

New Registration Checklist

*** All items must be turned in before child may start**

- Previous School Records ** Including IEP/504**
- New Student Paperwork
- Birth Certificate
- Shot Records
- 2 Proofs of Residence
Ex: Mortgage & Utility Bill
- Copy of Parent's Driver
License
- FERPA Form
- Student Handbook

**Elder Grove School District
New Student Registration**

Date of Registration _____

Legal Name _____

Preferred Name _____

Race/Ethnicity

- American Indian
- Asian
- Hispanic/Latino
- Black/African American
- White/Non-Hispanic
- Native Hawaiian/Pacific Islander

Birth Date

Month _____

Day _____

Year _____

Age _____

Gender

Male

Female

Has Student previously attended Elder Grove?

No Yes If yes, year attended. _____

Transferring From (school and address) _____

With whom does this student live?

- Both Parents Mother/Stepfather
- Mother Father/Stepmother
- Father Guardian (guardianship proof required)

List the primary language spoken in the home: _____

Support Programs (choose those that apply)

- Special Ed Title 1 Speech 504 Gifted/Talented Other (specify)
- _____

Does this Child have an additional residence during the school year?

No Yes If yes, please provide the following information for the second residence.

Name _____ Relationship _____

Address _____

Does information about this child need to be sent to an additional address?

No Yes If yes, please provide the following information.

Name _____ Relationship _____

Address _____

Household Information

Physical Address: _____

Mailing Address: _____

Household Phone: _____

Mother/Stepmother (circle one) Name: _____

Mother/Stepmother's place of work: _____

Work phone: _____ Cell phone: _____

Opt In for Emergency & General Text Messages? _____ Yes _____ No

Mother's email address: _____

Father/Stepfather (circle one) Name: _____

Father/Stepfather's place of work: _____

Work phone: _____ Cell phone: _____

Opt In for Emergency & General Text Messages? _____ Yes _____ No

Father's Email Address: _____

Guardian(s) Names (if applicable): _____

Work phone: _____ Cell phone: _____

People to Contact in Case of Emergency (Other than Previously Listed)

Name _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

Name _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

Name _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

List of Siblings Attending Elder Grove

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Other Information

Please list any other information that is important for us to know about your student(s). Example:
custodial parent, legal alerts, etc. _____



Student Health Information Form

Student Name: _____ DOB: _____ M/F: _____

Parent/Guardian: _____ Relationship to student: _____

Best Daytime Phone #: _____ Alternate Phone #: _____

Physician: _____ Preferred Hospital: _____

Does your child have or had any of the following health conditions:

ADD/ADHD <input type="checkbox"/>	Ear infections <input type="checkbox"/>	Muscular/Orthopedic <input type="checkbox"/>
Allergy: (explain below) <input type="checkbox"/>	Epilepsy/Seizures <input type="checkbox"/>	Psychological/Psychiatric <input type="checkbox"/>
Asthma <input type="checkbox"/>	GI Condition <input type="checkbox"/>	Serious Injury <input type="checkbox"/>
Blood Disorder <input type="checkbox"/>	Hearing Condition <input type="checkbox"/>	Skin Condition <input type="checkbox"/>
Bronchitis <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Surgeries <input type="checkbox"/>
Chicken Pox <input type="checkbox"/>	Kidney Disorder <input type="checkbox"/>	Dietary Needs ** <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Migraine/Headaches <input type="checkbox"/>	Other <input type="checkbox"/>

** Parent must provide the school office with a note from the doctor for any special dietary considerations **

If you checked any of the boxes above or if your child has **MEDICAL CONDITIONS NOT LISTED**, please explain (including specific food, medication or other serious allergies and reactions): _____

List any Medication your child is currently taking:

Medication Name: _____ Dose: _____ Reason: _____

Medication Name: _____ Dose: _____ Reason: _____

School personnel sometimes have to apply topical first aid medications for your child's benefit. Such as: **Anti-itch Cream** or **Antibiotic Ointment**. If you do not want your child to receive one of these, please specify below. Otherwise it is understood that you are giving permission for personnel to apply first aid medications. _____

I would like to make the school aware of the above information.

SIGNATURE OF PARENT/GUARDIAN

DATE

imMTrax Consent Form for Children

Child's Name: _____ Sex: M__ F__ Date of Birth: _____

_____ I **Authorize** my healthcare provider and/or a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Parent/Guardian Signature: _____

Date: _____

----- **OR** -----

_____ I **Do Not Authorize** my healthcare provider and/or public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS).

