

SCHOOL REGISTRATION INFORMATION

SCHOOL REGISTRATION 2020-21

August 10th from 8:00-6:30 and August 11th from 8:00-3:00

On-line:

Complete JMC registration online and deliver down-loadable forms to the office or mail, along with *two checks*, one for lunch/milk and the other for registration fees.

Walk In:

We will have computers available for on-site registration on August 10, 8-6:30 or August 11 from 8:00 -3:00 to register their students.

**Please complete the registration process by...
August 18th!!**

School Fees...

3-YR-OLD \$30.00

KINDERGARTEN \$45.00

1ST—6TH GRADE \$50.00

SCHOOL OWNED INSTRUMENTS

Woodwind or Brass

\$30 per year

Percussion

\$15 per year

4th Grade Recorders/Ukuleles

\$10

KEEP THIS PAGE FOR FUTURE PRICE REFERENCE

Student Breakfast Prices Grade K-6

K-6 Single \$1.90

Extra main dish— 0.95

Student Lunch Prices Grade K-6

K-6 Single \$2.85

Extra main dish— \$1.50

Adult Prices

Breakfast Single \$2.25

Lunch Single \$3.85

Milk—40 cents per carton

Supplementary Milk \$20.00

per trimester grades K-2 only

\$10.00 per trimester preschool only

Reduced Lunch/Breakfast Prices

Application must be filed & approved

Breakfast - 30¢

Lunch - 40¢

School Breakfast/Lunch Account

Each family will have one account, so you will not need to state how you would like lunch money divided up by student. **THE POLICY WILL CONTINUE OF NOT ACCEPTING CASH IN THE LUNCH LINE.** The money must be brought to the office before 10:00 A.M. We encourage each parent to deposit as much money as possible. The price of lunch/breakfast will then be deducted as they eat, including the purchase of extra milk (\$.40) and extra main dish (\$1.25). All students, including free and reduced, and those bringing cold lunch should have money in their accounts to cover the cost of extra milk or extra main dish.

All students must have a card when going through the lunch line. If you lose your card you will need to purchase a new card. Students are NOT allowed to use anyone else's lunch number.

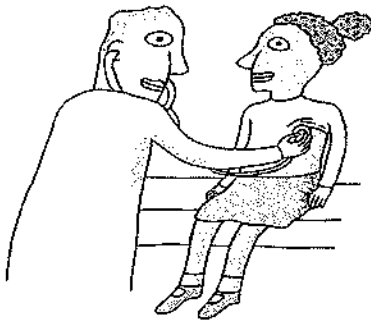
There will be NO charging. The K-6 grade students will receive a computer slip each week showing their lunch account balance. Please remind your child to bring these notices home.

Free and reduced lunches, as supported by the federal

government, will be available for those who qualify. Applications may be picked up at registration. Income eligibility guidelines are being published and will also be available at registration.



Medical Update



EMERGENCY INFORMATION An emergency information form is kept on file for each school-aged child. Please complete the form at registration and/or the first week of school. We appreciate your cooperation in keeping the emergency information updated.

ILLNESS Students will be sent home with any of the following: fever over 100 degrees, vomiting, diarrhea, body rash, drainage from the eyes (other than clear drainage), untreat-

ed Impetigo, ringworm or head lice. Once notified of illness parents will be expected to pick up, or make arrangements, to have their child picked up in a timely manner. Students may also be sent home when exhibiting COVID related symptoms. We are working closely with the Cedar County Public Health to follow their recommendations to keep students and staff safe and healthy. A doctor's excuse is needed when returning to school after a prolonged illness.

Parents are asked to visit with the administration or nurse concerning any special health situations that need close monitoring. If necessary, a health plan then can be put in place.

COMMUNICABLE DISEASE Please report all communicable diseases to the school nurse. Following direc-

tives issued by the State Department of Health, she will advise you on when your child may return to school.

INJURY When is it apparent to school personnel that an injury needs medical care, your family doctor will be contacted and as soon as it possible, the parents will be notified. In cases of less urgency, the parents will be notified and will be involved in the decision of whether a student needs a doctor's care. When in doubt concerning urgency, we will consider it urgent and contact the doctor or the ambulance.

LEAD TESTING

Iowa law (passed 2007) requires that all children entering kindergarten need to show proof of a lead blood test.

ADMINISTRATION OF MEDICATION TO STUDENTS

Tylenol will be available in the office for use by the students. This will be administered by office personnel or the nurse, provided we have written permission from the parent. We have many requests by students who have headaches, muscle aches, or cramps. We feel this would be a great convenience to the parents and would keep many students in school when the problem is minor. The permission to give Tylenol is on the bottom of the emergency information sheet. Please mark yes or no before returning to school. Tylenol will not be given for a fever of over 100. These children need to go home. If you prefer that your child have another pain reliever, you may still bring in individual labeled bottles for their use, with the proper consent form. **If your child is given Tylenol, a note will be sent home with the child informing you of the time and reason it was administered.**

We have developed the following policies to ensure the safety of students who do need to take medication at school:

1. Prescription medication **must** be in the original container with the prescription label and we must have a signed parental authorization asking us to give the medication. The pharmacist will give you an extra labeled container for school, if requested.
2. Over-the-counter medication **must** be in the original manufacturer's container with the label intact and we must have a signed parental authorization asking us to give the medication. We will not give more than the manufacturer's recommended dosage unless we have a doctor's order to do so.

Keep this school information for future reference.

