



# Welcome to ICS and the 2018-2019 School Year

**This packet contains all documents required for registration on August 29, 2018.**

When you arrive during the assigned time slot please follow the signs to the various tables for registration.

Payment/checks required:

**Issued to ICS** (unless paid online):

- Fee schedule for supplies (page 4)
- Student Parking (page 8)

**Issued to ICS ASB** (unless paid online):

- ASB Sticker (page 5)
- Yearbook (page 9)

**Issued to ICS PTSA:**

- Family Donation (page 10)
- Logo Wear (page 13)

For more information about registration, see the **Registration** page on the [ICS website](http://tiny.cc/ICSRegistrationPage) (<http://tiny.cc/ICSRegistrationPage>).



## Family Participation Agreement 2018-2019

We acknowledge that we have read, are fully familiar with, and will abide by the International Community School:

- Parent Participation Agreement

We agree to the 30 hours/year volunteer commitment.

- Family Donation Agreement

We agree to the annual \$200/family donation in lieu of separate fundraising activities.

	Print Name	Signature	Date
Student #1			
Student #2			
Student #3			
Parent/Guardian #1			
Parent/Guardian #2			



## Parent & Student Handbook Acknowledgement Form 2018-2019

Before signing, please review and discuss the following topics together:

- ICS Mission & Core Beliefs, p4
- Daily Class Schedule, p3
- Arrival and Departure Times, p5
- Technology Acceptable Use Policy, p41
- Calling in an absence, p6 or **425-936-2381** (save to your phone now)
- Medication at School, p9 then p42
- Club Schedule and Important Rules About Clubs, p18

We and our student(s) have read and reviewed the [ICS Student Handbook](#).

We understand the rules, policies, and procedures, and we agree to abide by them as outlined in the handbook.

Parent/Guardian/Student Names	Signatures	Date



## Fee Schedule 2018-2019

To supplement instruction and comply with copyright laws, ICS has purchased classroom supplies and workbooks for students. Fees are due at registration for each student’s specific classes – not all fees apply to every student. Please speak to the principal if you qualify for a Fee Reduction or Waiver.

**Make check payable to: ICS  
or pay online**

- One form and one check per family, please.
- Include your scholar’s name(s) on the check. Staple check to this form.

Student’s Name(s)		Grade(s)	Check #	Amount
Level/Grade	Description	Fee	Total	
Grade 6	<ul style="list-style-type: none"> <li>• Art supplies (\$60.00)</li> <li>• PE Clothes \$(13.75)</li> <li>• Intro Science Lab Fee (\$20)</li> </ul>	\$93.75		
Grade 7	<ul style="list-style-type: none"> <li>• Art supplies (\$60.00)</li> <li>• Science lab fee (\$20)</li> <li>• IS Field Trip Fee (\$40)</li> </ul>	\$120		
Grade 8	<ul style="list-style-type: none"> <li>• Art Supplies (\$60.00)</li> <li>• Science Lab Fee (\$20)</li> </ul>	\$80		
Grade 9	<ul style="list-style-type: none"> <li>• Art Supplies (\$60.00)</li> <li>• Science Lab Fee (\$20)</li> </ul>	\$80		
Grade 10	<ul style="list-style-type: none"> <li>• Art Supplies (\$60.00)</li> <li>• Chemistry Lab Fee (\$20)</li> <li>• Spanish Cultural Resources (\$15)</li> </ul>	\$95		
Grade 11	<ul style="list-style-type: none"> <li>• Art Supplies (\$60.00)</li> <li>• Biology Honors &amp; Biology AP Lab Fee (\$25)</li> <li>• AP US History Workbook (\$25)</li> </ul>	\$110		
Grade 12	<ul style="list-style-type: none"> <li>• IS Reference Materials (\$25)</li> <li>• Graduation Fee (\$25)</li> </ul>	\$50		
AP Calculus AB	Review & Solution Guide	\$25		
AP Physics B	Review Guide, Web Assign and Lab Fee	\$50		
AP Chemistry	Review Guide, Web Assign and Lab Fee	\$50		
AP Comp Sci.	Workbook	\$20		
Advertising	Supplies	\$60		
Music	Supplies	\$25		
<b>Total Due</b>				<b>\$</b>



