



Burlington Community School District Registration Form

Assigned School:
Enroll Date:
(office use)

Student Information (please print)

Grade Level _____

School Year _____

Student Legal Name:

Last Name

First Name

Full Middle Name

Preferred Name/Nickname

Student Address:

Street Address

City / State / Zip

Gender: Male Female Non-Binary

Birthdate: _____

Student cell phone (High School only): _____

Race: Is this student Hispanic/Latino? Yes No What is the student's race? (choose one or more)

White Black Asian Am Indian/Alaskan Native Native Hawaiian/Pacific Islander

Living Arrangements: (check one) Own/Rent Hotel/Motel Shelter/Transitional Doubled Up Unsheltered

Country of Birth: _____ If not born in USA, date entered USA: _____ Immigrant Y/N: _____

Languages spoken in the home: _____

Does student receive special education services? _____

Last school student attended: _____

City: _____

State: _____

Kindergarten only: Did student attend preschool? _____ Name of preschool: _____

Household Information

Legal Parent/Guardian A

 Receives mailings

Name _____

Relationship to student: _____

Birthdate: _____

Street Address: same as student

City

State

Zip

Mailing address (if different) _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ ext: _____

Place of Employment: _____

Email: _____

Other members residing in this household:

Name	Relationship to student	Birthdate

Legal Parent/Guardian B

 Receives mailings

Name _____

Relationship to student: _____

Birthdate: _____

Street Address: same as student

City

State

Zip

Mailing address (if different) _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ ext: _____

Place of Employment: _____

Email: _____

Other members residing in this household:

(If different from Parent/Guardian A)

Name	Relationship to student	Birthdate

Military Status: Are any of the parent/guardians on active military duty? (Not National Guard) Yes No

Emergency Information: In case of an emergency at school, parent will be called first. If the school is unable to contact parent, please list other persons we can notify.

Name	Relationship to student	Home Phone	Cell Phone	Work Phone

Signature of person registering student: _____

Relationship to student: _____

Printed name of person registering student: _____

Date _____

Home Language Survey (2022) - IA – English+12

Date: _____

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

School: _____ Grade: _____

Note to districts:

- In accordance with federal law and required by Iowa code, districts are required to administer this HLS for all students at the time of enrollment. This form should be completed once, upon enrollment and not each year.
- **To obtain accurate information, schools should reassure parents that the HLS is used solely to offer appropriate educational services, not for determining legal status, for immigration purposes or any other purpose than best serving the student's educational needs.**
- A complete HLS, signed and dated by the parent must be appropriately filed with the other permanent student enrollment documentation.

Home Language Survey Questions for Parents

The state of Iowa values the diversity represented throughout Iowa, home of more than 200 languages. We collect information on the home language survey from *all* students to make decisions to ensure all students receive equitable access to education.

These questions have been approved by the U.S. Department of Education Office for Civil Rights (OCR) and the U.S. Department of Justice (DOJ) and are the required HLS questions for all students enrolling into Iowa's K-12 schools beginning the 2022-23 school year.

Please note: The three required, questions are translated into Iowa's top 12 languages other than English. These translations are required for Iowa's HLS.

English

1. What is the primary language used in the home, regardless of the language spoken by the student?

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Spanish

1- ¿Cuál es el idioma principal que se usa en la casa, independientemente del idioma que hable el estudiante? _____

