PORT TOWNSEND SCHOOL DISTRICT NO. 50

Work/Study School Board Meeting, 6:00 p.m. May 11, 2015

"Discover the Power of Learning"

Mission:

In partnership with home and community, Port Townsend School District provides a learning environment where each student develops the knowledge and skills to become a creative, successful and engaged citizen.

01. Location/Time

01.01 Gael Stuart Building, Room S-11, 1610 Blaine St., 6:00 p.m.

02. Call to Order

- 02.01 Roll Call
- 02.02 Pledge of Allegiance

03. Agenda

03.01 Agenda Approval

04. Recognition_

- 04.01 Board
- 04.02 Superintendent Shining Star Awards

05. Public Comments_

06. Board Correspondence

- 06.01 Letter from Olympic Educational Services District 114 regarding High School orchestra performance
- 06.02 Email from S. Story and A. Lawson regarding possible wi-fi radiation exposure

07. Reports

07.01 High School ASB Report

08. Action Items

- 08.01 Approve OCEAN Field Trip to Vancouver Island, May 26-29, 2015
- 08.02 Recommend Lisa Condran for Grant Street Elementary Principal, effective the 2015-16 school year.
- 08.03 Approve Resolution 15-02, Change of Authorized Signers for Accounts
- 08.04 Approve Resolution 15-03, WIAA (Washington Interscholastic Activities Association) Membership
- 08.05 Approve Accounts Payable as of May 11, 2015
- 08.06 Approve Calendar for the 2015-16 school year

09. Unfinished Business

10. New Business

- 10.01 Board Members Planning on Attending High School Portfolio Presentations
- 10.02 Board Members Planning to Attend High School Graduation

11. Policy Review

11.01 Policy 2418 – Waiver of High School Graduation Credits – 2nd Review

12. Board Member Announcements/Suggestions for Future Meetings

13. Next Meeting

- 13.01 May 26, 2015 Regular Board Meeting, 6:00 p.m., 1610 Blaine St., Room S-11
- 14. Executive Session (if necessary)
- 15. Adjournment



Olympic Educational Service District 114

105 National Avenue North • Bremerton, WA 98312 (360) 478-6880 • FAX (360) 478-6869

Office of the Superintendent

Gregory J. Lynch

April 29, 2015

Dr. Engle and Board Chair Carlson Port Townsend School District Stuart Building 1610 Blaine St. Port Townsend, WA 98368



Dear Dr. Engle and Board Chair Carlson,

On behalf of all leaders, Board Members and Superintendents in our Washington Association of Educational Service Districts (AESD), please accept our thanks and appreciation for your support of our annual Association Conference.

This year's Conference was hosted by OESD 114 and invitees included: Board Members and Superintendents from our state's nine educational school districts, OSPI leadership including Superintendent Randy Dorn, US Navy Leadership to include Admiral Ruth, Commander, Navy Region NW, and a number of prominent business partners throughout our State.

Please know we were exceptionally proud to showcase our wonderful student talent from your School District. The student "strings" quartet, "The Port Townsend Music Coterie," was absolutely fabulous and garnered attention and praise from all Conference attendees.

We are also pleased to recognize and thank the parents who accompanied our students: Chris Pierson and Nancy Grant.

We respectfully request that this letter be shared not only with your fellow Board Members and administrators, and our student participants, but also with the many teachers who also have obviously and positively impacted the PTSD music program. You should be especially proud and are commended for 'sustaining and promoting a most outstanding program. Thank you for your support of our Conference and most of all for the work you do every day in support of our students and staff.

Best Regards,

Donn Ring

Board President

regory J. Lync Superintendent

Board of Directors

Elizabeth Drew ● Carl Johnson ● Shirley Johnson ● Katie Proteau ● Donn Ring ● Karen Sorger Gregory J. Lynch, Superintendent

School Board

From:	

Sonia Story <sonia@moveplaythrive.com>

Sent:

Tuesday, May 05, 2015 7:25 PM

To: Subject: Anura Lawson
Explanation of Link from LAUSD teacher, Anura Lawson

Thank you Anura,

I appreciate you sharing this link to the CBS news program on WiFi risks with us. I saw the trailer; what a beautiful classroom you have!

