

**United Community School
2019-20 New Student 1st - 6th Grade
Registration Information**

Complete, sign, and return the following items:

- Student Information Form
- Health Services Form
- Field Trip Permission Form
- Home Language Form
- 3rd Grade Only** – Complete Vision Screening (*Due by August 26, 2019*)

Meal Assistance applications for free and reduced price meals will be mailed after July 1, 2019. And also available on the United Community website or in the district office. If applying for meal assistance, please wait to pay your registration fees until you receive approval. It is necessary to **submit a signed Fee Waiver** if you would like your meal status also applied to your child's Registration Fees.

<u>Fees for 2019-20</u>			
Book Fee (K-3 rd Grade)	\$50.00	Student Lunch	\$2.65/day
Book Fee (4 th , 5 th , 6 th Grade)	\$85.00	Student Breakfast	\$1.75/day
		Milk	\$.50

Fees need to be paid by August 26, 2019, and can be paid by check (*made payable to United Community Schools*) or use our online payment processing system (PaySchool). Go to www.unitedcomets.org, click on "PaySchool" and follow the prompts.

The following information will be available for viewing and downloading on the United Community web page at www.unitedcomets.org.

- School Supply List
- School Fees List
- Meal Assistance Application (*available after July 1st*)
- Medication Permission Form
- FERPA information
- Beginning of school information
- 2019-20 School Calendar

UNITED COMMUNITY SCHOOL DISTRICT

STUDENT INFORMATION 2019-20 SCHOOL YEAR

For Office Use Only

First Name:	Middle Name:	Last Name:
Preferred Name:	Grade:	Gender (M/F):
Date of Birth:	Place of Birth:	Is this student Hispanic/Latino? (Choose one) *(0), not Hispanic/Latino *(1), Hispanic/Latino Currently marked as
Home Phone Number:		Ethnicity: What is the student's race?(choose one or more) *American Indian or Alaskan Native (I) *Asian (A) *Black or African American (B) *Native Hawaiian or Other Pacific Islander (P) *White (W) *Two or more listed above (M)
Home Address:		Primary Language at Home: (English, Spanish, Other)
City:	State:	Zip:
Mailing Address:		Student is open enrolling from another school district: (No, Yes)
City:	State:	Zip:
		School District Open Enrolling From:

Mother/Female Guardian

Name: _____ **Relationship:** _____

Employer: _____ **Day Phone:** _____ **Cell Phone:** _____

Email Address: _____

Father/male guardian

Name: _____ **Relationship:** _____

Employer: _____ **Day Phone:** _____ **Cell Phone:** _____

Email Address: _____

Living With:
(Both Parents, Father Only, Mother Only, Guardian, Other)

Specify Other:

(OVER)

Parent student does NOT live with:

Name: Relationship: Day Phone:

Home Phone: Cell Phone: Employer:

Should this parent/guardian receive duplicate mailings? yes or no
Currently marked as: no

Mailing Address:

City: State: Zip:

List three (3) LOCAL adults who will assume responsibility for student if parent, step-parent, or guardian CANNOT be reached. Please name someone with a LOCAL daytime phone number.

Emergency Contact 1: Day Phone: Phone Type:
(Cell, Home, Work)

Relationship (Aunt, Uncle, Friend, Neighbor, Sister, Brother, Grandparent, Sitter):

Emergency Contact 2: Day Phone: Phone Type:
(Cell, Home, Work)

Relationship (Aunt, Uncle, Friend, Neighbor, Sister, Brother, Grandparent, Sitter):

Emergency Contact 3: Day Phone: Phone Type:
(Cell, Home, Work)

Relationship (Aunt, Uncle, Friend, Neighbor, Sister, Brother, Grandparent, Sitter):

In an emergency the school is to contact the following at parents' expense:

Hospital: Hospital Phone:

Doctor: Doctor Phone:

Dentist: Dentist Phone:

Medical Alert:

Please indicate type of health insurance coverage.

United has your current insurance as: . If there is a change, please check applicable type.

Private Insurance

Medicaid# _____

No Insurance

I have read all information and corrected any inaccuracies as it pertains to my student. I verify that all information given is correct and accurate. In the event of any changes that would affect this information, I will contact the school to make the appropriate updates.

