### EVERETT SCHOOL DISTRICT NO. 2 Endorsement and Support of Volunteerism in the Schools

#### RESOLUTION NO. 367

WHEREAS, the committee, encompassing the Everett School District No. 2, must have a base of volunteers to meet needs for its continuation and improvement and....

WHEREAS, the students of Everett School District No. 2 have a need for committee awareness and involvement and....

WHEREAS, the Young Volunteer Program, with extensive community support, has worked diligently to promote student volunteer opportunities that meet these critical needs both in our community and with our students and....

WHEREAS, involvement of students in these volunteer programs will increase their citizenship awareness, altruistic tendencies, ability to work with and have respect for others, and increase their own self esteem and....

WHEREAS, the Everett School District No. 2 Board of Directors support volunteerism and student participation in programs for the betterment of the committee and its young people.

THEREFORE, be it resolved, that the Board of Directors of Everett School District No. 2 endorses and supports the promotion of voluntarism and volunteer opportunities, in the Everett School systems, for the benefit of our students and our community.

Rudy Johnson, Board Secretary

Shirley Vandermeer, President

Board Member

Board Member

Roand Mombon

Bóard Member

Ket. 361

### Wa. .ington Interscholastic Activities Association

### Middle Level & Senior High Schools District Enrollment Form —1987-88

IMPORTANT — Catastrophic Insurance Coverage Declaration (Reverse Side) NOTE — Send in By JUNE 15, 1987

Everett School Dist. #2

Name of School District \_

Name of School DistrictEVERETT_SCHOOL DIS	t. #2		_ Phone No.	<u>(206) 339-</u>	-4380
Mailing Address 3721 Oakes Ci	ty <u>Everett</u>		_ Zip Code _	98201	- <u>2</u> 3-2
Name of SuperintendentDrRudy_Johnson			WI/	∙ ∙A District N	lo. <u>1</u>
By action of the 1976 Legislature each School District Bo extracurricular activity to the WIAA and compensate suc	ard of Directors may th entity for services p	delegate contro provided.	l, supervision a	and regulatic	on of any
Please list each secondary school to be enrolled 1988 on the basis of each school's average mo enroll. Unless your School District "Opts Out" [Catastrophic Insurance] will be billed in Septe school membership form.	with the WIAA. Y	our School Di and the numb	er of activit	tles in which	ch they
citot membersinp form.					
MEMBER SENIOR HIGH SCHOOLS	E'n e				_
		EPRESENTATI ive will be the building			
e e e e e e e e e e e e e e e e e e e	, mepresentate	· ·	ig buricibai nuiez	s ou lei wise nam	nea below
Cascade High School		Scodeller		-	
Everett High School	Ed Ba	aile <u>v</u>			
					-
-					
				-	
T22'11'					
In addition to sending materials to entry of all retails	each school, (b	oth high sc	hools and	middle so	chools
please send a copy of all materials	to Ernie Dire,	3721 Oakes,	Everett,	WA 98201	L
MEMBER MIDDLE LEVEL SCHOOLS		EPRESENTATI			
	(Representati	ve will be the buildir	ng principal unless	otherwise nam	ned below
Eisenhower Middle School	Grah	am Hume Judi	. Heidma	* 40	
Evergreen Middle School		Jones -	1 TELATIO	DV 3	
North Middle School		Friebel			
			***		
		***			
·					
		W			
		waren and a second a second and			
	<del></del>				

 $This enrollment form \, must \, be \, signed \, by \, the \, local SCHOOL \, BOARD \, PRESIDENT \, or \, SECRETARY \, to \, indicate \, that \, the \, School \, Board \, has \, the \, School \, has \, the \, School \, had \, had$ approved the District's membership in the Association; and, as members, these schools will follow the WIAA Rules and Regulations.

# Wash: Jton Interscholastic Activitic Association SENIOR HIGH MEMBERSHIP INFORMATION — 1987-1988

IMPORTANT — Catastrophic Insurance Coverage Declaration (Item B)

### NOTE — PLEASE MAIL BY JUNE 15, 1987





<b>A.</b>	GENERAL  Name of School Cascade High School	Phone No	( 206) 339–4500
CHECK IF NEW ADDRESS	Mailing Address801 Casino Road CityEverett, WA  Name of Principal for 1987-1988 (Please Print)Gary Axtell		98203
	Name of School District Everett School District #2  Schools League(s) Membership (If more than one league, list league(s) and name sp WESCO "AAA"	WIAA Distric	t No1
		Ernie Dire	-
Nun Enro	STUDENT ENROLLMENT - AVERAGE MONTHLY ENROLLI nber of Individual Pupils as Reported to Superintendent of Public Instruction Office ollment (Form No. P223), Section A, Column 1, by each Individual School.	MENT FOR 198 on Monthly Repo	<b>7-88</b> rt of School Distric
	(4-Yr. HS)  9th 10th 11th	51 Dalla	(10-12 Only)