2- ¿Cuál es el idioma que el estudiante habla con más frecuencia? _____

3- ¿Cuál es el idioma que el estudiante adquirió por primera vez? _____

Arabic

_____ 1- الطالب؟ بها يتحدث التي اللغة عن النظر بصرف، المنزل في المستخدمة الأساسية اللغة هي ما -

_____ 2- الطالب؟ بواسطة تحدثًا اللغات أكثر هي ما -

_____ 3- أولاً؟ الطالب اكتسبها التي اللغة هي ما -

Vietnamese

1. Ngôn ngữ chính được sử dụng ở nhà, bất kể ngôn ngữ nói của học sinh là gì? _____

2. Ngôn ngữ nói mà học sinh hay sử dụng nhất là gì? _____

3. Ngôn ngữ mà học sinh tiếp thu đầu tiên là gì? _____

Karen

1 ဂံၢ်ခိၣ်ထံးကျိၣ်တၢ်စံးကတိၤအီၤလၢဟံၣ် လၢတဘၣ်ထွဲကျိၣ်လၢပုၤကိၣ်ဖိစံးကတိၤအီၤ
မ့ၢ်ကျိၣ်မနုၤလဲၣ် _____

2 ကျိၣ်လၢပုၤကိၣ်ဖိညီၣ်န့ၢ်စံးကတိၤအီၤအါကတၢ်မ့ၢ်ကျိၣ်မနုၤလဲၣ် _____

3. ကျိၣ်လၢပုၤကိၣ်ဖိစံးကတိၤအီၤဆိကတိၢ်မ့ၢ်ကျိၣ်မနုၤလဲၣ် _____

Bosnian

1. Koji je primarni jezik koji se koristi kod kuće, bez obzira na jezik kojim govori učenik?

2. Koji je jezik koji učenik najčešće govori? _____

3. Koji je jezik koji je učenik prvo usvojio? _____

Swahili

1. Ni lugha gani ya msingi inayotumiwa nyumbani, bila kujali lugha inayozungumzwa na mwanafunzi? _____

2. Ni lugha gani inayozungumzwa mara nyingi na mwanafunzi? _____

3. Ni lugha gani ambayo mwanafunzi alijifunza kwanza? _____

Chinese (Mandarin)

1. 不考虑这名学生说的语言，在家主要使用什么语言? _____

2. 这名学生最常说的是什么语言? _____

3. 这名学生首先学会的是什么语言? _____

Burmese

1. ကျောင်းသားက မည်သည့်ဘာသာစကားကို ပြောသည်ဖြစ်စေ အိမ်တွင် မည်သည့်ဘာသာစကားကို အဓိက ပြောဆိုပါသလဲ။ _____

2. ကျောင်းသားက မည်သည့်ဘာသာစကားကို အများဆုံး အသုံးပြု ပြောဆိုပါသလဲ။ _____

3. ကျောင်းသားက မည်သည့် ဘာသာစကားကို ပထမဆုံး လေ့လာသင်ယူခဲ့ပါသလဲ။ _____

French

1. Quelle est la principale langue de communication utilisée à la maison, indépendamment de la langue parlée par l'élève ? _____

2. Quelle est la langue parlée le plus souvent par l'élève ? _____

3. Quelle langue l'élève a-t-il acquise en premier ? _____

Nepali

1. विद्यार्थीले जुन भाषा बोलेतापनि घरमा बोलिने प्राथमिक भाषा कुन हो? _____

2. विद्यार्थीले प्रायः बोल्ने भाषा कुन हो? _____

3. विद्यार्थीले सुरुमा प्राप्त गरेको भाषा कुन हो? _____

Somalian

1. Waa maxay luuqada koowaad ee guriga laga isticmaalo, iyadoon loo eegayn luuqada ay ku hadlaan ardaygu? _____

2. Waa maxay luuqada uu badanka ku hadlo ardaygu? _____

3. Waa maxay luuqada uu ardaygu ugu horayntiiba helay? _____

Marshallese

1. Ta kajin eo kein kajuon kom ej kenono ilo mweo, jekdon ta kajin eo rijikuul eo ej kenono? _____

2. Ta kajin eo elab an rijikuul eo kōjerbale? _____

3. Ta kajin eo rijikuul eo ear jelā maktata? _____

Additional Required Information

Please answer all of the following questions. Your responses may give us information about your student's knowledge and skills allowing us to better support your child's educational needs. All information collected is needed for district data and funding and is completely unrelated to immigration and citizenship.

