



Hii ilitafsiriwa kwa kutumia programu ya mtandaoni. Tafadhali samahani makosa yoyote.

Orodha za Usajili Registration Checklists

Fomu zote zinapatikana kwenye ukurasa wa wavuti wa Columbia Public Schools: www.cpsk12.org/enroll All forms are available on the Columbia Public Schools webpage: www.cpsk12.org/enroll

Chini ya sheria ya jimbo, unaweza kumsajili mwanafunzi wako kwa muda wote au kwa muda katika kozi zinazotolewa chini ya Missouri Course Access and Virtual School Program (MOCAP). Chaguzi za kozi, mwongozo wa wazazi na taarifa zaidi kuhusu programu zinaweza kupatikana katika <https://mocap.mo.gov/>. Michakato ya uandikishaji hutofautiana kulingana na kama mwanafunzi anajiandikisha kwa muda mfupi na ni muuzaji gani familia inayemchagua. Tunawahimiza wazazi na walezi kujadili chaguo hili na Msimamizi wa Mtandaoni wa CPS ili kuhakikisha mchakato huo unaunga mkono na hutoa taarifa zinazofaa ili kukuza mafanikio ya mwanafunzi. Under state law, you may enroll your student full-time or part-time in courses offered under the Missouri Course Access and Virtual School Program (MOCAP). Course options, parent guidance and more information about the program can be found at <https://mocap.mo.gov/>. Enrollment processes vary depending on whether the student is enrolling on a part-time basis and which vendor the family selects. We encourage parents and guardians to discuss this option with the CPS Online Administrator to ensure the process is supportive and provides the appropriate information to promote student success.

Wanafunzi wanaojiandikisha kwa muda katika kozi au na baadhi ya wachuuzi lazima watumie mchakato wa kawaida wa uandikishaji wa wilaya kwa ajili ya mafundisho ya ndani na uamuzi lazima ufanywe kuhusu kama uandikishaji huo ni kwa manufaa ya mwanafunzi. Tafadhali kumbuka kwamba wanafunzi wanaopata huduma za elimu maalum lazima wapate idhini kutoka kwa timu ya IEP kabla ya uandikishaji. Tazama Sera ya wilaya ya IGCD kwa maelezo zaidi. Students enrolling part-time in courses or with some vendors must use the district's regular enrollment process for in-seat instruction and a determination must be made on whether the enrollment is in the best interest of the student. Please note that students receiving special education services must receive approval from the IEP team prior to enrollment. See district Policy IGCD for more information.

Wanafunzi wanaojiandikisha muda wote katika wachuuzi waliokaribishwa hawatakuwa wanafunzi tena wa Shule za Umma za Columbia na wanaweza kujiandikisha moja kwa moja na muuzaji. Wanafunzi hawatapokea diploma kutoka Shule za Umma za Columbia. Tazama Sera ya wilaya ya IGCD. Students enrolling full-time in hosted vendors will no longer be students of the Columbia Public Schools and may enroll directly with the vendor. Students will not receive a diploma from Columbia Public Schools. See district Policy IGCD.

Wanafunzi Wapya New Students

Fomu Zinazohitajika kwa Wanafunzi Wapya: Required Forms for New Students:

☐ Kifurushi cha Usajili wa Wanafunzi Kilichokamilika Completed Student Registration Packet

☐ Rekodi ya Kuzaliwa Birth Record

Hii inaweza kujumuisha lakini sio tu cheti cha kuzaliwa, pasipoti, visa au rekodi ya hospitali. This can include but is not limited to a birth certificate, passport, visa or hospital record.

☐ Rekodi ya Chanjo Record of Immunizations

Lete rekodi ya chanjo ya mtoto wako kutoka kwa daktari au shirika la afya ya umma inayoonyesha tarehe zilizokamilishwa za chanjo. Unaweza pia kuwasilisha fomu ya msamaha kutoka Idara ya Afya na Huduma za Wazee ya Missouri. Mwezi/siku/mwaka inahitajika kwa tarehe zote za chanjo. Sheria ya Missouri inahitaji chanjo sahihi kwa watoto kujiandikisha na kuhudhuria shule. Ikiwa chanjo zinahitajika, wasiliana na daktari wako au Idara ya Afya ya Umma ya Kaunti ya Columbia-Boone kwa 573-874-7249. Bring your child's immunization record from a physician or public health agency showing completed dates of immunizations. You may also submit an exemption form from the Missouri Department of Health and Senior Services. Month/day/year is required for all immunization dates. Missouri law requires proper immunizations for children to enroll and attend school. If immunizations are needed, contact your physician or the Columbia-Boone County Public Health Department at 573-874-7249.

- ☐ Uthibitisho wa Makazi wa Mzazi/Mlezi Unahitajika, isipokuwa mwanafunzi wako awe chini ya Hali ya

McKinney-Vento Parent/Guardian Proof of Residence is Required, unless your student falls under McKinney-Vento Status

Uthibitisho unaokubalika wa makazi ni hati za kufunga nyumba mpya (ndani ya siku 30 baada ya kufungwa), mkataba wa kukodisha mali isiyohamishika, bili ya sasa ya matumizi (gesi, maji au umeme), au barua iliyoidhinishwa na mmiliki wa makazi ambayo familia inaishi nayo pamoja na uthibitisho halali wa makazi wa mmiliki. Acceptable proof of residence is closing documentation of a new home (within 30 days of close), an active real estate lease, current utility bill (gas, water or electric), or a notarized letter from the owner of a residence with whom the family is living along with the owner's legal proof of residence.

- ☐ Nyaraka za Ulezi wa Walezi au Ulezi wa Kisheria Zilizoamriwa na Mahakama (ikiwa zinafaa) Foster Care or Court-Ordered Legal Guardianship documents (if applicable)

* Orodha hii ya ukaguzi imetolewa kwa urahisi wako. Tafadhali pitia maagizo kwenye fomu au wasiliana na shule yako kwa maelezo zaidi. This checklist is provided for your convenience. Please review instructions on the forms or contact your school for further information.

Wanafunzi Wanaorudi au Waliopo Returning or Existing Students

Fomu Zinazohitajika kwa Wanafunzi Wanaorudi au Waliopo: Required Forms for Returning or Existing Students:

- ☐ Kifurushi cha Usajili wa Wanafunzi Kilichokamilika Completed Student Registration Packet
- ☐ Uthibitisho wa Makazi wa Mzazi/Mlezi unaweza kuhitajika, isipokuwa mwanafunzi wako awe chini ya Hali ya **McKinney-Vento** Parent/Guardian Proof of Residence may be required, unless your student falls under McKinney-Vento Status
- Uthibitisho unaokubalika wa makazi ni hati za kufunga nyumba mpya (ndani ya siku 30), mkataba wa kukodisha mali isiyohamishika, bili ya sasa ya matumizi (gesi, maji au umeme), au barua iliyoidhinishwa na mmiliki wa makazi ambayo familia inaishi nayo pamoja na uthibitisho halali wa makazi wa mmiliki. Acceptable proof of residence is closing documentation of a new home (within 30 days), an active real estate lease, current utility bill (gas, water or electric), or a notarized letter from the owner of a residence with whom the family is living along with the owner's legal proof of residence.
- ☐ Nyaraka za Ulezi wa Walezi au Ulezi wa Kisheria Zilizoamriwa na Mahakama (ikiwa zinatumika na hazipo kwenye faili kwa sasa) Foster Care or Court-Ordered Legal Guardianship documents (if applicable and not currently on file)

* Orodha hii ya ukaguzi imetolewa kwa urahisi wako. Tafadhali pitia maagizo kwenye fomu au wasiliana na shule yako kwa maelezo zaidi. This checklist is provided for your convenience. Please review instructions on the forms or contact your school for further information.

Columbia Public Schools - Language Interpreting and Translation

English: Free – Language interpreting is available for parents/guardians and students who require it. If you require an interpreter, please inform your student’s teacher or school, and we will arrange for an interpreter to assist you. If we do not have a CPS interpreter for your language, we will work to find someone who can help.

