legal Parent/Guardian Signature _____

Date _____

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).

Revised 8/25/2023

Washington State Ethnicity and Race Data Collection Form

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

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

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____



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

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



School Year:



LAKEWOOD
SCHOOL DISTRICT

DO NOT Release Directory Information Request

Only complete and return this form if you DO NOT want photos (including class picture, yearbook and newsletter) or student directory information released about your student for specific purposes.

Directory Information:

Directory information can be made public without the consent of parents/guardians, according to the Federal Family Educational Rights and Privacy Act (FERPA). Directory information is defined as the student's name, photograph, address, telephone number, date and place of birth, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, diplomas and awards received and the most recent previous school attended. Lakewood School District will release directory information upon request to Law Enforcement and Child Protective Services without the consent of parents. Lakewood School District does not release directory information for commercial use. See Board Policy 3231 for additional information.

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

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

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

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

Student Name

School

Grade

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

Date

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

FOR OFFICE USE ONLY

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



LAKEWOOD
SCHOOL DISTRICT

Student Housing Questionnaire

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

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

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

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

Name of Student: _____
First Middle Last

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

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

ADDRESS OF CURRENT RESIDENCE: _____

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

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

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

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

Please return completed form to:

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

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

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

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

McKinney-Vento Liaison Signature: _____

Date: _____

Send copies to : ☐ Transportation

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

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

[SchoolHouse Connection](#)



New Immunization Record Requirements

Dear Parent or Guardian,

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

Here are some examples of medically verified immunization records:

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

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

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

Sincerely,

Lakewood School District
Nurse (360) 654-2098

Lakewood High School
(360) 652-4505

Lakewood Middle School
(360) 652-4510

English Crossing Elementary
(360) 652-4515

Lakewood Elementary School
(360) 652-4520

Cougar Creek Elementary
(360) 652-4517



Certificate of Immunization Status (CIS)

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

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

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

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
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: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> 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
<input type="checkbox"/> 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.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

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

To fill out the form by hand:

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

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order

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

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

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

DOH 348-013 November 2019

HEALTH CONCERNS

School Year _____

Student Name _____

Birthdate _____

School ☐ LES ☐ ECE ☐ CCE ☐ LMS ☐ LHS Grade _____ Teacher _____**Please complete, sign and return to your child's school. Codes seen in parentheses are for school data entry purposes.**☐ No Health Concerns at this time.☐ Student has the following health condition(s): (Health Care Plan(s) and Physician Documentation will be required for severe bee sting reaction, food allergy, asthma, seizures, diabetes, and certain other health conditions prior to student attending school.)**ALLERGIES:**

Symptoms:

Medication:

- ☐ Epi-Pen (EE)
☐ Bee/Insect Allergy (EE)
☐ Food Allergy (ED)
☐ Food Intolerance (FI)
☐ Environmental Allergies (EC)

RESPIRATORY:Asthma (RA) ☐ Mild ☐ Moderate ☐ Severe ☐ Exercise Induced

Symptoms:

Medications:

Triggers:

- ☐
- Other

DIABETES:Insulin Dependent (EK)

- ☐ Insulin Pump ☐ Insulin Injections
☐ Non-Insulin Dependent (EL)

NEUROLOGICAL:

- ☐ Seizures (NP) Type:
☐ Headaches (NI)
☐ Migraines (NH)
☐ Autism (NC)
☐ Aspergers (NA)
☐ ADD/ADHD (NB)
☐ Other

BEHAVIORAL/MENTAL HEALTH

- ☐ Anxiety (PA)
☐ Depression (PC)
☐ Obsessive Compulsive Disorder (PD)
☐ Oppositional Defiant Disorder (PE)
☐ Post Traumatic Disorder (PF)
☐ Other

VISION PROBLEMS:

- ☐ Vision Deficit (YD)
☐ Corrective Lenses (YF)
☐ Reading Glasses ☐ Continual Glasses ☐ Contact Lenses
☐ Color Blindness (YE)
☐ Other

HEARING PROBLEMS:

- ☐ Hearing Loss (YB)
Wears Hearing Aid(s) (YH) ☐ Right ☐ Left ☐ Both
☐ Frequent Ear Infections (YA)
☐ Other

DIGESTION/ELIMINATION:

- ☐ Encopresis/Enuresis (GF)
☐ Constipation (GO)
☐ Bedwetting (BW)
☐ Irritable Bowel Syndrome (GK)
☐ Acid Reflux (GH)
☐ Ulcers (UL)
☐ Other

CARDIOVASCULAR:

- ☐ Heart Disease (CA)
☐ High Blood Pressure (CE)
☐ Blood Disease (BD)
☐ Other

SKELETAL/MUSCULAR

- ☐ Spina Bifida (NS)
☐ Scoliosis (MH)
☐ Other

NEEDS/REQUESTS

- ☐ Need to arrange for medication administration during school hours
☐ Need information on state funded health insurance for my child
☐ Please have school nurse contact me (re: medical concerns)
☐ Please have school counselor contact me (re: other concerns)

Other Health Issues:**MEDICATIONS:****Medication given at HOME:**

Name of Medication:		Used to treat:	
Name of Medication:		Used to treat:	

Medication given at SCHOOL:

Name of Medication:		Used to treat:	
Name of Medication:		Used to treat:	

Washington State Law requires written permission from parent and health care provider before any medications (prescription or over the counter) may be administered at school. Forms are available from your School Health Staff.

