

Christa McAuliffe Elementary Enrollment Packet

To enroll your student at McAuliffe, please provide the following:

1. Student Enrollment form (2 sides) Please include area codes and cell phone number information on the enrollment form. * ***Emergency contacts*** should be someone who has permission to pick up your child if you are unable to do so.
2. Home Language Survey
3. Request for Records – this will allow us to receive records from your student's previous school
4. Health History Form
5. Medication Permission Form
6. Skyward Family Access: Skyward access will allow you to see grade cards and a lot of other pertinent information for your child. If you have older students in the district and already have access to Skyward, it is not necessary to fill out this form.

Return the completed forms above along with:

7. A record of immunizations is **required** for entrance into school. Please provide a copy of immunizations given to date – a printed copy from a Doctor's office is adequate. The Kansas School Immunization Requirement is included here.
8. State issued Birth Certificate – a photo copy is fine, we do not keep originals
9. Proof of Residency:
 - Recent mortgage statement/tax bill or new purchase/lease agreement
 - Two current major utility bills (gas, electric, water)

Thanks for your cooperation!



SHAWNEE MISSION
SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

FOR OFFICE USE ONLY - SCHOOL INFORMATION

START DATE _____

STUDENT NO _____ SCHOOL YEAR _____ SCHOOL NAME _____ HOME ROOM _____ GRADE _____

NEW ENROLLMENT ☐ RE-ENTRY ☐ LOCKER # _____

Please **PRINT** clearly in unshaded areas

STUDENT INFORMATION

LEGAL LAST NAME SUFFIX (JR II etc.)	FIRST NAME	MIDDLE NAME	COMMON NICKNAME		
DATE OF BIRTH (MM/DD/YEAR)				GENDER (M/F)	BIRTH STATE (OR COUNTRY IF NOT UNITED STATES)
ETHNICITY (SELECT ONE)		RACE (CHECK ALL THAT APPLY)			
<input type="checkbox"/> No, not Hispanic/Latino		<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian			
<input type="checkbox"/> Yes, Hispanic/Latino		<input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native			
PRIMARY LANGUAGE SPOKEN :		OTHER LANGUAGE SPOKEN AT HOME:			
SCHOOL LAST ATTENDED _____		IS STUDENT CURRENTLY UNDER LONG-TERM SUSPENSION OR EXPULSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAS STUDENT ATTENDED A SHAWNEE MISSION SCHOOL PREVIOUSLY?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE INDICATE IF STUDENT HAS AN I.E.P. <input type="checkbox"/> YES <input type="checkbox"/> NO		PLEASE INDICATE IF STUDENT HAS A 504. <input type="checkbox"/> YES <input type="checkbox"/> NO			

FAMILY INFORMATION

COURT ORDER REGARDING CUSTODY? ☐ YES ☐ NO (Non-custodial parent may have access to student information unless prohibited by court order. The school must have a copy of the legal documents if access is prohibited.)

DO YOU WISH TO RESTRICT STUDENT/FAMILY INFORMATION? ☐ YES ☐ NO (If you choose to restrict your student/family information, your student's name will not appear in the student directory and his/her name will not be provided to outside agencies including the U.S. military or colleges/universities.)

DOES STUDENT HAVE A PARENT ON ACTIVE DUTY IN THE U.S. MILITARY? ☐ YES ☐ NO

PRIMARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP		
GUARDIAN 1 LAST NAME FIRST NAME MIDDLE NAME RELATIONSHIP TO STUDENT					
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER	
() -		() -		() -	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		EMPLOYER:			
GUARDIAN 2 LAST NAME FIRST NAME MIDDLE NAME		RELATIONSHIP TO STUDENT			
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER	
() -		() -		() -	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		EMPLOYER:			

SECONDARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP		
GUARDIAN 1 LAST NAME FIRST NAME MIDDLE NAME RELATIONSHIP TO STUDENT					
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER	
() -		() -		() -	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	

SECONDARY RESIDENCE CONTACT INFORMATION, continued				
GUARDIAN 2	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
() - -		() - -		() - -
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
EMAIL ADDRESS :			EMPLOYER:	