Please do not send any medication with a student. All medication must be transported to and from the school by a parent or guardian. Unused medication will not be returned to the students, but must be picked up by a parent or guardian. If it is not picked up, it will be discarded by the school nurse at the end of the school year.

A special note about inhalers: Physicians are more frequently prescribing inhalers to relieve asthma symptoms. We must have a doctor's order and parental authorization specifying how the inhaler is to be used at school. Inhalers will be kept with other medications in the nurse's office so their use can be monitored, unless the doctor's order states that the subject is to keep the inhaler in his/her possession.

SCHOOL PHYSICAL EXAMS

Physical examinations are requested before students enter kindergarten. A periodic examination by your family physician is beneficial to your child and offers an opportunity for you to have his/her immunizations updated.

ABSENCES

It is important for you to please notify the school if your child is going to be absent. When an absence does occur and you have not notified the school, the school secretary will contact you.

PK-6 absences can be called in to the Elementary Office at 890-2228.

SCREENING PROGRAM

Vision screening is conducted annually for students in grades Kindergarten thru 6th. Hearing screening is conducted annually for students in grades K, 1st, 2nd and 5th. Students in other grades with previous known losses, new students and special education students due for a three year evaluation, are also checked.



**DENTAL SCREENING MAN-
DATE—**

As of July 1, 2008 students newly enrolled in elementary school and high school or those transferring into a new school will be required to have a current dental screening. For elementary school, a screening done between the ages of 3-6 is acceptable. For high school and transfer students, a screening completed within one year prior to enrollment is acceptable.

IMMUNIZATIONS—

The Iowa Immunization Law states for your child to attend public or private school in Iowa, or to be home schooled, he or she must be fully immunized against diphtheria, pertussis, tetanus, polio, measles and rubella, hepatitis B, Varicella. This includes one dose of oral polio vaccine and one DPT shot after age 4, and MMR vaccine, two doses, one after 12 months of age and one prior to school entrance.

It is mandatory that a completed immunization certificate for your child be returned to school by the first day of school this fall. This card should have your signature before it is returned.

The state law has provided a provisional certificate for religious and medical exemptions in case your child, for some reason, cannot complete the required immunizations by fall. If you need one of these certificates, please contact your doctor.

**NONPUBLIC TRANSPORTA-
TION REIMBURSEMENT**

Parents wanting information for Nonpublic Transportation Reimbursement should contact the

Superintendent's Office, 890-2226, for information concerning claim procedures, including deadline dates, or submission of data.

Required Public Notice

**Dedicated to Giving Public
Notice of Several Legal Rights
Available to Students and the
Public**

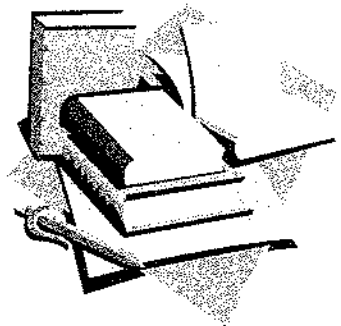
DIRECTORY INFORMATION—Board Policy 506.2. The District may release the following types of directory information to the public without parent or eligible student consent: Name, address, telephone listing, date of birth, participation in officially recognized activities and sports, major field of study, weight and height of members of the athletic teams, date of attendance and degrees, honors and awards received. No directory information may be released without parent or eligible student consent if either the information or the manner of circumstances in which it is released would serve to identify a student as handicapped or receiving special education services.

Any parent or eligible student objecting to the public release of directory information must annually file a written objection with the office of the Principal of the school.

**INSPECTION OF INSTRU-
CTIONAL MATERIALS -**

Parents and other members of the school district community may review instructional materials used by the students. Arrangements to review materials must be made through the Principal. Copies of material may be obtained according to board policy.

FEE WAIVER - Students whose families meet the income guidelines for free and reduced price lunch, the Family Investment Program (FIP), Supplemental Security Income (SSI), transportation assistance under open enrollment, or who are in foster care are eligible to have their student fees waived or partially waived. Students whose families are experiencing a temporary financial difficulty may be eligible for a temporary waiver of student fees. Parents or students who believe they qualify for temporary financial hardship should contact the principal at registration time, or during the first week of school. This waiver must be completed annually.



POST-SECONDARY

ENROLLMENT OPTIONS

The Postsecondary Enrollment Options Act allows 11th and 12th grade students to enroll part time at an eligible Community College, State University, or private college or university. A ninth or tenth grade student who is identified as a gifted and talented student, according to the school district's criteria, is eligible to enroll under this Act. The Act has a dual purpose; to promote rigorous educational pursuits, and to provide a wide variety of options for students. Any 11th or 12th grade student in a public or accredited nonpublic school is eligible.

For public students, the student's district pays the college for the cost of tuition, textbooks, materials and fees, up to \$250. For more information, contact the Superintendent or Principal.

MULTICULTURAL NON-GENDER POLICY REGARDING STUDENTS

Board Policy 603.4 It is the policy of the Bennett Community School not to discriminate on the basis of race, color, national origin, creed, age, gender, religion, marital status, sexual orientation, gender identity, socioeconomic status or disability in its educational programs, activities, or employment policies as required by Title IV and VII of the 1964 Civil Rights Act, Title IX of the 1972 Educational Amendments, and the Federal Rehabilitation Act of 1973.

It is also the policy of this district that the curriculum content and instructional materials reflect the cultural and racial diversity present in the United States and the variety of careers, roles and lifestyles open to women as well as men in our society. One of the objectives of the total curriculum and teaching strategies is to reduce stereotyping and to eliminate bias on the basis

of sex, race, ethnicity, religion, age or disabilities. The curriculum should foster respect and appreciation for the rights and responsibilities of each individual as a member of a multicultural, non-gender society.