Arabic: يُوفّر ترجمة اللغة للوالدين/الأوصياء والطلاب الذين يحتاجون إليها. إذا كنت تحتاج إلى مترجم فوري، فيرجى إبلاغ معلم الطالب أو المدرسة، وستولى توفير مترجم فوري لمساعدتك. إذا لم يكن لدينا مترجمًا فوريًا في مدارس كولومبيا العامة، فسنعمل على إيجاد شخصًا يمكنه المساعدة.	Hindi: विद्यार्थी और उनके पररार को भाषा अनुाद की सुविधा उपलब्ध है। अगर आपको भाषा अनुाद की आश्यकता हो तो विद्यार्थी के स्कूल या अध्यापक से संपक करे, और फिर हम आपकी मदद के ललए अनुादक का प्रबंध करेगे। अगर कोलंबबया पब्लक स्कूल के पास आपकी भाषा के अनुादक नह है तो हम फकसी की मदद लेंगे जो आपकी भाषा में मदद	Spanish: GRATIS – Hay servicios de interpretación disponibles para padres/tutores y estudiantes que los requieran. Si necesita un intérprete, por favor informe al maestro de su hijo/a o a la escuela, y haremos los arreglos necesarios para que un intérprete le ayude. Si no tenemos un intérprete de CPS para su idioma, trabajaremos para encontrar a alguien que pueda ayudarle.
Bosnian: Bespatno -- Jezično tumačenje (prevodjenje) je dostupno za roditelje/staratelje i učenike kojima je potrebno. Ako vam je potreban tumač, obavijestite nastavnika svog djeteta ili školu i mi ćemo se pobrinuti da Vam tumač pomogne. Ako nemamo CPS tumača za Vaš jezik, potrudimo se da pronađemo nekoga ko Vam može pomoći.	Cambodian-Khmer: គគតិកវីដ្ឋ – សេវាបកប្រែភាសាអាជ្ញាធរកម្ពុជាសម្រាប់ឪពុកម្តាយ/អាណាព្យាបាល និងសិស្សដែលត្រូវការប្រសិនបើអ្នកត្រូវការអ្នកបកប្រែសម្រាប់ការសិក្សា ឬសាលារៀនរបស់សិស្សរបស់អ្នក ហើយយើងនឹងរៀបចំឱ្យអ្នកបកប្រែដើម្បីជួយអ្នកប្រសិនបើយើងមិនមានអ្នកបកប្រែ CPS សម្រាប់ភាសារបស់អ្នកទេ យើងនឹងខិតខំស្វែងរកនរណាម្នាក់ដែលអាចជួយបាន។	Swahili: Ukalimani wa lugha upo kwa wazazi/walezi na wanafunzi wanaouhitaji. Ikiwa unamhitaji mkalimani, tafadhali fahamisha mwalimu wa mwanafunzi wako au shule na tutaweka mipango ya mkalimani ili akusaidie. Ikiwa hatuna mkalimani wa CPS wa lugha yako, tutajitahidi kumpata anayeweza kusaidia.
Burmese: အမေ - မိဘ/အုပ်ထိန်သူများနှင့် လိုအပ်သော ကျောင်းသားများအတွက် ဘာသာစကားပြန်ဆိုင်ခိုင်းရရှိနိုင်ပါသည်။ သင့်သည် စကားပြန်တစ်ဦး လိုအပ်ပါက သင့်ကျောင်းသား၏ဆရာ သို့မဟုတ် ကျောင်းသို့ အကြောင်းကြားပါ။ ကျွန်ုပ်တို့သည် သင့်အား ကူညီရန် စကားပြန်တစ်ဦးကို စီစဉ်ပေးပါမည်။ သင့်ဘာသာစကားအတွက် CPS စကားပြန်မရှိပါက ကူညီပေးနိုင်သူတစ်ဦးကို ရှာဖွေရန် ကျွန်ုပ်တို့ လုပ်ဆောင်ပါမည်။	Kinyarwanda: Kubuntu - Gusemura indimi bikorerwa ababyeyi/abarezi bemewe n’amategeko n’abanyeshuri bamukeneye. Niba ukeneye umusemuzi, nyamuneka bimenyeshe umwarimu w’umunyeshuri wawe cyangwa ishuri, maze tuzagushakire umusemuzi uzagufasha. Niba tudafite umusemuzi muri CPS usemura ururimi rwawe, tuzakora uko dushoboye tukubonere umuntu ushobora kugufasha.	Tigrinya: ገዢዎን ወለዲ/ኣብሓብቲን ተማሃሮን ናይ ትርኩም ኣገልግሎት ኣሎ:: ተርጓሚ እንተድልድኩም ብኸብረትኩም ንመምህር ወይ ድማ ቤት ትምህርት ውላድኩም ኣፍልጡ እቲ ተርጓሚ ንክትገዛኩም ክነፃልው ኢና:: ንቋንቋኹም CPS ተርጓሚ ዘይብልኩም እንተኾይኑ ክትገዛኩም ዝኽእል ሰብ ንምርካብ ክንፅፅር ኢና::
Chinese: 可应要求，给父母/监护人提供语言口译员服务。如果请求口译员服务，请告知您的学生的老师或学校。而我们将会安排口译员协助您。如果我们没有您对应语言的 CPS 口译员，我们将会努力寻找一些可以帮助您的人员	Kirundi: Ku buntu -- Igikorwa co guhindurira indimi abavyeyi/abarezi bemewe n’amategeko kiraboneka no ku banyeshure babisavye. Nibura urondera umuhinduzi, nyabuna bimenyeshe umwarimu w’umunyeshure wawe canke ishure, maze tuzokuronderere umuhinduzi wo kugufasha. Nibura tudafise umuhinduzi wa CPS uhindura ururimi rwawe, tuzokora uko dushoboye tukuronderere umuntu ushobora kugufasha.	Urdu: جن والدین/سرپرست اور طلباء کو اس کی ضرورت ہے ان کے لیے زبان کے ترجمے کی خدمت دستیاب ہے۔ اگر آپ کو مترجم کی ضرورت ہے تو براہ کرم اپنے طالب علم کے استاد یا اسکول کو مطلع کریں اور ہم آپ کی مدد کرنے کے لیے ایک مترجم کا انتظام کر دیں گے۔ اگر ہمارے پاس آپ کی زبان کے لیے کوئی CPS مترجم نہیں ہوگا، تو ہم کسی ایسے شخص کو تلاش کرنے کی کوشش کریں گے جو مدد کر سکے۔
French: Gratuitement - Nous offrons des services d’interprétation aux parents/tuteurs et aux élèves qui en expriment le besoin. Si vous avez besoin de services linguistiques, veuillez-en informer l’enseignant ou l’établissement que votre enfant fréquente, et nous vous fournirons les services d’un interprète. Dans l’éventualité où nous n’aurions pas déjà un interprète CPS parlant votre langue, nous ferons tout notre possible pour trouver quelqu’un.	Korean: 통역이 필요한 학부모/후견인 및 학생에게는 통역 서비스가 제공됩니다. 통역사가 필요한 경우에는 학생의 선생님이나 학교에 알려주시면 통역사가 도움을 드릴 수 있도록 하겠습니다. 사용하시는 언어에 대해서 CPS 통역사가 없는 경우에는 도움을 드릴 수 있는 사람을 찾아 볼 것입니다.	Vietnamese: MIỄN PHÍ - Có sẵn dịch vụ thông dịch cho phụ huynh/người giám hộ và học sinh có nhu cầu. Nếu bạn cần thông dịch viên, vui lòng thông báo cho giáo viên hoặc trường học của học sinh và chúng tôi sẽ sắp xếp thông dịch viên để hỗ trợ bạn. Nếu chúng tôi không có một thông dịch viên CPS cho ngôn ngữ của bạn, chúng tôi sẽ làm việc để tìm một người có thể giúp đỡ.
Gujarati: ભાષા અનુવાદ એવા માતાપિતા/વાલીઓ અને પવધાર્થીઓ માટે ઉવલ્લ્લ છે જેમને તેની જરૂર છે. જો તમને કોઈ દુભાવપચાની જરૂર હોય, તો િં કારીને તમારા પવધાર્થીના પિક્ષક અર્થવા િભાને જાણ કરો, અને અમે તમારી સહાય કરવા માટે દુભાવપચાની વ્યવસ્થા કરીશું. જો અમારી િંસે તમારી ભાષા માટે કોઈ CPS દુભાવપચી ન હોય, તો અમે તમને મદદ કરી િંકે તેવા કોઈ વ્યક્તને િંભવવા માટે કામ કરીશું.	Portuguese: Gratuitamente - Disponibilizamos interpretação em outros idiomas para os pais/responsáveis que precisam. Se você precisar de um intérprete, informe ao professor ou à escola, e providenciamos um intérprete para ajudá-lo(a). Se não tivermos um intérprete CPS para o seu idioma, buscaremos alguém que possa ajudar.	Somali: BILAASHA - Turjumaada luqadda waxaa loo heli karaa waalidka/masuulada iyo ardayda u baahan iyadda. Haddii aad u baahantahay turjubaan, fadlan ku wargeli macalinka ardaygaaga ama dugsigaa, ama waxaanu habbayn doonaa turjubaan si uu kuu caawiyo. Haddii aanaan haysan turjubaanka CPS ee luqaddaada, waxaanu ka shaqayn doonaa inaanu helno qof ku caawin kara.

Karenni/Karen:
ကျိပ်အတိကျိုးထံအိပ်စပ်လေ့ရှိပါ ဖွဲ့ကွပ်ထွတ်ဝိတပုဉ်းနွိဝိတပုဉ်လအလိပ်ဘဉ်စအိဂ်လီလီ.နမုလိပ်ဘဉ်ပုကွိုးထံတံဝိနီ.ဝံသးစုဘီးဘဉ် သုဉ်ညါနုပုကွိုးထံတံဝိသုဉ် နုဉ်မုတမုကွိုး.နီးပကကတံကတံပုကွိုးထံတံဝိလကကမာစာနုအကိလီလီ.ပမုတအိဉ်နီး CPS ပုကွိုးထံတံလကနုကွိုး ဘဉ်နီး.ပကယုနီးနုပုတကလအမာစာနုသုဉ်နုဉ်လီလီ.

Hii ilitafsiriwa kwa kutumia programu ya mtandaoni. Tafadhali samahani makosa yoyote.

Fomu hii lazima ijazwe na mlezi halali wa sasa wa mwanafunzi/watoto waliojumuishwa. Ikiwa wewe ni mlezi halali au mzazi mlezi aliyeamriwa na mahakama, tafadhali toa hati za kuunga mkono pamoja na fomu hii. This form must be completed by the current legal guardian of the student(s) included. If you are a court-ordered legal guardian or foster parent, please provide supporting documentation in addition to this form.