ADDITIONAL RESIDENCY INFORMATION		
This section addresses the McKinney-Vento Act. Where is the student currently living? (check only one)		
<input type="checkbox"/> In a shelter _____ (name shelter) <input type="checkbox"/> In a motel, car, or campsite	<input type="checkbox"/> Alone without parental support (independent living student) <input type="checkbox"/> Temporarily with more than one family (due to loss of job, housing etc.)	<input type="checkbox"/> Temporarily with more than one family in a house, mobile home, or apartment because the family doesn't have a place of their own. <input type="checkbox"/> None of these apply

ALL CHILDREN RESIDING AT RESIDENCE			
	LAST NAME	FIRST NAME	BIRTHDATE
1.	_____	_____	____/____/____
2.	_____	_____	____/____/____
3.	_____	_____	____/____/____
4.	_____	_____	____/____/____

MIGRANT ELIGIBILITY	
1. Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have your children moved with or to join the worker above in the past 36 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION (In case of emergency or illness when parent cannot be reached)			
#1	LAST NAME	FIRST NAME	TITLE
RELATIONSHIP TO STUDENT			
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	
() - -		() - -	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
#2	LAST NAME	FIRST NAME	TITLE
RELATIONSHIP TO STUDENT			
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	
() - -		() - -	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
#3	LAST NAME	FIRST NAME	TITLE
RELATIONSHIP TO STUDENT			
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	
() - -		() - -	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	

I understand that knowingly providing false information on this form may result in criminal prosecution under Kansas Statute § 21-5824, which prohibits the making of false information with the intent to defraud or induce official action – a FELONY.

I will notify the school office immediately or within three (3) business days, if at any time this student moves from the primary residence listed above or changes address.

SIGNATURE _____ DATE _____

Date of Birth _____

HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

Name		Grade
Address		Date of Birth
Date first enrolled in a school in the U.S	U.S. Entry Date	Phone Number

Student Language Information:

1. What language did your child first learn to speak/use?
English _____ Spanish _____ Other (please specify) _____
2. What language does your child speak/use at home?
Do not include language learned in a class or through television or other such.
English _____ Spanish _____ Other (please specify) _____
3. What language do you speak/use with your child?
English _____ Spanish _____ Other (please specify) _____
4. What language do the adults regularly present or living in the home speak/use while in presence of the child?
English _____ Spanish _____ Other (please specify) _____

Office Use Only

If any answer to questions 1-4 indicates a language other than English,

1) Contact your Reading Specialist or ELL Aide to schedule an IPT evaluation

2) Email this form to mariamcintyre@smsd.org

Parent/Guardian Information:

Which language do you prefer? English ____ Spanish ____ Other (specify) _____
(Please specify "written" or "spoken". To the extent practicable, communication from the school will be provided in this language).

Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work? Yes _____ No _____

Have your children moved with or to join the worker above in the past 36 months?
Yes _____ No _____

Office Use Only

Home School: _____

All Home Language Surveys are to be filed in the student's cumulative folder.

**See the reverse side of this form for additional information regarding student language information*

Parent Signature

Date

Purpose and Intent of the Home Language Survey

“The home language survey questions attempt to inform the district of the possible impact on a child’s English language development due to transfer, influence, or exposure to a language other than English. It is not at all assumed that a child who has a language other than English is less proficient in English as a result of knowing another language.

The questions are not intended to identify children who are learning a language other than English by watching educational media that teach languages, words, or phrases other than English. The questions are also not intended to identify children who are studying a world language for the purpose of becoming bilingual or more knowledgeable about languages other than English. Examples may include taking a Saturday German class, or taking Spanish as a graduation requirement in high school, or being instructed informally by someone in the home who wishes to encourage a child to learn another language.”

Kansas Department of Education, January 9, 2013



SHAWNEE
MISSION
SCHOOL DISTRICT

REQUEST FOR RECORDS

Date: _____

Previous School: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

_____, born on _____, enrolled at our
(Student Name) (Birthdate)

McAuliffe Elementary on _____ at the _____ grade level.
(Date)

Please forward his/her academic, health and special education records (if applicable) to us at the address shown below.