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 _____

Name of School _____ State _____

Dates Attended _____

<p>Right to Translation and Interpretation Services</p> <p>Your response will help the school provide communication in a language you prefer.</p>	<p>In which language do you prefer to receive written information from school? _____</p> <p>In which language do you prefer to receive spoken information from school? _____</p>
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Have parent/guardian sign and date this document ensuring that the answers within are factual.

Parent Name:	
Parent Signature:	
Interpreter Name (if applicable)	

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Burlington Community School District Student Health Registration

Student's Name: _____ Date of Birth: _____ Grade: _____ Gender: _____

When child is ill or injured, please list which parent/guardian the school should notify first. Please list in preferred order of contact.

#1) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

#2) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

In case parents can't be reached, please contact the individual below: This person has agreed to assume this responsibility and is local.

#3) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

Child's Doctor: _____ Phone #: _____ Preferred Hospital: _____

Child's Dentist: _____ Phone #: _____ Orthodontist: _____

Type of Health Insurance: Private Title 19/Medicaid Hawk-I No Health Insurance

HEALTH CONCERNS Mark the box if your child has a history of the following conditions. Mark additional information as needed. **Additional forms may need to be completed by your physician (marked with *).** Forms available on school website.

Asthma or Reactive Airway Disease

•Triggers Exercise Colds/Allergies Animals Smoke Weather Food Dust/Air Other: _____

•Will the inhaler ever be needed at school? No Yes **Asthma Action Plan***

•Will the student carry their own inhaler? No Yes **Authorization to Carry/Self-Administer***

Diabetes Type 1 Type 2 Does the student use insulin? No Yes **Diabetic Management Plan***

•Does the student have glucagon? No Yes At school Office Backpack Locker # _____

Seizure Disorder **Seizure Action Plan***

•Does the student have rescue meds? No Yes At school Office Backpack Locker # _____

Allergies [Food, Insect, Seasonal, Medication]

•Is the student at risk for anaphylaxis at school? No Yes **Allergy & Anaphylaxis Emergency Plan***

•Will the student need lunch accommodation? No Yes **Diet Modification Form***

•Does the student have an EpiPen? No Yes At school Office Backpack Locker # _____

•**List allergies**

Food(s) Peanut Tree Nut Eggs Milk Fish/shellfish Soybean Gluten Other: _____

Insect stings Seasonal allergies Medication(s): _____ Other: _____

Heart Condition/Murmur/Disease/Surgery:

Activity Restrictions (ongoing) **Doctor's note required for explanation*:** _____

ADD / ADHD **Emotional and/or Behavioral Diagnoses** **Anxiety** **Depression**

Other: _____ **Requires medication** (list in chart below)

Headaches / Migraines:

Bowel/Bladder Concerns or Incontinence:

Assistive Equipment **Glasses / Contacts** **Hearing Aids** **Wheelchair** **Other:**

History of Concussion / Head Injury:

Other medical history or current medical/developmental concerns that could affect child's education (use back if necessary): _____

See the other side

MEDICATIONS List ALL medications taken regularly at home or at school. Please specify frequency and reason for use. Use back if necessary.

Medication:	Dose:	Time(s) Taken:	Frequency:	School / Home	Reason for use:

I understand that any medication sent from home to be taken at school needs to be in the original labeled container and a Medication Authorization Form must be completed in order for it to be given. I understand that students may not carry any medications. I give permission to the school to contact my child's doctor/dentist to confirm appointments and authorize medications/plans of care as necessary. If an emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand it is my responsibility to update any of the above information as needed. I understand this information is confidential but may be shared with appropriate school personnel when necessary for the child's safety or education.

Parent/Guardian Initials _____

Over The Counter Medications

The Board of Directors policy for the Burlington Community School District states "Non-prescription medication will be administered only with written authorization that is signed and dated by the parent for the current school year."

Medications provided by the school district will be stored and administered according to label and standard procedures unless otherwise indicated.

All parent provided OTC non-prescription medication must be in the original manufacturer container with manufacturer directions and must be properly labeled.