	(T-11.113)	II. "			(10-12 Only)
	9th	10th	11th	12th	Total
September	527	591	561	503	1655
*October	515	580	<del></del>	488	1615
*November	508	579	535 -	478	1592
*December	502	571	532	473	1576
January	501	570	526	469	1565
February	<u>495</u>	569	526	475	1570
March	<u>496</u>	556	522	468	1546
April	495	_ 554	522	<u>455</u>	1531
May	487	546	515	445	1506
Total:	4526		(Do not include 9	Oth grade) Total:	14156
Avg. Monthly Enroll.:	503			thly Enrollment:	1573
	(Total ÷ 9)		_		(Total ÷ 9)

<sup>\*</sup>IMPORTANT NOTE: The 1984 Representative Assembly adopted an amendment to determine the classification of member high schools based on the average monthly enrollment, grades 10-12, reported on the months of October, November and December of even-numbered years, applied to schools classification for the next two years; e.g., 1986-87, 1987-88.

#### B. CATASTROPHIC INSURANCE DECLARATION FOR 1987-88 SCHOOL YEAR

WIAA MEMBER SCHOOLS WILL AUTOMATICALLY BE ENROLLED IN THE SCHOLASTIC EXTRA-CURRICULAR LIABILITY/ LIFETIME MEDICAL POLICY for the school authorized activities indicated in Section C on page 2 under WIAA jurisdiction, unless the School Board or Superintendent DECLARES OTHERWISE, as requested below. All declarations must be made by **AUGUST 15, 1987** in order to be covered under this insurance plan.

Your school district will be billed for **Catastrophic Insurance** premiums in **September** 1987 based on your average monthly enrollment.

PLEASE INDICATE BY INITIALS IF YOUR SCHOOL DOES <b>NOT</b> DESIRE TO BE INCLUDED AND ENDORSED AS	
COVERED UNDER THE SCHOLASTIC EXTRA-CURRICULAR LIABILITY/LIFETIME MEDICAL POLICY.	
Name COMPANY or MEDICAL BUREAU for SCHOOL OFFERED <b>ACCIDENT</b> INSURANCE	

Your school district will be billed in **January 1988** for **membership service fees** on the basis of your average monthly enrollment above and the number of activities for which you enrolled in. (Section C, Page 2).

Initial only if "Opting Out"

## Wash Jton Interscholastic Activiti Association SENIOR HIGH MEMBERSHIP INFORMATION — 1987-1988

IMPORTANT — Catastrophic Insurance Coverage Declaration (Item B)