Signature of Parent or Guardian: _____ Date _____

United Community School Health Services

Name of Student _____ Grade for Next School Year _____

To best serve your child's education, we are updating our health files. The following is a list of some major health concerns, please check any that apply to your child.

Yes	No				
_____	_____	Asthma	Uses inhaler _____	Name of medication _____	_____
_____	_____	Allergies to medications, foods, or pollens: please list _____			
_____	_____	Respiratory (please describe) _____			
_____	_____	Diabetes:	Insulin _____	Pump _____	_____
_____	_____	Migraines: Medication _____			
_____	_____	Seizure Disorder:	Medication _____	Type _____	_____
			Date of last seizure _____		
_____	_____	Bladder or Kidney Problems _____			
_____	_____	Vision Problems:	Glasses _____	Contacts _____	Last Exam _____
_____	_____	Nutrition Problems _____			
_____	_____	Surgeries (please list date & type) _____			
_____	_____	Behavior Problems _____			
_____	_____	Hearing:	Last Exam _____	Tubes _____	_____
_____	_____	Physical:	Doctor _____	Date _____	_____
_____	_____	Heart Disease _____			
_____	_____	Regular Medication (Name & Dosage) _____			

Med Certified staff member may administer the following medications to my child, as medically indicated:

Acetaminophen (Tylenol)	Yes	No	Cough Drops	Yes	No
Ibuprofen	Yes	No	Hydrocortisone Cream	Yes	No

I give permission for my child to receive school health screenings (vision, hearing, height, and weight) for the 2019-20 school year.

YES NO

In case of emergency, permission is given for my son/daughter to receive immediate first aid and/or treatment as necessary. I also give consent for school personnel to use their own judgment in securing medical aid and ambulance services or other emergency transport in the event that I cannot be reached.

YES NO

Parent/Guardian Signature _____ Date _____

**Parental Consent for United Community School
Sponsored Field Trips
Grades K - 6th**

_____ I give my permission for _____
in grade _____ to take the school-sponsored field trips throughout
the year for which a note will be sent home informing me of such field
trips before they occur.

_____ I **DO NOT** give my permission for _____
in grade _____ to take the school-sponsored field trips throughout
the year.

Signature of Parent/Guardian

Date

United Community School District

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
If yes, in which state? _____
If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
If yes, please provide school name(s), state, and dates attended:
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

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

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

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

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

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

(Mother) _____

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

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

United Community School District

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.

Please complete the entire form and return it to:

United Community School
1284 U Avenue
Boone, IA 50036
515-432-5319

Iowa Department of Public Health CERTIFICATE OF VISION SCREENING

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent/Guardian Telephone Number:	Student Address:	
Zip Code:		

Screening Information (vision screening provider must complete this section *or* parents may attach a copy of vision screening results given to them by a provider.)

Date of Vision Screening: _____

Results (visual acuity):

Right Eye _____ Left Eye _____

Overall Result (Please select one): Referral to eye health professional (Please select one):

Pass or Fail
 Yes or No

Screening Provider: _____

Provider Business Name/Source of Screening: (please print) _____

Provider Name: (please print) _____ Phone: _____

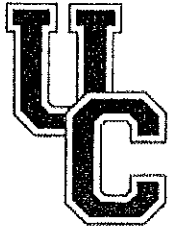
Signature and Credentials of Provider: _____ Date: _____

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten and again before enrollment in the 3rd grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and no later than six months after the date of the child's enrollment in Kindergarten.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in 3rd grade and no later than six months after the date of the child's enrollment in 3rd grade.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.



United
Community
PTO

Student Directory Opt-Out Form

United Community PTO publishes a student directory using the information provided on your registration forms. A copy of this directory will be sent home to every family. If you would prefer to opt-out of having your information shared, please complete the box below with your signature.

Please sign, date, and return to the school office if you **DO NOT** wish to be in the United Community School Directory.

Parent Signature: _____

Date: _____

NO ACTION IS REQUIRED IF YOU WOULD LIKE TO BE IN THE SCHOOL DIRECTORY.

If you would like to be included in the directory, but do not want all of the following information published, please **fill-in how you would like published, OR cross off the items you DO NOT want published.**

Student Name: _____

Parent(s) Name: _____

Primary Email Address: _____

Primary Phone Number: _____

Primary Home Address: _____

If you have any questions about this form or the directory, please contact UnitedCommunityPTO@gmail.com