

# BUHLER USD 313

## Student Enrollment Form

Date \_\_\_/\_\_\_/\_\_\_

### STUDENT INFORMATION

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Gender M / F Current Grade Level \_\_\_\_\_ Hispanic  Yes  No

Race: African American / American Indian / Alaska Native / Asian / Native Hawaiian / Pacific Islander / White

\_\_\_ In District \_\_\_ Out of District IEP  Yes  No 504 Plan  Yes  No T-Shirt size Youth \_\_\_ Adult \_\_\_

Parent/Guardian Student resides with \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Student Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Email \_\_\_\_\_ Is a parent in the military?  Active  Reserve  No

Names/Grade Levels of siblings \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent #1 \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with Student at Physical Address  Yes  No

Employer \_\_\_\_\_

Work Email \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Parent #2 \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with Student at Physical Address  Yes  No

Employer \_\_\_\_\_

Work Email \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Parent #3 \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with Student at Physical Address  Yes  No

Employer \_\_\_\_\_

Work Email \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Parent #4 \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with Student at Physical Address  Yes  No

Employer \_\_\_\_\_

Work Email \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Non Residential Parents \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_

~ Please fill in Information continued on back of this sheet, Thank You. ~

Additional **STUDENT EMERGENCY CONTACT INFORMATION** (Non-Parent/Guardian)

Other Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_)\_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_)\_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_)\_\_\_\_\_

**AUTOMATED ALERT PHONE MESSAGES** (Alerts sent from student's school)

Automated Alert Contact #1

#1 Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_)\_\_\_\_\_

Automated Alert Contact #2

#2 Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_)\_\_\_\_\_

Automated Alert Contact #3

#3 Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_)\_\_\_\_\_

Automated Alert Contact #4

#4 Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_)\_\_\_\_\_

Automated Alert Contact #5

#5 Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_)\_\_\_\_\_

**PRESCHOOL STUDENTS ONLY**

Preferred Preschool Session: \_\_\_ AM \_\_\_ PM Shining Stars   CARES Club    
Yes No Yes No

Teen Parent (at Birth of child):   Single Parent:    
Yes No Yes No

Education Level:

Parent #1: HS Diploma/GED   Parent #2: HS Diploma/GED    
Yes No Yes No

**KINDER - 5<sup>TH</sup> GRADE STUDENTS ONLY**

CARES Club    
Yes No

**HIGH SCHOOL STUDENTS ONLY**

Student Primary Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_

Student Second Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_

# Buhler USD 313 Student Health History

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Was your child seen by a dentist in the past 12 months?  Yes  No

If no, would you like your child to have a dental screening during this school year?  Yes  No

Please mark (x) any health problems and/or physical conditions that pertain to your child. This information enables school personnel to be more aware of health-related concerns and provide more personalized health care as needs arise. After completing this form, please sign and date the form at the bottom of the page and return to your child's school.

My child has no known health concerns.

Eyes

- Wears glasses  Wears contacts  
 Blind right eye  Blind left eye

Ears

- Frequent ear infections  Wears hearing aide  
 Deafness right ear  Deafness left ear  
 Ear surgery—Date: \_\_\_\_\_

Type: \_\_\_\_\_

Lungs

- Asthma  Nebulizer  
 Inhaler (see below)  
 My student will need to use inhaler at school  Yes  No  
 If Yes,  keep inhaler in office.  student will self-carry  
 Asthma packet given \_\_\_/\_\_\_/\_\_\_\_\_  
 (Separate forms must be signed. See office.)