### NOTE — PLEASE MAIL BY JUNE 15, 1987





A.	GENERAL						
	Name of School	l <u>Everet</u>	t High Schoo	1		Phone N	o. <u>[206]339-4400</u>
CHECK IF NEW ADDRESS	Mailing Addres	s <u>2416 (</u>	Colby	City Eve	erett	Zip Code	98201
ADDHESS:	Name of Princip	pal for 1987	-1988 (Please Print	Dr. Don Ba	arbacovi		
	Name of School	l District _	Everett Publ	ic Schools		WIAA Di	strict No. 1
							seriet (vo.
	Western Co						
	Athletic Admin	istrator for I	Boys <u>Ed Bail</u>	ey	for Gi	irls <u>Ed Bailey</u>	
	Colors <u>Blue</u>	& Gold			Nickname Seagu	ılls	
Nun Enro	<b>STUD</b> nber of Individua	ENT ENI	ROLLMENT - A	NVERAGE MO	ONTHLY ENRO	LLMENT FOR 1	1 <b>987-88</b> eport of School District
			(4-Yr. HS)	I			(10-12 Only)
	<b>5</b>		9th	10th	11th	12th	Total
	September *October		410	440	_387	369	1196
	*November		<u>406</u> 396	442	377	353	1172
	*December		385	425	365	_347	1137
	January		376	421	<u>356</u>	338	1115
	February		389	413	351	_332	1096
	March		374	428	353	339	1120
	April		372	405	339	318	1062
	May		370	<u>395</u> _388	333	311	1039
	way	Total	3478		364	272	1024
	Avg. Month				(Do not include		al: 9961
	2 40 G. 14101161	ny Emon.			Average Mo	onthly Enrollme	nt: 1106.7
			(Total ÷ 9)	'			$(Total \div 9)$
evei	ois based off the <b>n-numbered y</b> e	average mo <b>ears,</b> applie	ed to schools class	grades 10-12, rep sification for the	oorted on the mont next two years; e.g	hs of October, Nove 1., 1986-87, 1987-88	
В.	CA	ATASTRO	PHIC INSURA	NCE DECLA	RATION FOR	1987-88 SCHOO	DL YEAR
	WIAA MEMBER LIFETIME MED unless the Scho <b>AUGUST 15</b> ,	R SCHOOLS ICAL POLIC ol Board or <b>1987</b> in or	S WILL AUTOMAT IY for the school a Superintendent D der to be covered	TICALLY BE ENRO outhorized activit DECLARES OTHE I under this insur	OLLED IN THE SCH dies indicated in Sec RWISE, as requeste dance plan.	HOLASTIC EXTRA-C ction C on page 2 u ed below. All declar	URRICULAR LIABILITY/ nder WIAA jurisdiction, ations must be made by
	Your school dis monthly enrollm	trict will be nent.	billed for <b>Catas</b>	trophic insur	ance premiums in	September 1987	based on your average
PLEA COV	SE INDICATE BY ERED UNDER TI	'INITIALS IF HE SCHOL	YOUR SCHOOL I ASTIC EXTRA-CUR	DOES <b>NOT</b> DES. RRICULAR LIABII	IRE TO BE INCLUD LITY/LIFETIME MEI	ED AND ENDORSE	DAS Initial only if "Opting Out"
Nam	e COMPANY or	MEDICAL E	BUREAU for SCHO	OOL OFFERED #	ACCIDENT INSUR	24NCE	
							your average monthly

enrollment above and the number of activities for which you enrolled in. (Section C, Page 2).

# Wash. Jton Interscholastic Activitic Association MIDDLE LEVEL MEMBERSHIP INFORMATION — 1987-1988

IMPORTANT — Catastrophic Insurance Coverage Declaration (Item B.)

### NOTE — Send in By JUNE 15, 1987

Deadline for Insurance Declaration is August 15, 1987

A. GENERAL



	Name of School _	Eisenhower M	liddle School		_ Phone No. <u>120</u>	06) 339-4580
CHECK IF NEW ADDRESS	Mailing Address .	2500 100th S.	E. City	Everett, WA	Zin Code	98208
ADDRESS	Name of Principal	for 1987-88 (Please F			_ 2.p code	
	Name of School D		School Distr	ict No 2	)V/I A A Di-+ A I	7
				e, list league(s) and name sport(s	WIAA District N	
			e didir one league	., iist league(s) and hame sports	5].	
	Athletic Administr	ator for Boys <del>G</del>	raham-Hume Ju	udy Heidman for Girlss	same	
	Colors Red	l, White & Blue		Nickname Warı	riors	
			*.			-
	STUDE	NT ENROLLMEN	T - AVERAGE	MONTHLY ENROLLMEI	NT FOR 1987-9	3.2
Num	iber of Individual P	upils as Reported to	Superintendent	of Public Instruction Office on	Monthly Report of	of School District
Enro	Ilment (Form No. P2	223), Section A, Colu	mn 1, by each Inc	lividual School.	···	, seriour District
		7th	8th	<b>9th</b> (Participating at JH only)	Total	
	September	341	324	Term (i and cipating at 311 Only)	665	
	October	343	326		669	
	November	341	327		667	
	December	341	328		669	
	January	341	332		673	
	February	344	332		676	****
	March	345	328		673	_
	April	344	329		673	
	May	342	332		674	
				Total:		
			Ave	rage Monthly Enrollment:	671	(Total ÷ 9
			٠.			
			•			
B.	CAT	ASTROPHIC INS	URANCE DE	CLARATION FOR 1987-8	S CHOOL VE	AD.
	LIFETIME MEDICA	ALPOLICY for the sol	DIVIATIOALLY BE I	ENROLLED IN THE SCHOLASTI	IC EXTRA-CURRIC	ULAR LIABILITY/
	unless the School i	Roard or Superintend	font DECLAPES C	ctivities indicated in Section C o	on page 2 under W	/IAA jurisdiction,
	AUGUST 15, 19	<b>987</b> in order to be co	overed under this	OTHERWISE, as requested below insurance plan.	v. All declarations i	must be made by
		t will also be billed fo		Insurance premiums in Septe	ember 1987 based	on your average
PLEA	•		OOLDOES <b>NOT</b>	DESIRE TO BE INCLUDED AND		Initial only if
COV	ERED UNDER THE	SCHOLASTIC EXTRA	A-CURRICULAR L	IABILITY/LIFETIME MEDICAL PO	OLICY.	"Opting Out"
				ED <b>ACCIDENT</b> INSURANCE		

Your school district will be billed in January 1988 for membership service fees on the basis of your average monthly

enrollment above and the number of activities for which you enrolled in. (Section C, Page 2).

## Washi. \_ton Interscholastic Activitie \_ Association MIDDLE LEVEL MEMBERSHIP INFORMATION — 1987-1988

IMPORTANT — Catastrophic Insurance Coverage Declaration (Item B.)

### NOTE — Send in By JUNE 15, 1987

Deadline for Insurance Declaration is August 15, 1987

AA . / 1/-

A. GENERAL



	Name of School .				cnool	_ Phone No. 📙	DE 334	450
CHECK IF NEW ADDRESS	Mailing Address	7621 Bei	erly Lane Cit	V Everet	r <del>/</del>	Zip Code _ <b>q</b>	8203	
ADDRESS			ase Print) Willia					
			ett School			_ WIAA District	No	
	School's League(s	s) Membership (If <b>County</b>	more than one leagu	ue, list league(s)	and name sport(s	:):		
	Athletic Administ	rator for Boys	steve J	ones	for Girls 51	eve Jo	ines	
	Colors Gree				e Lumber			
				T Trees leaves				
						• .	-	
				•				
			IENT - AVERAG					
Numl	ber of Individual	Pupils as Reporte	ed to Superintenden	t of Public Insti	ruction Office on	Monthly Report	of School I	District
EIIIOI	iment (Form No. i	<sup>2</sup> 223), Section A,	Column 1, by each Ir	ndividual School				
		7th	8th	9th (	Participating at JH only)	Total		-
	September	278	243			_521		4
	October	264	248			512		
	November	270	<u>Z4)</u>			_ 5   1		
	December	<u> 268</u>	240		-	508		
	January	255	<u> </u>			_504		
	February	471	<u> 741</u>			512		
	March	269	244			<u> </u>		
	April	<u> 268                                   </u>	45			<u> </u>		
	May	610	2 tr pt		·	517	<u> </u>	
						4607		
				erage Month	ily Enrollment:	5/4_	(Tot	al ÷ 9)

#### B. CATASTROPHIC INSURANCE DECLARATION FOR 1987-88 SCHOOL YEAR

WIAA MEMBER SCHOOLS WILL AUTOMATICALLY BE ENROLLED IN THE SCHOLASTIC EXTRA-CURRICULAR LIABILITY/ LIFETIME MEDICAL POLICY for the school authorized activities indicated in Section C on page 2 under WIAA jurisdiction, unless the School Board or Superintendent DECLARES OTHERWISE, as requested below. All declarations must be made by **AUGUST 15, 1987** in order to be covered under this insurance plan.

Your school district will also be billed for **Catastrophic Insurance** premiums in **September** 1987 based on your average monthly enrollment.

PLEASE INDICATE BY INITIALS IF YOUR SCHOOL DOES **NOT** DESIRE TO BE INCLUDED AND ENDORSED AS COVERED UNDER THE SCHOLASTIC EXTRA-CURRICULAR LIABILITY/LIFETIME MEDICAL POLICY.

Name COMPANY or MEDICAL BUREAU for SCHOOL OFFERED ACCIDENT INSURANCE

Initial only if "Opting Out"

Your school district will be billed in **January 1988** for **membership service fees** on the basis of your average monthly enrollment above and the number of activities for which you enrolled in. (Section C, Page 2).

## Wash Jton Interscholastic Activitie Association MIDDLE LEVEL MEMBERSHIP INFORMATION — 1987-1988

IMPORTANT — Catastrophic Insurance Coverage Declaration (Item B.)

#### NOTE — Send in By JUNE 15, 1987

Deadline for Insurance Declaration is August 15, 1987

North Middle School

A. GENERAL

Name of School .



CHECKIF Mailing Address	2514 Rainier	City	, <u>Everett</u>		ip Code _	98201	
(PARCE)	l for 1987-88 (Please	Print) Le	ster E. Hazen		.,		
Name of School I	<del>i-</del>		trict	\\	VIAA Distri	ict No	7
School's League(s	i) Membership (If mo	ore than one league	e, list league(s) and n			County	
Athletic Administ	rater for boys	Stephen Frieb	oel for	Girls Sc	ame		-
ColorsRe	d/Gold		Nickname	Stars			
							÷
		*	•				
Number of Individual I	NT ENROLLMEI Pupils as Reported to 2223). Section A. Co.	to Superintendent	of Public Instruction	ROLLMENT Office on Mo	FOR 198 onthly Repo	<b>87-88</b> ort of Sch	ool District
Number of Individual I Enrollment (Form No. F	Pupils as Reported t	to Superintendent llumn 1, by each Ind <b>8th</b>	of Public Instruction	Office on Mo	onthly Repo <b>Total</b>	<b>87-88</b> ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September	Pupils as Reported to 2223), Section A, Co. <b>7th</b> 235	to Superintendent Jumn 1, by each Ind <b>8th</b> 215	of Public Instruction dividual School.	Office on Mo	Total 450	<b>87-88</b> ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September October	Pupils as Reported to 2223), Section A, Co.  7th 235 245	to Superintendent Jumn 1, by each Ind 8th 215 219	of Public Instruction dividual School.	Office on Mo	Total 450 464	8 <b>7-88</b> ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September	Pupils as Reported to 2223), Section A, Co. <b>7th</b> 235	to Superintendent Jumn 1, by each Ind <b>8th</b> 215	of Public Instruction dividual School.	Office on Mo	Total 450 464 457	8 <b>7-88</b> Ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September October November December	Pupils as Reported to 2223), Section A, Co. <b>7th</b> 235 245 242	to Superintendent Jumn 1, by each Ind 8th 215 219 215	of Public Instruction dividual School.	Office on Mo	Total 450 464 457 457	B7-88  Ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September October November December January	Pupils as Reported to 2223), Section A, Co. 27th 235 245 242 242 240	to Superintendent dumn 1, by each Inc 8th 215 219 215 215	of Public Instruction dividual School.	Office on Mo	Total 450 464 457 457 465	B7-88  Ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September October November December	Pupils as Reported to 2223), Section A, Co. 225, Section A, Co. 235  245 242 242 242 240 236	to Superintendent slumn 1, by each Inc  8th 215 219 215 215 215 223	of Public Instruction dividual School.	Office on Mo	Total 450 464 457 457 465 472	8 <b>7-88</b> Ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September October November December January February	Pupils as Reported to 2223), Section A, Co.  7th 235 245 242 242 242 240 236 237	to Superintendent slumn 1, by each Inc  8th 215 219 215 215 223 232 224 216	of Public Instruction dividual School.	Office on Mo	Total 450 464 457 457 465 472 460	B7-88  Ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September October November December January February March	Pupils as Reported to 2223), Section A, Co. 225, Section A, Co. 235  245 242 242 242 240 236	to Superintendent slumn 1, by each Inc  8th 215 219 215 215 223 232 224	of Public Instruction dividual School.	Office on Mo	Total 450 464 457 457 465 472 460 453	B7-88  Ort of Sch	ool District
Number of Individual I Enrollment (Form No. F September October November December January February March April	Pupils as Reported to 2223), Section A, Co.  7th 235 245 242 242 242 240 236 237	to Superintendent slumn 1, by each Inc  8th 215 219 215 215 223 232 224 216	of Public Instruction dividual School.	Office on Mo	Total 450 464 457 457 465 472 460	B7-88  Ort of Sch	ool District

#### B. CATASTROPHIC INSURANCE DECLARATION FOR 1987-88 SCHOOL YEAR

WIAA MEMBER SCHOOLS WILL AUTOMATICALLY BE ENROLLED IN THE SCHOLASTIC EXTRA-CURRICULAR LIABILITY/ LIFETIME MEDICAL POLICY for the school authorized activities indicated in Section C on page 2 under WIAA jurisdiction, unless the School Board or Superintendent DECLARES OTHERWISE, as requested below. All declarations must be made by **AUGUST 15, 1987** in order to be covered under this insurance plan.

Your school district will also be billed for **Catastrophic Insurance** premiums in **September** 1987 based on your average monthly enrollment.

PLEASE INDICATE BY INITIALS IF YOUR SCHOOL DOES **NOT** DESIRE TO BE INCLUDED AND ENDORSED AS COVERED UNDER THE SCHOLASTIC EXTRA-CURRICULAR LIABILITY/LIFETIME MEDICAL POLICY.

Name COMPANY or MEDICAL BUREAU for SCHOOL OFFERED ACCIDENT INSURANCE \_\_\_\_

Initial only if "Opting Out"

Your school district will be billed in **January 1988** for **membership service fees** on the basis of your average monthly enrollment above and the number of activities for which you enrolled in. (Section C, Page 2).