

USD #347

Student Enrollment Forms - PreK - 6

PLEASE PRINT

Date of enrollment _____ Start Date _____
Grade _____ Teacher (Elem) _____
School Use Only

Student Personal Information

Student Name: _____ Middle: _____ Last: _____ Preferred: _____

Mailing Address: _____ Phys. Address: _____ City, State, Zip: _____

Soc. Sec. #: _____ Birth Date: _____ Age: _____ Gender: ___ M ___ F

Phone: _____ Birth Place: _____ Grade Level: _____

Is your student a resident of USD #347? Yes _____ No _____ If No, your home district: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

- Part A:** Is this student Hispanic/Latino? (Choose only one)
- No, not Hispanic/Latino**
 - Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate your student's race.

- Part B: What is the student's race?** (Choose one or more)
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South American (including Central American), and who maintains tribal affiliation or community attachment.)
 - Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.)
 - Black or African American** (A person having origins in any of the black racial groups of Africa.)
 - Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 - White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Previous School

Last School attended outside USD #347 School District:

School _____ City _____ State _____ Grade _____ Year _____

1. Please provide the date your student entered any US school _____
2. Please provide the date your student entered any Kansas School _____
3. Please provide the date your student entered any school in USD#347 District _____
4. Please provide the date your student entered the 9th grade(if applicable) _____

After School transportation: On Daily Basis My Child Will

Ride the bus from Offerle to the High School? Yes _____ No _____

Be picked up at the High School. Yes _____ No _____

Ride the Offerle town bus. Yes _____ No _____

Walk from High School to home Yes _____ No _____

Ride a after school route bus Yes _____ No _____

If there are any changes to your childs regular routine please notify the KOES office

Migrant/Immigrant

Is your student part of a migrant family? (Migrant refers to a person or family who, within the past 36 months has moved across the school district boundaries with the intent to obtain seasonal or temporary employment in agriculture, fishing, dairy, food processing, or meat packing.) YES_____ NO_____

Is your student an immigrant? (Immigrant refers to a student who was not born in any US State, whose parents are not US citizens, the student has attended US public schools continuously for 3 or less years and has not yet received US citizenship.) YES_____ NO_____

Special Services

Is your student currently on an Individual Educational Plan (IEP) for Special Services? YES_____ NO_____

If you would like to provide additional information at this time, you may do so by circling all that apply below:

Learning Disabilities	Occupational Therapy	Gifted & Talented	Autism
Speech/Language	Psychological	Developmentally Delayed	504 Serv.
Physical Therapy	Behavioral Difficulties	Hearing/Vision Impaired	Counseling

Household Information

Name: _____ Relationship to student: _____
Last First Middle

Residence Address: _____ City _____, State _____ Zip _____

Mailing Address: _____ City _____, State _____ Zip _____

(if different from above)

Employer: _____

Phones: Home: _____ Work: _____ Cell: _____

E-mail: _____

Student resides with you? Yes _____ No _____ **Legal Guardian? Yes _____ No _____ ** Step-Parent Yes _____ No _____

Name: _____ Relationship to student: _____
Last First Middle

Residence Address: _____ City _____, State _____ Zip _____

Mailing Address: _____ City _____, State _____ Zip _____

(if different from above)

Employer: _____

Phones: Home: _____ Work: _____ Cell: _____

E-mail: _____

Student resides with you? Yes _____ No _____ **Legal Guardian? Yes _____ No _____ ** Step-Parent Yes _____ No _____

Non-Custodial Parent Information

Name: _____ Relationship to student: _____
Last First Middle

Mailing address: _____ City _____, State _____, Zip _____

Employer: _____

Phones: Home: _____ Work: _____ Cell: _____

Receive Mailings? Yes _____ No _____ POL? Yes _____, Email _____ No _____

Spouses Name: _____

Alert Now

Alert Now is a program USD 347 uses to contact parents with a change in schedule or activity, or cancellation of school, late start time, etc. Please list the contact number which you would like on this automated messenger service.

Student name: _____

Household name: _____

Home Phone: _____ Cell _____

E-mail: _____

This service is capable of sending text messages also. If you would like a text message sent, please list the number(s) below that you want it sent to. Please note that text messaging charges may apply depending on your cell phone plan. Text message phone #: _____

Emergency Contact Information

Emergency contacts who are **NOT** the parent/legal guardian. Please provide at least two (2) local emergency contacts only if the parent/legal guardian cannot be reached

1st Name: _____ Relationship to Student: _____

Additional Information: _____

Phones: Home _____ Cell _____ Work _____

2nd Name: _____ Relationship to Student: _____

Additional Information: _____

Phones: Home _____ Cell _____ Work _____

If you wish to provide the name of your student's doctor you may do so below.

Physician Name: _____ Phone: _____

Hospital Preference: _____

In the case of an emergency, every reasonable attempt will be made to reach the parent/legal guardian FIRST. Attempts will then be made to contact the individuals named as emergency contact.