Christa McAuliffe Elementary School
Attn: Secretary
15600 W. 83rd Street
Lenexa, KS 66219
913-993-3500 (Phone)
913-993-3599 (Fax)

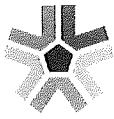
Sincerely,

Michael Orr, principal

I hereby authorize the release of student records as requested above.

Date

Signature of Parent/Guardian



SHAWNEE MISSION

SCHOOL DISTRICT

Health History Form

Student's Name _____		Birthdate / /	Age	Sex (M/F)	Grade
Mother/Guardian _____		Father/Guardian _____			
Cell Phone: () -		Cell Phone: () -			
Home Phone: () -		Home Phone: () -			
Work Phone: () -		Work Phone: () -			

Name of Physician _____ Phone () -

Name of last school attended _____ City/State _____

Special Healthcare Planning/Serious Health Conditions Please notify the school nurse of a serious or life threatening health condition prior to the start of school.

☐ Allergy/Anaphylaxis: My child has severe allergy/anaphylaxis requiring an Epi Pen/Auvi-Q prescription.

Describe the allergy (food, insect, etc.) _____

☐ Asthma: ☐ Yes ☐ No My child uses rescue inhaler routinely for asthma symptoms

☐ Yes ☐ No My child has been hospitalized in the past year for asthma

☐ Yes ☐ No My child has needed steroids (prednisone) for asthma symptoms in the past year

☐ Diabetes: Date of diagnosis: _____ My student has: ☐ insulin pump ☐ insulin pen ☐ injected insulin

☐ Seizure Disorder: My student needs emergency medication for seizures. Name of medication: _____

☐ ☐ Other: My child has special health care needs: wheel chair, tube feedings, breathing tube, catheter, intravenous tubes, other. Please describe your child's condition and healthcare needs: _____

Other Health Conditions Check any condition your child currently has or has had in the past:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Orthopedic/Bone
<input type="checkbox"/> Allergies <input type="checkbox"/> Seasonal	<input type="checkbox"/> Dental <input type="checkbox"/> Braces/Orthodontia	<input type="checkbox"/> Serious Injury
<input type="checkbox"/> Dietary Restrictions	<input type="checkbox"/> Ear Infections <input type="checkbox"/> Ear Tubes	<input type="checkbox"/> Surgery(s)
<input type="checkbox"/> Bladder/Bowel	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Hearing Aides	<input type="checkbox"/> Social/Emotional/Behavioral
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Stomach Aches
<input type="checkbox"/> Concussion	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Throat Infections
<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Vision: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts

Explain any health condition(s) checked _____

Does your child require any restriction of physical activity in school? ☐ No ☐ Yes, specify nature and duration of restriction: _____

Emergency Contact (if parent/guardian cannot be reached)

1. Name _____ Relationship _____ Phone () -

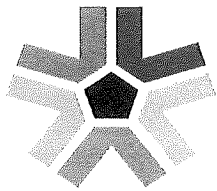
2. Name _____ Relationship _____ Phone () -

Preferred Hospital _____ City/State _____

Statement of Consent In order to better serve the healthcare needs of my child, I give my permission for the transfer of health information to the school and any other appropriate school or healthcare professionals including emergency personnel. This includes release of school immunization records to the KS Immunization Program, and the immunization registry for the purpose of assessment, reporting, and prevention of disease. I authorize school personnel to obtain emergency medical care for my student in the event I cannot be reached.

Print Parent/Guardian Name	Signature of Parent/Guardian	Date / /
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Revised 3/2017



SHAWNEE MISSION

SCHOOL DISTRICT

Medication Permission Form

Student Name _____

Birthdate _____

Grade _____

School Year _____

Over-The-Counter Medication

By initialing below, I give permission for school personnel to administer the following medication(s) as needed to my student for minor discomfort or injury. Medications supplied by school may vary between buildings and grade levels.

