

For Office Use Only
Received: _____ Time _____

Please Print Clearly

School _____ Date _____ Time _____

STUDENT PERSONAL DATA

Student Name: LEGAL Last Name _____ LEGAL First Name _____ LEGAL Middle Name _____

Preferred Last Name _____ Preferred First Name _____

Also or Previously Known as _____ Birthdate (Month/Day/Year) _____ Gender M F

Country of Birth (If outside of U.S.) _____ When did your student first attend school in the USA? (Mo/Yr) _____ Grade Entering _____ Student Cell Phone Number () _____

Has the student ever been enrolled in the Edmonds School District? YES NO
If so, which school(s)? _____

Have any of the following services EVER been provided to your student?
 ELL / ESL 504 Plan Highly Capable Other (Please specify): _____
 Special Education (IEP) Alternative School / Program

Will the student be SIMULTANEOUSLY attending another school while enrolled in the Edmonds School District? YES NO
If so, what other school will the student be enrolling in? _____

Has your student ever been Advanced – Grade(s): _____
 Retained – Grade(s): _____

Both questions must be completed.*

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

<input type="checkbox"/> NOT Hispanic/Latino (10)	<input type="checkbox"/> Mexican/ Mexican American/ Chicano (30)
<input type="checkbox"/> Cuban (55)	<input type="checkbox"/> Central American (75)
<input type="checkbox"/> Dominican (60)	<input type="checkbox"/> South American (80)
<input type="checkbox"/> Spaniard (65)	<input type="checkbox"/> Latin American (85)
<input type="checkbox"/> Puerto Rican (70)	<input type="checkbox"/> Other Hispanic/Latino (90)

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

<input type="checkbox"/> African American/ Black (200)	<input type="checkbox"/> Native Hawaiian (605)	<input type="checkbox"/> Muckleshoot (436)	<input type="checkbox"/> Other Washington Indian (495)
<input type="checkbox"/> White(300)	<input type="checkbox"/> Fijian (615)	<input type="checkbox"/> Nisqually (439)	<input type="checkbox"/> Other American Indian: The indigenous peoples of North, Central, South, or Latin America (those not choosing one of the federally recognized state tribes). (499)
<input type="checkbox"/> Asian Indian (505)	<input type="checkbox"/> Guamanian or Chamorro (620)	<input type="checkbox"/> Nooksack (442)	
<input type="checkbox"/> Cambodian (507)	<input type="checkbox"/> Mariana Islander (625)	<input type="checkbox"/> Port Gamble Klallam (445)	
<input type="checkbox"/> Chinese (510)	<input type="checkbox"/> Melanesian (630)	<input type="checkbox"/> Puyallup (448)	
<input type="checkbox"/> Filipino (520)	<input type="checkbox"/> Micronesian (632)	<input type="checkbox"/> Quileute (451)	
<input type="checkbox"/> Hmong (525)	<input type="checkbox"/> Samoan (635)	<input type="checkbox"/> Quinault (454)	
<input type="checkbox"/> Indonesian (530)	<input type="checkbox"/> Tongan (640)	<input type="checkbox"/> Samish (457)	
<input type="checkbox"/> Japanese (535)	<input type="checkbox"/> Other Pacific Islander (699)	<input type="checkbox"/> Sauk-suiattle (460)	
<input type="checkbox"/> Korean (540)	<input type="checkbox"/> Alaska Native (405)	<input type="checkbox"/> Shoalwater (463)	
<input type="checkbox"/> Laotian (545)	<input type="checkbox"/> Chehalis (410)	<input type="checkbox"/> Skokomish (466)	
<input type="checkbox"/> Malaysian (550)	<input type="checkbox"/> Colville (413)	<input type="checkbox"/> Snoqualmie (469)	
<input type="checkbox"/> Pakistani (555)	<input type="checkbox"/> Cowlitz (416)	<input type="checkbox"/> Spokane (472)	
<input type="checkbox"/> Singaporean (560)	<input type="checkbox"/> Hoh (418)	<input type="checkbox"/> Squaxin Island (475)	
<input type="checkbox"/> Taiwanese (565)	<input type="checkbox"/> Jamestown (421)	<input type="checkbox"/> Stillaguamish (478)	
<input type="checkbox"/> Thai (570)	<input type="checkbox"/> Kalispel (424)	<input type="checkbox"/> Suquamish (481)	
<input type="checkbox"/> Vietnamese (575)	<input type="checkbox"/> Lower Elwha (427)	<input type="checkbox"/> Swinomish (484)	
<input type="checkbox"/> Other Asian (599)	<input type="checkbox"/> Lummi (430)	<input type="checkbox"/> Tulalip (487)	
	<input type="checkbox"/> Makah (433)	<input type="checkbox"/> Upper Skagit (488)	
		<input type="checkbox"/> Yakama (490)	

Is the parent or grandparent a member of a federally recognized tribe?