By my signature below, I attest that if any of the above individuals cannot be reached, school personnel are authorized to use their best judgment in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature _____ **Date** _____

Medication/Allergy Information

Name: _____ Grade: _____

Are there medications your child is taking at school or at home that you feel the school should be made aware of?

If so, please list them below:

If your student needs to take prescription medication during school hours, the "Student Medication Request Release Agreement" is available at the school office.

Does your student have any known allergies that you feel the school should be made aware of? If so, you may list them below:

Allergy to: _____ Reaction: _____

Allergy to: _____ Reaction: _____

Allergy to: _____ Reaction: _____

Does your student have any other medical condition(s) that you feel the school needs to be aware of? Examples: Wear glasses/contacts? Have heart problems, hearing impairment, asthma or respiratory ailments, convulsions/seizures, diabetes, or any physical activity limitations? If so, you may list them below: _____

Please note: Health information may be shared with school personnel to protect the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Legal Guardian Signature _____ Date _____

Immunization Consent

Name of Student _____

I give my permission for the school district to release or receive from a Doctor's Office or Clinic and/or any Health Department my child's immunization records, health reports and health assessments (Health Physical) as deemed necessary.

Parent/Guardian Signature

Date

Health Insurance

Please indicate the type of Health Insurance your child has:

_____ Private Health Insurance (BC & BS, Preferred Health, etc.)

_____ Public (Medicaid, Health Wave)

_____ No Insurance

Consent for Photographing

I, _____ being the parent or legal guardian of _____
a minor, do hereby consent to the photographing and or video taping of my son/daughter by any employee of
USD #347, or by a student under the supervision of a district employee of USD #347, or by a student under the
supervision of a district employee for any legitimate instructional and/or educational purpose, including photos used
for public relations, videos demonstrating educational programs and other, approved activities which may arise with
the school district.

Dated this _____ day of _____, 20__ and valid for the remainder of the _____ school year.

Non-discrimination Clause For Vocational Courses

*All vocational opportunities will be offered regardless of race, color, national origin, sex or disability.
Program offerings include: Woods I and II, Metals, or Computer Applications. Criteria to enter any
vocational course will be printed pre-requisites in the course catalog and seniority of years in school if
courses fill up. The KJSHS does not discriminate on the basis of race, color, national origin, sex, age or
disability in administration or access to, or treatment, or employment in its program and activities. If you have
any questions regarding the above or questions related to Title II, Title IX, or Section 504, please contact:*

Robert Davies, Superintendent
Kinsley-Offerle School District Office
120 W. 8th Street
Kinsley, KS 67547
Telephone: (620) 659-3646

The school district shall comply with all applicable Health Insurance Portability and Accountability Act
(HIPPA) provisions enduring the confidentiality of protected health information.

Acknowledgement

Regular Education Students: Children are required to attend school that have reached the age of seven and are
under the age of 16 years. Parents/Guardians of the children have the responsibility to require their children to
attend school (K.S.A. 72-1111). If parents do not fulfill this obligation, SRS or the County Attorney may take action
under the code of care for children. When a child is required by law to attend school and is enrolled in school
(kindergarten included) **a student is legally considered truant** when a student is absent from school (unexcused) for
all or a significant part of three consecutive school days or five school days in a semester K.S.A. 72-1113 c.

Special Education Students: Compulsory attendance of exceptional children at school for receipt of services; no
applicability to gifted children. It shall be the duty of the parent of each exceptional child to require such child to
attend school to receive the special education and related services which are indicated on the child's IEP.
K.S.A. 72-977.

I acknowledge and give my permission for this information to be shared.

Parent/Guardian Signature

Date

Transportation Rules and Guidelines

We have read and understand the transportation rules, guidelines and consequences as stated in the Student/Activity
Handbooks and we will comply. We will cooperate with the drivers to insure safe transportation in USD #347.

Student's Signature

Parent's Signature

HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English to Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA?/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

Name _____ Grade _____
Address _____ Date of Birth _____
Date first enrolled in a school in the U.S. _____ Phone Number _____

Student Language Information:

1. What language did your child first learn to speak/use?
English _____ Spanish _____ Other (please specify) _____
2. What language does your child most often speak/use at home?
English _____ Spanish _____ Other (please specify) _____
3. What language do you most often speak/use with your child?
English _____ Spanish _____ Other (please specify) _____
4. What language do the adults at home most often speak/use?
English _____ Spanish _____ Other (please specify) _____

Parent/Guardian Information:

Which language do you read/write? English _____ Spanish _____ Other (specify) _____

Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Has your family moved in the last 36 months to seek or obtain agriculture or fishing related work?

Yes _____ No _____

If yes, was the move from one school district to another? Yes _____ No _____

Parent/Guardian Signature

Date