## ASB Sticker Order Form 2018-2019

**Why you want an ASB Sticker...**

Only  
\$30

Must have an ASB sticker for participation in clubs or sports at other LWSD schools

Necessary in order to participate in ICS Clubs

Your purchase supports ICS activities

The only ASB sticker you will need for the whole school year...

Buy it today, put it on your Student ID, and begin enjoying the benefits!

Make check payable to: ***ICS ASB or pay online***

	Student Name	Grade	Amount
Student #1			
Student #2			
Student #3			
		Check #	Total:



# ICS Music Program Registration Form

Please return this form and a check payable to ICS with your ensemble in the memo field on Registration day.

**Musician Information:** Ensemble registering for (circle one): Band      HS Orchestra  
Choir      MS Orchestra

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument/Vocal part: \_\_\_\_\_ Years: \_\_\_\_\_ Lessons (y/n): \_\_\_\_\_

Other Instrument: \_\_\_\_\_ Years: \_\_\_\_\_ Lessons (y/n): \_\_\_\_\_

Most Recent Groups Played/Sing with \_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

### Contact Information:

Parent: \_\_\_\_\_ Email: \_\_\_\_\_

Parent: \_\_\_\_\_ Email: \_\_\_\_\_

Student email: \_\_\_\_\_

Home Middle School (for carpool reasons): \_\_\_\_\_

By signing below, I understand that I am committed to attend all requested rehearsals and performances as a member of the ICS Music Program. To receive ICS school credit, I must attend all rehearsals and performances for the entire year. I also understand that I cannot add/drop this class after week 3. I understand this is a mandatory year-long commitment.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ICS Parking Regulations

**Please read these directions carefully before filling out the registration form.**

1. Students and parents must complete, sign, and date the Student Vehicle Registration form.
2. All fines must be paid prior to purchase of a parking permit.
3. Students must possess a valid driver's license and abide by the 6-month rule as required by the State of Washington.
4. Students and parents must read the Lake Washington School District's Parking policy (below).
5. Students who withdraw or are long-term suspended must return their parking permit.
6. Parking Regulations will be strictly enforced. It is considered a privilege to park on school grounds. Fines, suspension of driving privileges, and/or suspension from school may occur when these regulations are violated.

Before filling out the registration form, please read the Lake Washington School District parking policy and the ICS Parking Policy.

### **Lake Washington School District Policy:**

"By issuance of this permit, the Lake Washington School District does not assume liability for any property damage to any private automobile parked on its property. The owner-operator(s) of all private vehicles accept responsibility for their own property and agrees that they are parking at their own risk. Students may request parking accommodations which may be necessary due to a handicap through the school guidance team."

### **ICS School Policy:**

"All ICS students who park their vehicle(s) on the ICS campus must have a valid and visible 2017 - 2018 Student Parking Permit properly displayed on their vehicle. A parking permit is to be used only by and for the car and drivers for whom it is issued. The parking permit is not transferable and may not be "sold" by the student. Students must turn in their Parking Permit at the end of the school year."

### **Parking citations of \$15.00 each will be issued for the following:**

1. Parking without a valid and visible parking permit. All parking tags must be clearly displayed in the front window of your car.
2. Improper parking of a vehicle. This includes not properly parking in the stall (taking more than one place or blocking accessibility), parking in restricted spaces (fire lanes; handicap only parking, visitor areas, curbs, grass, etc.)
3. Not registering new vehicles with the school that are not listed on this registration form.
4. Moving violations (speeding, reckless driving, or misuse of vehicle).