Yes
 No

* The information, in both questions 1 and 2, is required to be in compliance with 2010 Federal and State Ethnicity Reporting Requirements.

Student Name _____ School _____

Has either parent ever been employed by or is currently employed by the Edmonds School District? Yes No

If so, under what name? _____

Has either parent ever been a student in the Edmonds School District? Yes No

If yes, which parent? Mother Father

PRIMARY HOUSEHOLD INFORMATION

A student's primary residence is defined as the physical location where he/she lives for FOUR OR MORE nights per week

Parent / Guardian 1	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Parent / Guardian 2	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Please use () - _____ as the primary contact number. Is this number confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Residential Address		Street	Apt / Unit	City	State & ZIP	
Mailing Address <i>(If different than above)</i>		Street	Apt / Unit PO Box	City	State & ZIP	

RESIDENCY VERIFICATION: I affirm that the residency information provided on this form is true and accurate as of this date. I understand that falsification of an address, residence, or conditions of living arrangements, or the use of any other fraudulent means to obtain a school assignment shall be cause for revocation of this enrollment. Such falsification will also cause forfeiture of any future transfer rights through the highest grade level of the school. Proof of residency (PUD bill; homeowner's statement or insurance policy; lease or renter's statement or receipt of payment; renter's insurance policy) is required.

HOMELESS STUDENTS: If an eligible student is homeless, the district shall not require proof of residency or any other information regarding an address and shall enroll the student at the request of the student or parent/guardian. Students enrolled in a district program without legal residence may continue in that school until the end of the academic year.

Parent Signature: _____

Date: _____

SIBLINGS (IF APPLICABLE)

Please list all siblings attending an Edmonds School District program

Name	Grade	School	Name	Grade	School

SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)

Residence of non-custodial parents/guardians not living with the student OR location where the student lives LESS THAN FOUR nights per week

Parent / Guardian 1	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone () <input type="checkbox"/> Unlisted		Work Phone () <input type="checkbox"/> Unlisted		Cell Phone Number () <input type="checkbox"/> Unlisted	
Parent / Guardian 2	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone () <input type="checkbox"/> Unlisted		Work Phone () <input type="checkbox"/> Unlisted		Cell Phone Number () <input type="checkbox"/> Unlisted	
Residential Address		Street	Apt / Unit	City	State & ZIP	
Mailing Address <i>(If different than above)</i>		Street	Apt / Unit PO Box	City	State & ZIP	

Student Name _____ School _____

EMERGENCY CONTACT INFORMATION - Other Than Parents

*In case of an emergency, we will always attempt to contact parents or guardians first. Please list local persons **other than yourself** usually available during the school day who have agreed to care for and provide transportation for your student in an emergency situation or if they become ill or injured and you cannot be reached.*

Emergency Contact 1	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Emergency Contact 2	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Emergency Contact 3	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Doctor	Last Name		First Name		Contact Phone Number ()	
	Preferred Hospital (Optional)		Health Insurance Company & Policy Number (Optional)			

DAYCARE INFORMATION KINDERGARTEN THROUGH 6TH GRADE ONLY

Does your student attend childcare? YES NO If so, please provide the following information.

Should daycare be listed as an emergency contact? YES NO

Please check the days your child will be attending childcare.

Before School: Monday Tuesday Wednesday Thursday Friday

Childcare Provider Name	Provider Address	Contact Phone Number ()
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After School: Monday Tuesday Wednesday Thursday Friday

Childcare Provider Name	Provider Address	Contact Phone Number ()
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EDUCATIONAL BACKGROUND

Please list **all** schools the student has attended. Attach additional sheet if necessary.

Most Current / Recent School	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number () Fax Number ()
Name of Previous	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()

Please Print Clearly

Student Name _____

School _____

HOME LANGUAGE SURVEY (Please respond in English)

Office Use Skyward Box
1. Language
2. Native
3. Home
If two languages are present, enter the language other than English.

STATE REQUIRED HOME LANGUAGE SURVEY - This is for the student WAC392-160-005

Questions 1-3 pertain to the student only.

- 1. What language does the student currently speak? English Other: _____
- 2. What language did your child first learn to speak? English Other: _____
- 3. What language does your child use the most at home? English Other: _____

"First Language" is the language your child learned when first beginning to talk. If the answer to question 2 or 3 is a language other than English, your student will be given a Washington State English Language Proficiency Placement Test.

Questions 4-6 pertain to the parent only.

- 4. What language(s) do parent/guardians use the most when you speak to your child? English Other: _____

Parents' first language: _____

- 5. If available, do you need an interpreter (e.g., for school meetings)? Yes No
- 6. If available, do you need official school materials to be translated? Yes No

Please indicate the preferred language if you marked "yes" to questions 5 or 6: _____

OFFICE: Do not change Native or Home Language after initial enrollment, unless correcting English to a language other than English. Never change Native or Home Language from another language to English unless instructed to do so by the ELL Department.

