

ENROLLMENT INFORMATION FOR BELOIT ELEMENTARY SCHOOL

Student Name _____

First

Middle

Last

Date of Birth _____

Student Gender: _____ Male _____ Female

Office Use Only: Number or date this information was returned: _____

Student's Place of Birth _____ Student's Social Security Number _____

2015-2016:
Please circle the grade you are enrolling your child in.

KDG 1st 2nd 3rd 4th 5th 6th

Father's Full Name _____ Birthdate _____
First Last

Mother's Full Name _____ Birthdate _____
First Last

Marital Status Mother _____ Father _____

Father's Address _____
City State Zip

Mother's Address _____
City State Zip

Please check the box above if either address is new since last school year.

Do you live more than 2.5 miles from school? _____ YES _____ NO

If yes, how many miles from school do you live? _____

Will your child ride a bus? _____ YES _____ NO

School District Number _____ (If other than Beloit)

If your child rides a bus, name the person your child can stay with in the event of a storm emergency when buses don't run.

_____ Person's Name _____ Address _____ Phone #

Primary Phone # for Automated System _____

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Work Phone _____ Place of Business _____

Father's Home Phone _____ Father's Cell Phone _____

Father's Work Phone _____ Place of Business _____

E-Mail Address _____

Did you graduate from high school or GED? Mother: _____ Yes _____ No; Father: _____ Yes _____ No

Did you graduate from college? Mother: _____ Yes _____ No; Father: _____ Yes _____ No

If yes, how many years? Mother _____ Father _____

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

Part A: **Is this student Hispanic/Latino?** _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)

Part B: **What is the student's race?** (choose one or more)

_____ **White** (A person having origins in any of the original peoples of Europe, Middle East, or North Africa)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), 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 Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine 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)

If different than the name indicated on this form, what name does your child go by.
(ex. nickname, middle name, etc.)

My child has permission to take field trips. I understand out of town field trips will have other information sent before they go.

Parent Signature

Be sure to sign the above!

PLEASE CONTINUE ON BACK

Child's Name _____

On which date did your child first enroll in school in the USA? _____

What language did your child first learn to speak/use? English _____ Spanish _____ Other _____

What language does your child most often speak/use at home? English _____ Spanish _____ Other _____

What language do you most often speak/use with your child? English _____ Spanish _____ Other _____

What language do the adults at home most often speak/use? English _____ Spanish _____ Other _____

In which language do you read/write? English _____ Spanish _____ Other _____

Is your child on a current IEP for special education if coming from another school? _____

Do you feel your child might need help from a special education class or Title I class? _____ YES _____ NO

If yes, which type of class? _____

Family Physician (Beloit) _____

Number of Brothers: _____ Ages _____ Number of Sisters: _____ Ages _____

Please number from 1 to 5 the order in which you would like us to follow the emergency procedures listed below. Please fill in the information requested.

_____ Contact Father at _____ Phone _____

_____ Contact Mother at _____ Phone _____

_____ Contact Family Physician _____ Phone _____

_____ Take child to emergency room _____ Phone _____

_____ Take child to any licensed physician

_____ OTHER _____

Health Insurance Plan: _____ No health plan
(please write name of health plan)

Parent Signature _____

Are there any physical or medical conditions that our school nurse and/or your child's teacher should be aware of?
PLEASE LIST OR EXPLAIN:

I give permission for the school nurse to release this information to appropriate school personnel:

Parent/Guardian Signature: _____

.....

Were you enrolled in another school last year? If so, please fill in the following information.

Name of school last attended: _____

Grade child was enrolled in during the 2014-2015 school year or grade your child was in when left the previous school _____

Date you left this school _____ Reason for leaving _____

UNIFIED SCHOOL DISTRICT 273

HEALTH HISTORY FORM

2015/16 Year

This form should be filled out by the child's parent or legal guardian. Return the completed to your child's school nurse.