Kaya ya Msingi ya Mwanafunzi: Student Primary Household:

Anwani ya sasa ya kimwili: Current physical address: _____

Anwani ya posta (ikiwa ni tofauti): Mailing address (if different): _____

Kama una mtoto mwenye umri wa miaka 3 hadi 21 na umehamia kutoka wilaya moja ya shule kwenda wilaya nyingine ndani ya miaka mitatu (3) iliyopita, mtoto wako anaweza kustahiki mpango maalum wa huduma za ziada. Tafadhali jibu maswali yafuatayo ili kutusaidia kubaini kama mtoto wako anastahiki. If you have a child aged 3 to 21 years and you have moved from one school district to another school district within the past three (3) years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

Je, umehamia kutoka wilaya moja ya shule kwenda nyingine katika miaka mitatu iliyopita kwa sababu mzazi/mlezi anafanya kazi yoyote inayohusiana na kilimo kwa muda mfupi au wa msimu? Have you moved from one school district to another during the past three years because the parent/guardian is employed in some form of temporary or seasonal agricultural related work? ☐ NDIYO YES ☐ HAPANA NO

Katika miaka mitatu (3) iliyopita, je, umefanya kazi au kwa sasa unafanya kazi katika mojawapo ya maeneo haya? Kama ndio, tafadhali angalia aina ya kazi (chagua yote yanayohusika): In the last three (3) years, have you worked or are you currently working in any of these areas? If yes, please check the type of work (all that apply):

☐ Fanya kazi katika kitalu (mimea)

Work in a nursery (plants)

☐ Kupanda au kuvuna mazao

Planting or harvesting crops

☐ Kukamua ng'ombe kwenye shamba la

maziwa Milking cows on a dairy farm

☐ Kupanda/kutunza miti kwa ajili ya kuuza

Growing/tending trees for sale

☐ Kulisha kuku, kukusanya mayai, kufanya kazi katika kituo cha kutotolea

mayai Feeding Poultry, gathering eggs, working in a hatchery

☐ Kusindika nyama, kuku, matunda, mboga mboga, bidhaa za maziwa

Processing meat, poultry, fruit, vegetables, dairy products

☐ Uvuvi wa kibiashara au kazi katika shamba la samaki

Commercial fishing or work on a fish farm

☐ NYINGINE: OTHER: _____

Mahali pa kazi pa Mzazi/Mlezi: Parent/Guardian's place of employment: _____

Taarifa za Mzazi/Mlezi: Parent/Guardian Information

Mlinzi #1 Jina Guardian #1 Name: _____ Tarehe ya kuzaliwa: Date of birth: _____

Jinsia ya Mlezi #1 Guardian #1 Gender: _____ Uhusiano na mwanafunzi: Relationship to student(s): _____

Simu ya Mlinzi #1: Guardian #1 Phone: _____ (nyumbani)(home) _____ (simu)(cell) _____ (kazi)(work)

Barua pepe ya Mlezi #1: Guardian #1 email: _____

Anwani ya Mlinzi #1: Guardian #1 Address: _____

Kipaumbele cha Dharura (zungushia moja): Emergency Priority (circle one): **#1** au **#2**

Mlinzi #2 Jina Guardian #2 Name: _____ Tarehe ya kuzaliwa: Date of birth: _____

Jinsia ya Mlezi #2 Guardian #2 Gender: _____ Uhusiano na mwanafunzi: Relationship to student(s): _____

Simu ya Mlinzi #2 Guardian #2 Phone: _____ (nyumbani)(home) _____ (simu)(cell) _____ (kazi)(work)

Barua pepe ya Mlezi #2 Guardian #2 email: _____

Anwani ya Mlinzi #2: Guardian #2 Address: _____

Kipaumbele cha Dharura (zungushia moja): Emergency Priority (circle one): **#1** au **#2**

Taarifa za Lugha ya Mzazi/Mlezi: Parent/Guardian Language Information:

1. Lugha ya Mawasiliano kwa Wazazi/Walezi (tafadhali chagua moja): Je, wazazi/walezi (familia) wanapendelea kupokea mawasiliano kutoka shuleni kwa lugha gani, ikiwezekana? Language of Correspondence for Parents / Guardians (please choose one): In which language do the parents/guardians (family) prefer to receive communication from the school, if possible?

Chagua **moja**: Kiingereza Kiarabu Kichina Kiswahili Kihispania Kikorea Nyingine: _____
Circle **one**: English Arabic Chinese Swahili Spanish Korean Other

2. Je, angalau mzazi au mlezi mmoja huzungumza lugha nyingine isipokuwa Kiingereza? **NDIYO / HAPANA**
Does at least one parent or guardian speak a language other than English? YES/ NO

3. Jina la Mzazi/Mlezi #1: _____
Parent/Guardian #1 Name

Lugha yako ya kwanza/ya asilia ni ipi? _____
What is your first/native language?

Je, unahitaji mkalimani, ikiwa anapatikana? **NDIYO / HAPANA**
Do you need a language interpreter, if available? YES / NO

Je, unasoma kwa lugha yako ya asili? Do you read in your native language?	Ndiyo Yes	Baadhi Some	Hapana No
Je, unaandika kwa lugha yako ya asili? Do you write in your native language?	Ndiyo Yes	Baadhi Some	Hapana No
Je, unazungumza na kuelewa Kiingereza? Do you speak & understand English?	Ndiyo Yes	Baadhi Some	Hapana No
Je, unasoma kwa Kiingereza? Do you read in English?	Ndiyo Yes	Baadhi Some	Hapana No
Je, unaandika kwa Kiingereza? Do you write in English?	Ndiyo Yes	Baadhi Some	Hapana No

Orodhesha lugha nyingine unazotumia au unazoelewa: _____
List other language(s) you use or understand

4. Jina la Mzazi/Mlezi #2: _____
Parent/Guardian #2 Name

Lugha yako ya kwanza/ya asilia ni ipi? _____
What is your first/native language?

Je, unahitaji mkalimani, ikiwa anapatikana? **NDIYO / HAPANA**
Do you need a language interpreter, if available? YES / NO

Je, unasoma kwa lugha yako ya asili? Do you read in your native language?	Ndiyo Yes	Baadhi Some	Hapana No
Je, unaandika kwa lugha yako ya asili? Do you write in your native language?	Ndiyo Yes	Baadhi Some	Hapana No
Je, unazungumza na kuelewa Kiingereza? Do you speak & understand English?	Ndiyo Yes	Baadhi Some	Hapana No
Je, unasoma kwa Kiingereza? Do you read in English?	Ndiyo Yes	Baadhi Some	Hapana No
Je, unaandika kwa Kiingereza? Do you write in English?	Ndiyo Yes	Baadhi Some	Hapana No

Orodhesha lugha nyingine unazotumia au unazoelewa: _____
List other language(s) you use or understand

Mawasiliano ya Dharura: Emergency Contacts:

Tutaorodhesha walezi kama kipaumbele cha #1 na #2 kila wakati. Tafadhali toa angalau mtu MMOJA wa dharura kando na mlezi. Kwa kuorodhesha mtu wa dharura, unakubali kuruhusu CPS kutoa taarifa kwa mtu huyo kuhusu dharura, hata kama ni sehemu ya rekodi ya mwanafunzi. Tafadhali orodhesha mtu wa dharura kwa mpangilio ambao ungependa awasiliane naye baada ya jaribio la kuwasiliana na mzazi: We will always list guardians as #1 and #2 priority. Please provide at least ONE emergency contact besides a guardian. By listing an emergency contact, you agree to allow CPS to release information to the contact regarding the emergency, even if it is part of a student record. Please list the emergency contact(s) in the order you would like them to be contacted after parent contact is attempted:

#1: Jina: _____ Jinsia: _____ Uhusiano: _____
Name Gender Relationship

Simu: _____ Barua pepe (hiari): _____
Phone Email (optional)

#2: Jina: _____ Jinsia: _____ Uhusiano: _____
Name Gender Relationship

Simu: _____ Barua pepe (hiari): _____
Phone Email (optional)

#3: Jina: _____ Jinsia: _____ Uhusiano: _____
Name Gender Relationship

Simu: _____ Barua pepe (hiari): _____
Phone Email (optional)

Katika dharura, ikiwa mzazi/mlezi hawezi kuwasiliana naye, tutampigia simu mmoja wa watu walioorodheshwa. Utambulisho sahihi utahitajika kabla ya mwanafunzi kuachiliwa kwa mtu wa dharura. In an emergency, if a parent/guardian cannot be contacted, we will call one of the contacts listed. Proper identification will be required before a student is released to an emergency contact.

Wanafunzi wenye Kaya moja ya Msingi: Students with the same Primary Household

Ndugu #1: Sibling #1

Jina: _____ Tarehe ya kuzaliwa: _____ Jiandikisha CPS: Ndiyo / Hapana
Name Date of Birth Enrolled/enrolling in CPS: Yes / No

Ndugu #2: Sibling #2

Jina: _____ Tarehe ya kuzaliwa: _____ Jiandikisha CPS: Ndiyo / Hapana
Name Date of Birth Enrolled/enrolling in CPS: Yes / No

Ndugu #3: Sibling #3

Jina: _____ Tarehe ya kuzaliwa: _____ Jiandikisha CPS: Ndiyo / Hapana
Name Date of Birth Enrolled/enrolling in CPS: Yes / No

Ndugu #4: Sibling #4

Jina: _____ Tarehe ya kuzaliwa: _____ Jiandikisha CPS: Ndiyo / Hapana
Name Date of Birth Enrolled/enrolling in CPS: Yes / No

Ndugu #5: Sibling #5

Jina: _____ Tarehe ya kuzaliwa: _____ Jiandikisha CPS: Ndiyo / Hapana
Name Date of Birth Enrolled/enrolling in CPS: Yes / No

Note to CPS Staff: Please print applications single-sided. If all household information above is identical for multiple students, you may copy pages #1, #2 and #3 to attach to student section for additional students in that household.

