RAVEN DAY
August 16, 2016
8:00 A.M.–6:00 P.M.
ALL FORMS NOW ONLINE!

Welcome to Auburn Riverside! We look forward to a successful year with your ARHS student. Please plan to attend Raven Day according to the schedule below. Here are a few pieces of information to help this day go smoothly.

- **PREPARE ONLINE:** All forms for RAVEN DAY are online for your convenience (and our effort to be more earth friendly!) Please visit [http://www.auburn.wednet.edu/arhs](http://www.auburn.wednet.edu/arhs) to view and print your necessary forms. Bring your forms with you to Raven Day. Not having your forms will lengthen your RAVEN DAY process!

- Please park in the student parking lot at the end of the campus closest to the gym. We will have signs to indicate where to enter the building.

- Remember that **all fines must be cleared before you can receive your schedule.** Fine statements will be mailed separately in late July. Fines can be cleared at or before Raven Day.

- If you cannot attend, please call or return the postcard that was mailed to you verifying your enrollment in order to hold your schedule.

- Schedules have been created based on student/parent choices made in the spring; therefore, Counselors will not be available for schedule changes, but appointments can be made for the following week.

- On Raven Day you can take care of the following:
  - Student pictures and ID cards (checks made out to Dorian) forms on website
  - Pay fees and/or clear fines
  - Pick up schedule & secure a locker (lockers are not required)
  - Finalize Athletic Eligibility forms (online this year)
  - **Purchase** ASB card, yearbook, pictures, PE uniform, Spirit Wear, cafeteria accounts, parking permits (junior/seniors only), Raven Roast coffee cards.

- Please arrive at the scheduled time below based on your grade level and first letter of your last name. **Students and parents arriving for their scheduled time will have priority. Those who arrive before or after their scheduled time slot will be directed to the overflow line.**

<table>
<thead>
<tr>
<th></th>
<th>12th Grade</th>
<th>11th Grade</th>
<th>10th Grade</th>
<th>9th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:15</td>
<td>RC</td>
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</tr>
<tr>
<td>8:15-8:40</td>
<td>A-F</td>
<td>10:00-10:25</td>
<td>A-F</td>
<td>1:15-1:50</td>
</tr>
<tr>
<td>9:05-9:30</td>
<td>L-R</td>
<td>10:50-11:15</td>
<td>L-R</td>
<td>2:25-3:00</td>
</tr>
</tbody>
</table>

11:40-1:15 Closed for Lunch

**Doors Close at 6:00PM**
¡Bienvenido a Auburn Riverside! Será un placer tener un año exitoso con su estudiante de ARHS. Por favor, haga planes para asistir a Raven Day de acuerdo con el cronograma a continuación. He aquí alguna información para ayudar a que este día transcurra sin problemas.

- **PREPÁRESE EN LÍNEA**: Todos los formularios para RAVEN DAY se encuentran en línea para su comodidad (¡y nuestro esfuerzo por ser más amigables con el planeta!) Por favor, visite [http://www.auburn.wednet.edu/arhs](http://www.auburn.wednet.edu/arhs) para ver e imprimir sus formularios necesarios. Traiga sus formularios con usted a Raven Day. ¡El no tener sus formularios alargará su proceso de RAVEN DAY!

- Por favor, estacione en el estacionamiento para estudiantes al final del campus, lo más cerca del gimnasio. Tendremos letreros que indiquen dónde ingresar al edificio.

- Recuerde que **se tienen que cancelar todas las multas antes de que usted pueda recibir su programa**. Los estados de multas se enviarán por porreo, por separado, a fines de julio. Las multas se pueden cancelar en Raven Day o antes.

- **Si usted no puede asistir, por favor llame o devuelva la postal que se le envió por correo verificando su inscripción para que mantengamos su programa**.

- Listas han sido creadas en base a decisiones de padres y alumnos en la primavera; por lo tanto, consejeros no estará disponibles para cambios de horario, pero las citas pueden hacerse para la semana siguiente.

- **En Raven Day, usted puede hacerse cargo de lo siguiente**:  
  Fotografías y tarjetas de identificación del estudiante (cheques a la orden de Dorian), formularios en el sitio Web  
  Pagar los honorarios y/o cancelar las multas  
  Recoger el programa y conseguir un casillero (los casilleros no son obligatorios)  
  Finalizar los formularios de Elegibilidad para Atletismo  
  **Comprar** la tarjeta ASB, el anuario, las fotografías, el uniforme para educación física, Spirit Wear, las cuentas de la cafetería, los permisos de estacionamiento (solamente para estudiantes de último y penúltimo año), las tarjetas de café Raven Roast.

- Por favor llegue a la hora prevista a continuación basada en su nivel de grado y primera letra de su apellido. Los estudiantes y padres de llegar a su hora programada tendrá prioridad. Los que llegan antes o después de su horario programado serán dirigidos a la línea de desbordamiento.

### 16 de Agosto horario

<table>
<thead>
<tr>
<th>12\textsuperscript{Vo} NIVEL ESCOLAR</th>
<th>11\textsuperscript{Vo} NIVEL ESCOLAR</th>
<th>10\textsuperscript{Mo} NIVEL ESCOLAR</th>
<th>9\textsuperscript{No} NIVEL ESCOLAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:15 RC</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8:15-8:40 A-F</td>
<td>10:00-10:25 A-F</td>
<td>1:15-1:50 A-F</td>
<td>3:40-4:15 A-F</td>
</tr>
<tr>
<td>9:30-9:55 S-Z</td>
<td>11:15-11:40 S-Z</td>
<td>3:00-3:35 S-Z</td>
<td>5:25-6:00 S-Z</td>
</tr>
</tbody>
</table>

