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Student Information Form

STUDENT

Grade	☐ Female ☐ Male	Birth Date

Last Name	First Name	Middle Name

Elementary Only Proof of Age Provided (*CHECK ONE*) ☐ Birth Certificate ☐ Hospital Record ☐ Transcript ☐ Other:

Is the student Hispanic/Latino? ☐ YES ☐ NO

Do any of the following apply to the student? ☐ 504 Plan—Disabilty accomodations not covered by Special Ed ☐ Special Ed Services ☐ ESOL / ELL Services

What is the student's race? (**Please select one or more)**

☐ American Indian OR Alaskan Native ☐ Asian ☐ Black OR African American ☐ Native Hawaiian OR Other Pacific Islander ☐ White

Student Physical Address		**Student Mailing Address** *(IF DIFFERENT FROM PHYSICAL ADDRESS)*	
	APT #		APT #
CITY, STATE	ZIP CODE	CITY, STATE	ZIP CODE

Student Cellphone Number

PARENT / GUARDIAN #1

LIVES WITH STUDENT ☐ YES ☐ NO	LAST NAME	FIRST NAME	MIDDLE NAME
RELATIONSHIP TO STUDENT	Mailing Address (if different from Student)	CITY, STATE	ZIP CODE

CHECK ALL THAT APPLY:

CONTACT ALLOWED? ☐YES ☐NO HAS CUSTODY ? ☐YES ☐NO If NO to Custody, Are MAILINGS ALLOWED? ☐YES ☐NO RELEASE TO ? ☐YES ☐NO

PRIMARY LANGUAGE	SPEAKS ENGLISH? ☐YES ☐NO	PARENT/GUARDIAN EMAIL	PLACE OF EMPLOYMENT

PRIMARY PHONE Number : ☐ CELL ☐ HOME ☐ WORK ☐ OK TO CONTACT ☐ UNLISTED

ALTERNATE PHONE Number : ☐CELL ☐ HOME ☐ WORK ☐ OK TO CONTACT ☐ UNLISTED

PARENT / GUARDIAN #2

LIVES WITH STUDENT ☐ YES ☐ NO	LAST NAME	FIRST NAME	MIDDLE NAME
RELATIONSHIP TO STUDENT	Mailing Address (if different from Student)	CITY, STATE	ZIP CODE

CHECK ALL THAT APPLY:

CONTACT ALLOWED? ☐YES ☐NO HAS CUSTODY ? ☐YES ☐NO If NO to Custody, Are MAILINGS ALLOWED? ☐YES ☐NO RELEASE TO ? ☐YES ☐NO

PRIMARY LANGUAGE	SPEAKS ENGLISH? ☐YES ☐NO	PARENT/GUARDIAN EMAIL	PLACE OF EMPLOYMENT

PRIMARY PHONE Number: ☐ CELL ☐ HOME ☐ WORK ☐ OK TO CONTACT ☐ UNLISTED

ALTERNATE PHONE Number: ☐ CELL ☐ HOME ☐ WORK ☐ OK TO CONTACT ☐ UNLISTED

STUDENT NAME

EMERGENCY CONTACTS

1	Relationship	Name
Primary Phone : ☐Cell ☐Home ☐Work ☐ OK to Contact		Alternate Phone : ☐Cell ☐Home ☐Work ☐ OK toContact
2	Relationship	Name
Primary Phone : ☐Cell ☐Home ☐Work ☐ OK to Contact		Alternate Phone : ☐ Cell ☐ Home ☐ Work ☐ OK toContact
3	Relationship	Name
Primary Phone : ☐Cell ☐Home ☐Work ☐ OK to Contact		Alternate Phone : ☐ Cell ☐ Home ☐ Work ☐ OK toContact

MEDICAL INFORMATION – The school cannot be financially responsible for medical, dental, ambulance, or hospital service.

Physician's Name & Number	Preferred Hospital	Medicaid # (*if applicable*)
Insurance Name / Group # / ID #		
Allergies / Health Factors / Comments		Life Threatening? ☐Yes ☐No

Please read and select Yes or No for each of the following.

☐**YES** ☐**NO** In the event of serious injury, it may be necessary to contact local emergency medical personnel immediately. Attempts will then be made to contact the parents/guardians or designated persons to inform them of the situation. The child will be treated by medical personnel as needed.