In accordance with Washington State Law RCW 28A.225.330, please answer the following questions. Attach additional sheets if necessary.

Does your student have any history of violent behavior? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain.	
Does your student have any past, current, or pending suspension or expulsion from a current or previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain.	
Has your student officially withdrawn from his/her current or previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	Is your student currently under Becca/Tuancy Petition? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, from which district?

ADDITIONAL INFORMATION

Please check one of the following if a student's parent or guardian is currently in the military: US Armed Forces active duty National Guard member
 More than one member of the Armed Forces/National Guard US Armed Forces reserves No affiliation

Do you reside in transitional housing or is the child currently in Foster Care? Yes No
Transitional housing may be defined as living with another person/family due to loss of housing or economic hardship; living in a motel/hotel or in an emergency or transitional shelter, or a location not designed for, or ordinarily used as a regular sleeping accommodation, or is the child awaiting/currently in foster care? If you can answer yes to any of these questions, your child may qualify for services under the McKinney-Vento Act. Please ask your school about registering for services.

Is there a Court Order that restrains / curtails any parental rights? YES NO If so, please provide copy.

Is there a Restraining Order in effect? YES NO If so, please provide copy.

Please list and provide copies of any other legal documents that are pertinent to your student and his/her safety.

Please provide additional comments to assist us in caring for your student.

SIGNATURE

I attest that the information herein is complete, true, and accurate, and may be verified with the appropriate institution(s). I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District.

X _____
Parent / Legal Guardian Signature

Date

Update your voter registration! The school office can assist you.



Edmonds
SCHOOL DISTRICT

Each student learning, every day!

Student Services

20420 68th Ave. W., Lynnwood, WA 98036
425-431-7000 Phone 425-431-7339 Fax
www.edmonds.wednet.edu

SS-534
Student Health Registration Letter

Serving the communities and students of Brier, Edmonds, Lynnwood, Mountlake Terrace, Woodway, and portions of Snohomish County

The purpose of sending this letter is to gather information about students who have health needs. Please fill out the form, "Student Health Registration - SS 534," whether or not your student has medical needs that might require daily or emergency care to keep them healthy and safe. As parents/guardians it is important to be aware of what is required by law before your student can start school.

Chronic Health Conditions

- If your child has a life threatening condition that will put the student in danger of death during the school day if a medication or treatment is not in place; please notify the school nurse.
- Students with at-risk conditions are required to have medication and a treatment order from a licensed health care provider and a school care plan in place before they start school.
- Provide necessary changes that occur during the school year, either with contact numbers or your student's health condition.

Medication Administration

- Medication must be sent in the original container if it is an over the counter medicine.
- If is a prescribed medication, the bottle must be properly labeled and be in the original container.
- Please check expiration dates. School personnel are not allowed to give expired medications.
- A medication consent form is required for any medication given at school. **Signatures from a parent/guardian AND the student's health care provider are required for ANY medication to be given at school. This includes prescription as well as over the counter medications.**
- Faxed consents from parents and/or doctors are acceptable.

The Edmonds medication policy may be viewed on the Edmonds School District website under School Board Policies and Procedures.

If you have questions or concerns, please contact the school nurse.

Sincerely,
Health Services Team

School: _____ Expected Start Date: _____

Student Name	Date of Birth	Gender	Grade
Parent/Guardian Name	Daytime Phone ()	Email	
Healthcare Provider Name Phone ()	Dentist Name Phone ()		
Medical Insurance Information			

The following information is important for your student's health and safety. It will be forwarded to the school nurse and shared on a need to know basis to provide a safe and healthy environment at school.

STUDENT MEDICAL HISTORY

<input type="checkbox"/> ALLERGIC to: _____	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Headaches
<input type="checkbox"/> Mild	<input type="checkbox"/> Alcohol/Drug use	<input type="checkbox"/> Hearing Problems
<input type="checkbox"/> Moderate	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Severe	<input type="checkbox"/> Autism	<input type="checkbox"/> Kidney Condition
<input type="checkbox"/> Needs Emergency med (Epi-pen, Auvi Q)	<input type="checkbox"/> Autoimmune Disorder	<input type="checkbox"/> Mental Health Concern
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Menstrual Problems
<input type="checkbox"/> Mild	<input type="checkbox"/> Bowel/Bladder Concerns	<input type="checkbox"/> Neurological Condition
<input type="checkbox"/> Moderate	<input type="checkbox"/> Cancer	<input type="checkbox"/> Orthopedic Condition
<input type="checkbox"/> Severe	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> DIABETES	<input type="checkbox"/> Concussion Date: _____	<input type="checkbox"/> Serious Injury
<input type="checkbox"/> Type 1	<input type="checkbox"/> Congenital Condition	<input type="checkbox"/> Skin Condition: _____
<input type="checkbox"/> Type 2	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Social/ Emotional/Behavioral
<input type="checkbox"/> SEIZURES	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision Problems
<input type="checkbox"/> Needs Emergency med (Diastat, Midazolam)	<input type="checkbox"/> Depression	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Known Health Concerns	<input type="checkbox"/> Dietary Restriction	<input type="checkbox"/> Hospitalizations: _____
	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Surgeries: _____
	<input type="checkbox"/> Eating Disorder: _____	<input type="checkbox"/> Medications: _____
	<input type="checkbox"/> Food Intolerance: _____	_____
	<input type="checkbox"/> Frequent nosebleeds	_____