**NOTE: More than one violation may result in the following: suspension; towing at owner's expense; loss of parking privileges.**



# Student Vehicle Registration

Parking spots will be available as follows:

- Southeast upper lot is for **seniors**
- Northwest portion of the lower lot is for **juniors**

**Return your completed form to the ICS office along with your \$35.00 payment and a spot will be assigned.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (PLEASE PRINT)

Home Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Vehicle Information

List all vehicles you may be parking on the ICS Campus.

	License #	Make	Model	Color
1.				
2.				
3.				
4.				

Parent Please Print Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paid: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Assigned to # \_\_\_\_\_





To help us create an accurate, vivid account of this school, the staff of Nostalgia invite parents to submit pictures for our image library. We need images that:

- Show ICS students in close-ups (we want to see who they are)
- Students involved in sports, awards ceremonies, unusual travel, jobs, or volunteer work, etc.

We meet several deadlines through the year, so please submit images to [mkskillingstead@lwsd.org](mailto:mkskillingstead@lwsd.org) ASAP so that we can consider them for use in the yearbook. Please provide details, such as student names and a caption.

## Reserve Your 2019 Yearbook!

Final Reservation Date is December 7

International Community School

*Be a part of the story!*

Return form and check for \$65 to the library by Dec. 8

Fancier and more colorful pages!

**Senior Ads:** Add \$65 per ad, please.

**Make check payable to ICS ASB**

More than one child at ICS? Please use one form to order multiple copies of the yearbook.

**IMPORTANT:** Yearbook Information: Student Name/Grade: \_\_\_\_\_

Name as it should appear on cover:  
\_\_\_\_\_

**School will fill out this section:**

Parent Name: \_\_\_\_\_ Number of books ordered: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check amount: \_\_\_\_\_

ADMINISTRATIVE USE CHECK NUMBER:
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## Family Donation Form

To enhance the education of ICS students, the ICS PTSA donates money to support the school curriculum. Our donations are an important component in the success of ICS. The basic funding provided by the State, which is based on the number of students in the school, does not support some of the important educational programs that differentiate ICS from traditional larger schools.

ICS PTSA does not require families to raise money by selling candy or magazines or holding car washes. Instead, we raise money by asking for direct, tax deductible donations. A PTSA membership per family costs \$9 and we suggest a minimum donation per family of \$200 (including the membership and excluding any matching funds). This is the only annual fundraiser for the PTSA.

**Please select one parent or guardian as the voting member of the PTSA.**

**Submit this form with your donation at Registration**

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### Donation for School Year 2018-2019

**Student Name(s): (1)** \_\_\_\_\_  
(First and Last) (Grade)

**Student Name(s): (2)** \_\_\_\_\_  
(First and Last) (Grade)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_  
(First and Last)

Parent Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(For matching funds, if applicable)

**Parent Name:** \_\_\_\_\_  
(First and Last)

Parent Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(For matching funds, if applicable)

**Voting Parent/Guardian:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

**Please make your check payable to ICS PTSA**

If you have any questions, please contact the treasurers at [treasurer@icsptsa.org](mailto:treasurer@icsptsa.org)

***Thank you for your support of ICS PTSA!***



# ICS STUDENT DIRECTORY FORM

Participation in the ICS Student Directory is optional. If you do not wish to publish your information, only your name and grade will be listed in the directory. However, please know that the directory is distributed exclusively to the ICS community.

Use this form if:

- ...you are new to ICS.
- ...you need to make any changes to the information in last year's Student Directory.

Instructions:

- Include only the information that you want to have published in the directory.
- If you are making changes, please fill out this form completely. Only the information on this form will be used. The information in last year's directory will be discarded.
- Please print in capital/block letters for accuracy – i.e. KELLY PONTIFF.

## STUDENT INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## PARENT INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## PARENT INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

The above information is correct and may be printed in the ICS Student Directory.