Since you sent this link to our school board members too, I would like to give them some background if I may:

Anura Lawson is a teacher in the Los Angeles Unified School District who successfully petitioned her School board to allow her to teach in a room without WiFi because Anura was having serious symptoms from exposure to the WiFi radiation.

Anura, subsequent to the email I sent you originally, to which you responded here, Dr. David Engle did give permission to share his communication, so that issue was resolved.

Thank you to all,

Sonia Story 360-732-4356 www.moveplaythrive.com Movement for Optimal Brain Function

On May 5, 2015, at 11:42 AM, Anura Lawson anuralawson@gmail.com wrote:

- > I wanted to forward to you my families little contribution to help parents become more aware of this issue and or concern.
- > Pleas watch us on the news tonight!! Thank YOU!
- > http://losangeles.cbslocal.com/video/11452525-tuesday-on-cbs2-news-at-11pm-wifi-risk/
- > The Lawson Family

Port Townsend School District -- STUDENT TRAVEL STUDENT TRAVEL AUTHORIZATION - TRANSPORTATION REQUEST

DUE TO PRINCIPAL AT LEAST <u>7 DAYS IN ADVANCE</u> OF TRIP (30 DAYS IN ADVANCE OF OVERNIGHT TRIP, TO ENSURE BOARD APPROVAL)

☑ Field Trip	☐ ASB Activity	Other	
Submitted by: Danie (teacher/advisor/coa	Molotsky COCE MILLI	Date of Reque	est: 3 a 5 15
School/Group (include Grade leve	el): OLEMUM-	JAIN GILONE	<i>C</i> /
Date(s) of trip(s):	26-29	# of Students:	# of Adults:
School/Pick-up Point:	rant St.	Departure time:	:am/pm
Destination(s): Salopin	ny Goose Bike Tr	Return time:	5 · 60 am/pm
— Address	City/State	Zip Code Contact nam	ne/Phone
Funding Source:		Charge to GF: 10 E 530	007x
		Charge to ASB: 40 E 530	00 0000
Reason for trip (List educe See attack How will students be train Yes / No - Substitute	nsported?: District Buute(s) required? Yes	o, objectives/activities planned): s	
*# of Student in Wheelcha Other Information: *(wspot requests notification 72 hou	airs: *Ferry	Transport Discrete # No Which	estimated # ACM DA h Terminal?
Building Approval: (Principal) Distribution Signed/Approv	$\frac{3}{25}/5$ ved Copies to: \Box Reques	(Superintendent/Designee)	state &/or overnight trips) 5-5-/5 (Date) istrict Office

OCEAN 2015 Bike Trip

The OCEAN 2015 bike class culminating project will be a bike trip to Vancouver Island. This project will bring together all the student's knowledge about safe riding skills and bike mechanics. In addition we are researching educational stops each day that focus on Northwest History and Ecology.

We will be traveling on the following dates, May 26 -29. We will be riding the Galloping Goose Trail and camping at designated camp grounds at night. We will have a support vehicle with us. We will be sailing on the Blackball Ferry from Port Angeles to Victoria and returning in the same manner. We are in the process of scheduling campgrounds. A trail map has been included.

Itinerary:

Day One: Sail on Black Ball Ferry From PA to Victoria. Ride west toward Sooke on the Galloping Goose Trail. Camp near Sooke.

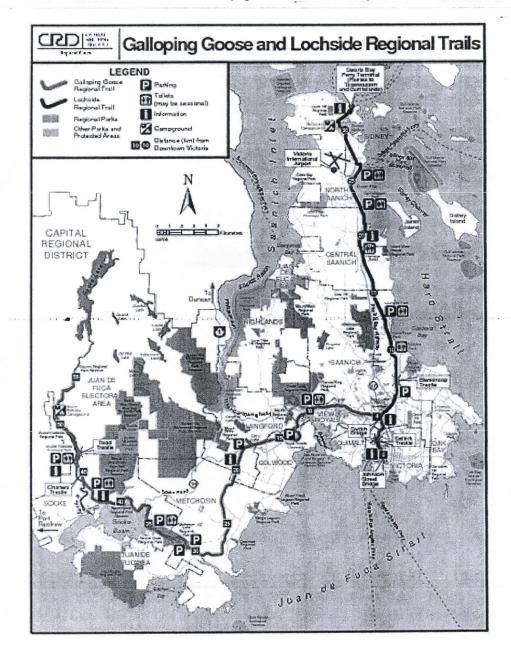
Day Two: Complete ride to Sooke and return on Galloping Goose close to Victoria. Camp near Victoria.

