

Name: \_\_\_\_\_

**West Elk Enrollment Check List**  
**Welcome to West Elk 2018-2019 School Enrollment**

\_\_\_\_\_ Forms (Sheri Patteson) If you were previously enrolled at West Elk Schools you were sent a packet with pre-enrollment forms. This sheet will accompany them)

The following are the PURPLE forms from your packet which must be returned:

- Student Handbook and Policy & Procedures Acknowledgment
- Blank Enrollment Forms
- Authorization to Photograph, Videotape, or Record Student(s)
- Field Trip participation and Emergency Care
- West Elk Acknowledgement of enrollment forms received

\_\_\_\_\_ New JR/SR High Students / ICC Enrollment / Returning JR/SR High students needing schedule changes (Michelle Weber)

**(NOTICE: NOT ALL FAMILIES WILL NEED TO VISIT WITH MICHELLE WEBER)**

\_\_\_\_\_ If your student is participating in any sports activity throughout the year, a current physical as well as the following PURPLE forms must be signed by parent and student and returned before participation is allowed. **Activities handbook must be kept.** (7<sup>th</sup> – 12<sup>th</sup> grades)

- Risk Injury / Handbook Acceptance
- KSHSAA Concussion Release form

\_\_\_\_\_ **Food Service** (Bert Moore) – **ALL FAMILIES MUST VISIT THIS STATION:** to answer your questions about the lunch application, to fill out a lunch application, to sign a form that you prefer not to apply or if your student has any special dietary needs. Regardless of eligibility, one of the forms must be completed by a parent/guardian.

\_\_\_\_\_P                      \_\_\_\_\_R                      \_\_\_\_\_F

\_\_\_\_\_ **Transportation** (Christy Tyler) Every student will be on a bus at some point – **ALL FAMILIES NEED TO VISIT THIS STATION**

\_\_\_\_\_ PE Uniforms – All 7<sup>th</sup> – 9<sup>th</sup> grade students enrolled in Physical Education must have a West Elk Uniform.

\_\_\_\_\_ **Check-out** - (Lisa Harrod) – Verification of completed process and fee payment.



# West Elk Schools Student Enrollment Form

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Name (First, Middle, Last)	SSN	DOB	Grade	Gender	Race	Hispanic	Address (if different from above)	Birthplace
						Y/N		
						Y/N		
						Y/N		
						Y/N		
						Y/N		
						Y/N		
						Y/N		

RACIAL CATEGORY and ABBREVIATION	CATEGORY DESCRIPTION
American Indian or Alaska Native – I	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	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
Black or African American – B	A person having origins in any of the black racial groups of Africa
Native Hawaiian or Other Pacific Islander – H	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
White – W	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Please mark both Race and Hispanic boxes. Each year by law, every school district in Kansas is required to report student data by race and ethnicity to the Kansas Department of Education. If you leave them blank, a school official will be required to provide this information based on observation.

**Father/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

REMIND/EZ SCHOOL MESSAGING NUMBER

\_\_\_\_\_

E-Mail \_\_\_\_\_

**Step-Parent/Guardian Information (if applicable)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

REMIND/EZ SCHOOL MESSAGING NUMBER

\_\_\_\_\_

**Mother/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

REMIND/EZ SCHOOL MESSAGING NUMBER

\_\_\_\_\_

E-Mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

REMIND/EZ SCHOOL MESSAGING NUMBER

\_\_\_\_\_

**Emergency Contact Information (Not Parent/Guardian)**

Name	Relationship to Child	Home Phone	Work Phone	Cell Phone

**Emergency Treatment Authorization**

In The case of a medical emergency involving the minor(s) listed above, I request the doctor/dentist/hospital staff to contact me (or my spouse) at the numbers provided. In the event that I (or my spouse) cannot be reached, I grant written permission to USD 282 to authorize the appropriate medical/dental/hospital personnel to render emergency medical or dental care as deemed appropriate in accordance with the provision of the Kansas Healing Arts, K.S.A. 65-2801. I (we) agree to pay for the normal and customary charges of the hospital and for any treatment or medication received by said child. (Signatures of both parents are preferred if possible.)