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

Parent/Guardian Signature _____ Date _____



Parent/Guardian Military Status

School Year _____

Student Name: _____ School: _____

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

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

- ☐ No (please sign and date below) **(N)**
- ☐ Yes (if yes, please check the appropriate option below that indicates the type of service, and then sign and date below)
- ☐ U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. **(A)**
 - ☐ National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. **(G)**
 - ☐ More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. **(M)**

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

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



REQUIRED ANNUAL ATTENDANCE NOTIFICATION

Dear Parent or Guardian,

Attendance in school is important to your student's success. Under Washington State Law (RCW 28A.225) a student is required to attend school full time until he/she reaches the age of 18. The bill contains strict attendance requirements and requires schools to notify the juvenile court when students are in violation of this statute. These requirements are consistent with our efforts to increase academic achievement, reduce dropout rates and increase graduation numbers. Student learning is affected when a child is absent from class. You can help your student succeed and help the district comply with state law by assuring that your child arrives to school on time and attends all classes on a daily basis.

In order to help students and parents comply with attendance requirements, the district will intervene quickly. We will take daily attendance and attempt to notify parents when a student has an unexcused absence. For repeated unexcused absences, we will request a conference with parents to help return the student to regular attendance. Other sanctions may be imposed if unexcused absences continue. State law requires that we file petitions with the juvenile court for all students who have seven or more unexcused absences in a month or ten unexcused absences in a school year. The court may require that the student and parents attend a hearing and may impose different requirements or penalties on the child or the parent.

With your help, we can comply with the law in a way that is beneficial for all Lakewood students, their families and the community.

PLEASE SIGN AND RETURN THIS FORM TO YOUR STUDENT'S SCHOOL OFFICE

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

1. Students are expected to arrive at school on time and be in class when it commences.
2. Students will attend all scheduled classes, in their entirety, every day without tardies, skips or unexcused absences.
3. If my student misses any part of a school day, I will communicate the reason for the absence to the attendance secretary at the school he/she attends. I will do this in a timely manner consistent with school attendance policy.
4. I understand that my student and I may be required to attend a conference if unexcused absences begin to accumulate, and that the school will be required to file a truancy petition if my student collects 7 unexcused absences within a month or 10 unexcused absences within the school year.
5. I understand that my student will be withdrawn from school if he/she has 20 consecutive days of absence. If the registrar does not receive a request for records within 10 days of that withdrawal, a truancy petition will be filed with juvenile court.

Student Name _____ School _____ Date _____

Parent Signature _____ Parent Name _____
(Please print)



LAKEWOOD
SCHOOL DISTRICT

PO Box 220
N. Lakewood, WA 98259

Office Use Only
Date request made: _____
Request sent by: _____

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student Name: _____ Birthdate: _____ Grade: _____

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

☐ Yes

☐ No

RECORDS FROM:

Name of
Previous School:

Phone Number of Previous School:

Street Address:

Fax Number of Previous School:

City, State, Zip

SCHOOL USE ONLY

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

<input type="checkbox"/> Academic Progress Report	<input type="checkbox"/> Attendance Records, including BECCA Filings, etc.	<input type="checkbox"/> Legal Documents (Parenting plans, etc.)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Copy of Withdrawal Form	<input type="checkbox"/> Discipline Records
<input type="checkbox"/> Immunization/Health Records	<input type="checkbox"/> Official Transcript	<input type="checkbox"/> Special Education Records Fax Special Education Records to (360) 652-4502
<input type="checkbox"/> 504 Accommodations	<input type="checkbox"/> State Test Scores	<input type="checkbox"/> Other:

Student Start Date:

School Year:

Send Records to Lakewood School District

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

Lakewood High School PO Box 10 <input type="checkbox"/> N. Lakewood, WA 98259 Phone: (360) 652-4505 Fax: (360) 652-4507	Lakewood Middle School PO Box 9 <input type="checkbox"/> N. Lakewood, WA 98259 Phone: (360) 652-4510 Fax: (360) 652-4512	Cougar Creek Elementary PO Box 128 <input type="checkbox"/> N. Lakewood, WA 98259 Phone: (360) 652-4517 Fax: (360) 652-4519
Lakewood Elementary PO Box 40 <input type="checkbox"/> N. Lakewood, WA 98259 Phone: (360) 652-4520 Fax: (360) 654-2039	English Crossing Elementary PO Box 50 <input type="checkbox"/> N. Lakewood, WA 98259 Phone: (360) 652-4515 Fax: (360) 654-2036	Special Services PO Box 220 N. Lakewood, WA 98259 Phone: <input type="checkbox"/> (360) 654-2037 Fax: (360) 652-4502 email: specialrecords@lwsd.wednet.edu

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

Parent/Guardian Signature: _____ Date: _____

Address: _____ City, State, and Zip: _____



FOOD SERVICE CHARGE POLICY

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

Snacks or extras will not be covered under this policy.

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

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

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

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

School _____ Grade _____

Dear Parent(s)/ Guardian(s):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Parent Signature: _____

Date: _____

NON-DISCRIMINATION NOTICE

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

NON-DISCRIMINATION GRIEVANCE PROCEDURES

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

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

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