☐**YES** ☐**NO** In case of an illness or injury to the above named student, the school is authorized to proceed in its emergency medical plan including any necessary transportation to receive such treatment. I understand that the school is not financially responsible for individual medical, dental, ambulance, or hospital services. I realize that it will be necessary for me to inform the school of any address or phone number changes that may occur during the school year. I understand that the coaches/sponsors of my child will be prepared to take the appropriate emergency steps by keeping a copy of this form with them at all contests and activities.

☐**YES** ☐**NO** I give permission for the exchange of information between 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.

☐**YES** ☐**NO** I give permission to USD #374 or its designated representative to permit my child's picture to be taken or likeness reproduced and disseminated to various media/communications, such as local newspapers and the district's website. I hereby release the above party from liabilities arising out of what I might deem misrepresentations by virtue of distortion, optical illusions or faulty mechanical reproductions. The publicity of that minor child received by virtue of the first such use that may be made thereof shall be full and adequate compensation for this consent. I agree all such uses of his/her name, voice, likeness, portraits, pictures, photographs, films videotapes, audiotapes, or writings and reproductions thereof, including but limited to tapes, plates, and negatives connected therewith are and shall remain property of USD #374.

Middle/High School ONLY

☐**YES** ☐**NO** My child has permission to leave campus for school sponsored events during the school year.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Student Health Information Form

Last Name **First Name** **Grade**

Date of Birth **Emergency Contact Numbers**

Please check any medical conditions your student has:

- ☐ ADHD/ADD
- ☐ Asthma
- ☐ Birth Defects
- ☐ Hearing Difficulties
- ☐ Skin Problems
- ☐ Ear Infections
- ☐ Depression
- ☐ Diabetes
- ☐ Headaches
- ☐ Bone/Joint problems
- ☐ Anxiety
- ☐ Vision Difficulties
- ☐ Heart Defects
- ☐ Urinating Problems
- ☐ Serious Injury
- ☐ Seizures
- ☐ Stomach Problems
- ☐ High Blood Pressure
- ☐ Surgical History
- ☐ Anemia
- ☐ Constipation
- ☐ Other

Please explain checked medical conditions or anything more about your student's health that you think is important for us to know:

Allergies (Drug & Food) & Reaction:

1.
2.
3.

Home Medications / Vitamins:

1.
2.
3.

Assistive Devices: (glasses, contacts, braces, hearing aids etc)

1.
2.
3.

Grade: _____

Sublette Elementary
School/Parent Compact

Student Name:_____

A child's success depends on a strong committed partnership between school and home.

As a parent/guardian, I want my child to achieve. Therefore, I will encourage him/her by doing and marking the following:

____ See that my child is punctual and attends school regularly.

____ Support the school in its efforts to maintain proper discipline.

____ Establish a time for homework and review my child's homework regularly.

____ Provide a quiet, well-lighted place for study.

____ Encourage my child's efforts and be available for questions.

____ Stay aware of what my child is learning.

____ Communicate regularly with my child's teachers.

____Participate regularly in school functions/activities.

Parent/Guardian Signature_____

As a school, we know the importance of students achieving. Therefore, as a teacher I shall strive to do and mark the following.

✓ Provide homework assignments to students when necessary.

✓ Provide assistance to parents to help with assignments, when necessary.

✓ Provide educational activities that are appropriate for your child.

✓ Provide a safe, caring environment for your child.

✓ Use special activities in the classroom to make learning enjoyable.

✓ Provide materials which are appropriate for children's needs.

✓ Communicate regularly with other staff and administration.

Teacher Signature_____

Sublette Elementary

Grade: _____

Pacto de Escuela / Padre

Nombre del Alumno: _____

El éxito de un niño depende de una asociación fuerte entre la escuela y la casa.

Como padre/guardiano, yo quiero que me hijo(a) logre el éxito. Entonces, yo voy a alentar a mi hijo(a) haciendo y marcando lo siguiente:

- ☐ Hacer que mi hijo(a) sea puntual y que asista a la escuela regularmente.
- ☐ Apoyar a la escuela en los esfuerzos para mantener la disciplina.
- ☐ Establecer un horario para la tarea, y revisar la tarea regularmente.
- ☐ Proveer un lugar tranquilo y aluzado para estudiar.
- ☐ Apoyar los esfuerzos de mi hijo(a) y estar disponible para preguntas.
- ☐ Estar consciente de lo que está aprendiendo mi hijo(a).
- ☐ Comunicarme con regularidad con los maestros de mi hijo(a).
- ☐ Participar regularmente en las funciones/actividades de la escuela (como el PTO.)

