



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: _____



BURLINGTON COMMUNITY SCHOOL DISTRICT
1429 WEST AVENUE, BURLINGTON, IA 52601
PHONE: 319-753-6791 FAX: 319-753-6796

REQUEST FOR RELEASE OF STUDENT RECORDS

PLEASE SELECT SCHOOL (circle one):

Date: _____

Burlington Community High School
421 Terrace Drive
Phone: 319-753-2211
Fax: 319-753-6634

Aldo Leopold Intermediate School
3075 Sunnyside Avenue
Phone: 319-752-8390
Fax: 319-752-8447

Edward Stone Middle School
3000 Mason Road
Phone: 319-752-4393
Fax: 319-752-7437

Black Hawk Elementary School
2804 S 14th Street
Phone: 319-753-5300
Fax: 319-753-5097

Grimes Elementary School
800 South Street
Phone: 319-753-0420
Fax: 319-753-6039

Corse Early Childhood Center
700 S. Starr Ave.
Phone: 319-753-2707
Fax: 319-753-9862

North Hill Elementary
825 North 9th Street
Phone: 319-753-6363
Fax: 319-753-6901

Sunnyside Elementary
2040 Sunnyside Avenue
Phone: 319-753-5244
Fax: 319-753-1856

VIBE Virtual Learning Program
2132 Madison Ave.
Phone: 319-753-6253
vibe@bcsds.org

Requesting Records From:		
School Name		
Mailing Address and/or Fax Number		
City	State	Zip Code

Name of Parent/Guardian		Relationship to student
Address, City, State, Zip		Phone
For the following students:		
Name	Grade	DOB
Name	Grade	DOB
Name	Grade	DOB
Name	Grade	DOB
Signature of Adult Enrolling Student(s)		Date

- | | |
|--|---|
| ☐ Academic Records / Grades | ☐ Attendance Records |
| ☐ Health records(physical, immunizations, vision/hearing) | ☐ Standardized achievement |
| ☐ Special Education referrals and reports | |
| ☐ Psychological referrals and evaluations | |
| ☐ Speech Therapy referrals and reports | |
| ☐ Remedial Reading and/or Math referrals and reports | |
| ☐ Remedial Language Arts referrals and reports | |

NOTE: The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose records, without consent, to other schools to which a student is transferring. Parents have the right to inspect any and all official records directly relating to their child.

BURLINGTON COMMUNITY SCHOOL DISTRICT INTERNET ACCEPTABLE USE AGREEMENT

NO. 605.06E1

Exhibit A

PLEASE CAREFULLY READ THIS DOCUMENT BEFORE SIGNING.

All of the District's automated systems, including electronic mail, Internet access and electronic storage systems, are District property, and are not confidential. The District has the right to access, review, copy, modify, and delete any information transmitted through or stored in the system, including e-mail messages. Files containing personal information of a student are treated no differently than the District's files, and the student has no expectation of privacy in such materials.

Internet access is available to employees and students in the Burlington Community School District. The Internet connects millions of computers and individual subscribers all over the world. With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. On a global network, it is impossible to control all materials, and a user may discover controversial information. The District believes that the valuable information and interaction available on the Internet outweighs the possibility that users may procure material that is not consistent with the educational objectives of the District.

The smooth operation of the network relies upon the proper conduct of the user who must adhere to strict guidelines. These guidelines are provided so that you are aware of the responsibilities you are about to acquire. In general, this requires efficient, ethical and legal utilization of the resources. If a District user violates any of these provisions, his or her account may be terminated and further discipline may be imposed.

- 1) **Acceptable Use.** The purpose of the Burlington Community School District's Internet access is to support research and education consistent with District goals and objectives by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research and consistent with the educational objectives of the District. Use of other organizations' networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any law or regulation is prohibited. This includes, but is not limited to: material protected by copyright or trade secret laws, materials which are defamatory, obscene, lewd, profane, offensive, or harassing. Use for commercial activities or for product advertisement or political lobbying is prohibited. Only software authorized by the District may be loaded onto the system.
- 2) **Privilege.** The use of the Internet is a privilege, not a right, and inappropriate use may result in a cancellation of those privileges. The supervisor or principal will deem what is inappropriate use based on Burlington Community School District Internet – Appropriate Use Policy and Internet Safety Policy and will take appropriate action, which may also lead to disciplinary action. The Supervisor of Technology may suspend or close an account at any time. Notification to the user will be given within two weeks in writing. Employees and students whose accounts are denied, suspended, or revoked may appeal using the appropriate procedure.