- ☐ Acetaminophen (Tylenol)
☐ Ibuprofen (Advil or Motrin)
☐ Cough drop (non-medicated)
☐ Topical medication (antibiotic ointment, calamine lotion, hydrocortisone cream)
☐ Antacid (Tums)
☐ Eye drop (non-medicated lubricating)
☐ Antihistamine oral (diphenhydramine, cetirizine)
☐ Antihistamine allergy eye drops

Parents may also supply other over-the-counter medications. Please list below:

Medication name: _____ Dosage: _____
Reason given: _____ Time: _____

Medication name: _____ Dosage: _____
Reason given: _____ Time: _____

Prescription Medication

Medication name: _____ Dosage: _____
Reason given: _____ Time: _____

Medication name: _____ Dosage: _____
Reason given: _____ Time: _____

On early dismissal or late start days please indicate one of the following:

- ☐ Do NOT administer medication on early dismissal days ☐ Administer medication at adjusted lunch time
☐ Do NOT administer medication on late start days ☐ Administer medication at prescribed time

To ensure continuity of care, I give permission for the school nurse to communicate with my student's healthcare provider regarding medication administration at school.

Physician name: _____ Phone number _____

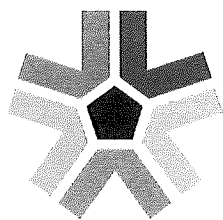
Physician signature (required if no Rx label): _____

School personnel who administer medication according to proper dosing instructions shall be held harmless for any adverse reaction experienced by the student. My student has previously taken the medications(s) listed above with no known adverse reaction.

Parent/guardian printed name: _____

Parent/guardian signature: _____

Date _____



SHAWNEE MISSION

SCHOOL DISTRICT

Medication Administration Guidelines

Permission: Written permission from the parent or guardian must be on file for all medications given at school, including over-the-counter (OTC) medications. Authorization must be renewed every school year.

Medication: Only FDA approved prescription and OTC medications are allowed to be administered by school personnel. OTC medications will be given per package label dosing instructions, unless prescribed by a physician.

Container: Prescription medication brought to school must be in the original container with a current prescription label on the bottle including the child's name, doctor's name, date, medication name, dosage, and time to be given. Controlled substances must be submitted with a Medication Count Form. OTC medications provided by parent must be in the original container and labeled with the student's name.

Please return this form in person to the McAuliffe office.



Family Access

Please fill in the appropriate information below for each parent and/or guardian that would like to have a login and password assigned to them so they can view their student's information, grades and progress in Family Access. Parents and/or guardians of the same student(s) can share the same login and password if desired. **Photo identification must be presented for each email address.** We also want to remind everyone that this is a free service.

Student Name(s) _____

Parent/Guardian Name _____

Phone # _____ Email _____

Parent/Guardian Name _____

Phone # _____ Email _____

Your password will be sent to you via email after this request is processed by the office.

Signature _____ Date _____

**Please bring the completed form to the McAuliffe
office with your photo identification.
The office is open Monday-Friday from 7:30a-4:00p.**

ID Verified By:
Date:

Updated in Skyward by:
Date:



The Shawnee Mission School District is pleased to announce the implementation of Family/Student Access by Skyward, Inc. Family/Student Access is a secure internet-based website that will allow you to easily keep track of nearly everything your student does while at school. Among other things, this new service will allow you to view your student's attendance, food service balance, and emergency information. Beginning later this year, elementary parents will be able to view assignments that have been given and the grades students have earned on each assignment. **Student grade cards will be available through Skyward rather than as printed forms.**

Family/Student Access is provided by the Shawnee Mission School District as a free service and will be available to all parents with children enrolled in the district. One login will allow you to access all of your students enrolled in any school building in the Shawnee Mission School District. In order for you to begin using Family/Student Access, you will need to register for a login and password. By signing and returning the attached form, you are authorizing the Shawnee Mission School District to provide you with your unique login and password. **You must return the form in person and present photo identification to verify your identity.** Login credentials will be emailed to you within one week of verifying your identity. If you have registered at another Shawnee Mission school with another child this year you do not need to register again at McAuliffe.

We need each family to register for Skyward and update the Emergency Contact information for your child. Currently the system does not contain any emergency contact information; therefore we have no instructions on who to contact in case the parents are unavailable in an emergency regarding your child.

We are very excited about how Family/Student Access will help you stay informed about your student's progress and hope that we can use this tool to create a stronger relationship between parents and our school community.

Tutorial information on utilization of the system can be found on the Skyward website.

If you have any questions or concerns, please contact the McAuliffe office at 913-993-3500.