Day Three: Ride the Northern section of the Galloping Goose camp along this section.

Day Four: Return to Victoria and load on Black Ball ferry at 3:00. Drive home.

Grant Street Elementary School – OCEAN Program Parent Permission

Name of Student:		
Activity: Vancouver Island Bike Trip: 0	Galloping Goose Trail	
I give my permission for this student to I understand that students are expected permission is given to do otherwise. HOLD I In consideration of this student being all agree to hold the Port Townsend School against it arising out of any negligent of	to remain with the group HARMLESS llowed to participate in the property of the participate in the property of the property o	unless written ne above activity, I any claim by or
I give the school permission to seek the case of any accident or illness requiring		
In the space provided below, please give medication being taken, allergies to for concerns we need to be aware of	ve any special instructions od or drugs, special diets,	s such as or other medical
Parent/Legal Guardian signature	Student sign	ature
Relationship	Home phone	Work phone
Address		
Please give the name and telephone num contacted in case of emergency if you of		nd who can be
Name	Telephone	
I would like to attend as a chaperone _	Parent Name	·
I am requesting a scholarship for my ch	Parent and student	name



FAQ Contact Us





FARES + SCHEDULES

PACKAGE DEALS

HOTELS + ATTRACTIONS

THE SHIP

TRAVEL INFO

RESERVATIONS



SAILING TIME: 90 MINUTES

Online reservations can be made up to 12 hours prior to departure. For same day travel, please contact the departing terminal for availability. Hotel and Package bookings are available up to 72 hours prior to departure, or by contacting the packaging office.

Visa, Mastercard, American Express and Discover are accepted for online reservations.

	DEPART PORT ANGELES	DEPART VICTORIA
January 5 - January 17, 2015	8:20 AM	4:00 PM
January 18, 2015	8:20 AM	10:30 AM
January 19 - February 4, 2015	OUT OF SERVICE	ANNUAL DRY DOCK
February 5 - February 12, 2015	8:20 AM	4:00 PM
February 13 - February 16, 2015	8:20 AM	10:30 AM
President's Day Weekend	2:00 PM	4:00 PM
February 17 - February 19, 2015	8:20 AM	4:00 PM
February 20 - February 22, 2015	8:20 AM	10:30 AM
,	2:00 PM	4:00 PM
February 23 - February 26, 2015	8:20 AM -	4:00 PM
February 27 - April 2, 2015	8:20 AM	10:30 AM
	2:00 PM	4:00 PM
April 3 - April 6, 2015	8:20 AM	10:30 AM
	12:45 PM	3:00 PM
	5:15 PM	7:30 PM
April 7 - May 13, 2015	8:20 AM	10:30 AM
	2:00 PM	4:00 PM
May 14 - September 27, 2015	8:15 am	**6:10 am

12:45 pm

10:30 am

5:20 pm

3:00 pm

*9:30 pm

7:30 pm

*June 18 - September 8 only

**June 19 - September 9 only

	DEPART PORT ANGELES	DEPART VICTORIA
September 28 - October 8, 2015	8:20 am	10:30 am
	2:00 pm	4:00 pm
October 9 - October 12, 2015	8:20 am	10:30 am
Canadian Thanksgiving & Columbus Day	12:45 pm	3:00 pm
	5:15pm	7:30 pm
October 13, 2015 - January 3, 2016	8:20 AM	10:30 AM
	2:00 PM	4:00 PM
		_

FARES + SCHEDULES

PACKAGE DEALS

HOTELS + ATTRACTIONS

THE SHIP

TRAVEL INFO

PORT TOWNSEND SCHOOL DISTRICT

"Discover the Power of Learning"

Superintendent Dr. David Engle

360 / 379-4501 FAX: 360 / 385-3617 www.ptschools.org 1610 Blaine Street Port Townsend, Washington 98368 Board of Directors
Holley Carlson
Jennifer James-Wilson
Pam Daly
Nathanael O'Hara
Keith White

April 28, 2015

To the Port Townsend School District Board of Directors:

I am recommending that you approve the hiring of Lisa Condran as Principal of Grant Street Elementary, effective July 1, 2015. Lisa has a great deal varied experience in school settings, most recently Mount Vernon School District, and I believe she will be a great asset to our district.

