

# What you need to know about enrolling your child in the Shawnee Mission School District!

There are several documents we need to be able to enroll your child in the Shawnee Mission School District beyond the enrollment forms.

1. **State Issued Birth Certificate** – We must have a copy of the state issued birth certificate for every child enrolling in the Shawnee Mission School District. Without this document the enrollment process cannot go forward.
2. **Parent or Guardian ID's** – Copies of the parents or guardians drivers licenses with the address matching the address used for enrollment. Guardians – please have court documents available to show you have the legal authority to enroll the student for school.
3. **Proof of Residency** – Proof of residency must be provided before a child can start school in the Shawnee Mission School District. Please see below for the documents needed:
  - a. **Home Owners:**
    - Copy of the bill of sale or a real estate tax bill in your name at the address provided for enrollment AND
    - 2 copies of utility bills in your name at the address provided.
  - b. **Renters:**
    - Copy of the lease with your name listed at the address provided for enrollment AND
    - 2 copies of utility bills in your name at the address provided.

If you are living with someone else and cannot provide these documents in your name, please contact the office at 913-993-4900 for a Residency Provider packet and more information about this process.

4. **Immunization Records** – Proof of immunizations must be provided for a child to begin school in the state of Kansas. If you have any questions regarding these requirements, contact the school nurse at 913-993-4902.

# Kindergarten Enrollment Packet

Please fill out the following forms which are included in this packet:

- Enrollment Form
- Home Language Survey
- Health History Form
- Over the Counter Medication Form
- Immunization & Physical Forms

In addition to the above forms, please bring the following information to the school office to complete enrollment:

- Child's state certified birth certificate
- Parents Drivers Licenses
- Proof of Residency (see What you need document)
- Immunization Records

If you have any questions regarding these requirements, please see document on Residency and Other Requirements on this same website.



**STUDENT ENROLLMENT FORM**

<b>FOR OFFICE USE ONLY - SCHOOL INFORMATION</b>			START DATE _____	
STUDENT NO _____	SCHOOL YEAR _____	SCHOOL NAME _____	HOME ROOM _____	GRADE _____
NEW ENROLLMENT <input type="checkbox"/>	RE-ENTRY <input type="checkbox"/>	LOCKER # _____		

Please **PRINT** clearly in unshaded areas

**STUDENT INFORMATION**

LEGAL LAST NAME SUFFIX (JR II etc.) _____	FIRST NAME _____	MIDDLE NAME _____	COMMON NICKNAME _____
DATE OF BIRTH (MM/DD/YEAR) _____	GENDER (M/F) _____	BIRTH STATE (OR COUNTRY IF NOT UNITED STATES) _____	
ETHNICITY (SELECT ONE)	RACE (CHECK ALL THAT APPLY)		
<input type="checkbox"/> No, not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Yes, Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native	
PRIMARY LANGUAGE SPOKEN :		OTHER LANGUAGE SPOKEN AT HOME:	
SCHOOL LAST ATTENDED _____		IS STUDENT CURRENTLY UNDER LONG-TERM SUSPENSION OR EXPULSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS STUDENT ATTENDED A SHAWNEE MISSION SCHOOL PREVIOUSLY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE INDICATE IF STUDENT HAS AN I.E.P. <input type="checkbox"/> YES <input type="checkbox"/> NO		PLEASE INDICATE IF STUDENT HAS A 504. <input type="checkbox"/> YES <input type="checkbox"/> NO	

**FAMILY INFORMATION**

COURT ORDER REGARDING CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO (Non-custodial parent may have access to student information unless prohibited by court order. The school must have a copy of the legal documents if access is prohibited.)	
DO YOU WISH TO RESTRICT STUDENT/FAMILY INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you choose to restrict your student/family information, your student's name will not appear in the student directory and his/her name will not be provided to outside agencies including the U.S. military or colleges/universities.)	
DOES STUDENT HAVE A PARENT ON ACTIVE DUTY IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**PRIMARY RESIDENCE CONTACT INFORMATION**

HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
GUARDIAN 1 LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	RELATIONSHIP TO STUDENT _____
PRIMARY PHONE NUMBER _____	SECONDARY PHONE NUMBER _____	ADDITIONAL PHONE NUMBER _____	
( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		EMPLOYER:	
GUARDIAN 2 LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	RELATIONSHIP TO STUDENT _____
PRIMARY PHONE NUMBER _____	SECONDARY PHONE NUMBER _____	ADDITIONAL PHONE NUMBER _____	
( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		EMPLOYER:	

**SECONDARY RESIDENCE CONTACT INFORMATION**

HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
GUARDIAN 1 LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	RELATIONSHIP TO STUDENT _____
PRIMARY PHONE NUMBER _____	SECONDARY PHONE NUMBER _____	ADDITIONAL PHONE NUMBER _____	
( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	( ) _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	

**SECONDARY RESIDENCE CONTACT INFORMATION, continued**

<b>GUARDIAN 2</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>RELATIONSHIP TO STUDENT</b>
<b>PRIMARY PHONE NUMBER</b>		<b>SECONDARY PHONE NUMBER</b>		<b>ADDITIONAL PHONE NUMBER</b>
( ) _____ - _____		( ) _____ - _____		( ) _____ - _____
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
<b>EMAIL ADDRESS :</b>			<b>EMPLOYER:</b>	

**ADDITIONAL RESIDENCY INFORMATION**

This section addresses the McKinney-Vento Act. Where is the student currently living? (check only one)

<input type="checkbox"/> In a shelter _____ (name shelter) <input type="checkbox"/> In a motel, car, or campsite	<input type="checkbox"/> Alone without parental support (independent living student) <input type="checkbox"/> <b>Temporarily</b> with more than one family (due to loss of job, housing etc.)	<input type="checkbox"/> <b>Temporarily</b> with more than one family in a house, mobile home, or apartment because the family doesn't have a place of their own. <input type="checkbox"/> None of these apply
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**ALL CHILDREN RESIDING AT RESIDENCE**

	LAST NAME	FIRST NAME	BIRTHDATE	SCHOOL
1.	_____	_____	__/__/__	_____
2.	_____	_____	__/__/__	_____
3.	_____	_____	__/__/__	_____
4.	_____	_____	__/__/__	_____

**MIGRANT ELIGIBILITY**

1. 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
2. Have your children moved with or to join the worker above in the past 36 months.  Yes  No

**EMERGENCY CONTACT INFORMATION** (In case of emergency or illness when parent cannot be reached)

<b>#1 LAST NAME</b>	<b>FIRST NAME</b>	<b>TITLE</b>	<b>RELATIONSHIP TO STUDENT</b>
<b>PRIMARY PHONE NUMBER</b>		<b>SECONDARY PHONE NUMBER</b>	
( ) _____ - _____		( ) _____ - _____	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
<b>#2 LAST NAME</b>		<b>RELATIONSHIP TO STUDENT</b>	
<b>PRIMARY PHONE NUMBER</b>		<b>SECONDARY PHONE NUMBER</b>	
( ) _____ - _____		( ) _____ - _____	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
<b>#3 LAST NAME</b>		<b>RELATIONSHIP TO STUDENT</b>	
<b>PRIMARY PHONE NUMBER</b>		<b>SECONDARY PHONE NUMBER</b>	
( ) _____ - _____		( ) _____ - _____	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	

I understand that knowingly providing false information on this form may result in criminal prosecution under Kansas Statute § 21-5824, which prohibits the making of false information with the intent to defraud or induce official action – a FELONY.

