



# LYNNWOOD HIGH SCHOOL

18218 North Road, Bothell, WA 98012

Amy Stevenson  
Orchestra Director

Phil Onishi  
Band Director

Dear LHS Music Families,

September 4, 2019

Welcome and welcome back! We hope that you have had a great summer. There are so many positive things happening in the LHS Music Department. There has been such a positive climate and tremendous growth in our ensembles. By all accounts this year should be a fantastic opportunity for all students to develop their musicianship and character. It's time to get started. **ALL STUDENTS NEED TO BRING THEIR OWN INSTRUMENTS THURSDAY, 9/5 TO BEGIN REHEARSING.**

Please bookmark our department website, this is where you will find the answers to your questions:

**Go to LHS Website**

**In the gold bar - running at the top select Music/Drama**

[https://lhs.edmonds.wednet.edu/music\\_drama/music](https://lhs.edmonds.wednet.edu/music_drama/music)

Here you will find our calendar, policies, including grading expectations, and some detailed information on how things work in the music department at Lynnwood High School.

**The student's first assignment, due Monday, September 9<sup>th</sup>, is:**

1. Go to the website listed above
2. Save the website to your favorites
3. Open the music handbook
4. Print **the last two pages**, complete the information, including parent and student signatures.

We need all of your support to make help us grow and perform at our maximum potential. The single most important thing you can do is make sure you have an accurate email on file in Skyward. This is the primary way which we will be communicating with parents and students. With nearly 250 musicians moving through our classrooms each day, this is the only thing that will accommodate everyone, efficiently.

Throughout the year if you need to reach us, if possible use the school district email, as that is much easier for us to manage than voice mail.

**We also have our fantastic Facebook Page. Please join our group. Search Lynnwood HS Music Department and request to join. This is another great way we can get information and reminders out to you. It's free, efficient and easy.**

Again this year there will be a Lab Fee for all Music classes. There is a clear explanation of what this fee does and does not cover, and how to receive financial aid if necessary on the back of this letter. As always, feel free to email us if you have any questions. Your students will have many chances to raise money for this opportunity starting with our Entertainment Book sale, which kicks off next week. Students will earn \$11 for each book sold, which they can be used towards **their individual costs related to music** (including Lab Fee, Uniforms, Travel and more). Please start collecting items to donate to our rummage sale this November. This is our one big departmental fundraiser to cover our general group needs.

The students that we work with are amazing, not only the best in the school, but some of the best anywhere. We are looking forward to another year of growth and accomplishment with all of you. Teaching is an awesome responsibility. We appreciate your support.

*Amy Stevenson & Phil Onishi*

• CONTACT INFORMATION •

[stevensona@edmonds.wednet.edu](mailto:stevensona@edmonds.wednet.edu) // (425) 431-5239

[oniship@edmonds.wednet.edu](mailto:oniship@edmonds.wednet.edu) // (425) 431-3585

**Lynnwood High School**  
**18218 North Road**  
**Bothell, WA 98012-5246**  
**ASB Phone: 425-431-5246**

Dear Parent/Guardian:

Lynnwood High School offers a number of extracurricular opportunities such as, but not limited to: Drama, DECA, Band, Orchestra, Choir and Sports Medicine. Because these activities may ask that your child miss part, or even the whole school day for a performance we would like to ask you and your student to review the attendance policy, as well as the attached extracurricular regulations.

Any student who participates in an extracurricular activity that involves a competition and/or performance, as well as all students holding elected positions in student government, must adhere to the Edmonds School District's Student Extracurricular Activities Regulations. If an extracurricular activity is part of a regular class, such as music, the teacher/advisor in his/her course syllabus will identify whether the activity is considered to be curricular or extracurricular. Activities identified as curricular are exempt from the Extracurricular Activities Regulations. Please take the time to read and sign the Student Extracurricular Activities Contract on the Reverse side of this letter with your son or daughter.

In addition, we would like to remind you that any student who participates in an activity involving Associated Student Body (ASB) funds is required to purchase an ASB card prior to any participation in these activities. ASB cards are \$50.00 and may be purchased in the ASB Office. If a student has financial hardship, please contact the student's counselor for possible assistance.

Please return this sheet to your advisor. If you have any questions, please contact the advisor.

Sincerely,

*Mike Piper*  
Principal

*Sara Hall*  
Activities Coordinator



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To be proactive, and honor your time, please fill out completely the following forms which are due 9/9:

1. Activities Code - You must fill this out for each activity and sport a student participates in. The student must also sign the form.  
\*You only need 1 ASB Card for all sports or activities.  
\*If you need financial assistance please make an appointment with your counselor ASAP.
2. P-103 - We are asking you to fill out 1 permission slip which will cover all same day, western Washington field trips, included on the initial LHS Music Calendar.  
\*We will send home a permission slip for each overnight field trip.
3. The ESD SS-500 "Administration of Medication at School Form"  
If your student currently takes any medication, including at home, before/after school - **which they could potentially take on a field trip, including an overnight field trip,** please indicate that on this form.  
If you have nothing to note on this form please write N/A and sign the bottom.

As always, if any of your information changes, please be sure to notify us. The best way to do this is via email.

• CONTACT INFORMATION •

stevenson@edmonds.wednet.edu // (425) 431-5239

onishi@edmonds.wednet.edu // (425) 431-3585

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Medication is ordered to be given to a student at school only when absolutely necessary.