Las puertas se cierran a las 6:00 p.m.
### Auburn Riverside High School
**Schedule of Optional Fees and Expenses for the 2016-2017 School Year**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
<th>Cash/Check Mastercard/Visa</th>
<th>COMMENTS</th>
<th>YES</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASB CARD</strong></td>
<td>$45</td>
<td>Payable to ARHS</td>
<td>Mandatory for all students participating in interscholastic sports and school sponsored activities. Card holders will receive discounts on various school events and activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School Yearbook</strong></td>
<td>$62</td>
<td>Payable to ARHS</td>
<td>Yearbook only Yearbook with name plate Yearbook with name plate, cover, &amp; autograph supplement Yearbook price will increase after October 7 to $72.</td>
<td></td>
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<tr>
<td></td>
<td>$68</td>
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<td>$72</td>
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<tr>
<td><strong>ASB Card &amp; Basic Yearbook</strong></td>
<td>$107</td>
<td>Payable to ARHS</td>
<td>If purchased together by October 7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School Pictures</strong></td>
<td></td>
<td>Payable to Dorian</td>
<td>Print flyer from website and bring on Raven Day 8/16/16</td>
<td>Separate check Payable to Dorian</td>
<td></td>
</tr>
<tr>
<td><strong>Parking Permits</strong> (Seniors &amp; Juniors Only)</td>
<td>$10</td>
<td>Payable to ARHS</td>
<td>Must be purchased before student may park in student parking lots (gym and tennis court lots)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Class, Lab &amp; Shop Fees</strong></td>
<td></td>
<td>Fee determined per class by instructor</td>
<td>To be paid when enrolled in class</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P.E. Packages (A or B)</strong></td>
<td></td>
<td>Payable to ARHS</td>
<td>A) Basic Package B) 3/4 Yoga Package C) Everything Package</td>
<td></td>
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<tr>
<td><em>Singles</em></td>
<td></td>
<td></td>
<td>A) Basic Package B) 3/4 Yoga Package C) Everything Package</td>
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<tr>
<td>*Shirt</td>
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<tr>
<td>*Shorts</td>
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<td>*3/4 Yoga Pants</td>
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<td>*Lock</td>
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<td></td>
<td>A) -$30 B) -$35 C) -$50</td>
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<td>$6.50</td>
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<tr>
<td><strong>Pre-paid Lunches</strong></td>
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<tr>
<td>Milk</td>
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<tr>
<td>Breakfast</td>
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<tr>
<td>Raven Lunch</td>
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<tr>
<td>Ala Carte Lunch</td>
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<tr>
<td>Free &amp; Reduced Meals</td>
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<td></td>
<td>Any Dollar Amount</td>
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<td>$3.50</td>
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<td></td>
<td>Priced per item</td>
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<tr>
<td><strong>Accident &amp; Health Ins by Meyers-Stevens &amp; Toohey &amp; Co. Inc</strong></td>
<td>Determined by coverage</td>
<td>Payable to Myers-Stevens &amp; Toohey &amp; Co. Inc.</td>
<td>Brochures available in the Athletic Office.</td>
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</tr>
</tbody>
</table>

*ALL FORMS FOR RAVEN DAYS ARE ONLINE @ WWW.Auburn.wednet.edu/arhs*  

*ARHS Total*
<table>
<thead>
<tr>
<th>CONCEPTO</th>
<th>COSTO</th>
<th>Efectivo/Cheque Mastercard/Visa</th>
<th>COMENTARIOS</th>
<th>SÍ</th>
<th>COSTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARJETA ASB</td>
<td>$45</td>
<td>A la orden de ARHS</td>
<td>Obligatorio para todos los estudiantes que participen en deportes interescolares y actividades patrocinadas por la escuela. Los titulares de tarjetas recibirán descuentos en varios eventos y actividades escolares.</td>
<td></td>
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</tr>
<tr>
<td>Anuario escolar</td>
<td>$62</td>
<td>A la orden de ARHS</td>
<td>Solamente el anuario Anuario con una placa con el nombre Anuario con una placa con el nombre, cubierta y un suplemento para autógrafos El precio del anuario subirá después del 7 de octubre a $72.</td>
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<td>$68</td>
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<td>$72</td>
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<tr>
<td>$72</td>
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</tr>
<tr>
<td>Tarjeta de ASB y Anuario Básico</td>
<td>$107</td>
<td>A la orden de ARHS</td>
<td>Si se compra conjuntamente hasta el 7 de Octubre.</td>
<td>Cheque por separado a la orden de Dorian</td>
<td></td>
</tr>
<tr>
<td>Fotografías de la escuela</td>
<td><a href="http://www.dorianstudio.com">www.dorianstudio.com</a></td>
<td>A la orden de Dorian</td>
<td>Imprima el folleto del sitio Web y tráigalo el Raven Day 8/16/16</td>
<td></td>
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</tr>
<tr>
<td>Permisos de estacionamiento</td>
<td>$10</td>
<td>A la orden de ARHS</td>
<td>Se tiene que comprar antes de que el estudiante pueda estacionar en los estacionamientos (gimnasio y cancha de tenis)</td>
<td></td>
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<tr>
<td>(solamente para estudiantes de último y penúltimo año)</td>
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<tr>
<td>Honorarios de las clases, el laboratorio y la tienda</td>
<td></td>
<td>A la orden de ARHS</td>
<td>Para pagar la inscripción en la clase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.E. Paquetes (A o B)</td>
<td>A) -$30 B) -$35 C) -$50</td>
<td>A la orden de ARHS</td>
<td></td>
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</tr>
<tr>
<td><em>Individuales</em></td>
<td></td>
<td></td>
<td>A) Paquete Básico Pantalones cortos (shorts) - 15 Camisetas - 10 Pantalones para yoga 3/4 - 20 Candado - 5</td>
<td></td>
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</tr>
<tr>
<td><em>Camiseta</em></td>
<td></td>
<td></td>
<td>B) Paquete Yoga 3/4 Camisetas - 10 Pantalones para yoga 3/4 - 20 Candado - 5</td>
<td></td>
<td></td>
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<tr>
<td><em>Pantalones cortos (shorts)</em></td>
<td></td>
<td></td>
<td>C) Paquete Completo Camisetas - 10 Pantalones cortos (shorts) - 15 Pantalones para yoga 3/4 - 20 Candado - 5</td>
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<tr>
<td><em>Pantalones para yoga 3/4</em></td>
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<tr>
<td><em>Candado</em></td>
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<tr>
<td>Almuerzos pagados por adelantado</td>
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<td>Leche</td>
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<td>Desayuno</td>
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<tr>
<td>Almuerzo Raven</td>
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<tr>
<td>Almuerzo a la carta</td>
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<tr>
<td>Alimentos gratuitos y a precio reducido</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Securo contra Accidentes y de Salud por Meyers-Stevens &amp; Toohey &amp; Co. Inc</td>
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<tr>
<td>Determinado por la cobertura</td>
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</tr>
<tr>
<td>Todas las solicitudes para Raven Days se encuentran en línea en <a href="http://www.Auburn.wednet.edu/arhs">www.Auburn.wednet.edu/arhs</a></td>
<td>ARHS</td>
<td>Total</td>
<td>ARHS Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Athletic Eligibility – Online!
This year all paperwork is online! Registration is scheduled to open by August 1. To be eligible to attend practice, all athletes and parents will need to login to Skyward and fill out the online registration. A current physical must also be turned in before they can practice.

If you do not know how to log in to family and student access, please contact the school for help. Paper copies of the eligibility form are no longer available.

- A hard copy of the athletes’ current doctors physical must be turned in to the Athletics office prior to participation.
- Proof of ASB Card purchase must also be provided-ASB cards are $45 and may be purchased from the cashier.

ALL IN-COMING FRESHMEN NEED A NEW PHYSICAL. This physical must take place after June 1, 2016. Physicals completed after that date are good for up to 24 months.

Each athlete must meet with Athletic Director Mr. Aubert or Athletic Secretary Mrs. Lucchesi to be cleared to play. Please do not mail physicals in or drop them off in the office.