Form filled out by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Email Kelly Pontiff at [kpontiff@icsptsa.org](mailto:kpontiff@icsptsa.org)

## ICS Logo Clothing Order Form

Student Name :	Grade:	Check #
Parent Name:	Parent Phone:	Invoice#
Parent Email:		(to be filled by Logo Wear Team)

ITEM	DESCRIPTION		SIZE	COLOR	QTY	PRICE	TOTAL
1	Short Sleeve T-shirt	ADULT	S M L XL	Cardinal/Black		\$18.00	
		YOUTH	S M L XL	Cardinal/Black		\$18.00	
2	Long Sleeve T-Shirt	ADULT	S M L XL	Cardinal/Charcoal		\$23.00	
		YOUTH	S M L XL	Charcoal		\$23.00	
3	Pullover Hoodie Sweatshirt	ADULT	S M L XL	Cardinal / Black /Charcoal		\$38.00	
		YOUTH	S M L	Black /Charcoal		\$38.00	
4	Fleece Full Zip Hoodie Sweatshirt	ADULT	S M L XL	Black/Dark Heather		\$38.00	
		YOUTH	S M L XL	Maroon/Black/Dark Heather		\$38.00	
5	Mini Mesh Short	ADULT	S M L XL	Black		\$23.00	
		YOUTH	S M L	Black		\$23.00	
6	Fleece Sweatpant	ADULT	S M L XL	Oxford Gray		\$28.00	
		YOUTH	S M L	Oxford Gray		\$28.00	
7	Full Zip Lightweight Hoodie	ADULT	S M L XL	Charcoal Black		\$38.00	
	PERSONALIZATION	NAME:				\$5.00	
<b>GRAND TOTAL</b>							

Attach checks payable to: **ICS PTSA**

[Questions? Contact: logo-wear@icsptsa.org](mailto:logo-wear@icsptsa.org)

- You can place your order at Registration, or have your student drop the forms in the school office
- Samples and views of all colors will be available at Registration – or see the flyer on the ICS website.
- All orders are due by 9/28/2018. Delivery will be in late October. Watch the school newsletter for details.
- Clothing available in 2XL or 3XL for an additional \$3.

## Family Education Rights and Privacy Act (FERPA): Request to Prevent Disclosure of Directory Information

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. Your student's educational records are private. Schools may release them only to the student's parents/guardians.

However, FERPA allows school districts to release students' "directory information" to anyone. FERPA defines "directory information" as information in a student's education record that generally would not be considered harmful or invasive to privacy if disclosed. Parents have the option to ask the school district to keep that information private.

### Lake Washington School District defines student directory information as:

- full name
- address
- email addresses (parent and school-assigned)
- phone number
- photograph/image
- schools attended
- grade level
- parent/guardian names
- participation in school activities and sports
- weight and height of members of athletic teams
- dates of school attendance
- enrollment status
- diplomas and awards received
- date and place of birth

Under FERPA, if you do **NOT** want Lake Washington School District to release this directory information about your student, **you must notify us by September 15 each year**. Instructions for how to opt out of the release of directory information are listed below. *Note: You can complete the process at any time, but in order to ensure your information will not be released, we request that you complete it prior to September 15.*

To make a request to withhold your child's directory information from release, you must complete one of the following processes:

- 1) Complete the request as part of the Online Student Information Verification process. (See instructions on reverse.)
- 2) Complete an online request through Skyward Family Access – after Online Student Information Verification process ends. (See instructions on reverse.)
- 3) Write a letter to your school's principal letting them know that you would like to opt out of the release of Directory Information under FERPA.

**What happens if you complete and turn in the FERPA opt-out letter or opt-out through the online student information verification process?** Lake Washington School District and its schools will **not** release your students' directory information in any way that could reach beyond the schoolhouse or to any outside organization. For example, your student will **not** be included in the school yearbook. They would not be mentioned in school or PTSA newsletters, or school/PTSA directories. No photos or videos of your student would be posted on district websites or social media. Your student would not be included in event programs. They would not be included in award listings in local media or school newspapers. The district will **not** provide your student's identity to others. It will not confirm enrollment in its schools.