Name of Child: _____ Date of Birth: _____ Sex: Male Female Grade: _____

MEDICAL HISTORY

Health concerns: Does your child have any health concerns the nurse needs to be aware of? Yes No
If YES, please describe: _____

Can your child participate in all school activities? Yes No

Allergies: Does your child have allergies? Yes No
If YES, what is your child allergic to? _____

Does your child carry an EpiPen? Yes No

Medication: Does your child currently take medications? Yes No
If YES, what medicine and dosages (may write on back of form)? _____

Past medical history: Does or has your child received medical care of any of the following: Yes No
 Asthma Diabetes Kidney Disease Orthopedic Seizure
 Heart Disease ADHD/ ADD Concussion/Head Injury Other _____

Past Surgeries/Hospitalizations/Accidents: _____
(may write on back of form)

MEDICAL PROVIDER INFORMATION

Primary care provide: Name & Phone # _____ Last Visit Date _____ Concerns _____

Dentist: Name & Phone # _____ Last Visit Date _____ Concerns _____

Optometrist: Name & Phone # _____ Last Visit Date _____ Concerns _____

Specialist/Other: Name & Phone # _____ Last Visit Date _____ Concerns _____

Families are expected to provide coverage to meet the needs of their student. Families may choose to purchase a supplemental **STUDENT ACCIDENT INSURANCE** through the school. You may obtain applications from School Office. Applications for the **KANCARE are available from your school nurse, health department, and doctor's office or online at <http://www.kancare.ks.gov/index.htm>**

PARENT/GUARDIAN CONSENT

The school nurse has permission to give my child the following **over-the-counter medications**:
We will request parents/guardian to bring medication to be stored in nurse office if we give over 3 dosages during school year.

Please mark or check medications' that approved to dispense by nurse or delegated staff

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (same ingredient as TYLENOL) | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Ibuprofen (same ingredient as ADVIL) | <input type="checkbox"/> Aloe Vera or Burn Spray for burns |
| <input type="checkbox"/> Triple Antibiotic Ointment | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Calamine Lotion or Anti-itch spray for rash | <input type="checkbox"/> TUMS |

VACCINATIONS

Has your child received any recent vaccinations? Yes No

If YES, please list and provide a copy of report: _____

Statement of Consent: This information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health of the student. In order to better serve the health needs of my child, I hereby give permission for the transfer of health information to school and other appropriate health professionals, including immunizations status to state and local authorities as requested. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature: _____ Print Name Here: _____ Date: _____



BELOIT ELEMENTARY SCHOOL

Phone: 785-738-3581

Jeff Travis, Head Principal
Brady Dean, Asst. Principal
1201 North Bell
Beloit, KS 67420

Fax: 785-738-3357



TITLE 1 PARENT COMPACT

Beloit Elementary School receives Title I funds provided by the Federal Government. These funds provide support to the school to hire additional instructors, pay extra costs for curriculum needs, help fund summer school, and provide teacher in-service education. As a condition of receiving Title I funding, a school district must send an annual notification to parents, informing them of their right to request information about the qualifications of their child's teacher and/or paraprofessional who provide instruction. If you would like specific information about the qualifications of staff members at Beloit Elementary School, please contact the superintendent of schools, Jeff Travis, at 785-738-3261 or e-mail him at jtravis@usd273.org.

Currently, all instructors at Beloit Elementary School meet the Federal and State Guidelines of Highly Qualified.

Parent/Guardian Signature: _____

Student Name: _____

Teacher: _____

Date: _____

Beloit Elementary School Technology Acceptable Use Policy (AUP)

Internet access is available to students and staff on the Beloit Elementary network. This technology will be used to support the district's curriculum. The smooth operation of these technology resources relies upon the proper conduct of the users- who must follow the Acceptable Use Policy (AUP). This contract encourages responsible behavior by students and staff. Use of school technology is a privilege, not a right. Inappropriate use will result in termination of those privileges and future access could be denied.

The underlying purpose of the Internet is to support research and education. As much as possible, information resources for students will be reviewed and evaluated by staff prior to use. The school district has installed Internet filtering which is compliant with the Children's Internet Protection Act (CIPA). This filter will block access to most offensive or non-educational sites. Parents should bear in mind that new sites are created daily, and no filtering system can be one hundred percent effective. Therefore, students will be held accountable for their individual use of the Internet. All students will be granted access to the Internet unless the school receives written notice from the parents or guardians stating otherwise.

All students will be informed by the staff of their rights and responsibilities as users for the district's computers, network and the Internet before gaining access. K-5 students will not be assigned their own E-mail account; 6th will have limited access; both may work with E-mail for classroom projects under direct teacher supervision.