FALL SPORTS - Practice/Tryouts Begin:
Wednesday, August 17, 2016 - Football
Monday, August 22, 2016 - Cross Country (boys and girls), Golf (boys and girls), Girls’ Soccer, Girls’ Swim & Dive, Boys’ Tennis, Volleyball, Boys’ Water Polo, Cheer

The Athletics Office will be open:

<table>
<thead>
<tr>
<th>Week of August 15-19</th>
<th>Week of August 22-26</th>
</tr>
</thead>
<tbody>
<tr>
<td>M August 15 7:30 AM to 4:00 PM</td>
<td>M August 22 9:00 AM to 3:00 PM</td>
</tr>
<tr>
<td>Tu August 16 during Raven Day hours (very busy, expect a long line)</td>
<td>Tu August 23 9:00 AM to 3:00 PM</td>
</tr>
<tr>
<td>W August 17 7:30 AM to 3:00 PM</td>
<td>W August 24 9:00 AM to 3:00 PM</td>
</tr>
<tr>
<td>Th August 18 7:30 AM to 3:00 PM</td>
<td>Th August 25 CLOSED</td>
</tr>
<tr>
<td>F August 19 7:30 AM to 3:00 PM</td>
<td>F August 26 9:00 AM to 12:00 PM</td>
</tr>
</tbody>
</table>

All schedules and sport pages can be found under Athletics on the ARHS website.
Auburn School District
ATHLETIC RULES OF CONDUCT

Auburn School District is a member of the Washington Interscholastic Activities Association and must comply with the rules as stipulated in the constitution and rules and regulations of the Association. All contestants must be eligible under the WIAA academic regulations to participate in an interscholastic contest.

Conduct: Participants shall abide by all written training rules established for the sport/activity in which he/she is participating, and shall at all times behave in a manner that conveys respect for all individuals. Acts of harassment, hazing or a criminal act defined by law will not be tolerated. In addition, a participant shall conduct him/herself with personal integrity and honesty at all times and in all situations; both as a participant and as a spectator. Unacceptable behaviors and/or misconduct may necessitate penalties as appropriate, in an attempt to reduce any behavior which negatively impacts the individual, the team/group, and/or the image of the Auburn School District Athletics/Activities. Each incident will be reviewed on a case-by-case basis by the coach/advisor, administrator, or Athletic/Activity Board.

Any athlete failing to comply with the following rules of conduct shall be subject to disciplinary action in accordance with the School District's Athletic Code. Participation in interscholastic athletics is a privilege, not a right.

RULE 1-- LEGEND DRUGS, CONTROLLED SUBSTANCES, DRUG PARAPHERNalia AND ALCOHOL USE
Penalties for violation of RCW 69.41.020-69.41.050 for the possession, use or sale of legend drugs (drugs obtained through prescription) including anabolic steroids and possession, Violation of RCW 69.50 (uniform Controlled Substances Act) or possession or under the influence of alcohol or alcohol related substances -- A violation shall be considered a violation of the eligibility code and standards, and shall subject the student to disciplinary actions as follows:

<table>
<thead>
<tr>
<th>FIRST VIOLATION</th>
<th>SECOND VIOLATION</th>
<th>THIRD VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately ineligible for interscholastic competition for the remainder of the current season. If less than 25 days remain in the current season, ineligibility will continue into the next applicable sport season (completed in good standing) in order to complete a full 25 day ineligibility. Before returning to the next sport season, athlete must obtain a drug/alcohol assessment from a certified agency/professional and must participate in the Insight program or an equivalent drug education course.</td>
<td>Ineligible and prohibited from participating in any WIAA sports program for a period of one calendar year from date of second violation.</td>
<td>Permanently prohibited from participation in any WIAA athletic program for the remainder of high school eligibility.</td>
</tr>
</tbody>
</table>

RULE 2-- ATHLETES ATTENDING FUNCTIONS WHERE ALCOHOL AND OR DRUGS IS BEING ILLEGALLY CONSUMED: Athletes who attend a gathering where drugs and/or alcohol are being used illegally, must upon learning of the presence and/or use of such substances, make immediate and exhaustive attempts to leave the premises.

<table>
<thead>
<tr>
<th>FIRST VIOLATION</th>
<th>SECOND VIOLATION</th>
<th>THIRD VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>See chart below</td>
<td>Suspension for 25 participation days effective immediately. Before returning to the next sport season, athlete must obtain a drug/alcohol assessment from a certified agency/professional and must participate in the Insight program or an equivalent drug education course.</td>
<td>Expulsion from all athletics for one calendar year.</td>
</tr>
</tbody>
</table>

↓Means of Discovery↓

<table>
<thead>
<tr>
<th>Self-Referral</th>
<th>1 participation day effective immediately + 12 probation days.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admittance</td>
<td>3 participation days effective immediately + 13 probation days.</td>
</tr>
<tr>
<td>Investigative</td>
<td>Suspension – 15 participation days effective immediately + 5 probation days.</td>
</tr>
</tbody>
</table>

RULE 3-- USE AND/OR BEING IN POSSESSION-OF TOBACCO OR TOBACCO PRODUCTS

<table>
<thead>
<tr>
<th>FIRST VIOLATION</th>
<th>SECOND VIOLATION</th>
<th>THIRD VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>See chart below</td>
<td>Suspension for 25 participation days effective immediately.</td>
<td>Expulsion from all athletics for one calendar year.</td>
</tr>
</tbody>
</table>

↓Means of Discovery↓

<table>
<thead>
<tr>
<th>Self-Referral</th>
<th>1 participation day effective immediately + 12 probation days.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admittance</td>
<td>3 participation days effective immediately + 13 probation days.</td>
</tr>
<tr>
<td>Investigative</td>
<td>Suspension – 15 participation days effective immediately + 5 probation days.</td>
</tr>
</tbody>
</table>
RULE 4-- NOT OBEYING SCHOOL RULES AND REGULATIONS DURING SEASON (INCLUDING REGULAR SCHOOL ATTENDANCE AND DISCIPLINARY SANCTIONS).

<table>
<thead>
<tr>
<th>FIRST VIOLATION</th>
<th>SECOND VIOLATION</th>
<th>THIRD VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference with building coordinator or administrator, unable to participate in the NEXT contest</td>
<td>Probation, unable to participate in the NEXT two contests</td>
<td>Suspension for remainder of current season</td>
</tr>
</tbody>
</table>

RULE 5-- SUSPENSION FROM SCHOOL DURING SEASON (INCLUDING IN-HOUSE DISCIPLINARY SANCTIONS)

<table>
<thead>
<tr>
<th>FIRST VIOLATION</th>
<th>SECOND VIOLATION</th>
<th>THIRD VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspension for the period of school suspension and unable to participate in the NEXT contest</td>
<td>Suspension for 15 participation days effective immediately and automatic probation (five days minimum)</td>
<td>Expulsion from all athletics for one calendar year</td>
</tr>
</tbody>
</table>

RULE 6-- ANY STUDENT CONVICTED OF A FELONY CRIME WILL NOT BE ALLOWED TO PARTICIPATE IN ATHLETIC COMPETITION FOR ONE FULL CALENDAR YEAR OR UNTIL THE SENTENCE IS COMPLETED. CONVICTED SEX OFFENDERS WILL NOT BE ALLOWED TO PARTICIPATE IN ATHLETICS.

Definition of Sanctions:

PROBATION: A period of time in which an athlete may be given an opportunity to correct deficiencies that could result in suspension or expulsion from athletic participation. The athlete is allowed to practice but not compete in games during this time and must sit out a minimum of one contest. Athlete will not be allowed to sit on the bench, sideline or dugout during exclusion from a contest.