**Please note:** District employees will exercise their best judgment when releasing directory information. They will seek parent/guardian permission for situations outside of the typical school-related activities or news. Also, the district cannot control the release of certain directory information such as photographs or names when students participate in school events open to the public.

For more information about your rights under FERPA: [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

## There are three options for submitting a request to withhold directory information:

### 1. Complete the Directory Information Withhold portion of the Online Student Information Verification Process

- Log in to Parent Access: <https://parent.lwsd.org>.
- Click on “Skyward Family Access” link on the right side of the page.
- Click on “Go to Online Student Information Verification for (Student Name)”.
  - Or, click on the “Online Student Information Verification” button, then click on your student’s name.
- The first section is titled “1. Verify Student Information.”
  - Under section 1a. Student Information, you will find the “Allow Publication of Student’s Information for:” section at the bottom of the page. You can select “Yes” or “No” to any of the following options:
    - **Military:** If you select “No,” LWSO will not release student information to military recruiters (grades 9-12).
    - **Higher Ed:** If you select “No,” LWSO will not release student information to institutions of higher education (grades 9-12).
    - **Public:** If you select “No,” student information will not be shared with any person, entity or organization outside of the school district and its partner organizations such as the PTSA, Lake Washington Schools Foundation (LWSF), and school recognized booster clubs. Your child’s information will NOT: appear in news releases, be announced at graduation, or posted on school or district websites.
    - **District:** If you select “No,” student information will not be used in any communication within the school district and its partner organizations such as the PTSA, Lake Washington Schools Foundation (LWSF), and recognized school booster clubs. Your child’s information will NOT: be published in student/PTSA directories, yearbooks, or posted on internal school websites open only to classmates.

### 2. Complete an online request through Skyward Family Access – after Online Student Information Verification Process ends

- Login to Parent Access: <https://parent.lwsd.org>.
- Click on “Skyward Family Access” link on the right side of the page.
- Select the Student Information tab on the left side of the page.
- Click on “Request Changes for (Student Name)” on the top right side of the page.
- Make your changes to the Directory Information Withhold options at the bottom of the page:
  - You can select “Yes” or “No” to any of the following options:
    - **Military:** If you select “No,” LWSO will not release student information to military recruiters (grades 9-12).
    - **Higher Ed:** If you select “No,” LWSO will not release student information to institutions of higher education (grades 9-12).
    - **Public:** If you select “No,” student information will not be shared with any person, entity or organization outside of the school district and its partner organizations such as the PTSA, Lake Washington Schools Foundation (LWSF), and school recognized booster clubs. Your child’s information will NOT: appear in news releases, be announced at graduation, or posted on school or district websites.
    - **District:** If you select “No,” student information will not be used in any communication within the school district and its partner organizations such as the PTSA, Lake Washington Schools Foundation (LWSF), and recognized school booster clubs. Your child’s information will NOT: be published in student/PTSA directories, yearbooks, or posted on internal school websites open only to classmates.

### 3. Write a letter to your school principal explaining your request to withhold directory information.

## Emergency Notification - Secondary

Student Name: _____			Grade Level
Last	First	Middle	
Birthdate (MM/DD/YYYY)	Gender (M/F)	Teacher (Advisor/Counselor):	

### Primary Household Information – Resident Address – where student resides

Street		Apt #	
City	State	Zip	Housing Development (if applicable)
Mailing Address (if different from above)			
Street		PO Box	Apt #
City	State	Zip	
Primary Phone: (_____)_____		<input type="checkbox"/> Check if unlisted	<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
<b>Parent/Guardian #1</b>		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Phone 2: (_____)_____
Last Name _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
First Name _____			Phone 3: (_____)_____
Employer _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
Email Address: _____			
<b>Parent/Guardian #2</b>		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Phone 2: (_____)_____
Last Name _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
First Name _____			Phone 3: (_____)_____
Employer _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
Email Address: _____			
<p>* <input type="checkbox"/> I grant LWSD permission to use the SchoolMessenger auto-dialer system to contact me on all of the cell phones listed in the Primary Household Information section of this form. (Please note: LWSD will use SchoolMessenger to contact you with emergency messages, even if you do not check this box.)</p>			