Parent/Guardian Signature: _____

Date: _____



IMMUNIZATION INFORMATION FOR KINDERGARTEN REGISTRATION

Dear Parent/Guardian:

The State of Montana requires that a student be immunized against Diphtheria, Tetanus and Pertussis (DTaP), Polio, Measles, Mumps, and Rubella (MMR) and Varicella prior to enrollment in any school system. **DOCUMENTATION BY A PHYSICIAN OR CLINIC INDICATING DATES OF IMMUNIZATIONS IS REQUIRED.**

REQUIRED ACCEPTED DOCUMENTATION:

- ☛ Copy of the Immunization Schedule from a clinic/physician Or
- ☛ Blue State Immunization form, must be signed or stamped by a provider with name & location

Listed below are the minimum requirements for attendance:

1. DTaP – 4 doses, one after the 4th birthday (There must be a minimum of six months between 3rd dose and booster after 4th birthday.)
2. Polio – 3 doses, one after the 4th birthday (If only have 2 doses of polio, then there has to be a minimum of 6 months between 2nd dose and booster dose.)
3. MMR – 2 doses of MMR, with the 1st dose after the first birthday, and given a minimum of one month apart
4. Varicella (Chickenpox vaccine) – 2 doses, with at least 3 months in between dose #1 and dose #2.

You may obtain your immunizations from your physician or at a reduced fee from your Health Department.

RiverStone Health Clinic
123 South 27th Street
Billings, MT 59101
Phone: 247-3382

Immunization hours are: Monday and Friday 1 pm - 4:30 pm
Wednesday 11 - 5:30 pm
No appointment necessary

No one will be refused for inability to pay.
Hours and prices are subject to change.

REMEMBER: Please take care of your child's immunizations now to avoid the August rush, waiting lines, and the possible delay of your child entering school in the fall. Please forward a copy of your child's immunization record that comes from the health care provider/clinic to your school nurse prior to the start of school. Thank you!

Elder Grove School Kindergarten Information Letter

Regarding Immunizations and Health Issues

Montana School Immunization Requirements: All new enrolled students must meet the appropriate requirements before attending school unless an exemption or conditional attendance is in place.

* This means documentation by a physician or clinic of immunizations is required.

* If in process of receiving vaccines, a conditional attendance is required.

* If vaccines are against your religious beliefs or your child has a health condition and cannot receive vaccines, then the proper exemption will need to be completed. You can get these forms from the secretary or school nurse. They also will be at kindergarten registration.

Medications Taken at School

All parent/guardians need to complete a medication consent form if their child plans to take medication at school no matter whether it is over-the-counter or a prescription medication. Medication must be in original bottle or pharmacy bottle or container. Prescription medication must have child's name, dosage, physician prescribing, and correct name of medication on prescription bottle label or box. Over the counter medication must have child's name on the bottle or container. We will not give more medication than what is recommended on the over-the-counter medication bottle or container without a physician's order. **No medication in baggies will be accepted.**

Asthma

If your child has asthma, an asthma action plan/medication form needs to be completed by you and your physician. Montana law allows children to carry their inhalers but we need to have an asthma action plan/medication form completed yearly.

Food Allergies

If your child has a food allergy or several food allergies, a food allergy action plan will need to be completed by you and your physician. If your child is allergic to a lot of foods, you need to realize we have no dieticians at school and it would be best if you provided a lunch for your child for your child's safety. Always stay in contact with your child's teacher so if there is a party with snacks, you can provide your child with snacks they can have so they do not feel left out. If your child needs to have an Epi Pen, please make arrangements to come to school and do an Epi Pen training with staff.

Appendix C
EMERGENCY MEDICAL RELEASE FORM

To: Parents and/or Guardians of Students Representing School District No. 8 in ALL School Activities or Involved with School Transportation.

Recently, it has become exceedingly difficult to obtain medical services for students injured when competing without first obtaining parental/guardian consent in writing. So that proper emergency assistance may be provided, we ask that you review the following statement, sign, and return.

It is also understood that the card will be valid as long as your child is enrolled in School District No. 8, and any medical expenses will be paid by the parent or their insurance company.

"So that proper emergency assistance may be provided, I hereby authorize School District No 8 and its faculty members in charge of my child named below to obtain all necessary medical care for my child, and I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child."

Check the appropriate box:

- Permission **granted** for emergency medical treatment
- Permission **denied** for emergency medical treatment

Student's Name: _____

Student's Date of Birth: _____

Address: _____

Preferred Hospital: _____

Preferred Physician: _____

Parent/Guardian Signature: _____

Date: _____ Phone #: _____



Infinite Campus for Parents

Elder Grove School offers online access to parents for viewing information such as grades, schedules, attendance, and lunch account balances, online bill payment for lunch balances and notification alerts through Infinite Campus. We encourage parents to access this information frequently.

www.eldergrove.k12.mt.us

District Portal ID: NJKGNG

Online access to:

Calendars	Report Cards	Household Information
Course Schedules	Missing Assignments	Lunch Accounts
Attendance	School Messages	

Go to www.eldergrove.k12.mt.us >> Parents >> **Infinite Campus Parent Portal**

This login will allow you to access school records for all of your children

Sign me up!