PARTICIPATION: As defined by the WIAA participation schedule. If the conclusion of a season occurs during suspension period, the remainder of the suspension will carry over into the next sports season.

SUSPENSION: Includes exclusion from all athletic participation.

EXPULSION: The exclusion from athletic participation for the remainder of the current school year.

INVESTIGATIVE (discovery) – The process by which an administrator/coach/athletic director arrives at a conclusion regarding a student’s involvement in an athletic code infraction. The decision will be based on evidence, either verbal or written.

SELF ADMITTANCE (discovery) – Student athletes that admit to their involvement in an athletic code infraction and who are cooperative and honest the investigative process regarding alleged code infractions,

SELF-REFERRAL (discovery) – Student athlete who reports self-infractions to school administrator prior to any investigation or inquiry by school administrators or staff.

IN SEASON: Begins with the first WIAA allowed practice day and ends with the awards ceremony (banquet) for that sport. In the event of no season-ending banquet or a banquet held prior to the last competition, the ending date will be after the last scheduled event for that sport.

COMPLETED SEASON: A season which a student athlete begins and completes the season, in good standing, without interruptions, until the last scheduled contest or banquet, whichever is later.

ACCUMULATION OF VIOLATIONS: Violations #1, #2, or #3 are accumulated while the student athlete is involved in high school athletics.

The Auburn School District sport season ends with the awards program, held at the discretion of the head coach for each sport. An athlete must finish the season in good standing in order to receive a letter. Athletes are reminded that they are under the athletic code beginning with the date of their first practice until 1 calendar year from the last participation day in any sport: Fall, Winter, or Spring and /or when representing the school during organized summer activities. Athletes are responsible for being knowledgeable of all additional information provided in the Athletic Handbook which is distributed to athletes.

Participant's Printed Name
Parent's Printed Name

Participant's Signature
Parent's Signature

Date
Date

C:\Athletics\Rules of Conduct
6/10/11
To the Parent/Guardian:

By signature below, I acknowledge that I understand the Auburn School District will be providing transportation for my child to “in-district” athletic games that begin prior to 5:00 p.m., but I assume the responsibility of providing transportation for all “in-district” athletic games that start after 5:00 p.m. I am also responsible for providing transportation for my child at the end of all “in-district” athletic games.

I understand, the Auburn School District will provide transportation for my child to and from all “out-of-district” athletic games.

★ Parent/Guardian Signature Date ★ Student Signature Date

Printed name

Street Address

City Zip

Home Phone Work Phone

Revised 12.16.09
A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don’t feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness
What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“…may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/ConcussionInYouthSports/

Student-athlete Name Printed  ★ Student-athlete Signature  Date

Parent or Legal Guardian Printed  ★ Parent or Legal Guardian Signature  Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009
HEADS UP: CONCUSSION IN YOUTH SPORTS
A Fact Sheet for ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a bump or blow to the head
• Can change the way your brain normally works
• Can occur during practices or games in any sport
• Can happen even if you haven’t been knocked out
• Can be serious even if you’ve just been “dinged”

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Bothered by light
• Bothered by noise
• Feeling sluggish, hazy, foggy, or groggy
• Difficulty paying attention
• Memory problems
• Confusion
• Does not “feel right”

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
• Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
• Get a medical check up. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
• Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?
Every sport is different, but there are steps you can take to protect yourself.
• Follow your coach’s rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  o The right equipment for the game, position, or activity
  o Worn correctly and fit well
  o Used every time you play

It’s better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit: www.cdc.gov/ConcussionInYouthSports
For more detailed information on concussion and traumatic brain injury, visit: http://www.cdc.gov/injury
HEADS UP: CONCUSSION IN YOUTH SPORTS
A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?
A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?
Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.
WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. **Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. **Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

   *It’s better to miss one game than the whole season.*

For more information and to order additional materials free-of-charge, visit: [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

For more detailed information on concussion and traumatic brain injury, visit: [http://www.cdc.gov/injury](http://www.cdc.gov/injury)
Running Start Students and WIAA Eligibility

Students who access the Running Start Program at the community colleges find themselves on a different academic calendar from their high school for academic eligibility. There could be times during the high school year that Running Start students are not in school or taking academic courses. To ensure that students remain athletically eligible at their high school, they enter into the following contract with their school and commit to taking and completing the approved academic program at the community college and/or in conjunction with a blended schedule at their high school.

The purpose of this document is to record, in writing, the expectations of the **Auburn School District** regarding the Running Start scholastic requirements of __________________________, a student/athlete at **Auburn Riverside High School**, and serve as a safeguard for the **Auburn School District** against penalty and sanctions if __________________________(student) fails to meet the scholastic requirements as a Running Start student during the __________ school year.

Expectations:

1. The **Auburn School District** verifies the following approved academic schedule with __________________________, a Running Start student at **Auburn Riverside High School**, will meet the WIAA and school district academic eligibility requirements.
2. The student, __________________________, agrees to attend all classes and to make no changes to his/her approved academic schedule without first consulting with his/her high school athletic director on the potential eligibility ramifications of such changes.

**RUNNING START ACADEMIC PLAN for the _________ School Year**

<table>
<thead>
<tr>
<th>Normal Credit Hour requirement at High School per Semester: 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RUNNING START TERM 1</strong></td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td><strong>RUNNING START TERM 2</strong></td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td><strong>RUNNING START TERM 3</strong></td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>
This agreement shall be signed and dated by the high school principal, the high school counselor, high school athletic director, the student/athlete, and his/her parents. By signing this agreement, the student and family agree to all terms of the agreement and understand they must adhere to the agreed academic plan for the school year or be subject to WIAA regulations 27.4 which states in part: “… if it is determined that the participant/parent/guardian provided the school with false information which caused the school to declare the participant eligible … the participant will be declared ineligible for interscholastic competition for a period of one (1) year.”

Principal

Counselor

Athletic Director

Parent/Guardian

Student

Date

Date

Date

Date

Date

GUIDELINES IN ESTABLISHING RUNNING START ELIGIBILITY

1. Determine the number of credits required for athletic eligibility at the student’s high school. Example: 5 classes required in a 6 period school day is equal to 2.5 semester credits needed for eligibility.

2. Establish the student’s academic schedule for the year, either entirely as a Running Start student or a student with a blended schedule of classes from both Running Start and the high school.

3. Determine the number of credits to be earned in each of the courses.

4. The credits in the Running Start second term can be used either for the first semester, the second semester, or split between the two semesters.

5. It is possible that a Running Start student would not attend any classes during one of the three Running Start terms and still be eligible, provided he/she took enough credits during the other two terms to meet or exceed the number of credits per semester for athletic eligibility at the high school.

6. Running Start is a public school mainstream educational program. Eligibility is at the public school of residence where the student accesses the Running Start program. A student could still compete athletically for the private school if they maintain enrollment at the private school for at least 50 percent of the school day at the private school.