Je, usajili huu ni kwa ajili ya (chagua moja): Is this registration for a (check one)

☐ Mwanafunzi Mpya
New Student

☐ Mwanafunzi Anayerudi
Returning Student

☐ Mwanafunzi Aliye Tayari
Existing Student

Darasa la 9-12 pekee: Tafadhali onyesha kama mwanafunzi wako anapanga kuhudhuria Kituo cha Kazi cha Eneo la Columbia PEKEE na SI Shule ya Upili ya Shule za Umma za Columbia. Grades 9th-12th only: Please indicate if your student plans to **ONLY** attend the Columbia Area Career Center and **NOT** a Columbia Public Schools High School. ☐ Ndiyo (YES) ☐ Hapana (NO)

Taarifa za Mwanafunzi Student Information

Jina la Ukoo Kisheria: _____ Jina la Kwanza Kisheria: _____
Legal Last Name Legal First Name

Jina la utani: _____ Tarehe ya Kuzaliwa (MM/DD/YYYY): _____
Nickname Date of Birth (MM/DD/YYYY)

Jinsia Kisheria: Mwanaume / Mwanamke Viwakilishi Vinavyopendelewa: Yeye Yeye Wao
Legal Gender: Male / Female Preferred Pronouns: He/Him She/Her They/Them

Jengo la Uandikishaji: _____ Daraja: _____ Kitambulisho cha Mwanafunzi: _____
Enrollment Building Grade Student ID

País de nacimiento: _____ Estado: _____ Ciudad, pueblo o provincia: _____
Nchi ya Kuzaliwa Jimbo la Kuzaliwa Jiji, Mji au Mkoa wa Kuzaliwa

Tarehe ya Kuingia Marekani (ikiwa hujazaliwa Marekani): _____
Date of U.S. Entry (if not born in the U.S.)

Tarehe ya Kwanza Kuingia Shule ya Marekani (ikiwa hujazaliwa Marekani): _____
First Date Entered U.S. School (if not born in the U.S.)

Je, unajitambulisha kama mkimbizi, au umepewa hadhi ya ukimbizi kupitia serikali ya Marekani, ikiwa ulizaliwa nje ya Marekani? ☐ NDIYO ☐ HAPANA

Do you identify as a refugee, or have you been given refugee status through the U.S. government, if you were born outside of the U.S.? ☐ YES ☐ NO

Makazi ya Malez: Je, mwanafunzi huyu yupo katika Malezi ya Foster? ☐ NDIYO ☐ HAPANA
Foster Placement: Is this student in Foster Care? YES NO

Kama ndiyo, takriban ni lini mtoto huyu aliwekewa kwako? : _____
If yes, approximate date this child was placed with you

Rangi/Ukabila Race/Ethnicity

Serikali ya shirikisho inazitaka taasisi za elimu kukusanya na kuripoti taarifa za kikabila na rangi. Ikiwa mwanafunzi huyu ana asili ya Kihispania au Kilatino, tafadhali chagua pia rangi ambayo anajitambulisha nayo kwa karibu zaidi. The federal government requires educational institutions to collect and report both ethnicity and race information. If this student is of Hispanic or Latino origin, please also select the race(s) with which they identify most closely.

Kihispania/Latino: ☐ NDIYO ☐ HAPANA
Hispanic/Latino YES NO

Tafadhali angalia zote zinazohusiana:

Please check all that apply

- _____ Mmarekani wa Kiasili au Mkazi wa Alaska American Indian or Alaska Native
- _____ Mchina/Asia Asian
- _____ Mweusi au Mmarekani wa Kiafrika Black or African American
- _____ MwanaHawaii wa Asili au Mwingine wa Pacifiki Native Hawaiian or Other Pacific Islander
- _____ Mweupe White

Taarifa za Basi: Bus Information

Tafadhali tujulishe ikiwa mtoto wako atahitaji usafiri wa basi kwa mwaka wa shule. Please let us know if your child will need bus transportation for the school year.

Mwanafunzi wangu anahitaji basi ili kufika na/au kutoka shuleni mwaka huu: _____ NDIYO _____ HAPANA

My student needs a bus to get to and/or from school this year: _____ YES _____ NO

Kama ndiyo, tafadhali eleza: kufika shule, kutoka shule, au zote mbili:

If yes, please indicate to school, from school or both:

_____ kufika shule to school _____ kutoka shule from school _____ zote mbili both

Je, mtoto wako atahitaji huduma za basi kufika/kurudi kutoka anwani nyingine yoyote? _____ NDIYO YES

Will your child need bus services to/from any other addresses?

_____ HAPANA NO

Kama ndiyo, tafadhali eleza: kufika shule, kutoka shule, au zote mbili:

If yes, please indicate to school, from school or both:

_____ kufika shule to school _____ kutoka shule from school _____ zote mbili both

Kama ndiyo, ni anwani mbadala gani: _____

If yes, what is the alternate address

* Anwani pekee ambazo ziko katika eneo sawa la kuhudhuria na jengo la shule ya mwanafunzi ndizo zinaweza kutumika kwa njia mbadala. *Only addresses that are in the same attendance area as the student's attendance building may be used for alternate routes.

* "Lipa Usafiri" (Pay Ridership) ni chaguo kwa familia ambazo hazistahiki usafiri wa wilaya, kutokana na makazi yao kuwa ndani ya umbali wa maili 1 (KD-8) au maili 2 (9-12) kutoka shule yao. *Pay Ridership is an option for families that are ineligible for district transportation, due to their residence being within 1-mile (KD-8) or 2-mile (9-12) radius of their school.

Nyumba: Housing

1. Je, kwa sasa unaishi na rafiki au mwanafamilia kutokana na kupoteza makazi, ugumu wa kiuchumi, vurugu za nyumbani, au sababu kama hiyo? Are you currently living with a friend or family member due to loss of housing, economic hardship, domestic violence, or similar reason?

_____ NDIYO YES

_____ HAPANA NO

Ikiwa ndio, tafadhali eleza If yes, please explain: _____

2. Je, kwa sasa unaishi katika moteli, hoteli, au uwanja wa kupiga kambi katika RV/trela kutokana na ukosefu wa malazi mbadala ya kutosha? Are you currently residing at a motel, hotel, or camping ground in an RV/trailer due to the lack of alternative adequate accommodation?

_____ NDIYO YES

_____ HAPANA NO

3. Je, kwa sasa unaishi katika gari, maegesho ya magari, eneo la umma, jengo lililotelekezwa, kituo cha basi au treni, au mazingira kama hayo? Are you currently living in a car, park, public space, abandoned building, bus or train station, or similar setting?
☐ NDIYO YES
☐ HAPANA NO
4. Je, kwa sasa unaishi katika makazi ya dharura au ya mpito? Are you currently residing in an emergency or transitional shelter?
☐ NDIYO YES
☐ HAPANA NO
5. Je, kwa sasa unaishi katika makazi au mahali pengine ambapo hakuna vifaa vya kutosha (hakuna maji, joto, umeme, n.k.)? Are you currently living in a residence or other place with inadequate facilities (no water, heat, electricity, etc.)?
☐ NDIYO YES
☐ HAPANA NO

Huduma Maalum za Wanafunzi: Student Special Services

1. Je, mwanafunzi huyu ana, au mwanafunzi huyu amewahi kuwa na, Mpango wa Elimu ya Mtu Binafsi (IEP) kwa ajili ya huduma za elimu maalum? Does this student have, or has this student ever had, an Individual Education Plan (IEP) for special education services?
☐ NDIYO YES
☐ HAPANA NO
 Ikiwa ndio, tafadhali eleza huduma na utoe nakala ya IEP ya sasa kwa shule: If yes, please describe the services and provide a copy of the current IEP to the school: _____

2. Je, mwanafunzi huyu ana, au mwanafunzi huyu amewahi kuwa na, Mpango wa 504? Does this student have, or has this student ever had, a 504 Plan?
☐ NDIYO YES
☐ HAPANA NO
 Ikiwa ndio, tafadhali eleza: If yes, please explain _____

3. Je, mwanafunzi huyu anapokea huduma zingine maalum kama vile kusoma kwa makini, Kichwa cha I, ushauri nasaha wa mara kwa mara, n.k.? Does this student receive other special services such as remedial reading, Title I, frequent counseling, etc.?
☐ NDIYO YES
☐ HAPANA NO
 Ikiwa ndio, tafadhali eleza: If yes, please describe _____

4. Je, mwanafunzi huyu anapokea usaidizi wowote kutoka kwa mashirika ya kijamii kama vile Boone County Family Resources, Thompson Center, mashirika ya afya ya akili, n.k.? Does this student receive any support from community agencies such as Boone County Family Resources, Thompson Center, mental health agencies, etc.?
☐ NDIYO - mashirika ya jamii YES - community agencies
☐ HAPANA - mashirika ya jamii NO - community agencies
 Ikiwa ndio, tafadhali eleza: If yes, please describe _____

5. Je, mtoto wako amewahi kufuzu kupata huduma za kipaji/kipaji katika wilaya nyingine ya shule? Has your child previously qualified for gifted/talented services in another school district?
☐ NDIYO mwenye vipaji YES – identified as gifted
☐ HAPANA si mwenye vipaji NO - not identified as gifted

Taarifa za Lugha ya Mwanafunzi: Student Language Information

1. Lugha ya kwanza ya mwanafunzi huyu (lugha ya asili/ya nyumbani) ilikuwa ipi? _____
What was this student's first language (native/home language)?