**BURLINGTON COMMUNITY SCHOOL DISTRICT INTERNET ACCEPTABLE USE
AGREEMENT**

NO. 605.06E1 Cont.

Exhibit A

- 3) Network Etiquette (Netiquette). Users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:
 - Be polite. Do not use abusive or offensive language in your messages to others.
 - Use appropriate language. Do not swear, use vulgarities, profanity, lewd remarks, or any other inappropriate language. Illegal activities are strictly forbidden.
 - Do not release personal information. Do not reveal your personal addresses or phone numbers, or of other students or colleagues.
 - Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
 - Respect other users. Do not use the network in such a way that you would disrupt the use of the network by other users.
 - Rights. Users are responsible for adhering to copyright laws.
 - Purchases. Students may not subscribe to services or make purchases on-line.
- 4) Reliability. The Burlington Community School District makes no warranties of any kind, whether express or implied, for the service it is providing. The District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, miss-deliveries, or service interruptions caused by the District's own negligence or your errors or omissions. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
- 5) Security. Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a teacher, principal or the system administrator. Do not demonstrate the problem to other users. Do not use another individual's account. Do not share your network credentials with anyone. Any means used to bypass the Internet filter will be considered a violation. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.
- 6) Vandalism. Vandalism will result in cancellation of privileges and may be grounds for other discipline. Vandalism is defined as any malicious attempt to harm or destroy property or data of another user, the Internet, or any other technologies used in the District. This includes, but is not limited to, the uploading or creation of computer viruses.
- 7) Restricted Material. Users shall not access or download any text file, picture, or other material or engage in any conference that includes material which is defamatory, harassing, obscene, libelous, indecent, vulgar, profane or lewd, or which advertises any product or service not permitted to minors by law.
- 8) Unauthorized Costs. Users shall not access any service or site via the Internet which has a cost involved without prior consent of the District. Users accessing such a service without prior consent will have access suspended and will be responsible for all costs.
- 9) Account Information. The District will require all users to notify the system administrator of all changes in account information. Currently, there are no user fees for use of the Internet.

**BURLINGTON COMMUNITY SCHOOL DISTRICT INTERNET ACCEPTABLE
USE AGREEMENT**

**NO. 605.06E1 Cont.
Exhibit A**

**BURLINGTON COMMUNITY SCHOOL DISTRICT INTERNET ACCEPTABLE USE
AGREEMENT**

I have read, understand, and will abide by the Internet Acceptable Use Agreement. I understand that any violation of the terms and conditions may constitute a criminal offense and/or a violation of District policies and regulations. Should I commit any violations, my access privileges may be suspended or revoked, school disciplinary action may be taken, and/or legal action may be taken.

User Name (please print): _____
User _____ Signature: _____
School: _____ Date: _____

As the parent or guardian of this student, I have read the Internet Acceptable Use Agreement and agree that the terms and conditions shall apply to my child. I understand that this access is designed for educational purposes. I recognize it is impossible for the District to restrict access to all controversial materials and will not hold it responsible for materials acquired on the network.

Parent or Guardian Name (please print): _____
Parent or Guardian Signature: _____
Relationship to Student: _____ Date: _____

Approved: 02/11/13 Reviewed: 04/10/17 Revised: _____
05/09/22

ANNUAL NOTICE: CHILDREN'S ONLINE PRIVACY PROTECTION ACT (COPPA)

The Children's Online Privacy Protection Act (COPPA) applies to commercial companies and website operators that knowingly collect personal information from children under 13. The goal of COPPA is to place parents in control over what information is collected from their young children online and requires parental consent before such information can be disclosed. With permission, schools may also act as an agent for the parents when disclosing information in an educational context. Burlington Community School District contracts with some vendors, including Google, that require parental consent under COPPA. Teachers may also design lessons that involve the use of online tools that also require consent under COPPA. The disclosure of student information by district staff is subject to local, state, and federal policy including the Family Educational Rights and Privacy Act (FERPA). No student data will be collected or disclosed for commercial purposes. The district is requesting your permission to collect, use, and disclose your child's data under COPPA to the extent necessary to achieve the goals of our educational program. By selecting "Yes," you acknowledge the district's annual notice regarding the Children's Online Privacy Protection Act (COPPA) and consent to the disclosure of student information for educational purposes only.