- I (We) do give our consent for emergency medical treatment of my child.
- I (We) do not give our consent for emergency medical treatment of my child. I understand by signing below with this option checked my child WILL NOT be allowed to participate in field trips or activities outside of the district.

Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## Home Language Survey

The Kansas Department of Education and West Elk Schools USD 282 are committed to ensuring that all of its students, regardless of their national origin, receive equal opportunity and access to high quality education. To help the district accomplish its goal, please complete the Home Language Survey to assist the district in identifying and providing educational services, where appropriate, to students whose primary language is other than English. 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 questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages services.

1. What language did your child(ren) first learn to speak/use? \_\_\_\_\_
2. What language does your child speak/use at home? \_\_\_\_\_
3. What language do you speak/use at home? \_\_\_\_\_
4. What language do the adults regularly living in the home speak/use while in the presence of your child?  
\_\_\_\_\_
5. Which language do you prefer? \_\_\_\_\_

Student Name	English	Spanish	Other	If Other State Language
	Y   N	Y   N	Y   N	
	Y   N	Y   N	Y   N	
	Y   N	Y   N	Y   N	
	Y   N	Y   N	Y   N	
	Y   N	Y   N	Y   N	
	Y   N	Y   N	Y   N	

### ***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 to another? 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 620-353-114 and provide him a copy of this survey.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trip Participation

I, \_\_\_\_\_, the parent/guardian of the child(ren) listed below, give my consent for my child (ren) to participate in school-sponsored field trips or activity trips outside of the district.

Name	Grade

Transportation for Trips sponsored by West Elk USD 282 during the school year identified below:

1. Walking
2. School Bus
3. Chartered Bus

This form must be signed and returned to the school if the student named above is to participate in field trips or activities.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Photograph, Videotape, or Record Students

West Elk USD 282 shares academic or extracurricular activities and awards in various formats, including local media, print and audio/video, social media, flyers & Web pages. West Elk USD 282 may publish and distribute photograph, voice recording, or electronic transmissions and they may be distributed through media and social media including (but not limited to) photographs, video recordings, or electronic transmissions as well as on the West Elk USD 282 school web pages..

I (We) hereby grant permission to the rights for the use of photographs, videotape and recordings of my student during school-related activities and grant permission for the release of those materials.

I (We) hereby **do not** grant permission to the rights for the use of photographs, videotape and recordings of my student during school-related activities and grant permission for the release of those materials.

Student Name(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



TELEPHONE CONSUMER PROTECTION ACT

(TCPA) OPT IN CONSENT FORM

U.S.D. 282 utilizes automated parent notification systems to quickly and efficiently notify parents of important school and district information. Such notices include information regarding **school closures/delays, security alerts, absence notifications, cafeteria balances, upcoming school activities and more...**

Due to recent changes to the Telephone Consumer Protection Act (TCPA), parents are now **required** to **“opt in” to receive automated communications on their mobile device.** This means parents must provide express consent to receive general messages through automated calls and SMS text messages on their mobile device(s). Consent is not required if the call or text is for emergency purposes or if made directly from a principal, teacher or other staff member.

Please note that you can revoke consent to receive these messages at any time.

Please take a moment to fill out this consent form indicating your desire to receive these important messages in the future.

---

**PARENT/LEGAL GUARDIAN CONSENT:**

I, \_\_\_\_\_ (PRINTED parent/guardian name) give U.S.D. 282 and its schools permission to contact me via my cellular device for automated phone calls and SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. **By signing, I certify that I am the owner of this cellular device and its user contract.**

\_\_\_\_\_  
Cellular Number(s)

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date



## Health Information Form

Kansas state law (K.A.R. 28-1-20) requires that your child is immunized. Please provide a copy of immunization record when enrolling your student(s). Kansas statute (K.S.A. 75-5214) also requires all new students receives a comprehensive physical examination before entering public kindergarten or elementary school. This form must be completed no longer than one year before your child's entry into school.

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell: \_\_\_\_-\_\_\_\_-\_\_\_\_

The following information is needed to provide a safe and healthy environment for your child. If your child has a medical condition, it is vital that you discuss this with USD #282 staff (i.e. principal, teacher, nurse, etc.) before your child attends school. This information will remain confidential and used as needed by the appropriate school staff to keep your child safe.