If you have checked any of the above medical conditions, please explain _____

Is your student required to take medication/treatments during the school day?
 NO YES (requires written authorization signed by Health Care Provider)

Is your student required to take medication/treatments at home?
 NO YES

Does your child wear: glasses contacts hearing aids

ALERT: The school must know of **LIFE THREATENING** conditions (such as severe allergies, asthma, diabetes, seizures, or other at-risk conditions). This requires a Life-Threatening Emergency Care Plan and any necessary medication, supplies, and provider orders to be in place before your student can attend school (per RCW 28A. 210.320).

Does your student have a LIFE-THREATENING HEALTH CONDITION? No Yes: _____

If your student has a LIFE THREATENING HEALTH CONDITION please fill out BOTH PAGES OF THIS FORM

Signature of Parent/Guardian

Date

ALLERGIES

What causes allergic reaction? _____

Date of most recent allergic reaction? _____

Describe allergic reaction: Hives Swelling of lips, mouth, tongue, throat Difficulty breathing

Nausea, stomach cramps, vomiting, diarrhea

Did this allergic reaction require emergency care? No Yes (Please explain): _____

Allergy medications:

NAME	DOSE	HOW OFTEN

Has your student had allergy testing completed? No Yes (Where & When?): _____

ASTHMA

What causes asthma symptoms? Respiratory Infections Pollens/Molds Exercise Weather/temperature

Animals Smoke Poor air quality Strong Odors/Perfumes

Date diagnosed with asthma: _____ Health Care Provider who diagnosed student: _____

Asthma medications:

NAME	DOSE	HOW OFTEN

Does your student use a spacer/aero chamber with their inhaler? No Yes

Has your student needed oral steroids (ie: prednisone)? No Yes (When): _____

Has your student been to the hospital for asthma? No Yes (Please explain): _____

DIABETES

Date when diagnosed: _____ Medication Oral _____ Insulin (type) _____

Equipment: Insulin Pen Insulin Pump (type) _____ CGM (type) _____

Can your student check their own BG (Blood Glucose) independently? No Yes

Can your student count carbs independently? No Yes

Can your student calculate their own insulin doses independently? No Yes

Can your student self-administer insulin independently? No Yes

SEIZURES

Date of first seizure: _____ Date of most recent seizure: _____

Frequency seizures occur? Once Daily Weekly Monthly Yearly

Type of seizures: _____

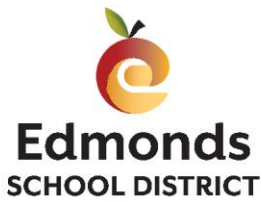
Seizure medications:

NAME	DOSE	HOW OFTEN

Has your student had a seizure that has required emergency care/medication? No Yes (When?): _____
(Please explain): _____

Please list any other health concerns not previously listed above: N/A _____

Parent Initials _____



Each student learning, every day!

Edmonds School District

20420 68th Ave. W., Lynnwood, WA 98036
425-431-7045 Phone
www.edmonds.wednet.edu

Dr. Kristine McDuffy
Superintendent

Serving the communities and students of Brier, Edmonds, Lynnwood, Mountlake Terrace, Woodway, and portions of Snohomish County

Dear Parent/Guardian,

This year, Edmonds School District 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.

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. 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.

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 your student’s school in advance or, if it is unplanned, within two school days.

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

Student Name: _____ DOB: _____

Parent Signature: _____ Date _____

For more information on policies and state laws see the back

WHAT YOU CAN DO

- Set a regular bed time 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

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, state law (RCW 28A.225.020) requires that we notify you of the absences. When your student reaches five unexcused absences we will send a letter home and invite you to a conference to discuss the absences. 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 plans 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 stayed and your student and family may be referred to a Community Truancy Board, or you and your student may need to appear in Juvenile Court. If your student continues to be truant you may need to go to court.

We look forward to partnering with you in the best interest of your student. If you have any questions or concerns, please do not hesitate to contact the school office.

Sincerely,



Dr. Kristine McDuffy
Superintendent
Edmonds School District