Firma del Padre / Guardiano _____

Como escuela, nosotros sabemos la importancia de que los niños logran el éxito. Entonces, como maestro, yo voy a esforzarme para hacer y marcar lo siguiente.

- ☑ Dar tarea a los estudiantes cuando es necesario.
- ☑ Proveer ayuda a los padres para que ayuden con la tarea cuando es necesario.
- ☑ Dar actividades educacionales que son apropiadas a su hijo(a).
- ☑ Proveer un medio ambiente que es seguro para su hijo(a)..
- ☑ Alentar a los padres y estudiantes por medio de darles información sobre el progreso del estudiante..
- ☑ Usar actividades especiales en la clase para hacerla mas agradable.
- ☑ Proveer materiales que son apropiados para las necesidades de su hijo(a).
- ☑ Comunicarme regularmente con los otros maestros y con la administración.

Firma del Maestro _____

CCL. 029a
Rev.2/2009

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Child Health Assessment is optional for children in Registered Family Day Care Homes. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. Any Health Assessment Form should be attached to the KDHE Medical Record Form.

Child's Name_____ Date of Birth_____

Past Health History (Developmental – Illness – Hospitalization)_____

Allergies_____

Current Medications_____

Nutritional Status_____

Physical Examination

Height_____ Weight_____

Head_____ Abdomen_____

EENT_____ GU_____

Teeth_____ GYN_____

Heart_____ Skeletal_____

Lungs_____ Neurological_____

Screening Tests (Dates Done and Results)

Vision_____ TBC. Test_____

Hearing_____ Sickle Cell_____

Speech_____ HGB._____

DDST_____ U.A._____

Lead_____ Other_____

Diagnosis:

Recommendation:

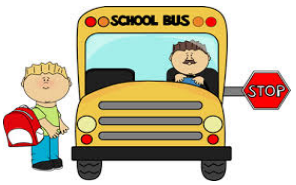
Do you see this child for regular health supervision: Yes _____ No _____

_____ _____
Signature of Licensed Physician or Nurse Approved for Child Health Assessments Date (MM/DD/YYYY)

_____ Phone number_____
Print the Name of the Individual Signing Above

_____
Address of Physician or Nurse City Zip Code

Sublette School District
Transportation 2023-2024



PLEASE PRINT CLEARLY

Family's Last Name: _____

1st Child's Name	Grade	2nd Child's Name	Grade
3rd Child's Name	Grade	4th Child's Name	Grade
5th Child's Name	Grade	6th Child's Name	Grade

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

Will your child(ren) ride the bus? Yes: ☐ No: ☐

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

_____

Directions to your home from Sublette:

_____

_____

_____

Phone Numbers

	Home Phone	Cell Phone	Work Phone
Mother's Name:			
Father's Name:			
Nearest Neighbors:	**Home Phone**	**Cell Phone**	**Work Phone**

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(ren) off anyway.

☐ Take my child(ren) back to the school.

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(ren) back to the school.

_____ _____

Parent Signature Date

Sublette's BEST

Building **E**xcellent **S**tudents **T**oday!

2023-2024

Sublette students, **Kindergarten through Sixth Grade**, have the opportunity to engage in learning activities to enhance their knowledge in academic studies as well as in enrichment programs.

Sublette's BEST will operate from **Tuesday, September 5, 2023 through Thursday, May 9, 2024**. The program hours are from **3:40 until 5:00**.

Enrollment Fee: $35/year for each student OR

$105/yr. for a family of 3 or more students.

Activities to be offered include but are not limited to:

STEAM Labs Art Education Cooking Physical Fitness

Community Event Presentations Homework Assistance Individualized Tutoring

Please complete this registration to enroll your student (s) in the BEST program for the year 2023 - 2024.