HARASSMENT Board Policy 403.7 and 502.13. Harassment of employees and students will not be tolerated in the school district facilities, premises, non-school property if the employee or student is at any school sponsored event where students are under the control of the school district or where the employee is engaged in school business. Harassment includes racial, religious, national origin, age disability, and sexual harassment. Employees or students who believe they have suffered harassment should contact the Building Principal. The procedure documented in board policy will be followed.

WEAPONS The Bennett Community School District has a policy in effect concerning weapons in the school, on the school grounds or in parked cars on school property. The policy allows for search and seizure of student property and expulsion from school for up to one year if a student is found to have possession of a weapon.

ASBESTOS The Bennett Community School continues to monitor the condition of the asbestos in all of its buildings by routine inspections. All such coverings are in good condition. The management plan, containing all past, present and future asbestos activity is located in the Superintendent's Office at 300 Cedar St. Bennett, Iowa 52721.

RIGHT TO KNOW LAW (HAZARDOUS CHEMICALS)

The District has properly disposed of all unneeded chemicals. Needed chemicals have been located on MSDS (material safety data sheets) and have been collected and organized. These printed informational forms which state the nature of the chemical and steps to take in case of accidents or misuse of the chemical are located in the area where the chemical is kept. A master file will be kept in the Superintendent's Office.

SEARCH AND SEIZURE Board Policy 502.10. School authorities may, without a search warrant, search a student, student lockers, desks, work areas, or student automobile based on a reasonable suspicion under the circumstances over and in a manner reasonable in scope to maintain order and discipline in the schools, promote the educational environment, and protect the safety and welfare of students and school personnel.

OPEN ENROLLMENT

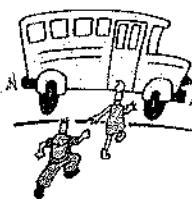
The deadline for applying for open enrollment is March 1st of the school year preceding the school year for which open enrollment is requested, unless the pupil is entering kindergarten or "good cause" exists. In general, these reasons must relate to a change in the student's residence or a change in the status of the student's district of residence.

Parent/guardian must file open enrollment forms with BOTH the receiving district and the resident district. Previously, the forms were only filed with the resident district. The receiving district approves/denies the application.

The deadline for applying for open enrollment for kindergarten is September 1st prior to the school year for which open enrollment is requested. Questions concerning open enrollment should be directed to the Superinten-

dent's office @ 890-2226.

HOME SCHOOLING GUIDELINES



Under Iowa law, children of compulsory education age (over age six and under age sixteen) who do not attend public school or an accredited nonpublic school, must receive competent private instruction. A parent choosing competent private instruction for a student must notify the public school district by the first day of

school on forms provided by the public school district. These notification forms can be secured from the Superintendent's Office, 300 Cedar St., Bennett, Iowa 52721 or by calling 890-2226.

PARENT/GUARDIAN- RIGHTS NOTIFICATIONS:

Parents /guardians in the Bennett Community School District have the right to learn about the following qualifications of the child's teacher:

- *state licensure requirements for the grade level and content areas taught
- *the current licensing status of the child's teacher and the baccalaureate/graduate certification or degree

Parents/guardians may request this information from the Superintendent's office by calling 563-890-2226 or by sending a letter of request to:

Superintendent's Office
Bennett Community School District
300 Cedar St.
Bennett, Iowa 52721

SHUTTLE BUS "GUEST RIDERS"

Absolutely no one who is not a Bennett resident student will be allowed to ride the shuttle bus to or from Durant or Tipton.

NO EXCEPTIONS.

Parents will need to make their own arrangements for transportation if it is necessary for a Durant or Tipton student to come home with their child after school or ride with them in the morning.



The current phone system allows parents/students to call *anytime* and leave a voice mail message in the General Mailbox or to a specific extension.

Call after 7:00 a.m. to report absences or to request a bus pick up .

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

*Your school-age children may qualify for certain rights and protections under the
federal McKinney-Vento Act.*

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference and is feasible.
 - * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.



Local Liaison
Bennett Community School
563-890-2228

State Coordinator

If you need further assistance with your children's educational needs,
contact the National Center for Homeless Education:
1-800-308-2145 • homeless@serve.org • www.serve.org/nche

INFORMATION FOR SCHOOL-AGE YOUTH



IF YOU LIVE IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

You may qualify for certain rights and protections under the federal McKinney-Vento Act.

Eligible students have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is their preference and is feasible.
 - * If the school district believes that the school selected is not in his/her best interest, then the district must provide the student with a written explanation of its position and inform the student of his/her right to appeal its decision.
- Receive transportation to and from the school of origin, if requested.
- Receive educational services comparable to those provided to other students, according to the students' needs.

If you believe you may be eligible, contact the local liaison to find out what services and supports may be available.



Local Liaison
Bennett Community School
563-890-2228

State Coordinator

If you need further assistance with your educational needs,
contact the National Center for Homeless Education:

1-800-308-2145 • homeless@serve.org • www.serve.org/nche

Bennett Community School Registration

Dear Parent/Guardian: In order to complete the cumulative record system in our school, we would appreciate your supplying us with the information listed below.