Kama si Kiingereza, mwanafunzi huyu anatumiaje lugha yake ya kwanza? (chagua moja)

If not English, how does this student use their first language? (select one)

_____ Huwasiliana kwa lugha ya asili pekee na hakuna Kiingereza

Communicates in only native language and no English

_____ Huwasiliana zaidi kwa lugha ya asili na Kiingereza kidogo

Communicates mostly in native language and some English

_____ Huwasiliana kwa lugha za asili na Kiingereza kwa usawa

Communicates in native and English languages equally

_____ Huwasiliana zaidi kwa Kiingereza na baadhi ya lugha ya asili

Communicates mostly in English and some of the native language

_____ Huwasiliana kwa Kiingereza pekee

Communicates only in English

2. Mwanafunzi huyu husikia na kuelewa lugha gani nyumbani (ni lugha gani ambayo watu wazima nyumbani kwa mwanafunzi huzungumza zaidi)? What language does this student hear and understand at home (which language do the adults in the student's home mostly speak)? _____

3. Ni lugha gani ambayo mwanafunzi huyu hutumia/huzungumza zaidi nyumbani na na marafiki? What language does this student mostly use/speak at home and with friends? _____

4. Je, mtoto huyu amewahi kupokea huduma za Kiingereza kama Lugha ya Pili (ESL/ELL)? Has this child ever received English as a Second Language (ESL/ELL) services?

_____ NDIYO YES _____ HAPANA NO

Taarifa za Shule Zilizopita (wanafunzi wanaohama kutoka nje ya wilaya):
Previous School Information (students transferring from out of district):

Mwaka jana: Last year

Shule: School _____

Jiji, Jimbo, Nchi: City, State, Country _____

Simu: Phone _____

Miaka 2 Iliyopita, ikiwa tofauti: 2 Years Ago, if different

Shule: School _____

Jiji, Jimbo, Nchi: City, State, Country _____

Simu: Phone _____

Je, mwanafunzi wako kwa sasa amesimamishwa au amefukuzwa kutoka shule nyingine ya umma, ya kibinafsi au ya parokia? Is your student currently suspended or expelled from another public, private or parochial school?

_____ NDIYO YES

_____ HAPANA NO

Ikiwa ndio, tafadhali toa tarehe (tarehe) ya kusimamishwa au kufukuzwa na ueleze shule na wilaya: If yes, please provide the date(s) of suspension or expulsion and specify the school and district

Je, mwanafunzi huyu amewahi kubaki au kuzuiliwa alama yoyote? Has this student ever been retained or held back a grade?

_____ NDIYO YES

_____ HAPANA NO

Ikiwa ndio, ni daraja gani la hivi karibuni walilobaki nalo? _____

If yes, what was the most recent grade level in which they were retained?

Jina la Mwanafunzi: _____

Student Name

Shukrani na Kujiandoa lazima zisasishe kila mwaka. Acknowledgements and Opt-Outs must be updated annually.

Weka alama kwenye kisanduku kilicho hapa chini ili KUMTOA mtoto wako kutoka kwa yafuatayo:

Check the box below to opt your child **OUT** of the following

Kujiandoa Kijeshi: imekusudiwa wanafunzi wa darasa la 9, 10, 11 au 12 pekee **Military Opt-Out:** only intended for students in grade 9, 10, 11 or 12

Sheria ya shirikisho inahitaji wilaya za shule kuwapa waajiri wa kijeshi taarifa fulani. Wilaya ya shule lazima itoe, kwa ombi la waajiri wa kijeshi, ufikiaji wa majina, anwani, na orodha za simu za wanafunzi wa shule za upili, isipokuwa mzazi aombe vinginevyo. Federal law requires that school districts provide military recruiters with certain information. The school district must provide, upon request by military recruiters, access to high school students' names, addresses, and telephone listings, unless the parent requests otherwise.

- Ridhaa - Mwanafunzi wa shule ya upili (ikiwa ana umri wa miaka 18) au mzazi wa mwanafunzi anaweza kuomba kwamba jina, anwani, na orodha ya simu ya mwanafunzi ISITOLEWE kwa waajiri wa kijeshi. Consent – The high school student (if 18 years old) or the parent of the student may request that the student's name, address, and telephone listing NOT be released to military recruiters.

- Upatikanaji wa wanafunzi - Kila wilaya itawapa waajiri wa kijeshi ufikiaji sawa na ule unaowapa (kwa ujumla) taasisi za elimu ya juu, vyo vya jamii, na waajiri watarajiwa. Access to students – Each district shall provide military recruiters the same access to high school students as it provides (in general) to higher education institutions, community colleges, and prospective employers.

Ikiwa hutaki jina la mwanafunzi wako, anwani na orodha ya simu itolewe kwa waajiri wa kijeshi, tafadhali onyesha upendeleo huo hapa. LAZIMA upokee kabla ya Septemba 30 kila mwaka. If you do not want your student's name, address and telephone listing released to military recruiters, please indicate that preference here. MUST be received before Sept 30th annually.

☐ **USITOE taarifa za mwanafunzi wangu kwa ajili ya kuajiriwa kijeshi.** Do NOT release my student's information for military recruitment.

Tafadhali weka herufi zako za mwanzo kwenye kila mstari kuthibitisha yafuatayo:

Please initial each of the lines to acknowledge the following

____ Ninakubali kwamba naweza kupata Usalama/Sheria za Basi, Vidokezo vya Kutembea Salama hadi Shuleni na taarifa nyingine muhimu za usafiri kwenye Columbia Public Schools tovuti: I acknowledge that I can access the Bus Safety/Rules, Tips for Walking Safely to School and other important transportation information on the Columbia Public Schools website <https://www.cpsk12.org/departments/transportation>

____ Ninakubali kwamba Columbia Public Schools itaomba rekodi kutoka shule zilizopita kama sehemu ya mchakato wa uandikishaji. I acknowledge that Columbia Public Schools will request records from previous schools as part of the enrollment process.

____ Ninatambua mipango ifuatayo ya Dharura ya Mzio na Huduma ya Pumu ambayo inaweza kupatikana kwenye tovuti ya Columbia Public Schools: I acknowledge the following Emergency Allergy and Asthma Care plans that can be found on the Columbia Public Schools website <https://www.cpsk12.org/departments/health-services/resources>

Mzio/Anaphylaxis Katika tukio la kipindi cha anaphylaxis, wakati mmenyuko wa mzio unaweza kusababishwa na kuumwa na wadudu, mzio wa dawa za kulevya au chakula au mzio usiojulikana, diphenhydramine (Benadryl®) na/au epinephrine zinaweza kutolewa kwa wanafunzi. EMS (911) itaarifiwa ikiwa epinephrine itatolewa. **Allergy/Anaphylaxis** In the event of an anaphylaxis episode, when an allergic reaction may be triggered by an insect bite, drug or food allergy or an unknown allergen, diphenhydramine (Benadryl®) and/or epinephrine may be administered to students. EMS (911) will be notified if epinephrine is administered.

Pumu Katika tukio la pumu kali ambapo mwanafunzi hatajibu dawa zake za awali za haraka, au hana dawa shuleni, hatua za haraka zitachukuliwa. EMS (911) itaarifiwa ikiwa dalili za matatizo ya kupumua zitaendelea na albuterol itatolewa. **Asthma** In the event of a severe asthma episode where a student does not respond to his/her initial quick relief medication, or does not have a supply at school, immediate action will be taken. EMS (911) will be notified with continued signs of respiratory distress and albuterol will be administered.

____ Ninakubali kwamba nina ufikiaji wa taarifa, sheria, na kanuni za maadili zilizojumuishwa katika kitabu cha mwongozo cha wanafunzi. Ninaelewa kitabu hiki kinaweza kupatikana kielektroniki www.cpsk12.org -> Rasilimali ya Familia-> Kijitabu cha Mwanafunzi cha Wanafunzi na kwamba nakala za karatasi zinapatikana katika kila shule. Ninaelewa kitabu hiki kina taarifa ambazo mimi na mwanafunzi wangu tunaweza kuhitaji wakati wa mwaka wa shule. Ninaelewa shule zinapaswa kuwa mahali salama na kwamba wanafunzi wote watawajibika kwa tabia zao. Mbali na kueleza sheria na kanuni za maadili, kitabu hiki pia ni chanzo cha taarifa kwa familia zetu. Bodi ya shule inahimiza mapitio ya sehemu ya taarifa katika kitabu cha mwongozo cha wanafunzi kuhusu umuhimu wa kuhifadhi silaha salama nyumbani. Tunahimiza usalama shuleni, nyumbani, na katika jamii. I acknowledge that I have access to

Hii ilitafsiriwa kwa kutumia programu ya mtandaoni. Tafadhali samahani makosa yoyote.

the information, rules, and code of conduct included in the student handbook. I understand the handbook may be accessed electronically at www.cpsk12.org -> Family Resources -> Student Handbook and that paper copies are available at each school. I understand the handbook contains information that my student and I may need during the school year. I understand schools should be a safe place and that all students will be held accountable for their behavior. In addition to outlining rules and codes of conduct, the handbook is also a source of information for our families. The school board encourages review of the informational section in the student handbook on the importance of secure storage of firearms at home. We encourage safety both at school, at home, and in the community.

