



**EARLY CHILDHOOD CENTER
2025-2026 GRAYHOUND**

FOUR YEAR OLD PRESCHOOL APPLICATION

GRAYHOUND programs meet on Monday, Tuesday, Wednesday and Thursday (no Fridays)

The 4 Year Old Preschool Program is offered at NO COST

Student Name: _____
First MI Last

Date of Birth: _____

Parent: _____

Phone: _____

Address: _____
Street Address

City/State/Zip

Preference (AM or PM): _____

Will your child need transportation to/from the preschool site? _____ YES _____ NO

If yes, complete & return the enclosed Preschool Transportation Request.

Your child must be 4 YEARS OLD on or before September 15, 2025 to qualify for the Grayhound Preschool Program.

Please send a copy of your child's birth certificate and immunization record with your application.

**Complete ALL forms and return to:
Burlington Community School District
Attn: 4 year old Grayhound Preschool
711 S. Leebrick St.
Burlington, IA 52601**

Questions? Call 319-753-2707 or email presley.smith@bcsds.org

*It is the policy of the Burlington Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, marital status, sexual orientation, gender identity, and socioeconomic status, in its educational programs, and its employment practices. If you have questions or a grievance related to this policy please contact the district's Equity Coordinators. For Educational Programs: Cory Johnson, Director of Curriculum, cory.johnson@bcsds.org
For Employment: Laci Johnson, Director of Human Resources, laci.johnson@bcsds.org*



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 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.

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

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

_____ الطالب؟ بواسطة تحدثاً اللغات أكثر هي ما - 2

_____ أولاً؟ الطالب اكتسبها التي اللغة هي ما - 3

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 ကံဒီနဲထံးကျိတ်တံးစံးကတိအီလဟံနံ လၢတဘၣ်ထွဲကျိတ်လၢပုၤကိဖိစံးကတိအီ၊
မ့ၢ်ကျိတ်မနုၤလဲၣ် _____

2 ကျိတ်လၢပုၤကိဖိညီနီၣ်စံးကတိအီအါကတၢ်မ့ၢ်ကျိတ်မနုၤလဲၣ် _____

3. ကျိတ်လၢပုၤကိဖိစံးကတိအီခိကတိမ့ၢ်ကျိတ်မနုၤလဲၣ် _____

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 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 _____

Right to Translation and Interpretation Services

Your response will help the school provide communication in a language you prefer.

In which language do you prefer to receive written information from school? _____

In which language do you prefer to receive spoken information from school? _____

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.





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: _____

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)

