

**Earlham Community School District**  
**2016-17**

Parents and Guardians:

It's almost school time again! We would appreciate your cooperation in completing and returning the forms listed below, along with payment, **anytime before Friday, August 19th, 2016**. The District Office is open during the summer Monday-Friday from 7:30 AM to 3:30 PM.

To make the process easier, we have bundled the papers that each STUDENT needs to have on file. Other forms that are for FAMILY use or for specific grade levels can be picked up outside the district office or printed off of the school's website [home.ecsdcards.com/district/forms](http://home.ecsdcards.com/district/forms)

**Elementary Back to School Conferences** will be held on Thursday, August 18th from 12:00 PM to 8:00 PM. Elementary parents and students should come at their scheduled time. Students may bring their school supplies at this time. *If you are new to the district and need to schedule a conference time, please see Megan in the District Office.*

**Middle School/High School Open House** for 7th grade, 9th grade and New Students will be on Wednesday, August 17th in the Auditorium with Mrs. Knight. All incoming 7th grade students will meet from 5:30-6:30 PM. All incoming 9th grade and new students will meet from 6:30-7:30. This meeting is for the parents and students. The students will also receive their laptops during their meeting time. On Thursday, August 18th, 8th, 10th, 11th, and 12th grade students will meet with Mrs. Knight in the Auditorium at 6:00 PM. They will be dismissed after the meeting to their advisor groups to pick up their schedules and laptops.

**Seniors** need to stop at the District Office and pick up the Senior Release Forms. The forms need to be completed and returned **prior** to the start of the school year in order for Seniors to have release.

**Activity Passes** - Please see the Registration Fee Schedule for prices for student, adult and family passes.

**Bus Routes** will be available at Back-to-School Conferences/Open House on Thursday, August 18th. Please be sure to contact the school if your bus needs have changed from last year or if you are new to the district and need to be assigned to a bus route.

**Please see page 2 . . .**

**Please return the following forms and payment anytime before August 19th to:  
Earlham CSD, Attn: Registration, PO Box 430, Earlham, IA 50072**

If you are unable to mail/drop off these forms to the District Office during normal office hours prior to August 19th, a walk-in registration will be offered on Thursday, August 4th from 7:30 AM to 7:00 PM at the school.

**\*Elementary Registration Packet**

(One per student).....Required  
(This packet includes: Fee Schedule, Registration Form, Student Release Form, Field Trip Form, Dismissal Time/Transportation Form, Admin of Medication Form, and a Student Health/Emergency Form)

**\*Middle School/High School Registration Packet**

(One per student) .....Required  
(This packet includes: Fee Schedule, Registration Form, Student Release Form, Field Trip Form, Physical Activity Contract, Admin of Medication Form, and a Student Health/Emergency Form)

**\*P.I.E. Phone Book/Volunteer Form** (one per family).....Required

**\*Home Language Survey - PK-K and New to District** (one per student).....Required

**\*Student Laptop Program Signature Page**.....Required  
*7th Grade and New Students Grades 7-12*  
(Handbook & Signature Page will be handed out at the Laptop Roll-Out Night on August 14th)

**\*Dental Screening Form** - Required **ONLY** for students entering Kindergarten **AND** 9th Grade

**\*Free and Reduced Lunch Program Form** - Forms will be available after August 1, 2016. Complete one form per family. Even if you qualified last year, you will need to complete a new form this year. See Denise Bean for details.

**\*Instrument Rental Agreement** - Grade 5-12  
(Only for students participating in Instrumental Music and renting an instrument from the school.)

If you have any questions, please call Megan or Becky at the school at 758-2214.

Earlham Community School District  
Registration Fee Schedule - Proposed  
2016-2017

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_

**Textbook Fees:**

\_\_\_\_\_ Grades PK-6 - \$40.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ Grades 7-8 - \$65.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ Grade 9-12 - \$70.00 = \$ \_\_\_\_\_

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This fee is for all instruments owned by the school and rented from the school. This fee is also for all students who play percussion instruments.

**School Instrument Rental - Band**

\_\_\_\_\_ 5-12 Band - \$40.00 = \$ \_\_\_\_\_

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Free and Reduced cost meal forms and income guidelines from the State are available in the District Office.