Lisa's educational knowledge and her understanding of our District's priorities were very apparent during interviews and community forums. She will be a great fit at Grant Street.

Best regards,

David Engle

David Engle

Superintendent

An Equal Opportunity/Affirmative Action Employer

PORT TOWNSEND SCHOOL DISTRICT NO. 50 1610 Blaine St. PORT TOWNSEND, WA 98368

RESOLUTION: 15-02

WHEREAS, the staffing in the district business office has changed as of May 18, 2015 and;

WHEREAS, the checking accounts maintained by the district business office require a resolution to name the authorized signers for each account,

NOW, THEREFORE, be it resolved that the authorized signers for each of the accounts are listed below by account:

- Revolving Account, and
- ASB Imprest Account, and
- Advance Expense Revolving Account
 - 1) Amy Khile, Director of Finance
 - 2) Dawn Young, Accounting Specialist
 - 3) Laurie McGinnis, Payroll/Personnel Director
- Depository Account
 - 1) Amy Khile, Director of Finance

BY ORDER OF THE BOARD OF DIRECTORS

2) Laurie McGinnis, Payroll/Personnel Director

ADOPTED by the Board of Directors of Port Townsend School District No. 50, Jefferson County, Washington, at an open public meeting held May 11, 2015.

PORT TOWNSEND SCHOOL DISTRICT NO	0.50
Holley Carlson, Board Chair	Jennifer James-Wilson
Pam Daly	Keith White
Nathanael O'Hara	
ATTEST:	
David S. Engle, Secretary to the Board	

SCHOOL BOARD RESOLUTION



Electronic form available at: <u>wiaa.com/resolution.aspx</u>

Return by the <u>second Friday in June</u> annually.

Public School District: Port Townsend School District No. 50 — OR — Private School(s): Type name here

Resolution # (optional): 15-03 Date: May 11, 2015

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.

The local **SCHOOL BOARD PRESIDENT** and **SUPERINTENDENT** must sign this resolution form to indicate that the School Board has approved the Public School District's or Private School's membership with the Washington Interscholastic Activities Association (WIAA) and as members, these schools will follow the WIAA Rules and Regulations.

DELEGATING AUTHORITY TO WIAA

WHEREAS Chapter 32, Laws of 1975-76, 2nd Ex. Sess. grants authority to each school district board of directors to control, supervise and regulate the conduct of interschool athletic activities and other interschool extracurricular activities of an athletic, cultural, social, or recreational nature for students in the district.

WHEREAS Chapter 32, Laws of 1975-76, 2nd Ex. Sess. authorizes school district boards of directors to delegate control, supervision and regulation of any of the aforesaid activities to any voluntary, nonprofit entity and to compensate any such entity for services provided subject to the satisfaction of certain conditions and approval by the State Board Of Education.

WHEREAS the Washington Interscholastic Activities Association is a voluntary, nonprofit entity which has satisfied the conditions, expressly set forth in Chapter 32, Laws of 1975-76, 2nd Ex. Sess. and has further been approved by the State Board of Education in action taken on August 17, 1977.

WHEREAS the board of directors of directors of the following School District or School being otherwise fully informed of the rules and regulations of the Washington Interscholastic Activities Association as approved by the State Board of Education and recognizing that said rules and regulations provide for private sponsorship of post-season tournaments for extracurricular activities by WIAA, consent to abide by such rules and regulations.

NOW THEREFORE, the board of directors of the following School District or School hereby delegates to the Washington Interscholastic Activities Association the authority to control, supervise and regulate interschool activities consistent with the rules and regulations of WIAA. The Board of Directors retains the right to establish eligibility standards that meet or exceed the rules and regulations of WIAA.

INTERSCHOLASTIC OFFICIALS L&I COVERAGE STATEWIDE

Beginning July 1, 1988, interscholastic sports officials were covered by Washington State Labor and Industries via a common rate and payment system that eliminated game-by-game calculations and record keeping by school and/or district business offices. WIAA will guarantee payment of L&I premiums for WOA registered officials for all interscholastic activities under WIAA's jurisdiction and will assess WIAA member schools via classification rates at the same time service fees are billed. Officials L&I coverage is only in effect for activities authorized and offered by School Board approval and listed on the school's WIAA membership form.