Medications: \_\_\_\_\_

Allergies

- Food What foods? \_\_\_\_\_  
 EpiPen (Required form)  
 Other medications for treating allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 Bee/Wasp sting  
 Drug allergies to \_\_\_\_\_  
 Latex allergy

Neurological

- Seizures  Headaches  Tourette's  
 Type: \_\_\_\_\_  
 Other: \_\_\_\_\_

Mental Health

- ADHD/ADD  Depression  
 Bipolar  Anxiety  
 ODD

Name & Time of Medication: \_\_\_\_\_

Other mental health: \_\_\_\_\_

Diabetes

- Type 1  Type 2  
 Hypoglycemia

Medications: \_\_\_\_\_

Heart

- Mitral valve prolapse  High blood pressure  
 Congenital heart defect  Murmur Surgery—  
 Date: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Restrictions: \_\_\_\_\_

Orthopedic

Type: \_\_\_\_\_

Digestive

- Heart burn/indigestion  Reflux  
 Food intolerance  Other

Comments: \_\_\_\_\_

Other Physical Illnesses

- Autism  Down syndrome  
 Type: \_\_\_\_\_  
 Medications: \_\_\_\_\_

I give permission to share health information with staff on a need to know basis.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

Yes  No I give the school nurse permission to share my child's immunization information with the Kansas Immunization Program and Kansas Web registry (KSWebIZ) for purposes of assessment and reporting to prevent disease.

## 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. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for 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 (specify) \_\_\_\_\_
2. What language does your child speak/use at home? Do not include language learned in a class or through television or other such programming.  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (specify) \_\_\_\_\_
3. What language do you speak/use with your child?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. What language do the adults regularly present or living in the home speak/use while in presence of the child?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (specify) \_\_\_\_\_

### Parent/Guardian Information:

Which language do you prefer? English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (specify) \_\_\_\_\_  
(Please specify "written" or "spoken". To the extent practicable, communication from the school will be provided in this language.)

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### 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.

Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have your children moved with or to join the worker above in the past 36 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

**For the School:** If the answer to either of the previous two questions is Yes, please contact Mike Toole at [mike.toole@ksidr.org](mailto:mike.toole@ksidr.org) or 620-353-8114 and provide him a copy of this survey.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



# BUHLER USD 313 2019-2020 Student Enrollment Fee Sheet

- Please use one sheet per student.
- Middle and High School Activity Participation fees are listed on an additional form.

**PARENT/GUARDIAN** Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**STUDENT** First, Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please X box of **K-5 School Student** will attend:  Buhler Grade  Plum Creek  Union Valley

- 1. Enrollment Fee.....\$ 80
- 2. Kindergarten Milk (Full Year).....\$ 70

**Kindergarten parents: Milk fee required regardless of Free/Reduced status.**

**Prairie Hills Middle School Student**

- 1. Enrollment Fee.....\$ 80
- 2. Yearbook (Optional PHMS purchase).....\$ 20

**Buhler High School Student**

- 1. Enrollment Fee Grades 9-11.....\$105
- 1. Enrollment Fee Grade 12.....\$115
- 3. Yearbook (Optional BHS purchase).....\$ 50
- 4. Post Prom (Optional BHS purchase) Grades 11-12).....\$ 30

**PHMS/BHS Technology Fee** (\$50/\$30/\$15 Fee based upon Free/Reduced status.)..\$ \_\_\_\_\_

**Lunch/Breakfast Deposit**.....\$ \_\_\_\_\_

### STUDENT TOTAL 2019-2020

For  Buhler Grade  Plum Creek  Union Valley  PHMS  BHS \$ \_\_\_\_\_

- 1. PHMS Adult Activity Pass (Optional PHMS purchase).....\$ 25
- 2. PHMS Replacement Student Activity Pass (Optional PHMS purchase).....\$ 25
- 3. BHS Adult Activity Pass (Optional BHS purchase).....\$ 50
- 4. BHS K-8 Student Activity Pass (Optional BHS purchase).....\$ 35

**GRAND TOTAL**.....\$ \_\_\_\_\_

- Parents have the option to pay student fees by cash, check, or credit card.
- Please remember to bring cash or mail check payments to your child's school **BEFORE** the first day of school.
- **Credit Cards accepted for online enrollment payments ONLY:** (Visa, MasterCard or Discover)

Cash  
 Check# \_\_\_\_\_  
 ONLINE CC Payment Visa MC Discover