Child's Legal Name _____ Grade _____ Date Enrolled _____
(last) (first) (middle)

Birthdate _____ Birthplace _____ Home Phone _____

Address _____ Sex _____ M _____ F _____ Social Security Number _____
(P.O. Box/Street) (City) (Zip)

(last) (first) (middle/maiden) Address (if different from above) Phone (home/work)

FATHER _____

MOTHER _____

LEGAL GUARDIAN _____

Primary home language _____

OTHER SCHOOLS ATTENDED: (WHERE WE CAN SEND FOR RECORDS)

School and address: _____ Grades: _____ Dates attended: _____

(1) _____ to _____

(2) _____ to _____

SCHOOL REGISTRATION FORM**2020-2021**

Please mail this form along with your checks to:

School Registration

Bennett School

Make checks payable to **Bennett School**.

P.O. Box D 300 Cedar Street

Bennett, Iowa 52721

Student Name	Grade Level	Instructional Materials Fees \$30 3-yr-old Preschool \$45 Kindergarten \$50 Grades 1-6
Recorder/Ukulele & book for music (4 th grade only) - \$10.00 Choose color: <i>blue, green, purple, red, yellow</i>		
School Owned Instrument (5 th /6 th grade only): # _____ Woodwind or Brass (\$30) # _____ Percussion (\$15)		
Please call if you have any questions. 890-2228		Total Amount Enclosed:

LUNCH MONEY FORM

Breakfast Pre K-6 \$1.90 a day

Lunch K-6 \$2.85 a day

A student's lunch account card covers both breakfast and lunch.

I HAVE ENCLOSED THIS AMOUNT TO COVER ALL CHILDREN.

\$ _____

Any special instructions to distribute lunch money for your children:

Grade PK **Optional** milk for snack time \$10 per trimester

\$ _____

Grades K-2 **Optional** Supplementary Afternoon Milk \$20 per trimester

\$ _____

GRAND TOTAL – LUNCH/MILK MONEY

\$ _____

REMEMBER - two checks please!***One for lunches/supplementary milk and the other for instructional materials fees.***

**Bennett Community School
Emergency Contact Sheet 2020-2021**

Emergency Release I give permission to the appropriate personnel of the Bennett Community School District to secure and authorize emergency medical care and treatment for my child that in their judgment is in the best interest of my child while under their supervision. I also agree to assume and pay for the fees for the emergency medical treatment as authorized in this statement. I understand that this health information sheet is confidential but the information will be shared with other Bennett Community School personnel as needed.

Student _____ Birthdate _____ Grade _____

Address _____

Parent(s)/Guardian _____

Home Phone _____ Cell Phone Number(s) _____

Father's Place of Employment _____ Phone _____

Mother's Place of Employment _____ Phone _____

**E-mail
addresses** _____

EMERGENCY CONTACTS IN CASE NEITHER PARENT CAN BE REACHED:

Name/Phone/Address/Relationship

1. _____

2. _____

Child lives with _____

Siblings attending Bennett Elementary _____

FAMILY PHYSICIAN _____ Phone _____

FAMILY DENTIST _____ Phone _____

If there is a need, may the nurse contact your providers? _____ yes _____ no

HOSPITAL PREFERENCE

Be aware that your child may go to a different hospital in some situations.

INSURANCE PROVIDER _____

Please note below any physical problems of the student that the school personnel would benefit from knowing. Use the back of this sheet if necessary. (NOTE: Parents are asked to visit with the nurse concerning any special health situations that need close monitoring. If necessary, a health plan then can be put into place.) _____

Does your child have any allergies? _____ If yes, please list and describe type of reaction (ex: rash, etc): _____

Does your child take any medications? What/When _____

If your child needs to take medication, please speak with the nurse. Medication must be brought to the school by a responsible adult.

CONTINUED>>>>>>>

**Bennett Community School
Emergency Contact Sheet 2020-2021**

CONTINUED >>>>>>

STUDENT NAME _____

I give the school permission to administer the following to my child, if needed. (dose given according to child's weight) **Your child's weight** _____

_____ Please contact me before giving my child any medication, or the medications I have indicated.

ACETAMINOPHEN (Tylenol) (10 mg/kg) _____ YES _____ NO _____ Call
Dose: Tablet, liquid or chewable form
Occurrence: Every 4 hours, as needed by mouth

IBUPROFEN (10mg/kg) _____ YES _____ NO _____ Call
Dose: Tablet, liquid or chewable form
Occurrence: Every 4 hours, as needed by mouth

DIPHENHYDRAMINE (Benadryl) _____ YES _____ NO _____ Call
Dose: Tablet or liquid form
Occurrence: Every 4 hours, as needed by mouth

ANTACID (TUMS) one tablet by mouth every 2 hours as needed _____ YES _____ NO _____ Call

ANTIBIOTIC OINTMENT apply topically as needed _____ YES _____ NO _____ Call

SALINE EYE DROPS 1-2 drops to affected eye as needed _____ YES _____ NO _____ Call
AMBESOL (Orajel) apply topically as needed _____ YES _____ NO _____ Call

HYDROCORTISONE CREAM apply topically as needed _____ YES _____ NO _____ Call

COUGH DROP/ORAL ANESTHETIC one cough drop by mouth every 2 hours as needed _____ YES _____ NO _____ Call

The above information may be shared with school personnel for provision of appropriate health and/or educational services. Release of this information shall be allowed for the school year listed above and may be revoked at any time with a written request to the school. **I agree to notify the school of any changes in the above information throughout the school year.**

Signature Parent/Guardian _____ **Date** _____

BENNETT COMMUNITY SCHOOL
FIELD TRIP/AUTHORIZATIONS FORM 2020-2021

My child _____ has permission to go on any field trips or walks with his/her class when they leave the school grounds this school year 2019-2020.