By signing below the School District Superintendent/Head of School, School Board President (for Public School Districts), and school board members agree to the information above for the public school district or private school listed above, on or before the date listed above.

Superintendent/Head of School:	David Engle	Signature:
School Board President (if applicab	le): Holley Carlson	Signature:
School Board Members (list WIAA	Contact as first school board me	mber):
1. Keith White	Signature:	
2. Nathanael O'Hara	Signature:	
3. Jennifer James-Wilson	Signature:	
4. Pam Daly	Signature:	
5. Type name here	Signature:	

435 Main Ave. S. | Renton, WA 98057 | (425) 687-8585 phone | (425) 687-9476 fax | www.wiaa.com | facebook.com/wiaawa | twitter.com/wiaawa



9:18 AM 03/26/15

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

May11 As of April 27, 2015, the board, by a vote, approves payments, totaling \$14,231.14. The payments are further identified in this document.

Total by Payment Type for Cash Account, ASSOCIATED STUDENT BODY: Warrant Numbers 10039 through 10049, totaling \$14,231.14

Secretary	Board Member	
Board Member	Board Member	
Board Member	Board Member	
Check Nbr Vendor Name	Check Date	Check Amount
10039 BANK OF AMERICA VISA 10040 BELLEVUE HIGH SCHOOL 10041 Coker, Liz 10042 DAIRY FRESH FARMS INC 10043 Falge, Lysa Marie 10044 FORT WORDEN STATE PARK 10045 NORTH KITSAP HIGH SCHOOL 10046 PROSTOCK ATHLETICS 10047 SAFEWAY 10048 SEHOME HIGH SCHOOL 10049 STORM PRESENTATIONS	03/31/2015 03/31/2015 03/31/2015 03/31/2015 03/31/2015 03/31/2015 03/31/2015 03/31/2015 03/31/2015 03/31/2015 03/31/2015	2,641.30 120.00 123.71 104.56 89.80 166.00 140.00 10,295.05 59.92 140.00 350.80
11 Computer Check(s)	For a Total of	14,231.14

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

May 11, 2015
As of April 27, 2015, the board, by a ______ vote, approves payments, totaling \$7,033.10. The payments are further identified in this document.

Total by Payment Type for Cash Account, ASSOCIATED STUDENT BODY: Warrant Numbers 10050 through 10060, totaling \$7,033.10

, ,		
Secretary	Board Member	
Board Member	Board Member	
Board Member	Board Member	
Check Nbr Vendor Name	Check Date	Check Amount
10050 Coker, Liz 10051 HENERY HARDWARE 10052 NORTHWEST MARITIME CENTER 10053 PACIFIC OFFICE EQUIPMENT 10054 SAFEWAY 10055 SLAGLE, NINA 10056 SOS PRINTING 10057 THE CARWASH INC 10058 Watson, Kelley 10059 Wiant, Peter 10060 YMCA	04/15/2015 04/15/2015 04/15/2015 04/15/2015 04/15/2015 04/15/2015 04/15/2015 04/15/2015 04/15/2015 04/15/2015 04/15/2015	170.29 22.13 4,672.00 259.20 89.13 250.00 54.28 675.00 91.07 350.00 400.00
11 Computer Check(s)	For a Total of	7,033.10

10:46 AM 04/06/15

-0.04

Comp Day Correction

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

As of April 27, 2015, the board, by a ______ vote, approves payments, totaling ???????????? The payments are further identified in this document.

Total by Payment Type for Cash Account, Wire Transfers:

Secretary Board Member Board Member Board Member Board Member Check Nbr Vendor Name Check Date Check Amount

201400035 DEPARTMENT OF REVENUE 04/06/2015 -0.04

Wire Transfer Check(s) For a Total of

201400033 DEPARTMENT OF REVENUE

201400034 DEPARTMENT OF REVENUE

4,926.44

5,913.79

987.35

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board. may 11, As of April 27, 2015, the board, by a approves payments, totaling \$5,913.79. The payments are further identified in this document. Total by Payment Type for Cash Account, Wire Transfers: Wire Transfer Payments 201400033 through 201400034, totaling \$5,913.79 Board Member Secretary Board Member _____ Board Member Board Member _____ Board Member Check Amount Check Nbr Vendor Name Check Date

Wire Transfer Check(s) For a Total of

04/06/2015

04/06/2015

Computer

8:19 AM 03/23/15 PAGE: 1

200.00

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

As of April 27, 2015, the board, by a ______ vote, approves payments, totaling \$200.00. The payments are further identified in this document.

