



# Burlington Community School District Registration Form

Assigned School:
Enroll Date:
(office use)

## Student Information (please print)

Grade Level \_\_\_\_\_

School Year \_\_\_\_\_

Student Legal Name:

<i>Last Name</i>	<i>First Name</i>	<i>Full Middle Name</i>	<i>Preferred Name/Nickname</i>
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Student Address:

<i>Street Address</i>	<i>City / State / Zip</i>
-----------------------	---------------------------

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 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

Date



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@bclds.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

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Records / Grades                               | <input type="checkbox"/> Attendance Records       |
| <input type="checkbox"/> Health records(physical, immunizations, vision/hearing) | <input type="checkbox"/> Standardized achievement |
| <input type="checkbox"/> Special Education referrals and reports                 |   |
| <input type="checkbox"/> Psychological referrals and evaluations                 |   |
| <input type="checkbox"/> Speech Therapy referrals and reports                    |   |
| <input type="checkbox"/> Remedial Reading and/or Math referrals and reports      |   |
| <input type="checkbox"/> 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. 604.3**

**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. 604.3 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.

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

**NO. 604.3 Cont.  
Exhibit A**

- 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.

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**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: \_\_\_\_\_  
Date: \_\_\_\_\_ School: \_\_\_\_\_

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

**NO. 604.3 Cont.  
Exhibit A**

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: February 11, 2013      Reviewed: April 10, 2017      Revised: \_\_\_\_\_



Office use only: Homeroom: _____
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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](http://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)

## 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.

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### 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? \_\_\_\_\_

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#### 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? \_\_\_\_\_

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**Arabic**

\_\_\_\_\_ 1- الطالب؟ بها يتحدث التي اللغة عن النظر بصرف ،المنزل في المُتخدمة الأساسية اللغة هي ما -1

\_\_\_\_\_ 2- الطالب؟ بواسطة تحدثًا اللغات أكثر هي ما -2

\_\_\_\_\_ 3- أولاً؟ الطالب اكتسبها التي اللغة هي ما -3

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**Vietnamese**

1. Ngôn ngữ chính được sử dụng ở nhà, bắt 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? \_\_\_\_\_

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**Karen**

1 ကိုရ်ထံးကိုရ်တံးကတိအီလဟံာ် လၢတဘၣ်ထွဲကိုရ်လၢပုၤကိုဖိစံးကတိအီ  
မ့ၢ်ကိုရ်မနုၤလဲၣ်\_\_\_\_\_

2 ကိုရ်လၢပုၤကိုဖိညီန့ၢ်စံးကတိအီအါကတၢ်မ့ၢ်ကိုရ်မနုၤလဲၣ်\_\_\_\_\_

3. ကိုရ်လၢပုၤကိုဖိစံးကတိအီဆိကတီၢ်မ့ၢ်ကိုရ်မနုၤလဲၣ်\_\_\_\_\_

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**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? \_\_\_\_\_

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**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? \_\_\_\_\_

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**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? \_\_\_\_\_

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**Burmese**

1. ကျောင်းသားက မည်သည့်ဘာသာစကားကို ပြောသည်ဖြစ်စေ အိမ်တွင် မည်သည့်ဘာသာစကားကို အဓိက ပြောဆိုပါသလဲ။ \_\_\_\_\_

2. ကျောင်းသားက မည်သည့်ဘာသာစကားကို အများဆုံး အသုံးပြု ပြောဆိုပါသလဲ။ \_\_\_\_\_

3. ကျောင်းသားက မည်သည့် ဘာသာစကားကို ပထမဆုံး လေ့လာသင်ယူခဲ့ပါသလဲ။ \_\_\_\_\_

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**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 ? \_\_\_\_\_

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### **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? \_\_\_\_\_

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### **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? \_\_\_\_\_

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### **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? \_\_\_\_\_

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### 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 \_\_\_\_\_

<p><b>Right to Translation and Interpretation Services</b></p> <p>Your response will help the school provide communication in a language you prefer.</p>	<p>In which language do you prefer to receive written information from school? _____</p> <p>In which language do you prefer to receive spoken information from school? _____</p>
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Have parent/guardian sign and date this document ensuring that the answers within are factual.

<b>Parent Name:</b>	
<b>Parent Signature:</b>	
<b>Interpreter Name</b> (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  
OVER THE COUNTER MEDICATION (OTC)  
PERMISSION FORM**

**I am the parent/Guardian/custodian of:**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I request and authorize school personnel to administer the following medication to my child:**

Name of Medication: Tylenol, Tums, Ibuprofen, Cough drops, Other (specify):

\_\_\_\_\_

Dosage: As Directed

Time: As Needed

Route of administration: As Directed

Start date: \_\_\_\_\_ End date: End of School Year

Reason medication is being given: \_\_\_\_\_

\_\_\_\_\_

Special Directions and Signs or Side Effects to Observe: \_\_\_\_\_

\_\_\_\_\_

**Instructions: Cross off any medication you do not wish given to your child. List any additional OTC Medications your child may need (parent provided) (i.e. allergy, cough, cold, Midol, etc.)**

\_\_\_\_\_

(Parent's signature)

\_\_\_\_\_

(Date)

**If you have questions, please contact the school nurse at your child's building.**

**BURLINGTON COMMUNITY SCHOOL DISTRICT  
OVER THE COUNTER MEDICATION (OTC)  
PERMISSION FORM**

Dear Parent/Guardian/Custodian:

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 I 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.

In order for your child to receive OTC medication, please complete and sign this form.

**PLEASE COMPLETE INFORMATION ON THE  
REVERSE SIDE OF THIS SHEET AND RETURN  
TO THE SCHOOL NURSE**

# 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: \_\_\_\_\_





# 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 \_\_\_\_\_



**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](mailto: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](mailto:rachel.pettigrew@iowa.gov) or 515-380-5115.