Phone numbers to call in case of emergency:

1. _____ 2. _____

Does your child have any physical limitations? ☐ No ☐ Yes Describe: _____

Does your child have any allergies: _____

Describe: _____

Bee stings ☐ No ☐ Yes _____

Poison Ivy ☐ No ☐ Yes _____

Other ☐ No ☐ Yes _____

Is your child under at doctor's care at this date? ☐ No ☐ Yes

Family physician _____ Phone # _____

Is your child taking any kind of medication? ☐ No ☐ Yes

In the event of a medical emergency while I am out of the area or school personnel are unable to reach me, I hereby authorize the school and/or hospital personnel to provide medical care to my child as deemed necessary.

Signature of parent _____ Date _____

I give permission to the school to take videos or photos of my child while on field trips or during the school day. These may be used in the yearbook, school newsletter, local newspapers, brochures or bulletin boards in school.

Signature of parent _____ Date _____

I give permission to the school to use videos or photos of my child on classroom websites, class Dojo, district school website, and social media sites (Ex: District Facebook page).

Signature of parent _____ Date _____

ACCEPTABLE USE POLICY
THE USE OF COMPUTERS AND INTERNET
2020-21

Bennett Community School is pleased to offer students in grades PreK-6 access to computers, the network for electronic mail and the Internet. To gain access to e-mail and the Internet, all students must obtain parental permission as verified by the signatures on the Acceptable Use Policy form. Should a parent prefer that a student not have e-mail and Internet access, use of the computers is still possible for more traditional purposes such as creation of research papers, classroom assignments, game sites for skill development, and other technology-based needs.

What is possible?

Access to the Internet will enable students to explore thousands of libraries, databases, museums, and other locations of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the purpose of the school is to use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the Internet exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources.

What is expected?

Students are responsible for appropriate behavior while using the school's computers and the network just as they are in a classroom or on the school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with the specific rules set forth in this Acceptable Use Policy. The use of the network is a privilege, not a right, and may be revoked at any time if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The students are advised never to access, keep, print, or send anything that they would not want their parents or teachers to see. For rules see Acceptable Use Policy Form.

Reliability

Bennett Community School makes no warranties of any kind, whether expressed or implied, for the service it is providing. Bennett Community School will not be responsible for any damages you suffer. This includes the loss of data resulting from delays, non-deliveries, misdirected data, or service interruptions caused by your negligence or errors and omissions. Use of any information obtained or printed out at Bennett Community School is at your own risk. Bennett Community School specifically denies any responsibility for the accuracy or quality of information obtained through its services. Any information received or sent from the Internet by the student is the sole responsibility of the student.

ACCEPTABLE USE POLICY

WHAT ARE THE RULES? (For more information see student handbook)

1. Privacy – Network and Hard Drive storage areas may be treated like school lockers. Any staff member at any time may view any items saved in these areas. They may also review Internet use to maintain system integrity that will insure students are using the systems responsibly.
2. Inappropriate materials or language –Profane, abusive or impolite language should NOT be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send, print, or access materials, which you would not want your teacher and parents to see. Should students encounter such material by accident they should report it to their teacher immediately.
3. Do not give out the school address or your home address
4. No purchasing or buying items off the Internet will be allowed, best policy do not go to any site such as eBay.
5. No game sites or downloading without teacher permission.
6. Respect other student work that may be saved on server or hard drives. School rules for copying and vandalizing other student's files will be enforced.
7. Absolutely NO chat room use!

OFFENSES:

1st offense will be 10 days (calendar days) suspension of Internet use unless used in regular class.

2nd offense will be 30 days (calendar days) suspension of Internet use unless used in regular class.

3rd offense no use of Internet unless used in regular class.

PARENT PERMISSION

As a parent or guardian of a student at Bennett Community School, I have read the previous pages of information about the appropriate use of computers at the school and I understand this agreement will be kept on file at school. (Questions should be directed to the principal for clarification.)

My student _____ may use the internet and e-mail while at school according to the rules outlined in the internet use policy, which I have discussed with my student.

Date: _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Bennett Community School
Student Laptop Program Acknowledgement Form
2020-21 School Year

All requirements must be read with initials and signatures included prior to receiving your Assigned laptop computer. Be sure to read the entire Computer Use Agreement signing this acknowledgement form.

Student **Parent**
Initials **Initials**

I have read the Computer Use Agreement and agree to the conditions stated.(1.0-6.7)

I will not leave my laptop unattended unless it is locked in a secure place. My family is fully responsible for the cost of replacement should my laptop become lost or stolen due to "gross negligence" as determined by administration.(2.2-2.4, 4.2)

I understand that my family is financially responsible for up to the full cost if damage occurs to the laptop.(2.2,4.1)

I will follow current copyright law as it pertains to digital content.(3.5)

I agree to promptly report any problems to the Technology Coordinator, Classroom Teacher or Building Principal immediately.(4.3)

I agree that teachers or fellow students can record my involvement in the classroom or school activities for the purpose of improving and publicizing Bennett Community School District curricular and other programs according to school board policy.(6.0)

Users understand that information stored or transmitted on computers are not considered private at any time and are subject to monitoring by school officials.(1.1,3.1,5.1,6.6)

I will comply with the rules and regulations related to internet and computer safety and understand my laptop computer or computer privileges may be revoked temporarily or permanently for inappropriate student conduct occurring on school property at any given time.(6.5)

I will keep my computer fully charged.(4.8)

I will not place marks or labels on the laptop.(4.4)

Please sign below the agreement to participate or not in the 1:1 laptop computer program.