27.4.0 USE OF INELIGIBLE PARTICIPANT - The use of a participant who is ineligible by WIAA or local school district rules shall result in forfeiture of contests in which that participant took part, except in situations in which it is determined that the participant/parent/guardian provided the school with false information which caused the school to declare the participant eligible. In such cases, the participant will be declared ineligible for interscholastic competition for a period of one (1) year. The one (1) year penalty begins on the day the determination is made that false information had been provided. The one (1) year penalty may be appealed to the WIAA Executive Director.
Home-Based Instruction & WIAA Eligibility

Students who access Home-Based Instruction may find themselves on a different academic calendar from their public high school counterparts for WIAA academic eligibility. To ensure that Home-Based Instruction (HBI) students remain athletically eligible at the public school where they are registered, they enter into the following agreement and commit to completing their prescribed academic HBI course of study.

Academic Expectations:

1. The Athletic Director (or designee) verifies that the following approved academic schedule for ____________________________, a Home-Based Instruction student participating at Auburn Riverside public school, meets the WIAA and school district academic eligibility requirements.

2. The above student agrees to complete and make no changes to his/her approved academic schedule without first consulting with his/her athletic director about the potential eligibility ramifications of such changes.

HOME-BASED INSTRUCTION ACADEMIC PLAN for the _____________ School Year

Credit Hour requirement at School per Semester: 3

<table>
<thead>
<tr>
<th>HIGH SCHOOL SEMESTER 1</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGH SCHOOL SEMESTER 2</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>
This agreement shall be signed and dated by the school principal, school athletic director, the student/athlete, and his/her parents. By signing this agreement, the student and parent(s) agree they must adhere to the academic plan for the school year or be subject to the following WIAA regulations:

27.4.0 USE OF INELIGIBLE PARTICIPANT - The use of a participant who is ineligible by WIAA or local school district rules shall result in forfeiture of contests in which that participant took part, except in situations in which it is determined that the participant/parent/guardian provided the school with false information which caused the school to declare the participant eligible. In such cases, the participant will be declared ineligible for interscholastic competition for a period of one (1) year. The one (1) year penalty begins on the day the determination is made that false information had been provided. The one (1) year penalty may be appealed to the WIAA Executive Director.

Principal ___________________ Date ______________

Athletic Director ___________________ Date ______________

Parent/Guardian ___________________ Date ______________

Student ___________________ Date ______________

GUIDELINES IN ESTABLISHING HOME-BASED INSTRUCTION ELIGIBILITY

1. Home-Based Instruction students must meet the same academic athletic eligibility requirements of all other students participating at that school.

2. Determine the number of credits required for athletic eligibility at the student’s school. Example: 5 classes required in a 6 period school day is equal to 2.5 semester credits needed for eligibility.

3. Establish the student’s academic schedule for the year, either entirely as a Home-Based Instruction student or a student with a blended schedule of classes from Home-Based Instruction and the high school or other Alternative Ed programs.

4. Determine the number of credits to be earned in each of the courses. Note: HBI parents define and issue credits according to their determined school completion course of study and goals.
<table>
<thead>
<tr>
<th>Sport</th>
<th>Turn out date</th>
<th>Head Coach</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>8/17</td>
<td>Bryant Thomas</td>
<td>Fall</td>
</tr>
<tr>
<td>Boys' Tennis</td>
<td>8/22</td>
<td>Bruce Diehl</td>
<td>Fall</td>
</tr>
<tr>
<td>Girls' Swimming</td>
<td>8/22</td>
<td>Patrick McKeehan</td>
<td>Fall</td>
</tr>
<tr>
<td>Girls' Soccer</td>
<td>8/22</td>
<td>Paul Lewis</td>
<td>Fall</td>
</tr>
<tr>
<td>Boys' Golf</td>
<td>8/22</td>
<td>Mike Huylar</td>
<td>Fall</td>
</tr>
<tr>
<td>Girls' Golf</td>
<td>8/22</td>
<td>Crystal Conant</td>
<td>Fall</td>
</tr>
<tr>
<td>Volleyball</td>
<td>8/22</td>
<td>Chris Leverenz</td>
<td>Fall</td>
</tr>
<tr>
<td>Girls' Cross Country</td>
<td>8/22</td>
<td>Kaisa Swenddal-White</td>
<td>Fall</td>
</tr>
<tr>
<td>Boys' Cross Country</td>
<td>8/22</td>
<td>Bill Sumner</td>
<td>Fall</td>
</tr>
<tr>
<td>Boys' Water Polo</td>
<td>8/22</td>
<td>Mike Van Eaton</td>
<td>Fall</td>
</tr>
<tr>
<td>Gymnastics</td>
<td>11/7</td>
<td>Cathy Robinson</td>
<td>Winter</td>
</tr>
<tr>
<td>Boys' Wrestling</td>
<td>11/14</td>
<td>Kyle Jones</td>
<td>Winter</td>
</tr>
<tr>
<td>Girls' Wrestling</td>
<td>11/14</td>
<td>Amberle Montgomery</td>
<td>Winter</td>
</tr>
<tr>
<td>Girls' Basketball</td>
<td>11/14</td>
<td>Christian Miller</td>
<td>Winter</td>
</tr>
<tr>
<td>Boys' Basketball</td>
<td>11/14</td>
<td>Kevin Olson</td>
<td>Winter</td>
</tr>
<tr>
<td>Boys' Swimming</td>
<td>11/14</td>
<td>Mike Van Eaton</td>
<td>Winter</td>
</tr>
<tr>
<td>Baseball</td>
<td>2/27</td>
<td>Marcus Evans</td>
<td>Spring</td>
</tr>
<tr>
<td>Fastpitch</td>
<td>2/27</td>
<td>Bryce Strand</td>
<td>Spring</td>
</tr>
<tr>
<td>Boys' Soccer</td>
<td>2/27</td>
<td>Robyn Saarenas</td>
<td>Spring</td>
</tr>
<tr>
<td>Girls' Tennis</td>
<td>2/27</td>
<td>Bruce Diehl</td>
<td>Spring</td>
</tr>
<tr>
<td>Girls' Water Polo</td>
<td>2/27</td>
<td>Mike Van Eaton</td>
<td>Spring</td>
</tr>
<tr>
<td>Girls' Track &amp; Field</td>
<td>2/27</td>
<td>Marcus Yzaguirre</td>
<td>Spring</td>
</tr>
<tr>
<td>Boys' Track &amp; Field</td>
<td>2/27</td>
<td>Bill Sumner</td>
<td>Spring</td>
</tr>
<tr>
<td>Girls' Lacrosse</td>
<td>2/20</td>
<td>Kelsey Mitchell</td>
<td>Spring</td>
</tr>
<tr>
<td>Boys' Lacrosse</td>
<td>2/27</td>
<td>Lou Lucchesi</td>
<td>Spring</td>
</tr>
</tbody>
</table>

Cheer Team Tryouts --March for the following year – Crystal Curley
School Pictures

Picture Order forms have been directly mailed to students from Dorian Studio and they have sent extra forms to the main office at ARHS.
**Auburn Riverside High School  Tuesday, August 16th**

**PACKAGE OPTIONS**

**C $35**
1-8x10 2-5x7 2-3x5 8-2x3 8-Mini Wallets

**B $39**
2-8x10 2-5x7 2-3x5 8-2x3 8-Mini Wallets Classic Black & White

**D $32**
2-5x7 2-3x5 2-3x3 4-Mini Wallets Classic Black & White

**E $26**
2-5x7 2-3x5 2-3x3 4-Mini Wallets

**F $15**
1-3x5 4-2x3 4-Mini Wallets

**ADD - ON TO ANY PACKAGE**

**Z • Name Imprint **
$5 
Not available on specialty items or image download. 
Name will appear on all photos as it is written in school days. 
El nombre aparecerá en las fotos como se encuentra en las fechas de la escuela.