Columbia Public Schools inaweza kufichua "taarifa za saraka" zilizoteuliwa, isipokuwa kama umezishauri Columbia Public Schools kinyume chake kwa mujibu wa sera na taratibu za wilaya JO-AP(1) na JO(1). "Taarifa za Saraka" ni taarifa zilizomo katika rekodi ya elimu ya mwanafunzi ambayo kwa ujumla haingezingatiwa kuwa hatari au uvamizi wa faragha ikiwa itafichuliwa. Rekodi za elimu zinazofafanuliwa kama "taarifa za saraka" zinapatikana katika Sera JO-1. Isipokuwa Columbia Public Schools itaarifiwa kinyume chake kwa maandishi, CPS inaweza kufichua yoyote kati ya vitu vilivyoteuliwa kama taarifa za saraka bila idhini ya maandishi ya mzazi au mwanafunzi anayestahiki ikijumuisha machapisho ya kuchapishwa na ya kielektroniki ya wilaya ya shule. Kusudi kuu la taarifa za saraka ni kuruhusu shule au wilaya ya shule kujumuisha taarifa kutoka kwa mwanafunzi wako katika machapisho fulani. Mifano ni

pamoja na: Columbia Public Schools may disclose designated "directory information", unless you have advised the Columbia Public Schools the contrary in accordance with district policy and procedures JO-AP(1) and JO(1). "Directory Information" is information contained in an education record of a student that generally would not be considered harmful or an invasion of privacy if disclosed. The education records that are defined as "directory information" are found in Policy JO-1. Unless Columbia Public Schools is notified to the contrary in writing, CPS may disclose any of those items designated as directory information without the parent's or eligible student's prior written consent including in-print and electronic publications of the school district. The primary purpose of directory information is to allow the school or school district to include information from your student in certain publications. Examples include:

- Programu inayoonyesha jukumu la mwanafunzi wako katika utayarishaji wa tamthilia au tukio la riadha A program showing your student's role in a drama production or athletic event
- Orodha ya heshima au orodha nyingine za utambuzi Honor roll or other recognition lists
- Picha, kanda ya video au picha za kidijitali Photographs, videotape or digital images
- Kazi ya sanaa au kazi ya kozi inayoonyeshwa na wilaya Artwork or course work displayed by the district
- Programu za kuhitimu Graduation programs
- Jarida la shule School newsletters.

____ Ninakubali kwamba naweza kumchagua mwanafunzi wangu asipigwe picha, kuhojiwa na/au kurekodiwa video na wawakilishi wa Columbia Public Schools kwa kuchukua fomu ya Ushiriki wa Vyombo vya Habari na Machapisho ya Shule kutoka kwa Kitabu cha Mwongozo cha Mwanafunzi na kuiwasilisha kwa shule ya mwanafunzi wangu. Hii lazima iwasilishwe kila mwaka. Ninajua kwamba naweza kupata fomu hii katika Kitabu cha Mwongozo cha Mwanafunzi: www.cpsk12.org -> Rasilimali ya Familia-> Kijitabu cha I acknowledge that I may opt my student out of being photographed, interviewed and/or videotaped by representatives of Columbia Public Schools by retrieving the Media and School Publication Participation form from the Student Handbook and submitting it to my student's school. This must be submitted annually. I'm aware that I can access the this form in the Student Handbook: www.cpsk12.org -> Family Resources -> Student Handbook

Zaidi ya hayo, vyombo vya habari vya nje kama vile magazeti, vituo vya televisheni, majarida, na/au vituo vya redio vinaweza kuwa na nia ya kujumuisha taarifa za wanafunzi katika habari zao. Hii inaweza kujumuisha: Additionally, external media outlets such as newspapers, television stations, magazines, and/or radio stations may have interest in including student information in their news coverage. This might include:

- Picha za mwanafunzi wako akishiriki katika tukio au shughuli Photographs of your student participating in an event or activity
- Video Video footage
- Mahojiano Interviews
- Jina au taarifa katika orodha katika chapisho Name or information in a listing in a publication

____ Ninakubali kwamba naweza kumzuia mwanafunzi wangu kupigwa picha, kuhojiwa na/au kurekodiwa video na vyombo vya habari vya nje (machapisho au vyombo visivyohusiana na CPS) kwa kuchukua fomu ya Ushiriki wa Vyombo vya Habari na Machapisho ya Shule kutoka kwa Kitabu cha Mwongozo cha Mwanafunzi na kuiwasilisha kwa shule ya mwanafunzi wangu. Hii lazima iwasilishwe kila mwaka. Ninajua kwamba naweza kupata fomu hii katika kitabu cha mwongozo cha mwanafunzi: www.cpsk12.org -> Rasilimali ya Familia-> Kijitabu cha Mwanafunzi I acknowledge that I may opt out my student out of being photographed, interviewed and/or videotaped by external media outlets (non-CPS affiliated publications or outlets) by retrieving the Media and School Publication Participation form from the Student Handbook and submitting it to my student's school. This must be submitted annually. I'm aware that I can access this form in the student handbook: www.cpsk12.org -> Family Resources -> Student Handbook

____ Ninakubali kwamba nina ufikiaji wa sera za matumizi ya teknolojia kwenye tovuti ya Columbia Public Schools: www.cpsk12.org -> Bodi ya Elimu -> Sera na Kanuni I acknowledge that I have access to the technology usage policies on the Columbia Public Schools website: www.cpsk12.org -> Board of Education -> Policies and Regulations

Zinajumuisha lakini sio tu EHB, EHB-R1, EHB-R2 na EHB-AP1. They include but are not limited to EHB, EHB-R1, EHB-R2 and EHB-AP1.

____ Ninakubali kwamba nina ufikiaji wa hati ya Uharibifu-Wizi-Upotevu wa Vifaa vya CPS vya Mtu Mmoja. Ninaweza kupata hilo kwenye tovuti ya Columbia Public Schools kwa: www.cpsk12.org -> Idara -> Huduma za Teknolojia -> Faini za Teknolojia Zilizoharibika/Zilizopotea. I acknowledge that I have access to the Damage-Theft-Loss of CPS One-to-One Devices document. I can find that on the Columbia Public Schools website at: www.cpsk12.org -> Departments -> Technology Services -> Damaged/Lost Technology Fines

____ Ninakiri kwamba ninaweza kupata **Maswali Yanayoulizwa Mara kwa Mara (FAQ)** na fomu ya maombi ya Chakula cha Bure na Kilichopunguzwa kama sehemu ya usajili wa kila mwaka. Ninaelewa kwamba kwa kuweka herufi zangu za mwanzo hapa siombi chakula cha bure au kilichopunguzwa, na ninaweza kukamilisha maombi hayo kando katika: www.myschoolapps.com I acknowledge that I have access to the **Free and Reduced Lunch FAQ and application** as part of the annual enrollment. I understand by initialing I am not applying for free and reduced meals and can complete that in a separate application at: www.myschoolapps.com

Tafadhali kumbuka: Maombi lazima yawasilishwe kila mwaka ili kudumisha hali ya chakula cha mchana bila malipo na iliyopunguzwa. Please note: Applications must be submitted annually to maintain free and reduced lunch status.

____ Ninakubali kwamba ninajua hati ya **Taratibu za Ukusanyaji Madeni** kama sehemu ya uandikishaji wa kila mwaka wa mwanafunzi wangu ambayo inaweza pia kukaguliwa kwenye tovuti ya idara ya Huduma za Lishe chini ya **Taratibu za Kiamsha kinywa na Chakula cha Mchana**. I acknowledge that I am aware of the **Debt Collection Procedures** document as part of my student's annual enrollment which may also be reviewed on the Nutrition Services department website under **Breakfast and Lunch Procedures**.

Wanafunzi wanaostahiki Programu ya Kitaifa ya Chakula cha Mchana Shuleni wanaweza pia kustahiki usaidizi wa ziada wa kifedha katika mwaka mzima wa shule. Tafadhali onyesha hapa chini ikiwa unakubali au hukubali kufichua hali ya bei ya chakula cha mchana ya mtoto wako bila malipo/iliyopunguzwa kwa washauri kwa kusudi hili. Students who qualify for the National School Lunch Program may also be eligible for additional financial support throughout the school year. Please indicate below if you do or do not consent to disclosing your child's free/reduced lunch price status to counselors for this purpose.

____ NDIYO YES
____ HAPANA NO

Saini ya Mzazi/Mlezi
Parent/Guardian Signature

Tarehe
Date



Health Summary SWAHILI

COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

SHULE _____ <i>School</i>	DARAJA _____ <i>Grade</i>	MWANAFUNZI # _____ <i>Student No.</i>
JINA _____ <i>Full Name</i>	☐ Kiume ☐ Kike <i>Male Female</i>	Tarehe ya kuzaliwa _____ <i>Date of Birth</i>
MZAZI/MLEZI #1 _____ <i>Parent/Guardian #1</i>	Nyumbani # _____ <i>Home Phone</i>	Kazini # _____ <i>Work Phone</i>
MZAZI/MLEZI #2 _____ <i>Parent/Guardian #2</i>	Nyumbani # _____ <i>Home Phone</i>	Kazini # _____ <i>Work Phone</i>
MWASILIANI WA DHARURA _____ <i>Emergency Contact</i>	Jina / Name _____	Uhusiano / Relationship _____
DAKTARI/KLINIKI / Doctor/Clinic _____	Simu / Phone Number _____	
DAKTARI WA MENO / Dentist _____	Simu / Phone Number _____	
HOSPITALI UNAYOPENDELEA ☐ Boone ☐ University ☐ Otro _____ <i>Preferred Hospital</i>		
AINA YA BIMA _____ <i>Type of Insurance</i>	☐ Ajira ☐ Privat ☐ Medicaid (kadi nyekundu) ☐ MoHealthNet ☐ Hamna <i>Employment Private Red Card Medicaid None</i>	
☐ HAMNA KATI YA MATATIZO YA AFYA YALIYOORODHESHA KATIKA KISANDUKU HAPA CHINI YANAMHUSU MTOTO WANGU <i>None of the health concerns listed in the box below apply to my child.</i>		

MTOTO WANGU ANA MATATIZO MAALUM YA AFYA YAFUATAYO:

My child has the following special health concerns:

☐ **MIZIO:** (dawa, chakula, wadudu, machavuo) tafadhali orodhesha _____
Allergies: (drugs, food, insects, pollens). Please, list

Je, mzio umewahi kuhitaji hatua ya dharura awali?? ☐ Ndiyo ☐ Hapana **Eleza mkabiliano:** _____
Has allergy required emergency action in the past? Yes No Describe reaction

MZIO WA CHAKULA HUHTAJI TAARIFA YA DAKTARI YA ULEMAVU

A FOOD ALLERGY SUBSTITUTE REQUIRES A PHYSICIAN'S STATEMENT OF DISABILITY

☐ **PUMU **Kama ndiyo, lazima ujaze Fomu ya Historia ya Pumu****
*Asthma **If yes, you must complete Asthma History Form***

☐ **TATIZO LA MAPUNGUFU YA KUMAKINIKA (ADD/ADHD):** Dawa: _____ Kumezwa saa: ☐ Nyumbani ☐ Shuleni
Attention-Deficit/Hyperactivity Disorder (ADHD) Medications Taken at Home School

☐ **KISUKARI:** ☐ Kutegemea Insulini ☐ Haitegemei insulini **Daktari:** _____ **Maoni:** _____
Diabetes: Insulin dependent Non-Insulin dependent Doctor Comments

☐ **MASIKIO:** ☐ maambukizi ya mara kwa mara ☐ Mirija (☐ Kulia ☐ Kushoto, tarehe ilipowekwa _____)
Ears Frequent Infections Tubes (right, left, date inserted)

☐ Tatizo la kusikia (fafanua) / Hearing difficulty. Explain _____

☐ Vifaa vya kusikia (☐ Mirija ☐ Kushoto; Kuvaa shuleni? ☐ Ndiyo ☐ Hapana ☐ Nyingine _____
Hearing Aid (Right, left, wear at school? Yes No) Other

☐ **MACHO:** ☐ miwani (☐ kusoma ☐ umbali) ☐ mawasiliano ☐ jicho zembe ☐ tatizo la kuona ☐ upasuaji wa awali
Eyes Glasses Reading Distance Contact Lenses Lazy eye Difficulty seeing Previous surgery

☐ **UTAMBUZI WA AFYA YA AKILI:** ☐ Kuhangaika ☐ Unyogovu ☐ Nyingine: _____
Mental health diagnoses Anxiety Depression Other

☐ **MSHTUKO WA MOYO:** Tafadhali, eleza _____ **Daktari:** _____
Seizures. Please, describe Doctor

Tarehe ya mshtuko wa mwisho _____ **Dawa** _____
Date of last seizure Medication

☐ **DAWA NYINGINE:** _____ **Sababu** _____ **Imechukuliwa saa:** ☐ Nyumbani ☐ Shule
Other Medication Reason Taken at: Home / School

MATATIZO MENGINE YA KIAFYA AMBAYO YANAWEZA KUATHIRI SHULE: _____
Other health concerns which could affect school

Wilaya ya Shule ya Umma ya Columbia inahakikisha kwamba itatoa elimu ya umma bila malipo, ifaayo kwa watoto wote wanaostahiki wenye ulemavu kati ya umri wa miaka 3 na 21 chini ya mamlaka yake. Ikiwa unashuku kuwa mwanafunzi wako ana ulemavu wa kielimu ambao haujatambuliwa ambao unaweza kuwa chini ya IDEA au Sehemu ya 504, wasiliana na idara ya huduma maalum kwa (573) 214-3462. Ikiwa mwanafunzi wako tayari ana mpango wa elimu ya mtu binafsi (IEP) au mpango wa malazi 504, wasiliana na mwenyekiti wa idara ya jengo hilo.

The Columbia Public School district assures that it will provide a free, appropriate public education to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. If you suspect that your student has an unidentified educational disability that would fall under IDEA or Section 504, contact the special services department at (573) 214-3462. If your student already has an individual education program (IEP) or a 504-accommodation plan, contact the building's department chair.

**** Nakala ya rekodi ya sasa ya chanjo lazima iwasilishwe ili kujiandikisha****

Copy of current immunization record must be presented to enroll

Kwa mujibu wa sera ya Bodi ya Elimu, wazazi/walezi wataarifiwa haraka iwezekanavyo iwapo kuna ugonjwa mbaya au jeraha. Wanafunzi watapelewa huduma ya dharura na wafanyakazi wa shule kama ilivyoonyeshwa katika Kitabu cha Mwanafunzi. Wazazi/walezi ambao hawataki mtoto wao kutunzwa kwa mujibu wa sera hii wanapaswa kuonyesha hili kwa maandishi kwa:

HEALTH SERVICES COORDINATOR; 1818 W. Worley, Columbia, MO 65203.

In accordance with the Board of Education policy, parents/guardians will be notified as soon as possible in case of serious illness or injury. Students will be given emergency care by school personnel as indicated in the Student Handbook. Parents/guardians who do not wish their child cared for in accordance with this policy should indicate this in writing to:

Sahihi yangu hapa chini inathibitisha maelezo hapo juu kuwa sahihi. Pia ninamruhusu muuguzi wa shule kushiriki maelezo na wafanyakazi wa shule kama inavyoonekana inafaa na muuguzi, ili kuhakikisha afya na usalama wa mtoto wangu.

My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.

Sahihi ya Mzazi/Mlezi _____
Signature of Parent/Guardian

Tarehe _____
Date



Swahili - Asthma History Historia ya Pumu

COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Jaza TU ikiwa mwanafunzi ana pumu au historia ya pumu na urejeshe fomu kwa muuguzi wa shule.

Complete ONLY if student has asthma or history of asthma and return form to the school nurse.

Mwanafunzi: _____ Nambari ya mwanafunzi: _____ Daraja: _____ Kimo: _____ Tarehe: _____
Student Student No. Grade Height Date

Vichochezi vinyoweza kuanza kama tukio kwa mwanafunzi huyu? (Teua zote zinazofaa)

Triggers that might start an episode for this student? (check all that apply)

- | | | | |
|---|--|---|--|
| ☐ Mba ya Wanyama
<i>Pet dander</i> | ☐ Moshi wa sigara, harufu kali
<i>Cigarette smoke, strong smells</i> | ☐ Mende
<i>Cockroaches</i> | ☐ Vidudu vya vumbi
<i>Dust mites</i> |
| ☐ Mihemko (unapokasirishwa)
<i>Emotions</i> | ☐ Zoezi
<i>Exercise</i> | ☐ Mzio wa chakula
<i>Food allergy</i> | ☐ Inakera
<i>Irritants</i> |
| ☐ Ukungu
<i>Molds</i> | ☐ Poleni
<i>Pollen</i> | ☐ Maambukizi ya kupumua
<i>Respiratory infections</i> | |
| ☐ Mabadiliko ya Halijoto
<i>Temperature Changes</i> | ☐ Nyingine _____
<i>Other</i> | | |

1. Je, mwanafunzi huyu ana maagizo ya sasa ya dawa zozote zifuatazo anazopaswa kumeza kila siku ili kudhibiti matatizo ya upumuaji? (Teua zote zinazofaa) *Does this student have a current prescription for any of the following medications to be taken daily to control respiratory problems? (check all that apply)*

- | | | | | |
|--|---------------------------------------|-------------------------------------|-----------------------------------|--|
| ☐ Hakuna / None | ☐ Advair® | ☐ Albuterol | ☐ Alvesco® | ☐ Asmanex® |
| ☐ Atrovent® | ☐ Dulera® | ☐ Pulmicort® | ☐ QVar® | ☐ Singulair® |
| ☐ Symbicort® | ☐ Theophylline | ☐ Tilade® | ☐ Xopenex® | ☐ Nyingine/ Other _____ |

2. Ni mara ngapi katika kipindi cha miaka 3 iliyopita mwanafunzi huyu alihitaji huduma ya haraka au dharura kutokana na matatizo ya upumuaji? *How many times in the last 3 years has this student required urgent or emergency care due to respiratory problems?*

- ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6+

3. Ni mara ngapi katika kipindi cha miaka 3 iliyopita mwanafunzi huyu alilazwa hospitalini kutokana na matatizo ya upumuaji? *How many times in the last 3 years has this student been hospitalized due to respiratory problems?*

- ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6+

4. Aliwahi kupelekwa kwenye Sadaruki (ICU) kw matatizo ya upumuaji? Ndiyo/Yes ☐ Hapana/No ☐ Tarehe/Date: _____
Previous admission to Intensive Care Unit (ICU) for respiratory problems?

5. Ni siku ngapi za shule ambazo mwanafunzi huyu alikosa mwaka wa shule uliopita kutokana na matatizo ya upumuaji? *How many days of school did this student miss last school year due to respiratory problems?*

- ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10+

6. Ni misimu gani ya mwaka hufanya dalili za pumu za mwanafunzi huyu kuwa mbaya zaidi? (teua zote zinazofaa) *What seasons of the year make this student's asthma symptoms worse? (check all that apply)*

- | | | | | |
|---|--|--|--|--|
| ☐ Misimu haiathiri pumu
<i>Seasons do not affect asthma</i> | ☐ Vuli
<i>Autumn</i> | ☐ Baridi
<i>Winter</i> | ☐ Spring
<i>Spring</i> | ☐ Kiangazi
<i>Summer</i> |
|---|--|--|--|--|

7. Je, mwanafunzi huyu anatambua ishara zake za mapema za pumu inayozidi kuwa mbaya? Ndiyo/Yes ☐ Hapana/No ☐ *Does this student recognize his/her early signs of worsening asthma?*

8. Takriban ni mara ngapi kwa mwaka mwanafunzi huyu anahitaji matumizi ya dawa ya usaidizi wa haraka, Albuterol (ProAir®, Proventil® au Ventolin®) au Xopenex®, ili kupunguza matatizo ya kupumua? *Approximately how often in a year does this student require the use of quick relief medicine, Albuterol (ProAir®, Proventil® or Ventolin®) or Xopenex®, to relieve respiratory problems.*

- | | | | |
|--|---|---|---|
| ☐ Siku 5 au chache zaidi kwa MWAKA
<i>5 or fewer days per YEAR</i> | ☐ Siku 5 au chache zaidi kwa MWEZI
<i>5 or fewer days per MONTH</i> | ☐ Siku 2 au chache kwa WIKI
<i>2 or fewer days per WEEK</i> | ☐ Zaidi ya siku 2 kwa WIKI
<i>More than 2 days per WEEK</i> |
|--|---|---|---|

9. Je, mwanafunzi huyu hutumia zaidi ya mikebe 3 ya dawa za usaidizi wa haraka kwa mwaka? Ndiyo/Yes ☐ Hapana/No ☐ *Does this student use more than 3 canisters of quick relief medicine per year?*

10. Ni mara ngapi katika mwaka jana mwanafunzi aliagizwa steroid ya kimfumo (km. Prednisone, Pediapred®, Orapred®, Medrol®) kwa ajili ya matibabu ya mwako wa kupumua? *How many times in the last year was the student prescribed a systemic steroid (ex. Prednisone, Pediapred®, Orapred®, Medrol®) for treatment of a respiratory flare up?*
- ☐ 0- 1 ☐ 2-3 ☐ 4-5 ☐ 6 +
11. Ni mara ngapi mwanafunzi huyu huamka wakati wa usiku akiwa na shida ya kukohoa, kupumua au kupumua? *How often does this student awaken during the night having difficulty with coughing, wheezing or breathing?*
- ☐ Mara 0-1 kwa mwezi
0-1 times per month ☐ Mara 2 kwa mwezi
2 times per month ☐ Mara 3-5 kwa mwezi
3-7 times per month ☐ Mara 6 au zaidi kwa mwezi
More than 6 times per month

Mpango wa dawa kwa shule (angalia yote yanayotumika)
Medication plan for school (check all that apply)

- | | | |
|---|---|---|
| ☐ Hakuna dawa shuleni / habebi kivita pumzi.
<i>No medications at school/does not carry inhaler.</i> | ☐ Kivuta pumzi cha naufuu ya haraka kuwekwa kwenye ofisi ya muuguzi. <i>Quick-relief inhaler to be kept in nurse's office.</i> | ☐ FEV1 au vifaa vya ufuatiliaji wa Peak Flow vinawekwa katika ofisi ya muuguzi. <i>FEV1 or Peak Flow monitoring supplies to be kept in nurse's office.</i> |
| ☐ Kivuta pumzi cha michezo shughuli nje ya darasa pekee. <i>Inhaler for sports/extra-curricular only.</i> | ☐ Dawa za pumu ya kila siku kuwekwa katika ofisi ya muuguzi. <i>Daily asthma medications to be kept in nurse's office.</i> | |
| ☐ Mwanafunzi atabeba kipuliziaji cha haraka wakati wa saa za shule
(Wanafunzi wa Shule ya Upili na Upili PEKEE) <i>Student will carry quick-relief inhaler during school hours (Middle and Senior High School students ONLY)</i> | ☐ Mrija wa nebulizer na dawa kuwekwa katika ofisi ya muuguzi. <i>Nebulizer tubing and medications to be kept nurse's office.</i> | |

Wauguzi wa Shule za Umma za Columbia wanapendekeza kuwa na Asthma Action Plan kwa wanafunzi wote wenye pumu. Lazima wanafunzi ambao watakuwa wakipokea dawa za pumu kwenye shule wawe na mpango wa hatua ya pumu kwenye faili. Fomu inapatikana kwa muuguzi wa shule. Ikiwa tayari mtoa huduma wako ameunda mpango wa pumu, tafadhali wasilisha nakala kwa muuguzi wa shule.

de la escuela. *Columbia Public School's nurses recommend having an Asthma Action Plan for all students with asthma. Students who will be receiving asthma medications at school must have an asthma action plan on file. A form is available from the school nurse. If your physician has already developed an asthma plan, please provide a copy to the school nurse.*

*** Tafadhali fahamu: Ikiwa mtoto wako hajatumia dawa ya pumu kwa zaidi ya miaka 3 na hatimizi tena vigezo vya pumu ya kuendelea, rekodi ya afya inaweza kubadilishwa ili kuakisi 'historia ya pumu'. Kwa maswali, tafadhali wasiliana na muuguzi wako wa shule.

***Please note: If your child has not used asthma medication in more than 3 years and no longer meets the criteria of persistent asthma, the health record may be changed to reflect 'history of asthma'. For questions, please contact your school nurse.

Wilaya ya Columbia School Namba 93
Fomu ya Ruhusa na Idhini - Safari za Kielimu

Kama sehemu ya mpango wa elimu wa Columbia Public School, wilaya hutoa fursa za elimu za nje ya shule ("safari za kielimu"). Wakati mwingine wanafunzi hupelekwa hadi katika shule nyingine za CPS au majengo ya shule kwa hali hizi za kielimu, ikiwa ni pamoja na lakini si tu kwa CPS Nature School au kwa shule ya kati au shule ya upili ambako mwanafunzi atajiunga, au kwenye ukumbi kwa tamasha. Wakati mwingine wanafunzi hupelekwa maeneo yasiyo ya shule, ikiwa ni pamoja na lakini si tu kwenye bustani ya wanyama, jumba la makumbusho, au uwanja wa muziki. Wilaya itawasiliana na wazazi kwa barua pepe, jarida, nakala za karatasi zinazotumwa nyumbani na wanafunzi, au ujumbe, taarifa kuhusu ya safari hiyo na tarehe na saa za safari hizi. **Kama hutaki mwanafunzi wako ashiriki, tafadhali mjulishe mwalimu au mkuu wa shule kwa maandishi kabla ya tarehe ya safari ya kielimu.** Kwa kutia saina fomu hii, unakubali yafuatayo:

- Ninaidhinisha mwanafunzi aliyetajwa katika hati hii kuhudhuria safari za kielimu za wilaya, isipokuwa nimjulishe mwalimu au mwalimu mkuu wa mwanafunzi wangu kwa maandishi kabla ya tarehe ya safari ya kielimu. Ninatambua kuwa uvunaji wa kanuni zozote unaweza kusababisha mwanafunzi kurudishwa shuleni mara moja, kwa gharama yangu. Ni jukumu langu kukutana na mwanafunzi kwenye uwanja wa ndege, kituo cha basi, n.k., kama itahitajika ili kumpeleka mwanafunzi nyumbani kutoka katika safari ya kielimu ya nje ya mji.
- Ninaidhinisha wafanyakazi, wakandarasi, watu wa kujitolea au wafanyakazi wengine wa matibabu wa CPS, wakiona kuwa inahitajika kwa busara na hiari yao, kupata au kutoa huduma ya matibabu kwa mwanafunzi wangu, kumpeleka mwanafunzi wangu katika kituo cha matibabu na kupata matibabu (ikiwa ni pamoja na lakini si tu huduma ya afya ya kawaida au ya dharura, kulazwa hospitalini, kudungwa sindano, kudungwa dawa ya kutia ganzi au upasuaji) yanayozingatiwa kuwa yanahitajika kwa afya ya mwanafunzi wangu. Ninakubali kulipa gharama zote zinazohusiana na matibabu na usafiri huo na ninakubali kutolewa (kwa au na CPS) rekodi yoyote ya matibabu inayohitajika kwa makusudi ya matibabu, kupewa rufaa, kutoza bili au bima.
- Mimi na mwanafunzi wangu tunawajibika kwa hatari yoyote inayoweza kutokea kutokana na usafiri wa mwanafunzi wangu kwenda, kushiriki na kurudi kutoka katika safari iliyoelezwa hapo juu. Ninakubali kuwajibika kikamilifu kwa gharama yoyote na zote za matibabu ya majeraha au ugonjwa wowote unaotokea kwa mwanafunzi wangu kutokana na usafiri wa mwanafunzi wangu kwenda, kushiriki na kurudi kutoka katika safari iliyoelezwa hapo juu.
- Ninathibitisha kwamba nimesoma hati hii kwa makini na ninakubaliana na masharti yake kwa ufahamu na kwa hiari. Ninathibitisha pia kuwa mimi ni mzazi au mlezi halali wa mwanafunzi aliyetajwa katika Fomu hii. Ninaelewa kuwa nina uwezo wa kukataa kutia saina fomu hii. Kama sitatia saina fomu hii, mwanafunzi wangu hataweza kushiriki katika safari ya kielimu isipokuwa wilaya ipate idhini tofauti kutoka kwangu kwa kila safari.

Kwa hivyo, ninampa mwanafunzi wangu, _____, (jina) _____, (namba ya mwanafunzi/namba ya chakula cha mchana) ruhusa ya kushiriki katika safari za kielimu. Nitamjulishe mwalimu wa mwanafunzi wangu kwa maandishi kabla ya tarehe ya safari ya kielimu ikiwa mwanafunzi wangu hawezi kushiriki. Kama mwalimu hajajulishwa, mwanafunzi wangu ana ruhusa ya kuhudhuria safari ya kielimu.

(JINA LA MZAZI/MLEZI)

(SAINI YA MZAZI/MLEZI)

(TAREHE)

Bima ya matibabu **inependekezwa lakini haihitajiki**. Taarifa zifuatazo, zikitolewa kwa wilaya, zitatolewa katika hali ya dharura inapohitajika ili kupata usaidizi wa matibabu kwa mwanafunzi wako.

Jina la Kampuni ya Bima ya Matibabu _____

Simu (_____) _____ Namba ya Bima _____

Daktari wa Mwanafunzi _____ Simu (_____) _____ ----