Student (s) Name: _____ Grade(s): _____

Parent (s) / Guardian (s) Name (s): _____

Contact information: (***this number must be accessible between the hours of 3:40 – 5:00)***

_____

Student Allergies and/or Medical Concerns:

_____ _____ _____

List of persons **NOT** allowed to pick up your student from the BEST program:

_____ _____ _____

Is / Are your student (s) bus riders? (Circle one please) YES NO

Date enrollment form was completed: _____Parent / Guardian Signature: _____

SUBLETTE USD 374

Identification & Recruitment Parent Survey

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

1. Has your family moved into this district within the past 3 years? ☐ Yes ☐ No
(**Note: If you answer "NO" to the above question, do not answer questions #2, #3 & #4.)**
2. Are you now looking for agricultural work? ☐ Yes ☐ No
3. Are you now working in agricultural work? ☐ Yes ☐ No
4. Were you employed in any agriculturally related jobs listed below in Kansas within the last 3 years?
☐ Yes ☐ No


Feed Cattle,


Dairy


Eggs

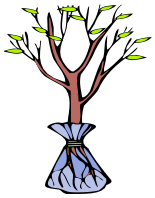

Cultivation,


Fishing

Processing, Packaging


Harvest (fruit and vegetables)


Milling, Cotton


Trees Planting, Cutting

Preparation of soil


Greenhouse, Nursery, Sod

Parent/Guardian Names	**Present Job/Job Title**	**Last Employment**
Father:_____	_____/_____	_____
Mother:_____	_____/_____	_____

Please list all children

First	Last	Sex	School	Grade	Date of Birth	Age

Address: _____Telephone:_____

✕_____ _____
Signature of Parent or Guardian **Date**

SUBLETTE USD #374
Encuesta Para Los Padres

Por favor complete la siguiente información para que nos ayude a determinar si sus hijos/a (s) califica para el programa migrante. Este programa provee ayuda académica extra para estudiantes que necesitan asistencia al ígual que otros beneficios. ¡ Gracias por su ayuda!

1. ¿Se ha cambiado a este distrito los últimos 3 años? _____Si _____No

Nota: Si contesto "no" a la pregunta de arriba, no responda a las preguntas #2, #3, & #4.

2. ¿Está buscando trabajo de agrícultural?_____Si _____No

3. ¿Está trabajando en trabajo relacionado con agrícultura?____ Si ___No

4. ¿Ha estado empleado en algún trabajo en Kansas relacionado con agrcultura mencionado abajo durante los últimos 3 años?_____Si _____No

Ganado, Procesando, Empacando

Lucería

Huevo

Cultivando, Preparción de Tierra

Pescado

Cosechando (frutas y verduras)

Mollinos

Árboles Podar, Plantar, Derribar o Cortar

Inverndero, vivero, Cultivar Pasto

Padres/Guardianes Nombres Trabajo presente/posición de Trabajo Ultimo Trabajo

Padre: _____ _____ / _____ _____

Madre: _____ _____ / _____ _____

Por favor escribir todos los nombres de los niños que viven en la casa.

Apellido, Nombre	Sexo	Escuela	Grado	Fecha de Nacimiento	Edad

Domicilo:_____ Telefono: _____

Firma de Padre/Guardián _____ Fecha _____

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 _____

Signature of Parent or Guardian Date

UNIFIED SCHOOL DISTRICT #374, SUBLETTE, KS
Mrs. Rachel Lee - Elementary School Principal
P.O. Box 550
Sublette, KS 67877
Phone: (620) 675-2286 Fax (620) 675-2296

The following student has enrolled in our school:

Name:_____ Date of Birth:_____

Grade:_____ Social Security #:_____

Enrollment Date:_____

Previous School Attended: _____

Address:_____

Phone:_____ Fax:_____

Please send the Following:

A. Withdrawal Form
B. Complete Transcript
C. Test Records
D. Immunization Records
E. Copy of Birth Certificate
F. Copy of Social Security Card
G. Home Language Survey
H. Any Special Programs (Title I, IEP, etc...)
I. All other pertinent information.

Please send the information to:
Sublette Elementary School
Attn: Rachel Lee
P.O. Box 550
Sublette, Kansas 67877

It is not necessary for parents to sign a release when records are being passed from public school to public school. Note Federal Register, Thursday June 17, 1976 Privacy rights of Parents and Students. Final rule on Education Records; Volume 41 No. 118 Page 24673

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