**Basic Retouch Option 1 • $7**
Sofema premiante 
Facial Retouch 
Retenga bellos y sangre rasurado hacia y ojos

**Premium Retouch Option 2 • $12**
Elimina manchas, reducen степ
Retaja sus ojos y mejillas 
Retenga bellezas

**A LA CARTE**

**L • 1-8x10 ... $12**
**K • 2-5x7’s ... $12**
**J • 3-4x3’s ... $12**
**I • 8-2x3’s ... $12**

**H • 16 Mini-Wallets ... $12**

**SPECIALTY ITEMS**

**$16**
Premium Metal Magnet 
Limite de stock de est., callado
**$16**
Acrylic Desktop Plaque 
Placa de recuerdo de acción

**$9**
School Year Calendar 
Calendario escolar

**$22**
High Resolution Image Download 
Descarga de alta resolución

**$9**
Classic Black & White Pack 
Pack negro y blanco

**ONLINE PAYMENT CODE**

**Original Order**
19331 
**Return Order**
13332

**CREDIT CARD ONLINE**
Please go to www.dorianstudio.com/prepay and purchase a GIFT CARD for the amount of your order. Print and enclose receipt in your order envelope. Minimum credit card charge is $15.00. A courtesy email confirmation will be sent. All pages con tarjeta de crédito se hace en línea. Por favor vaya a www.dorianstudio.com/prepay y compruebe el valor con la cantidad de la tarjeta. Incluye el recibo y adjúntelo con el formulario de pedido. El cargo mínimo para tarjeta de crédito es $15.00. 

**FOR INTERNAL USE ONLY**

**1**

**2**

**3**

**4**

**5**

**6**

**1-800-826-3535**
www.dorianstudio.com

**16834591**
2016-17 Meal Pricing
Auburn School District Child Nutrition Services

Milk only = 50¢
Evening (non-school lunch) BBQ = $4.00 per person (includes milk or water)

**Breakfast (all grades)**
Students who do not apply for or do not qualify for free or reduced-price meals = $1.50

Students who:  
- **qualify for free** meals = no charge  
- **qualify for reduced-price** meals = no charge

Second Student Breakfast = $2.00  
- Adults / non-enrolled students / guests = $2.50  
- Breakfast Entrée Only (a la carte) = $1.50

**Lunch**

**Elementary**
Students who do not apply for or do not qualify for free or reduced-price meals = $2.75

Students who **qualify for free** meals = no charge  
- K – 3rd grade students who **qualify for reduced-price** meals = no charge  
- 4th and 5th grade students who **qualify for reduced-price** meals = 40¢

Preschool students (ECE, Head Start, ECEAP) who **qualify for reduced-price** meals = 40¢

Second Student Lunch = $3.25  
- Adults / non-enrolled students / guests = $3.75  
- Elementary Lunch Entrée Only (a la carte) = $2.50

**Secondary** (middle school and high school)
Students who do not apply for or do not qualify for free or reduced-price meals = $3.00

Students who **qualify for free** meals = no charge  
- Students who **qualify for reduced-price** meals = 40¢

Second Student Lunch = $3.50  
- Adults / non-enrolled students / guests = $3.75  
- Secondary Lunch Entrée Only (a la carte) = $2.50
Off Campus Lunch Permit

Off-campus lunch permits are intended for students who need to go home for lunch. In order to receive an off-campus lunch permit, a student receiving the permit agrees to the following conditions:

1. The student will travel directly home and back to school alone. No one else will be in the vehicle.
2. Students will not stop at any eating establishments or other businesses.
3. Students will eat lunch at home.
4. Students will not be late to their next class period.
5. Any student leaving/returning to campus must have their permit in their immediate possession and must display it upon the request of any staff member.

6. Off-campus permits do not allow students to sit in their cars or loiter in the parking lots or parks during the school day. This would include lunchtime. Any student found loitering in these locations will receive a Wednesday School.

I understand that if I violate any of the above conditions, I will forfeit my opportunity to eat lunch at home for the remainder of my Auburn Riverside student career.

LUNCH NUMBER (Please Circle) 1 2

Student Name____________________________________ Student ID__________

Please print

Student Signature_____________________________________________________

Parent Signature______________________________________________________

Security Officer Signature_____________________________________________

After receiving all signatures on this form, please take it to the Attendance Office for a Lunch Pass Sticker to be attached to your student ID card.

Repeat: Any student leaving/returning to campus must have their permit in their immediate possession and must display it upon the request of any staff member.
PARKING PERMIT REGISTRATION  (Please Print)

All information must be complete before parking permits can be issued.  NOTE: Vehicles parked on campus may be subject to search at any time.  

DO NOT PARK IN STAFF LOT!!!

<table>
<thead>
<tr>
<th>Student Name (last, first, middle)</th>
<th>Grade</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drivers License Number</th>
<th>Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List all cars that you may drive to school this year with the number one being the primary car to be used.

<table>
<thead>
<tr>
<th>Year (90)</th>
<th>Make (Honda)</th>
<th>Model (Accord)</th>
<th>Primary Color</th>
<th>License Plate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parking Permit Procedures
A Parking Permit is required for every car using the parking lots at Auburn Riverside High School. To obtain a parking permit you need to provide: 1) a valid driver’s license, 2) proof of insurance, 3) paid receipt and 4) vehicle registration. Students must register all vehicles that may be driven to school. A parking permit allows you to park on campus, but does not guarantee you a parking space. Parking is on a first-come, first-serve basis each day. Parking is limited at Auburn Riverside High School. The student parking areas are located on the southwest (gymnasium) end of the building and the tennis (upper) lot.

Parking Permits will be sold for $10.00 PER TAG. If you lose your tag you must purchase another one for $40.00. There will be no free replacements.

The permit MUST be hung from the rear view mirror or placed where it is clearly visible. If not clearly visible and/or obstructed a ticket may be issued.

The permit is registered to your name and you are responsible for any fines that are levied against your permit. Do not lend, gift, or sell your permit to anyone! Permits are not transferable from student to student. Misuse of your parking permit may result in the loss of your parking privileges for the rest of your ARHS career and/or issuance of fines.

Parking Violations
You must park within the guidelines of the parking stripes and use only one stall. There shall be no parking on curbs. Illegal or inappropriate parking or parking without a permit is subject to a fine, school discipline, and or towing.

Security Expectations
Lock your vehicle while parked on campus and do not leave valuables in the car. Neither Auburn Riverside High School nor the Auburn School District assumes any responsibility for losses from vehicles or damage to them. All thefts and vandalism need to be reported for investigation to the Auburn School District Police. Vehicles parked on campus may be subject to search at any time by authorized personnel.