Student Responsibilities:

1. I will have a teacher's permission before using technology tools.
2. I will use the equipment with care and report problems immediately.
3. I will only use software or web sites assigned or as directed by the teacher.
4. I understand that I am not allowed to change any settings (screensavers, icons, controls, etc.) or install any software on any technology device.
5. I will keep all food and drinks away from technology.
6. I will help keep our technology resources clean and orderly by returning materials to their proper place.
7. Netiquette: I will demonstrate appropriate behavior and courtesies. Be polite. No threats or hurtful communication. Repeatedly acting in a manner that distresses or annoys another person is harassment/bullying and is not allowed.
8. I will use only "school-appropriate" language, pictures and other data on the computers and network. Your use of the Internet is like a mirror that reflects what kind of person you are.
9. Social networking sites and blogs will only be used for educational purposes and under the supervision of my teacher.
10. Digital Citizenship: I will respect the rights of copyright owners. I can't copy or reproduce a work that belongs to someone else. If you are unsure

Unified School District No. 273 Mitchell County

P.O. Box 547 BELOIT, KANSAS 67420

Ph. 785-738-3261 Fax 785-738-4103

e-mail: beloitschools@usd273.org

DAMAGE TO OR DESTRUCTION OF SCHOOL PROPERTY

(From Policy JCDA)
2015-2016 SCHOOL YEAR

A student shall not intentionally cause or attempt to cause damage to school property or steal or attempt to steal school property. In addition, the destruction, loss, or damage of school property that is either rented, loaned or assigned to the student, will result in the student being held responsible for the repair or replacement charges. Rented or loaned school property shall include but not be limited to things such as gym equipment, textbooks, library books, athletic uniforms, etc. Repeated damage or theft involving school property also shall be a basis for long-term suspension or expulsion from school.

In lieu of textbook rental and other fees related to the academic program, and in accordance with Unified School District No. 273 Policy JCDA, I understand that I am responsible for repair or replacement charges for any destruction, loss, or damage to school materials that have been rented, loaned, or assigned to my son/daughter.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE

Annual Notice of Authorized Student Data Disclosures

In accordance with the Student Data Privacy Act and board policy IDAE, student data submitted to or maintained in a statewide longitudinal data system may only be disclosed as follows. Such data may be disclosed to:

- The authorized personnel of an educational agency or the state board of regents who require disclosures to perform assigned duties; and
- The student and the parent or legal guardian of the student, provided the data pertains solely to the student.

Student data may be disclosed to authorized personnel of any state agency, or to a service provider of a state agency, educational agency, or school performing instruction, assessment, or longitudinal reporting, provided a data-sharing agreement between the educational agency and other state agency or service provider provides the following:

- Purpose, scope and duration of the data-sharing agreement;
- Recipient of student data use such information solely for the purposes specified in agreement;
- Recipient shall comply with data access, use, and security restrictions specifically described in agreement; and
- Student data shall be destroyed when no longer necessary for purposes of the data-sharing agreement or upon expiration of the agreement, whichever occurs first.

*A service provider engaged to perform a function of instruction may be allowed to retain student transcripts as required by applicable laws and rules and regulations.

Unless an adult student or parent or guardian of a minor student provides written consent to disclose personally identifiable student data, student data may only be disclosed to a governmental entity not specified above or any public or private audit and evaluation or research organization if the data is aggregate data. "Aggregate data" means data collected or reported at the group, cohort, or institutional level and which contains no personally identifiable student data.

The district may disclose:

- Student directory information when necessary and the student's parent or legal guardian has consented in writing;
- directory information to an enhancement vendor providing photography services, class ring services, yearbook publishing services, memorabilia services, or similar services;
- any information requiring disclosure pursuant to state statutes;
- student data pursuant to any lawful subpoena or court order directing such disclosure; and
- student data to a public or private postsecondary educational institution for purposes of application or admission of a student to such postsecondary educational institution with the student's written consent.

As the parent or legal guardian of _____ I acknowledge that I have been provided with notice of authorized student data disclosures under the Student Data Privacy Act.

Parent Signature

Date



BELOIT ELEMENTARY SCHOOL



Phone: 785-738-3581

Jeff Travis, Principal
Brady Dean, Vice Principal
1201 North Bell
Beloit, KS 67420

Fax: 785-738-3357

Waiver of Confidentiality

Dear Parent/Guardian:

You do not have to send in this form to get reduced price or free Child Nutrition Program benefits for your children.

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No**, I DO NOT want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs.
- Yes**, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits with the programs I have checked below.
 - Textbook Rental
 -
 -

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____
Child's Name: _____	School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

School Official's Name: Jeff Travis Phone: 785-738-3581

Return this form to the address below by 8/7/2015.

Address: Beloit Elementary School—1201 N. Bell, Beloit, KS 67420

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of color, race, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.