Student Name(print clearly)_____

Student Signature_____ Date_____

Parent/Guardian Name(print clearly)_____

Parent/Guardian Signature_____ Date_____

If for some reason you choose not to receive a laptop at this time, please sign below. My signature below indicates that I have read and understand the Bennett Community School District Computer Use Agreement and choose not to receive a 1:1 laptop at this time.

Student Name(print clearly)_____

Student Signature_____ Date_____

Parent/Guardian Name(print clearly)_____

Parent/Guardian Signature_____ Date_____

This completed and signed form is mandatory requirement for the assigning and issuing of a Bennett School District laptop computer. It must be filed prior to the issuing and assigning of a computer. Students will not receive their computer laptop until your building principal or designee received a signed form.

School-Age Child Health Form/Parent Statement of Health

Parent/Guardian please complete pages 1 and 2.

Child's name		Child's birthdate	Name of school	
Parent/Guardian name #1		Parent/Guardian name #2		
Child home address #1		Telephone # 1		
Child home address #2		Telephone # 2		
Where parent/guardian #1 works	Work address		Telephone # Work # Cellular # Home email Work email	
Where parent/guardian #2 works	Work address		Telephone # Work # Cellular # Home email Work email	
<p>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. YES NO</p> <p>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</p> <p>Parent/Guardian Signature: _____ Date _____</p> <p>Alternate emergency contact person's name: _____ Phone # _____</p> <p>Relationship to child: _____ Cellular # _____</p>				
Child's Doctor's name	Doctor telephone #1		Hospital of choice	
<input type="checkbox"/> Child does not have doctor	After hours telephone #		Phone # _____ Does your child have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Company _____ ID# _____	
Doctor's address	Dentist telephone #1		Does your child have dental insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Company _____ ID# _____	
Child's Dentist's name	After hours telephone #		<input type="checkbox"/> HELP us find a family doctor or dentist <input type="checkbox"/> HELP us find health or dental insurance	
Dentist's address	Telephone #			
Other health care/mental health specialist name	Type of specialty			

Child Name:

School-Age Child Health Form/Parent Statement of Health

Parent/Guardian complete this page

Please use an X in the box ☐ to statements that apply to your child.

Date of child's last physical exam: _____

Date of last dental appointment: _____

Growth

☐ I am concerned about child's growth.

Appetite

☐ I am concerned about child's eating habits.

Rest

☐ My child needs to rest after school.

Illness/Surgery/Injury

☐ My child had a serious illness, surgery, or injury.

Please describe: _____

Physical Activity - My child

☐ Must restrict physical activity or needs special equipment to be active. Please describe: _____

Play with friends - My child

☐ Plays well in groups with other children.

☐ Will play only with one or two other children.

☐ Prefers to play alone.

☐ Fights with other children.

☐ I am concerned about my child's play activity with other children.

School and Learning - My child

☐ Is doing well at school.

☐ Is having difficulty in some classes.

☐ Does not want to go to school.

☐ Frequently misses or is late for school.

☐ I am concerned about how my child is doing in school. Please describe: _____

☐ **Allergy** - My child has allergies (Medicine, food, dust, mold, pollen, insects, animals, etc.). List allergies: _____

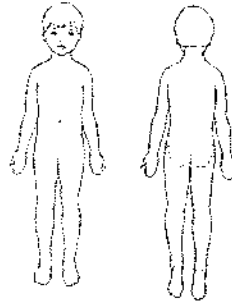
☐ **Special Needs Care Plan** - My child has a special needs care plan (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.). Please discuss with your health care provider.

Child name: _____

Body Health - My child has problems with

☐ Skin, hair, fingernails or toenails.

Describe skin marks, birthmarks, or scars. Show us where these skin marks are located using the drawing below.



☐ Eyes/vision, glasses or contact lenses

☐ Ears/hearing, hearing assistive aides or device, earache, tubes in ears

☐ Nose problems, nosebleeds

☐ Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth

☐ Frequent sore throats or tonsillitis

☐ Breathing problems, asthma, cough

☐ Heart problems or heart murmur

☐ Stomach aches or upset stomach

☐ Trouble using toilet or wetting accidents

☐ Hard stools, constipation, diarrhea, watery stools

☐ Bones, muscles, movement, pain when moving

☐ Mobility, child uses assistive equipment

☐ Nervous system, headaches, seizures, or nervous habits (like twitches or tics)

☐ Females - difficult monthly periods

☐ Other special needs. Please describe: _____

☐ **Medication¹** - My child takes medication.

Medication Name	Time Given	Reason for giving medication
-----------------	------------	------------------------------

Child has Epipen, inhaler, or other emergency medication.

☐ Yes ☐ No

Parent Signature:
(required)

Date:

¹ Parents: Please review the child care program's policies about the use of medication at child care.
HCCI July 2016

School-Age Child Health Form/Parent Statement of Health

HEALTH PROFESSIONAL COMPLETE PAGE

Date of Exam: _____

Height: _____ Weight: _____

Body Mass Index: _____

☐ There are weight concerns

☐ Referral made to _____

Blood Pressure: _____

Laboratory Screening:

Blood Lead Level: Date _____ ☐ venous ☐ capillary (for child under age 6 yr.) Results _____

Hgb. / Hct: _____

Urinalysis: _____

TB testing (high risk child only) _____

Sensory Screening

Vision Acuity: Right eye _____ Left eye _____

Hearing: Right ear _____ Left ear _____

Tympanometry: Right ear _____ Left ear _____

Exam Results (*N = normal limits*) otherwise describe

Skin:

HEENT:

Teeth/Oral health:

Date of Dentist Exam: _____ or ☐ none to date.