### Second Household Information (if a parent lives at an address different from primary)

Street		Apt #	
City	State	Zip	Housing Development (if applicable)
Mailing Address (if different from above)			
Street		PO Box	Apt #
City	State	Zip	
Primary Phone: (_____)_____		<input type="checkbox"/> Check if unlisted	<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
<b>Parent/Guardian #3</b>		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Phone 2: (_____)_____
Last Name _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
First Name _____			Phone 3: (_____)_____
Employer _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
Email Address: _____			
<b>Parent/Guardian #4</b>		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Phone 2: (_____)_____
Last Name _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
First Name _____			Phone 3: (_____)_____
Employer _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
Email Address: _____			
<p>**Please note: The Second Household will use an online process through Parent Access to confirm permission to call cell phones using the SchoolMessenger auto-dialer system.</p>			

**Emergency Contacts**

When injury or illness involving your child occurs, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) you trust who are available during the day to provide care for your child. We suggest at least one local contact and one out of state contact. Please be sure to list anyone who may need to pick your child up from school (i.e., carpool drivers).

1. Name:	Relationship:	Phone: (_____)_____
2. Name:	Relationship:	Phone: (_____)_____
3. Name:	Relationship:	Phone: (_____)_____

**Student Release Authorization:** In the event the school is unable to contact the parent/guardian, I authorize the school to release my student to the person(s) listed above.

For grades 6-8, in the event of an unanticipated dismissal of school we will attempt to contact parents/guardians. If we are unable to reach you, please indicate if your student has permission to:  
 bus home (if buses run early)                       walk home

**Siblings in District**

Name:	School:
Name:	School:
Name:	School:

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 Lake Washington School District.

**Legal Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please notify your student's school if any of the information on this form changes during the school year.**



**STUDENT/PARENT LAPTOP AGREEMENT – HIGH SCHOOL**

**GRADUATION YEAR:** \_\_\_\_\_

**Student/Parent Information**

Student Name: \_\_\_\_\_  
Last First Student ID#

Parent/Guardian Name: \_\_\_\_\_  
Last First Phone Number

**Terms of Agreement**

*In this agreement, “you” and “your” means the parent/guardian and the student enrolled in Lake Washington School District (LWSD or District). The “equipment” is a laptop computer, battery, and power cord/charger.*

Terms:  Parent initials: _____ Student initials: _____	You will be issued a new LWSD laptop computer, battery and power cord/charger at the start of the school year. Upon receipt of the laptop complete the Laptop Inspection Form distributed at your student’s school. This agreement is valid for all 4 high school years. You will comply with the LWSD’s Student Electronic Resources Policy (IIAB) and Student Use of Electronic Resources Procedures (IIAB-R) and the Laptop Handbook always. The use of the equipment is a privilege that can be revoked for inappropriate use.
Title:  Parent initials: _____ Student initials: _____	Legal title to the equipment is in the District and shall always remain property of the District. Your right to possess and use the equipment is limited to and conditioned upon your full compliance with this Agreement. Your permission to use the equipment terminates on the equipment check in date set by the school unless terminated earlier or upon withdrawal of permission by the District.
Lost, Stolen, or Damaged Equipment:  Parent initials: _____ Student initials: _____	You must report any lost, stolen, or damaged equipment to the school immediately. For stolen equipment, you must also file a police report. Failure to immediately report lost equipment can result in you being assessed the full replacement cost. If the equipment is lost or damaged, either intentionally or due to negligence, the student may be subject to discipline and you may be responsible for the cost of repair or replacement. Affordable laptop insurance is available through Worth Insurance Group. Refer to the Laptop Handbook for additional information and how to purchase.
Sanctions for Violations  Parent initials: _____ Student initials: _____	Any activity that violates Student Use of Electronic Resources Policy (IIAB) and Student Acceptable Use Procedures (IIAB-R) should be reported to a school administrator. Disciplinary action, if any, for the student(s) and other users shall be consistent with the District’s policies and procedures. Violations of the policies can constitute cause for revocation of access privileges, suspension of access to Lake Washington School District electronic resources, other school disciplinary action, and/or other appropriate legal or criminal action including restitution, if appropriate. Students shall be subject to the procedures and sanctions of WAC 392-400, et seq., as appropriate.