Total by Payment Type for Cash Account, CAPITAL PROJECTS: Warrant Numbers 3223 through 3223, totaling \$200.00

Secretary	Board Member	
Board Member	Board Member	
Board Member	Board Member	
Check Nbr Vendor Name	Check Date	Check Amount
3223 Hanson Electric	03/31/2015	200.00

Check(s) For a Total of

11:37 AM 03/26/15

PAGE:

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

may 11 As of April 27, 2015, the board, by a approves payments, totaling \$132,490.98. The payments are further identified in this document.

Total by Payment Type for Cash Account, GENERAL FUND: Warrant Numbers 58721 through 58770, totaling \$132,490.98

Secretary	Board Member	
Board Member	Board Member	
Board Member	Board Member	
Check Nbr Vendor Name	Check Date	Check Amount
58721 A+ EQUIPMENT RENTALS 58722 ACP DIRECT	03/31/2015 03/31/2015	164.32 808.78
58723 ALDEN ASSOCIATES INC	03/31/2015 03/31/2015	1,793.98 228.71
58724 ARROW LUMBER & HARDWARE 58725 BANK OF AMERICA VISA	03/31/2015	16,358.09
58726 Behrenfeld, Timothy Jon	03/31/2013	386.54
58727 CANON FINANCIAL SERVICES INC	03/31/2015	207.07
58728 CAROLINA BIOLOGICAL SPLY	03/31/2015	600.30
58729 CDW GOVERNMENT	03/31/2015	7.38
58730 CENTURYLINK	03/31/2015	514.68
58730 CENTURYLINK 58731 Chambers, Luci J	03/31/2015	57.50
58732 Chao, Jeanne 58733 Colton, Mary K	03/31/2015	30.00
58733 Colton, Mary K		8.00
58734 Ehrhardt, Carrie L	03/31/2015	21.85
58735 ELECTRONIX EXPRESS RSR ELEC I		50.60
58736 ESD 114	03/31/2015	3,486.25
58737 FOOD CO-OP	03/31/2015	93.91
58738 FORT WORDEN STATE PARK		166.00
58739 FREDERICKSON ELECTRIC INC	03/31/2015	4,720.56
58740 Gitelman, Joan H	03/31/2015	152.63
58741 Goff, Robert Galen 58742 HEALTH CARE AUTHORITY 58743 HIGGINS, ANGELINE	03/31/2015 03/31/2015 03/31/2015	15.18
58/42 HEALTH CARE AUTHORITY	03/31/2015	317.83
58743 HIGGINS, ANGELINE 58744 JW PEPPER & SON INC	03/31/2015	50.00 47.97
58744 JW PEPPER & SON INC 58745 KING COUNTY DIRECTORS	03/31/2013	1,490.69
		41.07
58746 Kruse, Jennifer Kathleen 58747 LES SCHWAB	02/21/2015	55.05
58748 MCKINSTRY LOCKBOX	03/31/2015	406.57
58749 McMather, Gina	03/31/2015	198.97
58750 MUSEUM OF SCIENCE	03/31/2015	43.94
58751 NORTHWEST MARITIME CENTER		875.00
58752 PENINSULA COLLEGE	03/31/2015	48,427.53
58753 PHONAK	03/31/2015	2,585.07

Check Nbr	Vendor Name	Check Date	Check Amount
58754 58755 58756 58757 58759 58760 58761 58762 58763 58763 58765 58765 58766 58767		03/31/2015 03/31/2015 03/31/2015 03/31/2015	290.00 1,025.00 24,884.65 511.58 225.00 104.35 2,359.45 231.00 6,157.70 140.00 106.37 10,239.00 792.58 141.08 11.89 741.55 117.76
	50 Computer Check(s) Fo	r a Total of	132,490.98

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

As of April 27, 2015, the board, by a vote, approves payments, totaling \$139,581.18. The payments are further identified in this document.