I will notify the school office immediately or within three (3) business days, if at any time this student moves from the primary residence listed above or changes address.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Date of Birth \_\_\_\_\_

## 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. 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	U.S. Entry Date	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 speak/use at home?  
Do not include language learned in a class or through television or other such.  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_
3. What language do you speak/use with your child?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please 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 (please specify) \_\_\_\_\_

### Office Use Only

***If any answer to questions 1-4 indicates a language other than English,***

***1) Contact your Reading Specialist or ELL Aide to schedule an IPT evaluation***

***2) Email this form to mariamcintyre@smsd.org***

### 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).

### 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 \_\_\_\_\_

### Office Use Only

Home School: \_\_\_\_\_

***All Home Language Surveys are to be filed in the student's cumulative folder.***

*\*See the reverse side of this form for additional information regarding student language information*

**Parent Signature**

**Date**

### **Purpose and Intent of the Home Language Survey**

**“The home language survey questions attempt to inform the district of the possible impact on a child’s English language development due to transfer, influence, or exposure to a language other than English. It is not at all assumed that a child who has a language other than English is less proficient in English as a result of knowing another language.**

**The questions are not intended to identify children who are learning a language other than English by watching educational media that teach languages, words, or phrases other than English. The questions are also not intended to identify children who are studying a world language for the purpose of becoming bilingual or more knowledgeable about languages other than English. Examples may include taking a Saturday German class, or taking Spanish as a graduation requirement in high school, or being instructed informally by someone in the home who wishes to encourage a child to learn another language.”**

**Kansas Department of Education, January 9, 2013**



Rushton Elementary  
6001 W. 52<sup>nd</sup> St  
Mission, KS 66202  
913-993-4900

## Skyward Parent Access

Please fill in the information below. Please print.

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

### **Email Address:**

Only one email address per person is allowed. Pick the email you check most often and have access to in the evening and on weekends.

### **Family 1**

Parent/Guardian 1 Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Family 2**

Parent/Guardian 1 Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Signature: \_\_\_\_\_

By filling in your email address and signing the Rushton Elementary Skyward Parent Access form when your child is enrolled you will receive a confirmation email for you to verify. For the verification process do not use a smart phone. Follow the instruction outlined in the two emails you will receive. First, you will verify your email and the second email will be sent to you asking you to change your password. Once you have completed the requirements you will have access to your students grade cards, grades and attendance. Once you've established your account the information on the other side is very useful.

# Tips for Parents Skyward Access

## Skyward Access

After you have verified your account if you wish to use a smart phone, please take some time to download the Skyward app or go to the site to look around. The goal is to be able to send out all progress reports and grade cards electronically. If parents don't have access to email or the internet and need a paper copy of report cards, then you will need to come into the office and officially request your grade cards be printed.

If you need help downloading the Skyward app for your phone or mobile device, feel free to access the website below for assistance.

<http://www.skyward.com/Products/Mobile.aspx>

## To Add Emergency Contacts

- Log into Skyward.
- Click "Student Info" on the left menu.
- On the top right of your student's information, you will see small blue letters that say "Request changes for (your student's name)". Please click it and then click "Add Emergency Contact".
- Enter additional emergency contact besides parent.
- Be sure to press save!!!!



## Health History Form

Student's Name _____	Date of Birth / /	Age _____	Sex (M/F) _____	Grade _____
Mother/Guardian _____	Father/Guardian _____			
Cell Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____			
Home Phone: (____) _____ - _____	Home Phone: (____) _____ - _____			
Work Phone: (____) _____ - _____	Work Phone: (____) _____ - _____			

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of last school attended \_\_\_\_\_ City/State \_\_\_\_\_

**Special Healthcare Planning/Serious Health Conditions** The school must be notified of a serious or life threatening health condition prior to the start of school as this may require an Individualized Health Plan.

**Allergy/Anaphylaxis:** My child has severe allergy/anaphylaxis requiring an Epi Pen/Auvi-Q prescription.  
Describe the allergy (food, insect, etc.) \_\_\_\_\_

**Asthma:**  Yes  No My child uses rescue inhaler routinely for asthma symptoms  
 Yes  No My child has been hospitalized in the past year for asthma  
 Yes  No My child has needed steroids (prednisone) for asthma symptoms in the past year

**Diabetes:** Date of diagnosis: \_\_\_\_\_ My student has:  insulin pump  insulin pen  injected insulin

**Seizure Disorder:** My student needs emergency medication for seizures. Name of medication: \_\_\_\_\_

**Other:** My child has special health care needs: wheel chair, tube feedings, breathing tube, catheter, intravenous tubes, other.  
Please describe your child's condition and healthcare needs: \_\_\_\_\_

