

Pre-School Application

Date: _____

Student First Name: _____ Last Name: _____

D.O.B: _____ Student's Social Security Number: _____

Language: _____ Sex: _____ Ethnicity: Hispanic ___ Non-Hispanic ___

Race: _____ Where was the student born? (Please circle one)

United States Mexico Other: _____

Father's First Name: _____ Father's Last Name: _____

Father's D.O.B: _____ Father's Cell Phone: _____

Mother's First Name: _____ Mother's Last Name: _____

Mother's D.O.B: _____ Mother's Cell Phone: _____

Married Single Divorced (Please circle one)

Street Address: _____ Mailing Address: _____

City: _____ Zip: _____ Telephone: _____

Father has high school diploma/GED: Yes No

Mother has high school diploma/GED: Yes No

Father's Employment: _____ Phone: _____

Mother's Employment: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Medication: _____

Student's first language: _____ Home Communication: _____

Language spoken at home: _____

Bus Number: _____

Aplicación Preescolar

Fecha: _____

Primer nombre del estudiante: _____ Apellido: _____

Fecha de nacimiento: _____ Seguro social del estudiante: _____

Lenguaje: _____ Sexo: _____ Étnicidad: Hispano/a _____ No-Hispano _____

Raza _____ ¿Lugar de nacimiento del estudiante? (Solo marque uno)

Estados Unidos: _____ México: _____ Otro: _____

Primer nombre del padre: _____ Apellido: _____

Fecha de nacimiento: _____ Celular: _____

Ocupación del padre: _____ Teléfono del trabajo: _____

Nivel de estudios: (Solo marque uno)

Primaria _____ Secundaria _____ Preparatoria _____ GED _____

Primer nombre de la madre: _____ Apellido: _____

Fecha de nacimiento: _____ Celular: _____

Ocupación de la madre: _____ Teléfono del trabajo: _____

Nivel de estudios: (Solo marque uno)

Primaria _____ Secundaria _____ Preparatoria _____ GED _____

Estado civil de los padres:(Solo marque uno) Casados: _____ Solteros: _____ Divorciados: _____

Numero de cajón postal: _____ Ciudad: _____

Código postal: _____ Teléfono: _____

Persona encargada en caso de emergencia: _____ Teléfono: _____

Medico del niño(a): _____ Teléfono: _____

Algún medicamento que este tomando: _____

Principal lenguaje del estudiante: _____ Comunicación a casa: _____

Lenguaje que se habla en casa: _____

Numero del autobús: _____

PHYSICAL EXAMINATION: To be completed by health care provider approved to perform health assessments.

Height: _____ Weight: _____ Hgb or Hct: _____
 Pulse: _____ Blood Pressure: _____ Lead _____
 Urinalysis: _____ Sick Cell: _____ Other _____
 Tuberculosis: _____ Head Circumference: _____

Code each item as follows: 0 = No significant findings 1 = significant findings	Code	Description of Findings
General appearance		
Integument		
Head - neck		
EENT		
Oral - dental		
Thorax		
Breasts		
Cardiovascular		
Abdomen		
Musculoskeletal		
Genitourinary		
Neurological		

SCREENING

1. Nutritional evaluation (all ages - each screen) (• if applicable). Nutrition/WIC questionnaires available from 785-296-0092.
 • Enrolled in WIC • Receiving vitamin supplement with iron • Without iron • Fluoride supplement

Food intake review. Results:

milk/milk products (breast fed/type of formula) _____
 fruit/vegetables _____
 Meat, beans, eggs _____
 breads, cereals _____

2. Development: Type of screen _____ Results: _____
 3. Speech: Type of screen _____ Results: _____
 4. Hearing: Type of screen _____ Results: _____ Date last screen: _____
 5. Vision: Type of screen _____ Results: _____ Date last screen: _____

Significant assessment findings:

Recommendations (include referrals):

Follow Up:

Additional information may be attached

Anticipatory Guidance (circle those discussed)

- | | |
|--------------------|----------------|
| 1. Safety/poisons | 8. Lifestyle |
| 2. Nutrition | 9. Development |
| 3. Parenting | 10. Behavior |
| 4. Family planning | 11. Sexuality |
| 5. Discipline | 12. Dental |
| 6. Immunizations | 13. Other |
| 7. Hygiene | |

Comments:

Date

Signature of physician or nurse approved to perform health assessments

UNIFIED SCHOOL DISTRICT NO. 374

Consent For Emergency Treatment And Medical Records

I, the undersigned, being the natural parent (or legal guardian) of

_____, _____, _____,

_____, _____, a minor, do hereby consent

to the securing of emergency medical treatment for said children by the superintendent of schools of USD 374, Haskell County, or his/her designee, including the necessary transportation to receive such treatment.

I give permission for the exchange of information between the school nurse or other school representative and the student's medical provider. I also give permission for the school nurse or other school representative to copy and send this student's immunization records to schools, physician's offices, and health departments as needed.

Dated this ____ day of _____, 20____, and valid until withdrawal from the school district, until specifically revoked, or change of guardianship.