**Acceptance of Terms**

*By signing this form, you confirm that you understand and agree to comply with the terms in this agreement. You also confirm that you have read, understand, and accept the terms of LWSD Student Use of Electronic Resources Policy (IIAB), LWSD Student Acceptable Use Procedure (IIAB-R), and the Parent/Student Laptop Handbook.*

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Parent/Guardian Signature Date Email Address

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Student Signature Date

**STUDENT/PARENT LAPTOP AGREEMENT – MIDDLE SCHOOL**

**Student/Parent Information**

Student Name: \_\_\_\_\_  
*Last* *First* *Student ID#*

Parent/Guardian Name: \_\_\_\_\_  
*Last* *First* *Phone Number*

**Terms of Agreement**

*In this agreement, “you” and “your” means the parent/guardian and the student enrolled in Lake Washington School District (LWSD or District). The “equipment” is a laptop computer, battery, and power cord/charger.*

<p>Terms:</p> <p>Parent initials: _____</p> <p>Student initials: _____</p>	<p>You will be issued a new LWSD laptop computer, battery and power cord/charger at the start of the school year. Upon receipt of the laptop complete the Laptop Inspection Form distributed at your student’s school. This agreement is valid for all 3 middle school years.</p> <p>You will comply with the LWSD’s Student Electronic Resources Policy (IIAB) and Student Use of Electronic Resources Procedures (IIAB-R) and the Laptop Handbook always. The use of the equipment is a privilege that can be revoked for inappropriate use.</p>
<p>Title:</p> <p>Parent initials: _____</p> <p>Student initials: _____</p>	<p>Legal title to the equipment is in the District and shall always remain property of the District. Your right to possess and use the equipment is limited to and conditioned upon your full compliance with this Agreement.</p> <p>Your permission to use the equipment terminates on the equipment check in date set by the school unless terminated earlier or upon withdrawal of permission by the District.</p>
<p>Lost, Stolen, or Damaged Equipment:</p> <p>Parent initials: _____</p> <p>Student initials: _____</p>	<p>You must report any lost, stolen, or damaged equipment to the school immediately. For stolen equipment, you must also file a police report. Failure to immediately report lost equipment can result in you being assessed the full replacement cost.</p> <p>If the equipment is lost or damaged, either intentionally or due to negligence, the student may be subject to discipline and you may be responsible for the cost of repair or replacement. Affordable laptop insurance is available through Worth Insurance Group. Refer to the Laptop Handbook for additional information and how to purchase.</p>
<p>Sanctions for Violations</p> <p>Parent initials: _____</p> <p>Student initials: _____</p>	<p>Any activity that violates Student Use of Electronic Resources Policy (IIAB) and Student Acceptable Use Procedures (IIAB-R) should be reported to a school administrator. Disciplinary action, if any, for the student(s) and other users shall be consistent with the District’s policies and procedures. Violations of the policies can constitute cause for revocation of access privileges, suspension of access to Lake Washington School District electronic resources, other school disciplinary action, and/or other appropriate legal or criminal action including restitution, if appropriate. Students shall be subject to the procedures and sanctions of WAC 392-400, et seq., as appropriate.</p>

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Email Address \_\_\_\_\_

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_