**Other Health Conditions** Check any condition your child currently has or has had in the past:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Orthopedic/Bone
<input type="checkbox"/> Allergies <input type="checkbox"/> Seasonal	<input type="checkbox"/> Dental <input type="checkbox"/> Braces/Orthodontia	<input type="checkbox"/> Serious Injury
<input type="checkbox"/> Dietary Restrictions	<input type="checkbox"/> Ear Infections <input type="checkbox"/> Ear Tubes	<input type="checkbox"/> Surgery(s)
<input type="checkbox"/> Bladder/Bowel	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Hearing Aides	<input type="checkbox"/> Social/Emotional/Behavioral
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Stomach Aches
<input type="checkbox"/> Concussion	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Throat Infections
<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Vision: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts

Explain any health condition(s) checked \_\_\_\_\_

Does your child require any restriction of physical activity in school?  No  Yes, specify nature and duration of restriction: \_\_\_\_\_

**Emergency Contact** (if parent/guardian cannot be reached)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ City/State \_\_\_\_\_

**Statement of Consent** *In order to better serve the healthcare needs of my child, I give my permission for the transfer of health information to the school and any other appropriate school or healthcare professionals including emergency personnel. This includes release of school immunization records to the KS Immunization Program, and the immunization registry for the purpose of assessment, reporting, and prevention of disease. I authorize school personnel to obtain emergency medical care for my student in the event I cannot be reached.*

Print Parent/Guardian Name	Signature of Parent/Guardian	Date / /
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**Health Services**  
Shawnee Mission School District

### Medication Permission Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

**Over-The-Counter Medication**

By initialing below, I give permission for school personnel to administer the following medication(s) as needed to my student for minor discomfort or injury. Medications supplied by school may vary between buildings and grade levels.

- \_\_\_\_\_ Acetaminophen (Tylenol)
- \_\_\_\_\_ Ibuprofen (Advil or Motrin)
- \_\_\_\_\_ Cough drop (non-medicated)
- \_\_\_\_\_ Topical medication (antibiotic ointment, calamine lotion, hydrocortisone cream)
- \_\_\_\_\_ Antacid
- \_\_\_\_\_ Eye drop (non-medicated lubricating)
- \_\_\_\_\_ Antihistamine oral (diphenhydramine, cetirizine)
- \_\_\_\_\_ Antihistamine allergy eye drops

Parents may also supply other over-the-counter medications. Please list below:

Medication name: _____	Dosage: _____
Reason given: _____	Time: _____
Medication name: _____	Dosage: _____
Reason given: _____	Time: _____

**Prescription Medication**

Medication name: _____	Dosage: _____
Reason given: _____	Time: _____
Medication name: _____	Dosage: _____
Reason given: _____	Time: _____

On early dismissal or late start days please indicate one of the following:

- |  |  |
|--|--|
| _____ Do NOT administer medication on early dismissal days | _____ Administer medication at adjusted lunch time |
| _____ Do NOT administer medication on late start days      | _____ Administer medication at prescribed time     |

To ensure continuity of care, I give permission for the school nurse to communicate with my student's healthcare provider regarding medication administration at school.

Healthcare provider name: \_\_\_\_\_ Phone number \_\_\_\_\_

School personnel who administer medication according to proper dosing instructions shall be held harmless for any adverse reaction experienced by the student. My student has previously taken the medications(s) listed above with no known adverse reaction.

Parent/guardian printed name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_



Health Services

Shawnee Mission School District

## Medication Administration Guidelines

**Permission:** Written permission from the parent or guardian must be on file for all medications given at school, including over-the-counter (OTC) medications. Authorization must be renewed every school year.

**Medication:** Only FDA approved prescription and OTC medications are allowed to be administered by school personnel. OTC medications will be given per package label dosing instructions, unless prescribed by a physician.

**Container:** Prescription medication brought to school must be in the original container with a current prescription label on the bottle including the child's name, doctor's name, date, medication name, dosage, and time to be given. Controlled substances must be submitted with a Medication Count Form. OTC medications provided by parent must be in the original container and labeled with the student's name.