Total by Payment Type for Cash Account, GENERAL FUND: Warrant Numbers 58771 through 58835, totaling \$139,581.18

Secretary	Board Member	
Board Member	Board Member	
Board Member	Board Member	
Check Nbr Vendor Name	Check Date	Check Amount
58771 BAY CITY SUPPLY 58772 Bonneville, Sara L 58773 BUREAU OF EDUCATION & RESEA 58774 BUTLER, ROBERTA L 58775 CENEX FLEETCARD 58776 CHIMACUM SCH DIST#49-CO-OP 58777 CITY OF PT TOWNSEND 58778 Colton, Mary K 58779 COOPER FUEL & AUTO REPAIR 58780 DAIRY FRESH FARMS INC 58781 DATABASE SECURE RECORDS DES 58782 DIGITAL INSURANCE INC 58783 DM DISPOSAL CO INC 58784 Ehrhardt, Carrie L 58785 Engle, David S 58786 ESD 114 58787 FOOD CO-OP 58788 FOOD SERVICES OF AMERICA 58799 FREDERICKSON ELECTRIC INC 58790 GRAINGER 58791 GREENTREE COMMUNICATIONS 58792 Guthrie, James F 58793 Hanson Electric 58794 HENERY HARDWARE 58795 JEFF CO DEPT OF PUBLIC WORF 58796 JIVE COMMUNICATIONS, INC. 58797 JT EDUCATIONAL CONSULTANTS	04/15/2015 04/15/2015	730.54 53.48 778.00 4,320.00 2,752.13 13,070.51 5,100.43 44.73 6,381.79 1,684.88 22.24 500.00 5,145.88 64.40 263.00 31,857.36 61.73 8,947.77 3,425.41 1,528.27 94.57 500.00 3,769.56 631.10 101.86 5,456.14 700.00 156.11
58799 Kane, Patrick J 58800 KING COUNTY DIRECTORS 58801 KROGER - QFC CUSTOMER CHARG 58802 Kruse, Jennifer Kathleen	04/15/2015 04/15/2015 GES 04/15/2015	52.90 2,298.90 44.99 117.49
58803 LANCE, PHILIPPA	04/15/2015	7,680.00

65

139,581.18

	Vendor Name	Check Date	Check Amount
58804 58805 58806 58807 58808 58809 58810 58811 58812 58813 58814 58815 58816 58817 58818 58820 58821 58822 58823 58824 58825 58826 58827	LEADER LES SCHWAB MAIL PLUS Marmol, Darlene MASCO PETROLEUM MILLER, KATE Mills, Roger Lees MINNIHAN, SHANNON DEE Network for Excellence in WA S NORTHWEST MARITIME CENTER OLYMPIC SPRINGS OLYMPIC EQUIPMENT RENTALS OSPI PACIFIC OFFICE EQUIPMENT PANE D/AMORE PBS ENGINEERING & ENVIRON INC PENINSULA PEST CONTROL Performance Systems Integratio	Check Date 04/15/2015	Check Amount 26.75 1,380.89 48.11 156.62 3,747.12 580.72 12.13 56.94 250.00 1,928.00 79.52 21.47 1,008.02 2,332.57 151.00 190.00 310.65 414.20 24.91 1,724.37 8,820.00 1,764.00 14.98 1,752.90 107.56 485.65 1,108.10 42.43 415.00 781.40 9.00 1,500.00
58835	YMCA YOUTH & GOVERNMENT	04/15/2015	1,500.00

Computer Check(s) For a Total of

Port Townsend School Distri DRAFT Calendar for 2015-16

		Au	gust	2015		
Su	M	Т	W	Th	F	Sa
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Early Release Times:

Grant Street: 2-hr 12:30, 3-hr 11:30 Blue Heron: 2-hr 12:40, 3-hr 11:40 High School: 2-hr 12:50, 3-hr 11:50

September

7 - Labor Day **8**- First Student Day

October

9 - State Professional Day (No School)

November

11 – Veterans' Day, no school
16,17,19,20 - GS, BH conf. 3-hr early release
18 - 2-hr early release, all schools
19-20 – HS conf. 3-hr early release
25 – 2-hr Early Release – students & staff
26-27 Thanksgiving Break

December

22-31 Winter Break

January

1 Winter Break

18 - Martin Luther King Jr. Day (No School) <u>February</u>

12 - Snow Makeup Day (No School unless needed to make up a snow day) 15- President's Day (No School)

March

23 – 2-hr early release all schools 21,22,24,25 – GS, BH conf. 3-hr early release

