





# 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 Middle Preferred Name/NicknameStudent Address: \_\_\_\_\_  
Street Address City / State / Zip

Gender: \_\_\_\_\_ 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: \_\_\_\_\_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: \_\_\_\_\_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 \_\_\_\_\_

# Burlington Community School District

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

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 \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

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? \_\_\_\_\_

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

**If you responded "Yes" to question number 5 above, please answer the following questions:**

6. What language did your child learn when he/she first began to talk? \_\_\_\_\_

7. What language does your child most frequently speak at home? \_\_\_\_\_

8. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_

9. Please describe the language understood by your child. (Check only one)  
 A.  Understands only the home language and no English.  
 B.  Understands mostly the home language and some English.  
 C.  Understands the home language and English equally.  
 D.  Understands mostly English and some of the home language.  
 E.  Understands only English.

\_\_\_\_\_  
 Parent or Guardian's Signature

\_\_\_\_\_  
 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	



## STUDENT HEALTH REGISTRATION INFORMATION

PLEASE PRINT

Student Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Level \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Eye Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Health Insurance (check one) Private \_\_\_\_\_ Medicaid (Title 19) \_\_\_\_\_ Hawk-I \_\_\_\_\_

**Check below (yes / no) any health concerns you think school personnel should know about, and treatment used:**

Health Concern	Yes	No	Treatment	Yes	No	Please Explain
Allergies			Epipen			
Asthma			Inhaler			
Diabetes			Please Notify Nurse			
Heart Problems			Activity Restrictions			
ADHD/ADD (circle one)			Medication @ School			
Seizures			Precaution @ School			
Vision Problems			Contacts / Glasses			
Hearing/Ear Problems			Hearing Aid/Special Seating			
Scoliosis			Treated by doctor			
Chicken Pox			Chicken Pox Vaccine			
Stomach/Bowel			Medication @ School			
Bladder/Kidney			Medication @ School			
Mental Health (i.e. depression, anxiety)			Medication @ School and/or therapy			
Bone/Muscle			Activity restrictions			
Headaches			Medication @ School			
Skin Condition			Medication @ School			
Surgery			Treatment @ School			

**Explanation/Other Health Concerns that may affect school performance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Medication/Dosage	Times Given @ Home	Times Given @ School

Please check here for information about free or low-cost medical, dental, and vision coverage for children through Healthy & Well Kids in Iowa (Hawk-I) Yes \_\_\_\_\_ No \_\_\_\_\_

Has student lived outside of the USA within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ If so how long? \_\_\_\_\_

**I have carefully reviewed the above health information and verify the information is correct. I understand that student's health information is shared with appropriate staff in accordance with the district policy/procedures and applicable laws of confidentiality. Information is shared on a "need to know" basis with school personnel who supervise students.**

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



## 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.

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: \_\_\_\_\_