**Meal Prices**

Grades PK-3 = \$2.55/lunch \$ \_\_\_\_\_  
 Grades 4-12 = \$2.70/lunch \$ \_\_\_\_\_  
 PK-12 Breakfast = \$1.80 \$ \_\_\_\_\_

**Adult Breakfast = \$2.40**  
**Adult Meal = \$3.60**

**Lost Lunch Ticket (Grades 7-12) = \$15.00 each**

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**Names on Activity Passes :**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Activity Pass Pricing**

\_\_\_\_\_ Number of 10 Punch Student Passes x \$30.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ Number of 10 Punch Adult Passes x \$40.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ Number of All Season Student Passes x \$75.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ Number of All Season Adult Passes x 100.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ Family All Season Pass x \$225.00 = \$ \_\_\_\_\_

**Grand Total ALL Fees for this Student** \$ \_\_\_\_\_

**Earlham Community School  
2016-2017 Registration Form**

**Student Information:**

Name: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Grade entering: \_\_\_\_\_  
Ethnicity: **(Circle one)** *American Indian/Alaskan Native, Asian, Black/African American, Hispanic/Latino, Caucasian, Hawaiian/Pacific Islander*  
Resident County: **(Circle one)** *Adair, Dallas, Guthrie, Madison, Polk*  
Place of birth (city/state) \_\_\_\_\_  
Name/City/State of School previously attended: \_\_\_\_\_

**Parent Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_  
**Parent 1** Cell phone ( ) \_\_\_\_\_ **Parent 1:**Name \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_  
**Parent 2** Cell phone ( ) \_\_\_\_\_ **Parent 2:**Name \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_  
Email address (list one): \_\_\_\_\_

**Please check if a parent is currently serving in the military**

Non-custodial Parent (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_  
Non-custodial Parent Address (if applicable): \_\_\_\_\_

**Please list other children living in the home (name/birthday/grade)**

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contact Information :**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

**Emergency Contact Information (other than parent):**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For office use only:** JMC # \_\_\_\_\_ Grade/teacher: \_\_\_\_\_ Bus #: \_\_\_\_\_

# Earlham Community School District

## Physical Activity Contract

### 2016 – 2017 School Year

In 2008, the Iowa Legislature enacted the "Healthy Kids Act," requiring that all students in grades 6–12 engage in physical activity for a minimum of 120 minutes per week in which there are at least five days of school. The law also requires that we monitor how students fulfill this requirement.

Please fill out the items below, sign (both student and parent/guardian), and return to the school with the other registration materials and forms.

Name of Student: \_\_\_\_\_ Grade (2016-17): \_\_\_\_\_

Please circle school activities that student will be involved in during the 2016-2017 school year. The number indicates the estimated minutes per week.

<u>FALL</u>		<u>WINTER</u>		<u>SPRING</u>	
Cross country	400	Basketball	500	Track	500
Football	500	Wrestling	500	Golf	400
Volleyball	500	Cheerleading	300	Baseball	500
Cheerleading	300	Drill Team	300	Softball	500
Marching band	130	Bowling	300	Soccer	500
Swimming (girls)	500	Swimming(boys)	500		
Drill Team/Flags	300				

Other\* (what, when, how many minutes per week): \_\_\_\_\_

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\*Non-school activities that student will be involved in during the 2016-17 school year (may include non-school sport teams, gymnastics, dance, individualized exercise program, ect.)

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Building Principal \_\_\_\_\_

EARLHAM COMMUNITY SCHOOL DISTRICT  
2016-2017

FIELD TRIP  
PERMISSION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

My child \_\_\_\_\_ has my permission to  
attend school sponsored field trips for the 2016-17 school year.

I understand that the trips will be conducted under school supervision and by school  
vehicle (bus, car, suburban or other vehicle).

Notification of an upcoming field trip will be sent home prior to the departure date by  
the classroom teacher.

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

# Student Release Form

Earlham Community Schools

## Parent/Child Reunification (PCR) Authorization Form

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Teacher's/Advisor's Name: \_\_\_\_\_

I certify that I am the custodial parent/legal guardian of the above named student, and I grant permission for my child to be released to any of the following individuals in the event of an Emergency/Crisis that requires the school to release the students using parent/child reunification protocols at my student's school. (Each section must be completed.)

**My child may be released to the following individuals. (Other than Parent/Guardian listed above)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's after-school daycare provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand that my child will be released only to those listed on this form after they have presented photo identification. This form is for PCR use only; no other use is intended or authorized. I will contact the school if this information changes during the school year.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

2016-17

EARLHAM COMMUNITY SCHOOL  
STUDENT HEALTH AND EMERGENCY INFORMATION

*Your child's physical and emotional health are important to his/her ability to progress satisfactorily in school. To insure a current and complete record of your child's health, please complete this form.*

**STUDENT HEALTH INFORMATION:** **STUDENT NAME:** \_\_\_\_\_

*All health information is confidential and will be shared only on a professional basis with Earlham School personnel, when deemed necessary.*

List any allergies (drug, food, environmental) and type of reaction:

\_\_\_\_\_

Does your child have a history of acute allergic reactions with transport to a hospital? Yes No  
If yes, or if your child has asthma, diabetes or seizure disorders, please contact the school.

List any operations, serious illnesses or injuries during the past year: \_\_\_\_\_

List any Health/Medical conditions your child has: \_\_\_\_\_

Activity restrictions due to health concerns? Yes No

Explain: \_\_\_\_\_

List any medications your child takes regularly (include name, frequency and reason for use):

\_\_\_\_\_

List immunizations received during the past year: \_\_\_\_\_

Other information we should be aware of: \_\_\_\_\_

Does your child have any emotional, social, or other conditions that might affect his/her school performance? \_\_\_\_\_

**STUDENT EMERGENCY INFORMATION:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

If my (our) child becomes ill or is injured at the school and needs to be taken home, the following people have been informed of their responsibility and have my (our) permission to receive information about and provide transportation and care for my (our) child if I (we) cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please list all people with whom the school may share medical information about your child if you cannot be reached: (include parents, step-parents, and emergency contacts)

\_\_\_\_\_

As the parent(s) or legal guardian(s) of the child named on this form, I (we) authorize emergency medical transport, treatment, or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand this written consent is given in advance of any specific diagnosis or hospital care and agree to be responsible for any expenses. *This written authorization is granted only after a reasonable effort has been made to contact me (us).* I understand that I am responsible for updating this information as needed.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



EARLHAM COMMUNITY SCHOOL DISTRICT  
PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE  
ADMINISTRATION OF MEDICATION TO STUDENTS

The undersigned are the parent(s), guardian(s), or person(s) in charge of

(student's full legal name) \_\_\_\_\_, in

the \_\_\_ grade at the Earlham Community School District

It is necessary that (student's full legal name) \_\_\_\_\_

receive (name of medication) \_\_\_\_\_, beginning

on (date) \_\_\_\_\_ and continuing through (date) \_\_\_\_\_

\_\_\_\_\_ I hereby request the Earlham Community School District, or its authorized representative, to administer the above-named medication to my child named above and agree to:

1. Submit this request to the principal or school nurse;
2. Personally ensure that the medication is received by the principal or school nurse administering it in the container in which it was dispensed by the prescribing physician or licensed pharmacist or is in the manufacturer's container;
3. Personally ensure that the container in which the medication is dispensed is marked with the medication name, dosage, interval dosage, and date after which no administration should be given.

OR

\_\_\_\_\_ I hereby authorize my child to self-administer his/her medication as he/she has shown the competency to do so. I hereby agree to:

1. Submit this request to the principal or school nurse;
2. Personally ensure that
  - a. the medication is received by the principal or school nurse administering it in the container in which it was dispensed by the prescribing physician or licensed pharmacist or is in the manufacturer's container; or
  - b. the medication will be kept in the student's possession but only with prior written permission from the parent and principal.
3. Personally ensure that the container in which the medication is dispensed is marked with the medication name, dosage, interval dosage, and date after which no administration should be given.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Special Instructions \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Alternate Phone No. \_\_\_\_\_