Dental Referral Made Today ☐ Yes ☐ No

Heart:

Lungs:

Stomach/Abdomen:

Genitalia:

Extremities, Joints, Muscles, Spine:

Neurological:

Psychosocial/Behavioral Assessment (Depression screening starting at age 11)

Allergies

Environmental

Medication

Food

Insects

Other

Health Care Provider Comments:

Child Name: _____

Date of Birth: _____ Age: _____

Immunization: Please attach:

☐ Iowa Department of Public Health
Certificate of Immunization

☐ Iowa Department of Public Health
Certificate of Immunization Exemption Medical

☐ Iowa Department of Public Health
Certificate of Immunization Exemption Religious

Health provider authorizes the child to receive the following medications while at child care or school (Including over-the-counter and prescribed)

Medication Name Dosage

☐ Fever/Pain reliever:

☐ Sunscreen:

☐ Cough medication:

☐ Other - list all

Other Medication should be listed with written instructions for use in child care. Medication forms available at www.idph.iowa.gov/hcci/products

Referrals made:

☐ Referred to hawk-i today 1-800-257-8563

☐ Other: _____

Health Provider Statement:

☐ The child may fully participate with **NO** health-related restrictions.

☐ The child has the following **health-related restrictions** to participation: (please specify)

☐ The child has a special needs care plan

Type of plan _____
(please attach)

Signature _____

Provider Type (circle) MD DO PA ARNP

Address: _____ Telephone: _____

IOWA SCHOOL-AGE CARE - HEALTH STATUS - PARENT STATEMENT

Parents: A physical exam for school-age children enrolled in child care is not required every year. However, school-age children need to continue to receive health care to prevent illness and to identify potential health problems. The following guide will help you and your child prepare for a thorough exam with your family doctor or clinic. If you do not have a family doctor, please call the Healthy Families Line (1-800-369-2229) to locate a health care provider near you.

Iowa Recommendations for Preventive Health Care – School-Age Youth²

Health Provider Guide		5 yr.	6yr.	8 yr.	10 yr.	12 yr.	14 yr.	16 yr.
History:	Initial and Interval	●	●	●	●	●	●	●
Physical Exam		●	●	●	●	●	●	●
Measurement:	Height/ Weight/Body Mass Index	●	●	●	●	●	●	●
	Blood Pressure	●	●	●	●	●	●	●
Nutrition:	Assessment/ educate	●	●	●	●	●	●	●
Oral Health³	Assessment	●	●	●	●	●	●	●
Development and behavioral	Developmental surveillance	●	●	●	●	●	●	●
	Psychosocial/behavioral assessment	●	●	●	●	●	●	●
	Alcohol and drug use assessment	●	●	●	●	●	●	●
Mental Health / Mood:	Screening questionnaire	●	●	●	●	●	●	●
Sensory Screen:	Vision	●	●	●		●	●	
	(This screening may be completed at school or in child care)							
	Hearing	●				●		
Immunizations:	per Iowa schedule ⁴	●	●	●	●	●	●	●
Lab tests:	Hematocrit or Hemoglobin and (hemoglobinopathy for adolescents at risk)					←●→		
	Urinalysis	●				←●→		
	Lead Test ⁵	◆						
	Cholesterol Screen	◆						
	STD Screen and Genital or Pelvic Exam ⁶					◆→		
	TB test ⁷	◆						→
Family Guidance:	Injury Prevention	●	●	●	●	●	●	●
	Seat Belt Use	●	●	●	●	●	●	●
	Bike Helmet Use	●	●	●	●	●	●	●
	Violence Prevention ⁸	●	●	●	●	●	●	●
	STD and Pregnancy Prevention males & females ⁹					●	●	●

Key: ● = to be performed | = Interview parent or child ◆ = for at risk children only

Arrow indicates range which item may be completed

² The schedule of Preventive Health Care for children was revised July 2009 by the Iowa EPSDT Medicaid program for children.

³ Oral/dental health assessment consists of dental history; recent concerns; pain or injury; visual inspection of hard and soft tissues of oral cavity; dental referral based on risk assessment.

⁴ Immunization per schedule Iowa Immunization 1-800-831-6293.

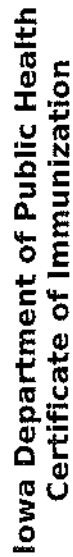
⁵ Lead testing Iowa Lead Testing program 1-800-242-2026.

⁶ Sexually active youth should be screened.

⁷ TB testing only for at-risk children Iowa TB program 1-800-383-3826.

⁸ All families to receive domestic and youth violence prevention. CALL TEENLINE 1-800-443-8336 (operates 24/7).

⁹ All youth to have access to STD and pregnancy prevention services. CALL TEENLINE 1-800-443-8336.



Signature: _____ Date: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

[illegible]

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		haemophilus influenzae type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses if the applicant received 1 dose before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age, unless the applicant has a reliable history of natural disease.
	24 months of age and older	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. Hib vaccine is not required for persons 60 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 24 months of age; or 2 doses if the applicant received 1 dose before 24 months of age; or 1 dose if the applicant did not receive any doses before 24 months of age. Pneumococcal vaccine is not required for persons 60 months of age or older.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age, unless the applicant has had a reliable history of natural disease.
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/ Pertussis ^{4, 5}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 ² ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but on or before September 15, 2003 ² ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2003 ^{2, 3} ; and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for the applicant in grades 7 and above, if born after September 15, 2000; regardless of the interval since the last tetanus/diphtheria-containing vaccine.
		Polio	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003 ⁷ ; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁷ Polio vaccine is not required for persons 18 years of age or older.
		Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁸
		Meningococcal (A, C, W, Y)	1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal vaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older.