(Parent or Legal Guardian)

Witnessed by: _____

Sublette Grade School

Health Enrollment

Student's Name: _____ DOB: _____

SSN: _____ - _____ - _____ Sex: Male _____ Female _____

Address: _____ City/State: _____

Zip Code: _____

Father's Name: _____ Work Phone () _____ - _____

Mother's Name: _____ Work Phone () _____ - _____

Home Phone () _____ - _____

Insurance Information:

Company Name: _____

Phone No.: _____ Group No.: _____

Student's Grade this Year: _____ Teacher: _____

Room No.: _____

Medical Alert (allergies, seizures, hypoglycemic, etc.):

1. _____
2. _____
3. _____

Contacts (who to call in case of emergency with priority designated):

1. _____
2. _____
3. _____

Ethnicity (please check):

Non-Hispanic _____ Hispanic _____

Race (please check all applicable):

Native Hawaiian _____ Pacific Islander _____ White _____ Samoan _____

Vietnamese _____ American Indian _____ Alaskan National _____

Immunization Record:

Vaccine	Due Now/Current	Due Next/Complete	Dose Given
DTaP	_____	_____	_____
Hep B	_____	_____	_____
Hib	_____	_____	_____
MMR	_____	_____	_____
Polio	_____	_____	_____
TB Booseter	_____	_____	_____
Varicella	_____	_____	_____
PCV-7	_____	_____	_____

Family History (parents, grandparents, sibilings):

Relationship	Illness/Disease/Symptoms
1. _____	_____
2. _____	_____
3. _____	_____

Medical Information (please list any current illness, disease, or conditions requiring medical attention):

1. _____
2. _____
3. _____

Assistive Devices (please list glasses, contact, etc. used by child):

1. _____
2. _____
3. _____

Special Problems (eye strain, difficulty breathing, etc.):

1. _____
2. _____
3. _____

Organizations (please list pharmacy used for prescriptions, family Doctor, name of clinic visited):

Pharmacy _____ Doctor _____
Clinic Site _____ Other _____

Prescriptions to be given by School Nurse (please list):

1. _____
2. _____
3. _____

Sublette Elementary School
USD 374

_____ had Chicken Pox (Varicella).
(Name of student)

Date of disease

Parent/Guardian Signature

Date

Unified School District # 374
Sublette, Kansas 67877
HOME LANGUAGE
SURVEY
GRADES K-12



TO BE FILLED OUT BY PARENT/GUARDIAN:

What language did your child began to speak first? *English* *Spanish* *German*

What language(s) is spoken in your home? *English* *Spanish* *German*

What language(s) does your child speak? *English* *Spanish* *German*

¿Cual idioma aprendió su hijo/a hablar primero? *Inglés* *Español* *Alemán*

¿Cual es el idioma(s) que hablan en su hogar? *Inglés* *Español* *Alemán*

¿Cual es el idioma(s) que habla su hijo/a(s)? *Inglés* *Español* *Alemán*

¿Necesita intérprete para las conferencias? *Si* *No*

¿Quiere la información de la escuela en español? *Si* *No*

Welche sprache lhren kindafang gemacht hat, zuerst su sprechen? *Englisch* *Spanisch* *Deutsch*

Welche sprache wird in euer heim an meisten gesprochen? *Englisch* *Spanisch* *Deutsch*

Welche sprache redet euer kind an mersten? *Englisch* *Spanisch* *Deutsch*

Felht dir eine person was deutsch redet fuer die eltern? *Ja* *Nein*

Willst du die briefe im deutschen gesardt haben? *Ja* *Nein*

Student(s) Name(s):	Grade:	Language(s):
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1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

 Signature/Firma/Unterschrift Date/Fecha/Datum

SUBLETTE USD 374

Dear Parent:

Please complete the following information to help us to determine if your child/children qualify for the migrant program. This program provides extra academic helps for students who may need assistance as well as other benefits. Thank you for your help.

-
1. Have you moved into this district within the past 3 years? yes no
(Note: If you answered "no" to the above question, you do not have to answer any additional questions.)
2. Are you now working in or looking for agricultural work? yes no
3. Were you employed in an agriculturally related job in another state or district in Kansas within the last 3 years? yes no
-

Parent/Guardian Names	Present Job	Last Employment
Father: _____	_____	_____
Mother: _____	_____	_____
Children: _____	_____	Grade/Age: _____
_____	_____	_____
_____	_____	_____

Address: _____ Telephone: _____

Signature of Parent or Guardian

Date

Sublette USD 374

Estimados Padres:

Por favor complete la siguiente información para que nos ayude a determinar si su hijo/a califica para el programa emigrante. Este programa prevé ayuda académica extra para estudiantes que necesiten asistencia al igual que otros beneficios. Gracias por su ayuda.

1. ¿Se ha cambiado a este distrito escolar durante los últimos 3 años? si no
(Note: Si contesto que "no" a la pregunta de arriba, no necesita contestar las demás preguntas.)

2. ¿Esta ahora trabajando o buscando trabajo de agricultura? si no

3. ¿Ha estado empleado en algún trabajo relacionado con agricultura en otro estado o distrito en Kansas durante los últimos 3 años? si no

Nombres de Padres/Guardianes

Trabajo Presente

Ultimo Trabajo

Padre: _____

Madre: _____

Hijos/as: _____

Grado/Edad: _____

Domicilio: _____

Teléfono: _____

Firma de Padres o Guardianes

Fecha



Transportation 2009-2010



Family's Last Name: _____

Children's Names: _____

Do you live in town or in the country? Town: Country:

If you live in the country what is your physical address:

Phone Numbers

	Home	Cell Phone	Work	Other	Other
Mother:					
Father:					
Nearest Neighbors:			Home	Cell Phone	Work

Directions to your home from Sublette:

Will your student(s) ride the bus? Yes: No:

If no one is at home when we arrive to drop off your child(ren) after school, what do you want the driver to do?

- Drop your child off anyway.
- Take my child back to the school and continue trying to call me.
- Other: _____

Mud Routes

Some parents elect to have their child(ren) walk home from their mud route stop. Do you want us to allow your child to:

- Walk home from the mud stop.
- Take my child back to the school and continue trying to call me.
- Other: _____

Parent Signature

Date