

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 _____

2017-2018:

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 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)

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 2016-2017 school year or grade your child was in when left the previous school _____

Date you left this school _____ Reason for leaving _____

INFORMATION ABOUT MEALS AT BELOIT ELEMENTARY SCHOOL

BREAKFAST INFORMATION:

REGULAR COST: \$1.30 per meal **(single meal tickets are not sold)**
\$26.00 for a 20 meal ticket

REDUCED COST: \$.30 per meal **(single meal tickets are not sold)**
\$6.00 for a 20 meal ticket

TIME: **Students are not allowed in the building until 7:40 a.m.**
Breakfast is served from 7:40 until 8:00 a.m.
Bus children will be served as soon as their bus arrives.
Unless a bus is late, children should be finished eating by 8:00 a.m.
Children planning on eating should be getting here as close
to 7:40 a.m. as possible.

ENTRANCE: Students entering the building for breakfast, because of bad weather, or
they just want to wait in the multi-purpose room **ARE TO USE THE
MAIN ENTRANCE.** Bus children are to use the **NORTH DOOR TO THE
MULTI-PURPOSE ROOM.**

LUNCH INFORMATION:

REGULAR COST: \$2.70 per meal **(single meal tickets are not sold)**
\$54.00 for a 20 meal ticket

REDUCED COST: \$.40 per meal **(single meal tickets are not sold)**
\$8.00 for a 20 meal ticket

TIME: Each class has a scheduled lunch time. All children eat at school.
There have been situations where children have gone out to eat
with a parent. If a student leaves the building for lunch, they are
expected to leave and be back during the same time period that
their class is scheduled for lunch. Students leaving the building
should sign out and back in at the office on the log sheets on the
counter.

SACK LUNCH INFORMATION:

We have been informed by our lunch auditors that POP is not
allowed in the school cafeteria. Please do not send POP to school
with your child's sack lunches. We will not allow students to drink
pop with their lunch.

*** REMINDER**

**Family accounts are the same as the last few years.
If you have students in both schools, you may pay one amount to
cover all students.**

UNIFIED SCHOOL DISTRICT 273

HEALTH HISTORY FORM

2017/18 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 meds 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

Preschool Students need 4 year vaccinations completed.

7th Grade Students vaccinations (TDAP required) to be completed. Please do so prior to beginning of school year

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**

Brady Dean, Principal
1201 North Bell
Beloit, KS 67420

Phone: 785-738-3581

Fax: 785-738-3357



Beloit Elementary School Fee Schedule 2017-2018

Please fill out this form and return prior to or at enrollment along with your payment. Please make sure and mark what you are paying and total at the bottom. Free and reduced rates are available for families who qualify. Lunch and breakfast prices have increased this year. Lunch rates are \$2.70 per meal and breakfast rates are \$1.30 per meal. Please consider this when sending lunch money.

Parent(s) or Guardian(s) Name(s) _____

Student Name _____

Grade _____

Lunch/Breakfast (Family accounts are the same as previous years. If you have students in both schools, you may pay one amount to cover all students. Please refer to information sheet included in your packet for monthly breakdown of costs of lunch and breakfast.)

Amt. Pd. \$ _____

Extra Milk (For 20 extra milks)

\$9.00 _____

Book Fee

\$35.00 _____

Preschool Milk (1st Semester = \$37.00; Year = \$77.00)

Amt. Pd. \$ _____

2nd Student Name _____

Grade _____

Book Fee

\$35.00 _____

3rd Student Name _____

Grade _____

Book Fee

\$35.00 _____

4th Student Name _____

Grade _____

Book Fee

\$35.00 _____

5th Student Name _____

Grade _____

Book Fee

\$35.00 _____

TOTAL AMOUNT PAID (made payable to Beloit Elementary School)

\$ _____



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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

Phone: 785-738-3581

Brady Dean, 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: Brady Dean Phone: 785-738-3581

Return this form to the address below by 8/4/2017.

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.

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, I acknowledge that I have been provided with notice of authorized student data disclosures under the Student Data Privacy Act.

I consent to the district disclosing student data concerning my students which is submitted to or maintained in a statewide longitudinal database and which is defined as directory information under the Student Data Privacy Act as necessary. If I choose to revoke my consent, I recognize that I may do so at anytime by putting such request in writing and submitting it to The Superintendent at Beloit USD 273, 2020 N. Independence, Beloit, KS 67420.

Parent/Guardian Signature _____ Date _____

Students name(s) _____

MR. JEFF TRAVIS, Superintendent
DORIS M. GASPER, Clerk of the Board
TIFFANY SCHROEDER, Treasurer

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)
2017-2018 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

INFORMATION ON PARENTAL RELEASE FORM
PUBLICATIONS AND WEB PAGE

Dear Parent or Guardian:

During the course of a school year, a student's name, photograph, personal artwork, personal writing, awards received and/or information about the student's participation in school-related activities may be submitted for publication in print, examples, such as area newspapers the "Trojan Time", Beloit Call, District Newsletter, or on our website <http://www.usd273.org>.

The school district is not responsible for actions of the news media in gathering information or in seeking to interview students where the media has not requested information through the school.

Please review the attached parental release form and mark your choice with respect to publishing permission. We must have a release form on file for all students attending school in the USD 273 district.

_____ YES, I GIVE PERMISSION for USD 273 to publish my child's/children's name(s), photograph(s), and/or personal work in any of the following venues: 1) any print media, 2) on the district website.

_____ NO, I DO NOT GIVE PERMISSION for USD 273 to publish my child's/children's name(s), photograph(s), and/or personal work in any print media or on the district's website.

DATE _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

STUDENT'S NAME _____

Grade _____

ATTENDANCE CENTER-Beloit Elementary School

PARENT OR LEGAL

GUARDIAN'S SIGNATURE _____

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 Police (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-education 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 harmful 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 whether you can use a work or not, you should get permission from the owner.
11. I will not use another's password or access another individual's account.
12. I will not give out personal contact information (name, address, phone numbers etc.) or meet anyone I first met online.
13. I will not do anything to destroy data or disrupt our or any other network.

Teacher Responsibilities

Teachers are obligated to supervise students as they use the Internet & technology tools. A supervising teacher will see that students receive instruction on the acceptable use of technology resources, including the Internet. The teacher will seek parents' permission before publishing any individual student's photo or work on the school's web site.

To be signed and returned to the **Beloit Elementary School** office.

Beloit Elementary School Technology Acceptable Use Policy (AUP)

Student:

I understand and will follow the Technology Acceptable Use Agreement and rules as they have been explained to me. I further understand that any violation of the rules will result in access privileges being taken away and school disciplinary action taken

Name of Student _____ Date ____/____/____

Parent or Guardian:

As a parent or guardian of this student, I have read the Technology Acceptable Use Agreement. I understand that access is designed for educational purposes. Beloit Elementary School will take precautions to eliminate controversial material. However, I also recognize it is impossible to restrict access to all possible offensive materials, and I will not hold Beloit Elementary School or USD 273 responsible for materials acquired on the network.

Parent/Guardian Signature _____ Date ____/____/____



BELOIT ELEMENTARY SCHOOL

Brady Dean, Principal
1201 North Bell
Beloit, KS 67420

Phone: 785-738-3581

Fax: 785-738-3357



Name & Address of Old School:

To Whom It May Concern:

Student's Name _____ Grade _____

has enrolled in Beloit Elementary School on _____

Please forward these records:

- _____ Academic / Attendance
- _____ Health
- _____ MTSS / RTI
- _____ Discipline
- _____ Special Education
- _____ Other Available School Records (MDT)

Please Send To: Brady Dean, Principal
Beloit Elementary School
1201 N. Bell Street
Beloit, KS 67420

Thank you!

Signature of Parent/Guardian

Brady Dean
Brady Dean, Principal
Beloit Elementary School