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.

³ The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁵ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁶ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁷ If both OPV and IPV were administered as part of the series, a total of 4 doses are required.

⁸ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- ☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- ☐ **Requires Dental Care** – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- ☐ **Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials
of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Center
515-242-6383 • 866-528-4020 • <http://idph.iowa.gov/ohds/oral-health-center>
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.



**Iowa Department of Public Health
Child Vision Screening**

1. Parents or guardians need to make sure their child has a vision screening at least once before starting kindergarten and again before starting 3rd Grade.
2. Kindergarten Screenings: A screening will be counted if it is done no earlier than 1 year before and no later than 6 months after school starts.
3. 3rd Grade Screenings: A screening will be counted if it is done no earlier than 1 year before and no later than 6 months after school starts.
4. The requirement for a child vision screening will count by any of the following:
 - a. A vision screening or comprehensive eye exam by an eye doctor (ophthalmologist or optometrist).
 - b. A vision screening conducted at a doctor's office, a free clinic, a child care center, a local public health department, a public or accredited nonpublic school, or a community-based organization or by an advanced registered nurse practitioner or physician assistant.
 - c. A vision screening done by Prevent Blindness Iowa volunteers or Iowa KidSight and Lion's Club Volunteers.
5. The child vision screening requirement does not apply if the child vision screening conflicts with a parent's or guardian's genuine and sincere religious belief.
6. A child will not be withheld from school because a parent or guardian did not provide proof that the child received a vision screening.

***Please direct questions regarding vision screening to:
Iowa Department of Public Health - Bureau of Family Health
321 E 12th Street - Des Moines, IA 50319
FAX 515-725-1760 - Phone 800-383-3826***

**Iowa Department of Public Health
CERTIFICATE OF VISION SCREENING
RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent/Guardian Telephone Number:	Student Address:	
Zip Code:		

Screening Information (vision screening provider must complete this section *or parents may attach a copy of vision screening results given to them by a provider.*)

Date of Vision Screening: _____	
Results (visual acuity):	
Right Eye _____	Left Eye _____
Overall Result (Please select one):	Referral to eye health professional (Please select one):
Pass or Fail	Yes or No
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

Screening Provider: _____

Provider Business Name/Source of Screening: (please print) _____

Provider Name: (please print) _____ Phone: _____

Signature and Credentials of Provider: _____ Date: _____

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3rd grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and no later than six months after the date of the child's enrollment in Kindergarten.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in 3rd grade and no later than six months after the date of the child's enrollment in 3rd grade.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Education
HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: M ☐ F ☐

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes ☐ No ☐

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes ☐ No ☐

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____ to _____

Name of School _____ State _____ Dates Attended _____ to _____

Name of School _____ State _____ Dates Attended _____ to _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? English ☐ Spanish ☐ Other _____

5. Please check if your child is:

☐
☐
☐
☐
☐

Native American

Native Pacific Islander

Alaska Native

Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes ☐ No ☐

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

10. Please describe the language understood by your child. (check one)

☐
☐
☐
☐
☐

Understands only the home language and no English.

Understands mostly the home language and some English.

Understands the home language and English equally.

Understands mostly English and some of the home language.

Understands only English.

Parent/Guardian's Signature: _____

Date: _____

School Office Use Only: Student ID# _____

Date Distributed _____

Date School Received _____

Student Race & Ethnicity Questionnaire

Schools must ask the following two-part question in accordance with state reporting requirements. Parents: please answer both parts of the question. The two-part question should be answered through self-identification by the parent(s).

A form must be completed for each child and will be kept on file for 3 years by the school district.

Student Name _____

(1) Is this student Hispanic/Latino? (Choose only one)

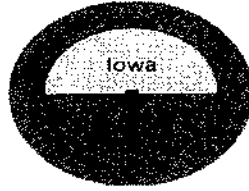
- a. No, not Hispanic/Latino
- b. Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

(2) What is the student's race? (Choose one or more)

- a. American Indian or Alaska Native (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.)
- b. Asian (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.)
- c. Black or African American (A person having origins in any of the black racial groups of Africa.)
- d. Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- e. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Parent/Guardian Signature _____ Date _____



School District: _____

Date completed: _____

Migrant Education Parent Form

The answers to this form will help determine if your child (ren) is eligible to receive supplemental services from the Migrant Program.

Name of Parent(s) or Legal Guardian(s)		
Current Street Address:	Apt #	
City:	State:	Zip Code:
Phone Number:		
Best Time to be Contacted:		

1. Has your family moved in order to work in another city, country, or state in the last three (3) years
YES___ NO___
 2. If so, what date did your family move? _____
 3. Has anyone in your family been involved in one of the following jobs, either full or part-time or temporarily during the last three (3) years? Yes_____ No_____
- (Check all that apply)

- ☐ Meat Packing/Meat processing
- ☐ Dairy/Poultry/Egg/Livestock
- ☐ Agriculture; planting/picking fruits and vegetables
- ☐ Planting, Growing, Detasseling or Farm labor
- ☐ Processing/packing agricultural products
- ☐ Fishing or fish farms
- ☐ Other (Please specify other agricultural job): _____

4. Name of student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you!

Please return this form to the school. Note for the school/district: When both "yes" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to alex.johnson@iowa.gov. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov)