





# 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/NicknameStudent 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 IslanderLiving Arrangements: (check one)  Own/Rent  Hotel/Motel  Shelter/Transitional  Doubled Up  UnshelteredCountry 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 military duty?  Yes  No

Branch: \_\_\_\_\_ Status: \_\_\_\_\_

**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 \_\_\_\_\_

VIEW AGE/PARENTAL RIGHTS VERIFICATION: YES / NO TYPE \_\_\_\_\_ Initials: \_\_\_\_\_

## 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.

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### 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? \_\_\_\_\_

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#### 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 - 1

\_\_\_\_\_ 2- الطالب؟ بواسطة تحدثاً اللغات أكثر هي ما - 2

\_\_\_\_\_ 3- أولاً؟ الطالب اكتسبها التي اللغة هي ما - 3

**Vietnamese**

1. Ngôn ngữ chính được sử dụng ở nhà, bắt 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 ကိုဗိုလ်ထံးကိုဗိုလ်တံးကတိအီလၢဟံၣ် လၢတဘၣ်ထွဲကိုဗိုလ်ပုၤကိုဖိစံးကတိအီ၊ မ့ၢ်ကိုဗိုလ်မနုၤလဲၣ် \_\_\_\_\_

2 ကိုဗိုလ်ပုၤကိုဖိညီန့ၢ်စံးကတိအီအါကတၢ်မ့ၢ်ကိုဗိုလ်မနုၤလဲၣ် \_\_\_\_\_

3. ကိုဗိုလ်ပုၤကိုဖိစံးကတိအီခေၣ်ကတိမ့ၢ်ကိုဗိုလ်မနုၤလဲၣ် \_\_\_\_\_

**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 बोले 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 mōktata? \_\_\_\_\_

### 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><b>Right to Translation and Interpretation Services</b></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.

<b>Parent Name:</b>	
<b>Parent Signature:</b>	
<b>Interpreter Name</b> (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](mailto: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](mailto:rachel.pettigrew@iowa.gov) or 515-380-5115.





## 4-year old Grayhound Preschool Transportation Request

If you would like to request bussing for your child, please complete and return your application.

Please be aware that your child will be placed at the nearest established BUS STOP for your area/school, if available, on our regular Morning and Afternoon Routes. A stop will be designated based on the information you provide below. On the Midday Route (returning home if AM Preschool or Picking Up if PM Preschool). Door to door transportation will be provided when possible. The Burlington School District reserves the right to make final preschool transportation assigned based on the distance the child will need to be bused and the availability of bus routes. Bussing may not be available for all requests. Bussing will not be available for families enrolled in the wrap-around child care.

If you would like to request preschool bussing for the following student:

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ AM or PM Class: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

Before preschool each day, I would like the bus to pick my child up at:

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

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

After preschool each day, I would like my child to:

\_\_\_\_ ride the bus to the same address as above.

\_\_\_\_ ride the bus to a different address which is:

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

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_ wait for me to pick him/her up.

\_\_\_\_ wait for daycare to pick him/her up.

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Head Start students only: on non-Head Start days**

Drop off: \_\_\_\_\_

Pick up: \_\_\_\_\_



Office use only: Homeroom: _____
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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](http://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)