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Depression		
Allergies (seasonal)			Cerebral Palsy		
Asthma or breathing problems			Kidney Disorder		
Attention-Deficit/Hyperactivity Disorder			Speech Problems		
Heart/Blood Disease problems			Throat Infections		
Digestive problems			Glasses		
Diabetes			Contacts		
Ear Infections (chronic)					
Headaches/Migraines					

Medical Notes: \_\_\_\_\_

\_\_\_\_\_

## **Allergy History Form**

Please, complete this form and return it to the school. Thank you for helping in keeping your child safe and healthy while at school.

Please list what your child is allergic to: (include all foods, insects, medications, environmental, and latex):

**If no allergies are noted, please sign, date and return to your school.**

1. What kind of reaction has your child had in the past:
2. When was the last time your child had an allergic reaction?
3. Did you use an epinephrine auto-injector during this incident?
4. Have you ever used an epinephrine auto-injector for any allergic reactions your child may have experienced?
5. Does your child require an epinephrine auto-injector or any additional medication at school to keep them safe with allergies?  
(if yes, please complete and return the medication authorization form)
6. When was your child's last visit to doctor for allergy(ies)?  
What suggestions did they make concerning your child's reaction?
7. Did your child's doctor give you an Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)?
8. Does your child require special diet restrictions from the school cafeteria?  
(if yes contact your school for further instructions or forms.)

---

Student Name

Phone

---

Physician/Allergist Name

Phone

---

Parent Guardian Name

Phone

# WEST ELK USD #282

## 2018-2019

APPROVED 7-9-18

**SHADED DAYS = NO SCHOOL**

8am to 3:45pm (7 hrs 45 minutes)

(7 hrs 17 min instruction)

(25 minute lunch and 3 minute break)

July 2018						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2018						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September 2018						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2018						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2018						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2018						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2019						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2019						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2019						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2019						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

MAY 2019						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2019						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

**AUGUST**

- 9 DISTRICT INSERVICE-125 sign up
- 10 BUILDING INSERVICE
- 13 TEACHER WORKDAY
- 14 1ST DAY OF CLASSES, FULL DAY

**OCTOBER**

- 8 INSERVICE DAY
- 12 END 1ST QUARTER
- 17 PARENT-TEACHER CONF 4:00-8:00 PM
- 18 PARENT-TEACHER CONF 4:00-8:15 PM
- 19 NO SCHOOL

**NOVEMBER 21-23 THANKSGIVING - NO SCHOOL**

**DECEMBER** 18 END 1ST SEMESTER (FULL DAY)  
19 BEGIN WINTER HOLIDAY

**JANUARY** 2 START 2ND SEMESTER

**FEBRUARY** 11 INSERVICE DAY  
20 PARENT-TEACHER CONF 4:00-8:00 PM  
21 PARENT-TEACHER CONF 4:00-8:15 PM  
22 NO SCHOOL

**MARCH** 13 END 3RD QUARTER  
15 NO SCHOOL  
25 INCLEMENT WEATHER-MAKE-UP DAY

**APRIL** 5 SCBL SPEECH/FORENSICS-HOSTS  
8 INCLEMENT WEATHER-MAKE-UP DAY  
19 NO SCHOOL-GOOD FRIDAY  
29 INCLEMENT WEATHER-MAKE-UP DAY

**MAY** 13 INCLEMENT WEATHER-MAKE-UP DAY  
16 LAST DAY FOR SENIORS  
23 LAST DAY FOR STUDENTS  
24 TEACHER WORKDAY

Inservice Days 4 X 7.28 X .5 = 14.56 hrs.

Parent-Teacher Conf. Days 2 X 7.28 = 14.56 hrs.

Teacher Workdays = 2

Instructional Days 155 X 7.28 = 1,128.4 hrs.

(1,116 Hours Instruction Required)

Seniors Last Day - May 17th

150 x 7.28 = 1092 hrs.

(Seniors Need 1,086 Hours Instruction)

155 X 7.28 = 1,128.4 + 14.56 + 14.56 = 1,157.52 hrs

1st Qtr. = 36

2nd Qtr. = 36

3rd Qtr. = 42

4th Qtr. = 41

Total Time 155

10

155