For the Student:
I have read the parking rules and regulations and agree to abide by them. I understand that my vehicle could be searched, at any time, by authorized personnel and that parking is a privilege. If I lose my parking permit, I will have to pay $40.00 to replace it. If I cannot abide by the rules, I will be held accountable and the following may happen: Parking tickets, Towing, and/or the loss of my parking privilege.

STUDENT SIGNATURE _________________________ DATE ______________
$62
Raven Day

Buy your Auburn Riverside 2017 HAIDA Yearbook for only $62 on Raven Day or during the fall sale: October 3-14, 2016 for the discounted price.

This is a $10 discount!

To order your yearbook, please complete the following information:

NAME (PLEASE PRINT)

HOME PHONE NUMBER

If you choose to personalize your yearbook with a Name Plate, please print your name as you would like it to appear on the line below. Leave this blank if there are no changes from your name as given above. The maximum number of characters you may use is 30 per line, including spaces. Name plates cost an additional $6

Yearbooks will be held for purchasers until the close of school on Friday June 23, 2017. After that time, books may be sold to those on the waiting list and refunds issued to those who did not pick up their book by Friday June 23, 2017.

Return this form with payment to the ARHS bookkeeper OR pay online from the ARHS website. Click on

I want to order: (check one)

☐ Teal Package
    Yearbook and Engraved Name Plate $68

☐ Silver Package
    Yearbook, Engraved Name Plate, Protective Cover, Autograph Pages $72

When books go on sale again... the cost will be $72. The discount is to encourage early purchase so we can place an accurate order with our publisher. Ordering in the fall also guarantees that you will receive a yearbook in June!
Name __________________________ Date of Birth ___________________ Grade __________

Sex __________ School __________________________ Date __________

Medical History—Please complete the following by marking yes or no in each area. If you check “yes,” complete the comment line.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is student taking any medication at home?</td>
<td>☐</td>
<td>☐</td>
<td>Comment</td>
</tr>
<tr>
<td>Will medicine be taken during school?</td>
<td>☐</td>
<td>☐</td>
<td>Comment</td>
</tr>
</tbody>
</table>

State law requires written doctor and parent permission for taking any medication at school. Please obtain a form in the school office.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any serious accidents/injuries/illness?</td>
<td>☐</td>
<td>☐</td>
<td>Comment</td>
</tr>
<tr>
<td>Asthma</td>
<td>☐</td>
<td>☐</td>
<td>If yes, complete the Asthma section on reverse side of this page.</td>
</tr>
<tr>
<td>Heart/Blood problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐</td>
<td>☐</td>
<td>If yes, read the Diabetes section on reverse side of this page.</td>
</tr>
<tr>
<td>Vision problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Seizures /Neurological</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Endocrine problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Hearing problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Skeletal/Muscular problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Bowel/ Bladder/Digestion</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Emotional/behavior problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Skin Condition</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
| Allergies                          | ☐   | ☐  | Allergic to: 

If yes, complete the Food Allergies section on the reverse side of this page.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bee/insect sting allergy</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
| Anaphylaxis - Severe allergy: breathing difficulties or medication is needed | ☐   | ☐  | Allergic to: 

If yes, complete the Anaphylaxis/Severe Allergy section on the reverse side of this page.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
</table>

Other health concerns/special needs:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Is there a condition that would significantly limit PE? __________________________

Name of Physician __________________________ Phone # __________________________

Parent/Guardian __________________________ Home Phone # __________________________ Work # __________________________ Cell# __________________________

Parent/Guardian __________________________ Home Phone # __________________________ Work # __________________________ Cell# __________________________

I understand the information I have given may be shared with those school staff members who need to know in order to monitor my child’s condition and provide an environment for optimal educational planning, learning and safety. I understand if a medical emergency were to occur and I cannot be reached the judgment of the school authorities will prevail and my student may be sent to the nearest medical facility. I assume full responsibility for the payment of any services rendered.

Signature __________________________ Date __________________________

Local emergency contact if parent unavailable | Emergency phone # | Second emergency contact phone # | Childcare phone # |

Please turn over for more information and Parent/Guardian signatures

HS 830 green (01/15)
Asthma
If your student has asthma as indicated on the front side of this form, please answer the following questions.

1. How long has your child had asthma? _______________ Years _______________ Months

2. How many days do you estimate he/she missed school last year due to asthma? _______________

3. How many times in the past year has your child been:
   a. Hospitalized overnight or longer for asthma? (check one) □ none □ one □ two-four □ more than four
   b. Treated in an emergency room for asthma? (check one) □ none □ one □ two-four □ more than four
   c. Treated in a Doctor’s office for non-routine asthma? (check one) □ none □ one □ two-four □ more than four

4. What are your student’s early warning signs of an asthma episode? (check all that apply)
   □ cough □ wheezing □ cold symptoms □ decreased exercise □ other (describe) ______________________________________________________________________

5. Does your student have and use a nebulizer machine at home? □ Yes □ No

6. Please provide the name of any medication(s) your student takes for their asthma at home. ______________________________________________________________________

Diabetes
There is a state law which requires all students with diabetes to have an individualized health care plan implemented in the school setting. If your student is diabetic, please contact the School Nurse to help write your student’s plan.

Food Allergies
Is student able to self-monitor his/her food allergy? □ Yes □ No*

*If No, Diet Prescription form needs to be completed, see School Nurse/Child Nutrition

Does Child Nutrition need to provide a Food Substitution? □ Yes* □ No

*If Yes, Diet Prescription form needs to be completed, see School Nurse/Child Nutrition

Anaphylaxis – Severe Allergy
If your student has an anaphylactic allergy as indicated on the front side of this form, please answer the following questions.

1. What is your student allergic to? __________________________

2. What are your student’s symptoms? __________________________

3. Has your student been prescribed an Epi-pen? □ Yes □ No

Please contact the School Nurse to help implement your student’s individualized healthcare and/or emergency action plan.

Life Threatening Conditions
RCW 28A.210.320 – Children with Life-Threatening Conditions requires a medication or treatment order as a prerequisite for children with life-threatening conditions to attend public schools. The law defines “life-threatening condition” as a health condition that will put a child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place. Potential life-threatening conditions include, but are not limited to, students with seizure disorders, diabetes, life-threatening allergies, and some students with asthma and heart conditions.

Does your child have a Life Threatening Condition? □ Yes □ No

If this law applies to your student, please contact the School Nurse to help write your student’s plan.

Signature of parent/guardian __________________________ Printed Name __________________________ Date __________________________
Historia de Salud del Estudiante—Información Confidencial
Distrito Escolar de Auburn No. 408 • Auburn, Washington

Nombre __________________________ Fecha de Nacimiento ___________ Grado ___________

Sexo ________ Escuela __________________________ Fecha __________________________

Historia Medica—Por favor completar lo siguiente marcando sí o no a cada pregunta. Si marca “si,” complete la línea de comentarios.

Medicamentos:

¿Son medicamentos necesarios en casa? ☐ Si ☐ No

¿Son medicamentos necesarios en la escuela? ☐ Si ☐ No

La ley del estado requiere el consentimiento escrito del doctor y los padres para tomar cualquier medicamento en la escuela. Por favor pida una forma en la oficina de su escuela.