<u>April</u>

April 4 -8 - Spring Break **18-29** – No early release due to testing

<u>May</u>

2-6 - No early release, due to testing
20 - 2-hr Early Release students and staff
27 - Snow Makeup Day (No school unless needed to make up a snow day)
30 - Memorial Day (No School)

June

10 - Graduation Ceremony, 7:00 pm
16- 2-hr early release
17- Last Day of School 2-hr early release
20-21 - Snow Make-up Days (if needed)

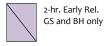
July 25-Tentative Board Meeting

*Board Meetings





No School



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INSTRUCTION

Waiver of High School Graduation Credits

The board seeks to provide all students with the opportunity to complete graduation requirements without discrimination and without disparate impact on groups of students. In so doing, the board acknowledges that unusual circumstances may result in a student's inability to earn all twenty-four credits required for high school graduation. Unusual circumstances may include, but are not limited to:

- A. Homelessness
- B. A health condition resulting in an inability to attend class
- C. Limited English proficiency
- D. Disability, regardless of whether the student has an individualized education program or a plan under Section 504 of the Federal Rehabilitation Act of 1973
- E. Denial of an opportunity to retake classes or enroll in remedial classes free of charge during the first four years of high school
- F. Transfer during the last two years of high school from a school with different graduation requirements
- G. Other circumstances (e.g., emergency, natural disaster, trauma, personal or family crisis) that directly compromised a student's ability to learn

The board delegates to the superintendent or his/her designee discretion to grant a waiver of a maximum of two elective credits required for graduation. A student's parent/guardian or an adult student must file the Port Townsend School District Application for Waiver of High School Graduation Credits (Form 2418F) with the superintendent's office no later than thirty days prior to the student's scheduled graduation date. In order to graduate, students granted a waiver must earn seventeen required subject credits (four English, three Math, three Science, three Social Studies, two Health and Fitness, one Arts, one Career and Technical Education) which may be by satisfactory demonstration of competence as provided by WAC 180-51-050.

Cross References	2410	High School Graduation Requirements
Legal References:	RCW 28A.345.080	Model policy and procedure for granting waivers of credit for high school graduation
	WAC 180-51-068	State subject and credit requirements for high school graduation – Students entering ninth grade on or after July 1, 2015
	WAC 180-51-050	High school credit – Definition
Management Resource:	Policy News April 2015	

Policy: 2418F Section: 2000 - Instruction

Port Townsend School District

Waiver of High School Graduation Credits

Application for waiver of up to two elective high school graduation credits based on unusual circumstances

Instructions:

Please review the district's Policy and Procedure 2418 prior to completing this form. This form must be completed, signed and provided to the Superintendent's office no later than thirty business days prior to high school graduation for the year the waiver is requested.

Providing the completed form does not automatically guarantee a waiver will be granted. Once the application is submitted, the Superintendent or designee will respond to the request within ten business days with his or her decision.

Please attach any and all materials and/or documentation that would establish the existence of the unusual circumstances justifying a waiver (e.g., physician's letter). Please attach additional pages if necessary to the narrative section.

Parents or adult students with limited English proficiency may request that this application and/or the policy and procedure be provided in a language that they understand.

Student Identification (required)			
Name of person completing this form:			
Relationship to student:			
Address of person completing this form:			
Daytime phone number:			
Student's Name:			
Student's ID Number/Date of Birth:			
Expected year of graduation:			
Basis for Waiver Request (required) (check a	all that apply):		
☐ Disability (regardless of whether student has an IEP or Section 504 plan)			
Health condition resulting in student's inability to attend class			
Homelessness			

Limited English proficiency
☐ No opportunity to retake classes or enroll in remedial classes free of charge during the first four years of high school
Transfer during the last two years of high school from a school with different graduation requirements
Other circumstances (e.g., emergency, natural disaster, trauma, personal or family crisis) that directly compromised the student's ability to learn
Narrative: (required)
Signature and Authorization: (required)
I am requesting that the Superintendent or designee waive up to two elective credits required forhigh school graduation in due to the unusual circumstances indicated above.
I hereby authorize the Superintendent or designee to contact, consult and/or confer with any individual referenced in this application who would have knowledge of the unusual circumstances, except for those subject to a duty of confidentiality.
I hereby certify that the information provided on this application is true and accurate to the best of my knowledge.
Signature of parent or adult student Date