**This Portion to be Completed by the Licensed Health Professional (LHP)**  
**(e.g., MD, DO, ARNP, DDS, etc.)**

Name of Medication	Dosage	Methods of Administration	Time of Day to be Taken

Diagnosis or reason for medication: \_\_\_\_\_

If given PRN, specify the length of time between doses and signs of when to give: \_\_\_\_\_

Possible side effects of medication: \_\_\_\_\_

Emergency procedure in case of serious side effects: \_\_\_\_\_

*\* Note: Auto-Injectable Medications may only be administered to students with potential for severe allergic and/or life-threatening reactions.*

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from (date): \_\_\_\_\_ to (date): \_\_\_\_\_ (not to exceed current school year) as there exists a valid health reason which make administration of the medication advisable during school hours.

LHP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LHP's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

LHP's Address: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Permission**

The medication is to be furnished by me in the original container, labeled by the pharmacy with the name of the medicine, amount to be taken, and the time of day to be taken. The Licensed Health Professional's name is on the label. I understand that my signature indicates my understanding that reasonable care will be exercised in administration of the medication. The school accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the licensed health professional's directions. If medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***This authorization is good for the current school year only***

Note: The district endeavors to maintain consistent and safe medication storage temperature while medication is at school; this however cannot be guaranteed. The district cannot provide replacement of medication due to power failures or acts of nature.

Student Name \_\_\_\_\_ School Lynnwood High School Date \_\_\_\_\_

**General Information**

The Lynnwood HS Music Dept. is planning a trip to various locations  
 Purpose of trip see LHS Music Department Schedule  
 Trip Destination Various Phone No. (\_\_\_\_) \_\_\_\_\_  
 Address Various Place of Lodging \_\_\_\_\_  
 We will leave from LHS at varies  AM  PM  
 on (date) multiple. We will return to the school on (day) varies (date) varies  
 at varies  AM  PM  Itinerary is attached  List of items needed is attached

**Type of Transportation**

District Vehicle  Commercial Transportation  District Bus  Other (explain) \_\_\_\_\_

**Medical Information**

The following current health problems should be noted and adequate precautions taken (please list conditions such as unusually severe reaction to bee stings, other severe allergies, diabetes, seizures, etc.): \_\_\_\_\_

*If your student requires medication on a field trip, a current Medication Authorization (SS-500, signed by an MD/health care provider) must be provided. These are available at the school main office or district website.*

Medical insurance?  yes  no Carrier Name \_\_\_\_\_  
 If yes, includes Dental Insurance?  yes  no

*Student Accident Insurance is recommended; low cost plans applications are available in the school offices.*

Name of Preferred Health Care Provider or Clinic: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Preferred Dentist or Dental Clinic: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact: \_\_\_\_\_

**Medical Release**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks,

I hereby give consent for: (student) \_\_\_\_\_ to participate in the activity.

Parent/Guardian Name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Parent/guardian signature reflects their knowledge and approval of the activity described above.  
 This form must be returned to school before the student is involved in the activity.**

**Edmonds School District**  
**Student Extracurricular Activities Contract**

At least once a year, each student participant in extracurricular activities shall, as a precondition to participation, sign this contract and the Extra Curricular Informed Consent Form, covering all extracurricular activities

This Contract applies to all extracurricular activities and is in effect for up to one year.

I recognize that being a participant in student athletics or other extracurricular activities in the Edmonds School District means being a role model for other students and holding myself to a high standard of personal conduct.

In order that I may enjoy the privilege of participation in extracurricular athletics or other activities, I agree to obey and be bound by the rules of the Washington Interscholastic Activities Association, the Edmonds School District, and my school and coaches/advisors.

I understand that the full rules for student extracurricular participation in the Edmonds School District are available to me upon request, or online at:

I understand that I may lose my privilege of participation in extracurricular activities for an entire season or longer if I possess, use, or traffic in drugs, alcohol, or tobacco; or place myself in the presence of, or remain in the vicinity of, the use of such substances prohibited by criminal law; or engage in behavior that enables others to illegally use such substances. I further understand that I may be excluded from participation if I engage in criminal acts or other serious misconduct such as harassment, bullying, hazing, fighting, or cheating.

I understand that all offenses, including first offenses, for violation of these rules may result in exclusion from participation in extracurricular activities, and that exclusion from participation may be avoided or shortened only by self-reporting, truthful cooperation and voluntary assessment and treatment.

I agree to abide by all team/activity rules, and to meet and maintain compliance with all pre-participation and academic requirements for eligibility, and I understand that I may be denied participation for failure to meet these standards.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Curricular Music Classes/TriM  
Club Name

# Lynnwood High School

18218 North Road, Bothell, WA 98012

Phone: 425-431-7520

## EXTRACURRICULAR INFORMED CONSENT FORM

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### PARENT CONSENT

I hereby request that my son/daughter be permitted to participate in Music Class/Tri M during the ~~2019-~~  
2019 school year.

### EMERGENCY INFORMATION

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Chronic Health Problems (Asthma, Diabetes, Allergies) \_\_\_\_\_

Family Doctor/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

*It is recommended that all students have medical or student accident insurance. Student accident insurance is available through Excel Serve. Contact the main office for details.*

Health Insurance Carrier: \_\_\_\_\_ Plan# \_\_\_\_\_

I hereby authorize any medical or surgical care including anesthesia, laboratory x-rays and other procedures necessary in the emergency medical care of the above named minor during his/her activity.

### PARENT/STUDENT SIGNATURES

I understand these activities are school related and agree to follow all program, building and district rules.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

*This will be kept on file by the advisor and will be readily available for emergencies.*