Su hijo/a tiene historia de:

¿Accidentes/lesiones/enfermedades graves? ☐ Si ☐ No

¿Asma? ☐ Si ☐ No Si es así, llenar la parte de atrás

¿Problemas del corazón/sangre? ☐ Si ☐ No Si es así, llenar la parte de atrás

¿Diabetes? ☐ Si ☐ No

¿Problemas de la vista? ☐ Si ☐ No

¿Convulsiones/problemas neurológicos? ☐ Si ☐ No

¿Problemas endocrinos? ☐ Si ☐ No

¿Problemas auditivos? ☐ Si ☐ No

¿Problemas musculares o esqueléticos? ☐ Si ☐ No

¿Problemas de vejiga/digestión/intestinos? ☐ Si ☐ No

¿Problemas de prestar atención/enfocarse? ☐ Si ☐ No

¿Problemas emocionales/comportamiento? ☐ Si ☐ No

¿Necesidad de equipo médico? ☐ Si ☐ No

¿Condiciones de la piel? ☐ Si ☐ No

¿Alergias? ☐ Si ☐ No

¿Alergia de alimentos? ☐ Si ☐ No Si es así, llenar la parte de atrás. ¿Tenía alergia a:

¿Alergia a picaduras de abejas? ☐ Si ☐ No

¿Anafilaxia – alergia severa: dificultad de respirar o medicamento es necesario? ☐ Si ☐ No Si es así, llenar la parte de atrás. ¿Tenía alergia a:

Otras preocupaciones de salud o necesidades especiales:

________________________________________________________________________________________

_______________________________________________________________________________________

_____________________________________________________________________________________

¿Existe una condición que impactaría participación en la educación física (PE)? __________________________

Nombre del Doctor __________________________ Numero de Teléfono __________________________

Padre/Tutor __________________________ Número de teléfono (hogar) __________________________ Celular/trabajo # (_______)

Padre/Tutor __________________________ Número de teléfono (hogar) __________________________ Celular/trabajo # (_______)

Yo entiendo que la información que he dado puede ser compartido con personal de la escuela que necesitan enterarse para poder controlar la condición de mi niño/a y para proveer lo mejor seguridad y ambiente educativo posible. Yo entiendo que si ocurre una emergencia médica y las autoridades de la escuela no pueden comunicarse conmigo, mi niño/a tal vez estará llevado a un centro médico cerca de la escuela. Yo entiendo que tendré la responsabilidad total por el pago de los servicios dados a mi hijo/a.

Firma __________________________ Fecha ___________

Contacto de emergencia si padre no está disponible Número de teléfono de emergencia: Segundo contacto de emergencia y su número de teléfono: Teléfono de guardar:__________

HS 830 green (05/14)
Asma

Si usted ha marcado que su hijo/a tiene asma, por favor llenar esta parte:

1. ¿Cuánto tiempo ha tenido asma su hijo/a? _________ Anos _________ Meses
2. ¿Cuántos días le faltaron su hijo/a ir a la escuela el año pasado por el asma? ______________________________
3. ¿Cuántas veces durante este año ha recibido su hijo/a lo siguiente por el asma:
   a. ¿Ha estado en el hospital una noche o más? (marca uno) □ ninguna □ una □ dos a cuatro □ más que cuatro
   b. ¿Ha recibido tratamiento en un centro de emergencia? (marca uno) □ ninguno □ uno □ dos a cuatro □ más que cuatro
   c. ¿Ha recibido tratamiento del doctor por asma irregular? (marca uno) □ ninguno □ uno □ dos a cuatro □ más que cuatro
4. ¿Cuáles son las señales que su hijo/a va a tener un ataque de asma? (marca todos que aplican)
   □ toz □ respirar irregular □ síntomas de la gripe □ dificultad poder hacer ejercicio □ otro (explica)
   __________________________________________________________________________________________________
5. ¿Su hijo tiene que utilizar un nebulizador de asma en casa? □ Si □ No
6. Por favor proveer los nombres de medicamento que su hijo toma para controlar el asma en casa:
   ________________________________________________________________________________________________
   ________________________________________________________________________________________________

Diabetes

Hay una ley del estado que requiere que todos los estudiantes con diabetes tienen que tener un plan de salud individuo para el uso de la escuela. Si su hijo es diabético, por favor comunicarse con la enfermera de la escuela para que le ayude fijar un plan para su estudiante.

Alergia de Alimento

¿El estudiante es capaz de controlar su alergia de alimento? □ Si □ No*
*Si no, es necesario que usted llene una forma de Dieta Recetada; comunicarse con la enfermera de la escuela o Child Nutrition

¿La compañía Child Nutrition necesita proveer una sustitución de alimentos? □ Si* □ No
*Si es así, es necesario que usted llene una forma de Dieta Recetada; comunicarse con la enfermera de la escuela o Child Nutrition

_______________________________________________________________________________

Anafilaxia – Alergia Severa

Su usted ha indicado que su hijo tiene una alergia severa, por favor contesta las siguientes preguntas:

1. ¿Cuáles son las alergias? ______________________________
2. ¿Cuáles son los síntomas de su estudiante? ______________________________
3. ¿Su hijo tiene un Epi-Pen recetado por el doctor? □ Si □ No

Por favor comunicarse con la enfermera de la escuela para que le ayude escribir un plan de salud y emergencia para su estudiante.

Peligro de Vida

RCW 28A.210.320 – Los niños en peligro de vida requieren una forma de medicamento o tratamiento como requisito previo para asistir las escuelas públicas. La ley define “peligro de vida” como una condición de salud que pone su hijo a riesgo de morir durante las horas de la escuela si no haya un plan de medicamento o tratamiento fijado. Los peligros de vida potenciales incluyen, pero no son limitadas a, los estudiantes con convulsiones, diabetes, alergias severas, y algunos estudiantes con asma o condiciones del corazón. Si esta ley aplica a su estudiante, por favor ponerse en contacto con la enfermera de la escuela para ayudarle escribir un plan para su estudiante.

Firma de Padre/Tutor __________________________ Nombre Escrito __________________________ Fecha __________________________

HS 830 green (05/14)
ARHS Booster Club
Supporting AR Student Activities, Sports, and Clubs
Expressing Staff Appreciation
Providing Scholarship Opportunities

CONTACT INFO

NAME (S ) _________________________________________________________________

ADDRESS __________________________________________________________________

PHONE _____________________________________________________________________

EMAIL _____________________________________________________________________

I AM INTERESTED IN KNOWING MORE ABOUT:

_____ Being a AR Booster Team/Club Representative for ________________

_____ Booster Membership ( $15 single/$25 couple )

_____ Club/Sport Donation - __________________________

_____ Club/Sport Donation - __________________________

_____ Club/Sport Donation - __________________________

Auburn Riverside Booster Club
501 Oravetz Road
Auburn, WA 98092
arhsbooster@gmail.com

All donations to ARHS Clubs and Sports through ARHS Booster Club are tax deductible. Tax ID number is available