Parent Name: _____

Student Name(s): _____

Username (any combination of characters or numbers): _____

Password (10 characters/at least one number): _____

PASSWORD MUST BE AT LEAST 10 CHARACTERS LONG & INCLUDE AT LEAST ONE NUMBER

Return this form to the Main Office

*Elder Grove Public Schools District #8 Parent/Guardian – Student Signature
Page*

STUDENT

NAME: _____

Please print PARENT/GUARDIAN

NAME: _____

Please print Mailing

Address: _____ CITY: _____

Home

Phone: _____ Work: _____

Alternate Contact and

Phone: _____

E-mail

Address: _____

**Family Education Rights and Privacy Act
(FERPA)**

Regarding student records, federal law requires that "Directory Information" on my child be released by the District upon request (in writing), unless I object (in writing) to the release of any or all of this information. This objection must be filed within 10 school days of the time this handbook was given to my child.

Directory information ordinarily includes: - student's name - address - telephone number - date & place of birth - dates of attendance - awards received in school - participation in officially recognized activities & sports - height of members of athletic teams as applicable - photograph, image or likeness (individually or in a group) in pictures, videotape, film, or other medium - names and addresses of parents or guardians

BE AWARE THAT IF YOU DO NOT WANT YOUR STUDENT'S DIRECTORY INFORMATION RELEASED, THEN YOUR CHILD WILL NOT BE INCLUDED IN RELEASED ITEMS INCLUDING BUT NOT LIMITED TO:

NEWSLETTERS, SPORT'S ROSTERS, MUSICAL/THEATRICAL PRODUCTION PROGRAMS, HONOR ROLL LISTS, CLASS ROSTERS, SCHOOL WEBSITE AND YEARBOOK.

I have read and understand the Elder Grove Public School Handbook (including the Internet Use Policy), Activity Handbook, and FERPA statement above, and understand what is expected of the above named student(s).

Student

Signature: _____

Parent/Guardian

Signatures: _____

DATE: _____

This form must be signed and returned to the Elder Grove Schools within 10 days of receipt or no later than September 16, 2019

Parents,

To cut down on the cost of copying handbooks our handbook is now on the web at eldergrove.k12.mt.us under Students then click Student Handbook, there you will find the 2019/2020 Student Handbook. If you do not have internet connection or if you want a hard copy, hard copies will be available either in the Middle School office or the Main office.

Thank you, Nathan Schmitz/Superintendent

ELDER GROVE SCHOOLS 2019-2020



Outlaw Pride – Generations of Success, Striving for Excellence

STUDENT HANDBOOK

By signing below you are saying that you have read and understand the student handbook.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parents:

Please complete the following form and then take it to your child's preschool or child care provider to complete. Present this form with all other registration materials (immunization records, enrollment papers, etc.) at your child's Kindergarten Round Up appointment.

Thank you!

Child's Name: _____
 Name of Preschool or Daycare: _____
 Date of Birth: _____

1- Not Yet 2- Sometimes 3- Usually N/A- Not Applicable

1- Not Yet 2- Sometimes 3- Usually N/A- Not Applicable

Early Learning Skills	Teacher	Parent
Identifies colors		
Identifies basic shapes		
Recites counts (1-10)		
Sings ABC Song		
Recognizes printed name		
Recites finger plays and rhymes		
Listens to a story read aloud		

Understanding Self & Others:	Teacher	Parent
Separates well from family		
Expresses emotions/feelings appropriately		
Handles frustration appropriately		
Gives common information about self (first and last name, age, etc.)		
Able to express favorites (activities/toys)		

Rules & Routines	Teacher	Parent
Stays in play/work area		
Walks while inside		
Uses inside voice		
Gets adult's attention appropriately		
Follows rules and routines		
Keeps hands and feet to self		

Communication	Teacher	Parent
Listens and pays attention		
Communicates a need, feeling, and expresses self clearly		
Able to listen to, understand, and follow directions		
Asks questions to get information		
Solves problems using words		

Daily Transition Activities	Teacher	Parent
Participates in clean up when asked		
Lines up appropriately and walks with group		
Transitions between activities		

Self-Help & Self-Care	Teacher	Parent
Independently washes and dries hands		
Independent in toileting		
Aware of obvious dangers and avoids them		
Cares for personal belongings		
Puts on/takes off coat, snowpants, shoes in reasonable amount of time		
Uses basic manners (please, thank you, etc.)		

Classroom Skills	Teacher	Parent
Participates in group activities		
Stays on task		
Follows directions		

Peer Interaction	Teacher	Parent
Plays without risk to self/others		
Shares and takes turn		
Plays cooperatively with peers		

Physical Development	Teacher	Parent
Grasps writing tool appropriately		
Holds scissors and snips/cuts		
Maneuvers and uses playground equipment appropriately		
Demonstrates running, jumping, hopping		

I give permission for preschool/daycare provider to share this information with Elder Grove School.

Parent Signature: _____
 Teacher Signature: _____

Child has: Current IEP YES _____ NO _____
 Current or Past Services: (speech, OT, PT, etc.) _____