The time of medication administration may need to be altered slightly to fit your child's schedule.

Please remind your child that she/he is responsible to go to the school clinic at the appropriate time.

- I understand that the medication must be delivered to the school office in its original container.
- I understand that if the medication is a nonprescription medication (over-the-counter), there must be a parental/guardian/custodial authorization giving the student's name, the name of the medication, the dates, times, route of administration, and the dosage.
- I understand | must submit a revised permission form if any of the information changes.
- I understand this request and authorization must be renewed each school year.
- I agree to cooperate with school personnel if questions arise.
- I agree to timely provide safe delivery of medication to and from school and to timely pickup remaining medications.

I give **permission** to the school to administer over-the-counter medications (such as but not limited to acetaminophen, ibuprofen, antibiotic ointment or cough drops) to my child if supply is available. Medication will only be given per label indication and dosed according to age.

I do **NOT** give **permission** to the school to administer any medications the school has available.

Parent/Guardian Signature: _____ Date: _____



IOWA MIGRATORY EDUCATION PROGRAM

Revision Date: September 8, 2023

Parent Form

School District: _____ Date Completed: _____

Your children may be eligible to receive supplemental services, depending on the answers to this form.

General Information

Name of Parent(s) or Guardian(s): _____

Current Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Best time to be contacted: _____

1. Have both parents lived in this town continuously for the past 3 years or longer? YES NO
If YES, please stop completing the form. If NO, please continue.
2. Please select any of the following jobs that the family has done in the last 3 years:
 - Slaughter, processing, meat locker (beef, poultry, pork) Tyson, JBS, Monsanto, Smithfield, Seaboard
 - Feeding, milking, taking care of cows or goats (dairy farms)
 - Planting or detasseling corn, soybeans, fruits, vegetables, nurseries, or greenhouses
 - Hog farms, chicken farms, eggs, or turkey farms
 - Preparing farm fields
 - Other agricultural work. What was the activity or company? _____

Children's Information

Name of Child	Name of School	Grade

Please return this form to the school.

ATTN: School district migratory liaison, please scan and email completed forms to alex.johnson@iowa.gov before filing the original copy in the student's records. Please contact Rachel Pettigrew, Migratory Education Program Consultant, with any questions regarding this form: rachel.pettigrew@iowa.gov or 515-380-5115.





Office use only: Homeroom: _____

SCHOOL NAME _____

Student Name (print) _____ Grade _____

Parent/Guardian (print) _____

Field Trip Permission

I understand that as part of the educational process, BCSD students may be transported by bus or other means to attend educationally related field trips. Prior to any trip, you will be notified of the date and destination. If you wish to exclude your child from that particular trip, you may do so by notifying the school.

I provide my consent for my student to be transported in a school bus or other district approved vehicle to attend class field trips.

_____ yes _____ no

Picture/Video Parental Permission

I understand that pictures/video maybe taken of my child involving school and classroom activities.

I provide my consent for my student to be involved and understand that the photos could be used in the local newspaper, or other publications or media during his/her school year.

_____ yes _____ no

Students and other individuals attending special events and after school activities should assume that pictures and/or video recording may be in use and that those pictures and recordings may be distributed.

Severe Weather Procedures

We are asking that all parents who have children attending Burlington Schools please make arrangements with your child as to plans when school may be forced to close early due to bad weather. Local radio stations will receive and announce information as quickly as it is known. Please listen to local radio stations during inclement weather for any changes in school hours.

In the event that school should close early, the plans for my child are as follows:

_____ My child is to go home as usual.

_____ My child is to go to/with: _____
(Name)

_____ (Address) _____ (Phone #)

Student Handbook

Student Handbooks are available in hard copy or electronic copy by accessing the BCSD website (www.bcsds.org).

Please check one of the following:

_____ I will go over a hard copy version of the student handbook with my child.

_____ I will go over an electronic version of the student handbook with my child.

_____ (signature of parent/guardian)