

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....

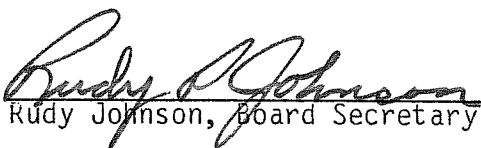
WHEREAS, the students of Everett School District No. 2 have a need for committee awareness and involvement and....

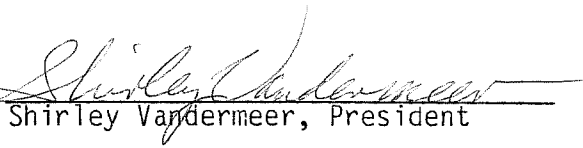
WHEREAS, the Young Volunteer Program, with extensive community support, has worked diligently to promote student volunteer opportunities that meet these critical needs both in our community and with our students and....

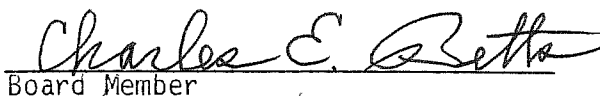
WHEREAS, involvement of students in these volunteer programs will increase their citizenship awareness, altruistic tendencies, ability to work with and have respect for others, and increase their own self esteem and....

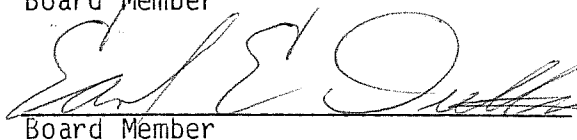
WHEREAS, the Everett School District No. 2 Board of Directors support volunteerism and student participation in programs for the betterment of the committee and its young people.

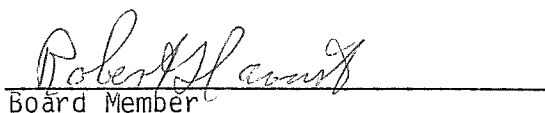
THEREFORE, be it resolved, that the Board of Directors of Everett School District No. 2 endorses and supports the promotion of volunteerism and volunteer opportunities, in the Everett School systems, for the benefit of our students and our community.

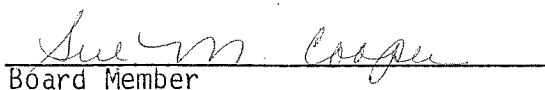

Rudy Johnson, Board Secretary


Shirley Vandermeer, President


Board Member


Board Member


Board Member


Board Member

Res. 367

Washington 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



Name of School District Everett School Dist. #2 Phone No. (206) 339-4380
Mailing Address 3721 Oakes City Everett Zip Code 98201
Name of Superintendent Dr. Rudy Johnson WIAA District No. 1

By action of the 1976 Legislature each School District Board of Directors may delegate control, supervision and regulation of any extracurricular activity to the WIAA and compensate such entity for services provided.

Please list each secondary school to be enrolled with the WIAA. Your School District will be billed in January 1988 on the basis of each school's average monthly enrollment and the number of activities in which they enroll. Unless your School District "Opts Out" the premium costs of the Liability/Lifetime Medical Policy (Catastrophic Insurance) will be billed in September for 1987-88 coverage for those activities listed on the school membership form.

MEMBER SENIOR HIGH SCHOOLS

Cascade High School
Everett High School

REPRESENTATIVE IN WIAA MATTERS

(Representative will be the building principal unless otherwise named below)

Reg Scodeller
Ed Bailey

In addition to sending materials to each school, (both high schools and middle schools) please send a copy of all materials to Ernie Dire, 3721 Oakes, Everett, WA 98201.

MEMBER MIDDLE LEVEL SCHOOLS

Eisenhower Middle School
Evergreen Middle School
North Middle School

REPRESENTATIVE IN WIAA MATTERS

(Representative will be the building principal unless otherwise named below)

Graham Hume Judy Heidman
Steve Jones
Steve Friebe

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

Washington Interscholastic Activities Association

SENIOR HIGH MEMBERSHIP INFORMATION — 1987-1988

IMPORTANT — Catastrophic Insurance Coverage Declaration (Item B)

NOTE — PLEASE MAIL BY JUNE 15, 1987

Deadline for Insurance Declaration is August 15



A. GENERAL

☐ CHECK IF NEW ADDRESS

Name of School Cascade High School Phone No. (206) 339-4500

Mailing Address 801 Casino Road City Everett, WA Zip Code 98203

Name of Principal for 1987-1988 (Please Print) Gary Axtell

Name of School District Everett School District #2 WIAA District No. 1

Schools League(s) Membership (If more than one league, list league(s) and name sport(s): WESCO "AAA"

Athletic Administrator for Boys Ernie Dire for Girls Ernie Dire

Colors Crimson & Gray Nickname Bruins

STUDENT ENROLLMENT - AVERAGE MONTHLY ENROLLMENT FOR 1987-88

Number of Individual Pupils as Reported to Superintendent of Public Instruction Office on Monthly Report of School District Enrollment (Form No. P223), Section A, Column 1, by each Individual School.

	(4-Yr. HS)				(10-12 Only)
	9th	10th	11th	12th	Total
September	527	591	561	503	1655
*October	515	580	547	488	1615
*November	508	579	535	478	1592
*December	502	571	532	473	1576
January	501	570	526	469	1565
February	495	569	526	475	1570
March	496	556	522	468	1546
April	495	554	522	455	1531
May	487	546	515	445	1506
Total:	4526				14156
Avg. Monthly Enroll.:	503				1573
	(Total ÷ 9)				(Total ÷ 9)

(Do not include 9th grade) **Total:** 14156
Average Monthly Enrollment: 1573

***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 **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).

(OVER)

Wash. Jton Interscholastic Activities Association

SENIOR HIGH MEMBERSHIP INFORMATION — 1987-1988

IMPORTANT — Catastrophic Insurance Coverage Declaration (Item B)

NOTE — PLEASE MAIL BY JUNE 15, 1987

Deadline for Insurance Declaration is August 15



A. GENERAL

☐ CHECK IF NEW ADDRESS

Name of School Everett High School Phone No. (206) 339-4400

Mailing Address 2416 Colby City Everett Zip Code 98201

Name of Principal for 1987-1988 (Please Print) Dr. Don Barbacovi

Name of School District Everett Public Schools WIAA District No. 1

Schools League(s) Membership (If more than one league, list league(s) and name sport(s): Western Conference AAA

Athletic Administrator for Boys Ed Bailey for Girls Ed Bailey

Colors Blue & Gold Nickname Seagulls

STUDENT ENROLLMENT - AVERAGE MONTHLY ENROLLMENT FOR 1987-88

Number of Individual Pupils as Reported to Superintendent of Public Instruction Office on Monthly Report of School District Enrollment (Form No. P223), Section A, Column 1, by each Individual School.

	(4-Yr. HS) 9th	10th	11th	12th	(10-12 Only) Total
September	410	440	387	369	1196
*October	406	442	377	353	1172
*November	396	425	365	347	1137
*December	385	421	356	338	1115
January	376	413	351	332	1096
February	389	428	353	339	1120
March	374	405	339	318	1062
April	372	395	333	311	1039
May	370	388	364	272	1024
Total:	3478				9961
Avg. Monthly Enroll.:	386.4				1106.7
	(Total ÷ 9)				(Total ÷ 9)

(Do not include 9th grade) **Total:** 9961
Average Monthly Enrollment: 1106.7

***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 **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 Activities 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

☐ CHECK IF NEW ADDRESS

Name of School Eisenhower Middle School Phone No. (206) 339-4580

Mailing Address 2500 100th S.E. City Everett, WA Zip Code 98208

Name of Principal for 1987-88 (Please Print) Tom Romerdahl

Name of School District Everett School District No. 2 WIAA District No. 1

School's League(s) Membership (If more than one league, list league(s) and name sport(s): _____

Athletic Administrator for Boys Graham Hume Judy Heidman for Girls same

Colors Red, White & Blue Nickname Warriors

STUDENT ENROLLMENT - AVERAGE MONTHLY ENROLLMENT FOR 1987-88

Number of Individual Pupils as Reported to Superintendent of Public Instruction Office on Monthly Report of School District Enrollment (Form No. P223), Section A, Column 1, by each Individual School.

	7th	8th	9th (Participating at JH only)	Total
September	341	324		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: 6039

Average Monthly Enrollment: 671 (Total ÷ 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).

(OVER)

Washington Interscholastic Activities 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

☐ CHECK IF NEW ADDRESS

Name of School Evergreen Middle School Phone No. 206 339 4550
 Mailing Address 7621 Beverly Lane City Everett Zip Code 98203
 Name of Principal for 1987-88 (Please Print) William Palmer
 Name of School District Everett School District WIAA District No. 1
 School's League(s) Membership (If more than one league, list league(s) and name sport(s):
North County
 Athletic Administrator for Boys Steve Jones for Girls Steve Jones
 Colors Green-White-Black Nickname Lumberjacks

STUDENT ENROLLMENT - AVERAGE MONTHLY ENROLLMENT FOR 1987-88

Number of Individual Pupils as Reported to Superintendent of Public Instruction Office on Monthly Report of School District Enrollment (Form No. P223), Section A, Column 1, by each Individual School.

	7th	8th	9th (Participating at JH only)	Total
September	<u>278</u>	<u>243</u>		<u>521</u>
October	<u>264</u>	<u>248</u>		<u>512</u>
November	<u>270</u>	<u>241</u>		<u>511</u>
December	<u>268</u>	<u>240</u>		<u>508</u>
January	<u>266</u>	<u>238</u>		<u>504</u>
February	<u>271</u>	<u>241</u>		<u>512</u>
March	<u>269</u>	<u>244</u>		<u>513</u>
April	<u>268</u>	<u>245</u>		<u>513</u>
May	<u>270</u>	<u>247</u>		<u>517</u>
			Total:	<u>4607</u>
			Average Monthly Enrollment:	<u>512</u> (Total ÷ 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).

(OVER)

Wash. gton Interscholastic Activities 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

☐ CHECK IF NEW ADDRESS

Name of School North Middle School Phone No. (206) 339-4370

Mailing Address 2514 Rainier City Everett Zip Code 98201

Name of Principal for 1987-88 (Please Print) Lester E. Hazen

Name of School District Everett School District WIAA District No. 1

School's League(s) Membership (If more than one league, list league(s) and name sport(s): North County

Athletic Administrator for Boys Stephen Friebe for Girls same

Colors Red/Gold Nickname Stars

STUDENT ENROLLMENT - AVERAGE MONTHLY ENROLLMENT FOR 1987-88

Number of Individual Pupils as Reported to Superintendent of Public Instruction Office on Monthly Report of School District Enrollment (Form No. P223), Section A, Column 1, by each Individual School.

	7th	8th	9th (Participating at JH only)	Total
September	235	215		450
October	245	219		464
November	242	215		457
December	242	215		457
January	242	223		465
February	240	232		472
March	236	224		460
April	237	216		453
May	234	214		448
			Total:	<u>4126</u>
			Average Monthly Enrollment:	<u>458</u> (Total ÷ 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).

(OVER)