_____ Yes (highly recommended) _____ No

WARNING: By selecting "No," your child will not be able to access all instructional materials and alternative tools may not be available. Please consider contacting a district administrator before selecting "No" to this permission.

Parent/Guardian Signature

Date



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

If **no**, would you like your student's photo included in the yearbook or class pictures? _____ 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)

Updated 05/2025

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

- _____ 1- الطالب؟ بها يتحدث التي اللغة عن النظر بصرف ،المنزل في المُتخدمة الأساسية اللغة هي ما -
- _____ 2- الطالب؟ بواسطة تحدثًا اللغات أكثر هي ما -
- _____ 3- أولاً؟ الطالب اكتسبها التي اللغة هي ما -
-

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 ကံဒိုဝ်းကိတ်တံးကတိၤအီၤလၢဟံၣ် လၢတဘၣ်ထွဲကိတ်လၢပုၤကိၣ်ဖိးကတိၤအီၤ
မ့ၢ်ကိတ်မနုၤလဲၣ်_____
- 2 ကိတ်လၢပုၤကိၣ်ညိၣ်နီၣ်ဖိးကတိၤအီၤအါကတၢၢ်မ့ၢ်ကိတ်မနုၤလဲၣ်_____
3. ကိတ်လၢပုၤကိၣ်ဖိးကတိၤအီၤဆိကတီၢ်မ့ၢ်ကိတ်မနုၤလဲၣ်_____
-

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 maktata? _____

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: _____



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.





Vida S. Long

Supervisor of Technology and Food Services

800 South St.

Burlington, IA 52601

(319) 753-6791 ext. 1434 | vida.long@bcsds.org

July 11, 2025

Dear Parent or Guardian,

We are pleased to inform you that the Burlington Community School District will be participating in our third year in the National School Lunch and School Breakfast programs called the Community Eligibility Provision (CEP) for School Year 2025-26.

What does this mean for you and your child(ren) attending Burlington Community School District?

Great news for you and your student(s)! All enrolled students of Burlington Community School District are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2025-26 school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit a meal application. There will be a charge if your student takes an extra serving or has an afternoon milk.

Attached to this letter, you will find a household survey for consideration for **fee waiver**. Whether you feel you would qualify or not for the fee waiver, please complete this form and return it to your child's school. You can bring it to open house or send it with them on the first day of school!

Not only do these surveys help to determine the percentage of families that qualify for fee waivers in our district, but they also impact our eligibility for additional and future programs benefitting our students and families.

If we can be of any further assistance, please call us at 319-753-0624.

Sincerely,

Vida S. Long
Supervisors of Technology and Food Services
Burlington Community School District

USDA Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax:
833-256-1665 or 202-690-7442

Email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Fee Waiver Income Survey

To qualify for school fee waivers (school fees, rentals, driver's education, etc.) and other benefits, please provide the following information.

Household Last Name: _____ Phone: _____ E-mail: _____

There are _____ people in my household, including **ALL** children and adults.

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a K-12 School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. **Do not check an income in both categories.**

If your total annual household income is higher than the amount listed in either Category 1 or Category 2 for your household size, you do not qualify for free or reduced fees and do not need to complete this form.

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 (Free) – Total Annual Household Income is Within This Range:	Category 2 (Reduced) – Total Annual Household Income is Within This Range:
1	☐ \$0 - \$20,345	☐ \$20,345 - \$28,953
2	☐ \$0 - \$27,495	☐ \$27,495 - \$39,128
3	☐ \$0 - \$34,645	☐ \$34,645 - \$49,303
4	☐ \$0 - \$41,795	☐ \$41,795 - \$59,478
5	☐ \$0 - \$48,945	☐ \$48,945 - \$69,653
6	☐ \$0 - \$56,095	☐ \$56,095 - \$79,828
7	☐ \$0 - \$63,245	☐ \$63,245 - \$90,003
8	☐ \$0 - \$70,395	☐ \$70,395 - \$100,178

If household size is greater than 8, list household size and total annual income below:

Household Size: _____ Total Annual Income: \$ _____

Signature _____

Date _____

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Annual Household Income”? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

This document does not impact your student’s eligibility to receive free meals in schools operating the Community Eligibility Provision (CEP). Information reported will be used to determine eligibility for other state/federal programs for your student and/or district/school.