

RIVERTON U.S.D 404

RETURNING STUDENT ENROLLMENT FORM

School Year _____

Date _____

Primary Household Name: _____

Parent Cell # _____ Parent Email _____

Parent Cell # _____ Parent Email _____

Secondary Household Name: _____

Parent Cell# _____ Parent Email _____

Parent Cell# _____ Parent Email _____

Student Names Currently in Household:

_____ Grade Level _____ _____ Grade Level _____

Student Cell# _____ Student Cell # _____

_____ Grade level _____ _____ Grade Level _____

List all children in the household ages 0 to 5 not attending school at this time.

1. _____ DOB _____ 2. _____ DOB _____

3. _____ DOB _____ 4. _____ DOB _____

*******IMPORTANT*******

Please note any changes to addresses, phone numbers, contacts, etc. that have changed from the previous school year that you would like to make USD 404 aware of for your demographic information.

PICTURE PERMISSION FORM

Dear Parents,

There may be occasions over the course of the school year that your child will have the opportunity to have his or her picture posted on our school website or in the local newspaper. You may view that website by navigating to: www.usd404.org and then clicking on the building tab at the top of the page. In order to comply with our technology policy, we need your signed permission to post your child's picture. Please complete the following so that we may abide by your wishes.

Yes, you may post _____ picture on the U.S. D. 404 website or local newspaper. (Student's Name)

No, please do NOT post _____ picture on the U.S.D. 404 website or local newspaper. (Student's Name)

X _____

Date _____

(Parent/Guardian Signature)

Health Services

2021-2022 School Year Riverton USD 404

	Students name	DOB	Grade
YES	NO		
		Attention Deficit Disorder (if YES circle) ADHD ADD Medication:	
		Allergies (if YES, circle below and explain) Food Insect bites/stings Pollen Animals Medication Will your child have an Epi-pen at school? YES NO	
		Asthma Will your child have an inhaler at school? YES NO	
		Diabetes Medication:	
		Emotional Problems Medication &/or Counseling:	
		Seizure Disorder Type of seizure: Medication:	
		Other Health Concerns Including Hospitalizations, Operations Or Medications Not Previously Mentioned:	

Kansas State Law requires that each student must have on file at the school:

An **up to date immunization record** or a religious or medical exemption.

A **physical exam** performed by a licensed health care provider

A copy of an **official state issued Birth Certificate**

All medications given at school must be provided by the parent and come in a properly labeled original container with a signed consent form from the parent (over-the-counter) and/or doctor (prescription).

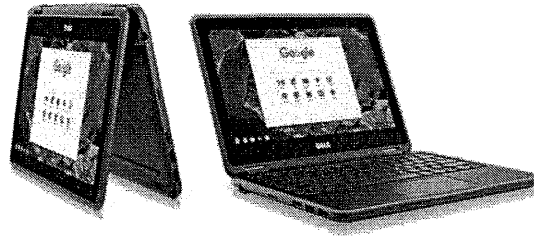
I hereby certify that I have read and understand the school requirements for my child. Furthermore, permission is hereby granted to the attending team physician, athletic trainer, coach, school nurse, sponsor and/or teacher to render any necessary first aid treatment to the child listed below. I understand that in an emergency, effort will be made to contact the Parent/Guardian or other contact persons listed. If such a contact is not possible, the transportation and treatment necessary for the best interest of the student may be given.

I also authorize Riverton USD 404 schools to release, exchange and obtain immunization and/or health information in his/her/their possession relating to the named student to the Health Department, physician(s), school personnel working with student, and/or Kansas Immunization Registry. I understand that this authorization will expire when the student is no longer enrolled in the above named school district and that I may revoke this authorization in writing at any time.

Parent/Guardian Signature

Today's Date

Riverton USD 404 District Laptop Care Policy Agreement Student Pledge Sign Off 2021-22



- ✓ Laptops are never to be left unattended, or in an unsecured or unsupervised location.
- ✓ Individuals are not to loan laptops to any other individual.
- ✓ The location of the laptop should be known by the user at all times.
- ✓ Each evening the laptop battery will be charged to full capacity.
- ✓ The laptop will be kept away from food and drinks.
- ✓ The laptop will not be repaired or disassembled by the individual.
- ✓ At all times when the laptop is not in use and between classes, the device will be kept in a safe place.
- ✓ The laptop will be shutdown prior to placing it in any carrying case or backpack.
- ✓ The laptop will not be altered or vandalized in any way.
- ✓ The laptop is the property of the district and is subject to inspection at any time, with or without notice.
- ✓ The parent will be responsible for filing a police report in case of theft, vandalism, and other acts covered by personal insurance.
- ✓ The student is responsible for all damage or loss caused by negligence or abuse.
- ✓ The student is responsible for replacement of the power cord in the event that this item is lost, damaged, or stolen.
- ✓ The student will return the laptop and all issued accessories in the same condition as when they were issued.

Student Name _____ Grade _____

Parent Signature _____ Date _____

***The complete Technology User Agreement is located at
<https://www.usd404.org/cms/lib/KS01001120/Centricity/Domain/14/Elementary%20Laptop%20Policy%202021-22.doc.pdf>

Dear Parents:

Throughout the school year Riverton USD 404 are asked to participate in surveys containing information that is essential to local and state grant funding and to planning effective prevention programs in our school and community. Surveys such as the *Kansas Communities That Care Student Survey*, Local Student Needs Assessment Surveys, and various other surveys are valuable tools to help us understand how students perceive things like substance use, bullying, teacher effectiveness, and many other important topics. These surveys give us insight into the problems students face and shows what we can do to help them succeed.

Surveys given within the Riverton USD 404 School system:

1. **Are completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results. To further guarantee anonymity, results will not be reported on any particular question without sufficient response from enough students to guarantee anonymity.
2. **Participation is entirely voluntary.** Your child may decline to participate in surveys, or may simply skip any particular question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate in our district's surveys. . Please check the appropriate box below. Thank you in advance for your cooperation.

Sincerely,

Todd Berry
Superintendent
Riverton USD 404

Please check one:

- Yes, I give permission** for my child to participate in surveys conducted by Riverton USD 404.
- No, I do not give permission** for my child to participate in surveys conducted by Riverton USD 404

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child

Date

U.S.D. 404 – Riverton Public Schools
Enrollment Residency Questionnaire

If your family lives in any of the following situations:

- In a shelter, motel, vehicle, or campground
- On the street
- In an abandoned building, trailer, or other inadequate accommodations, or
- Doubled up with friends or relatives because you cannot find or afford housing

Then, your preschool-aged and school-aged children have rights or protections under the McKinney-Veto Homeless Education Assistance Act.

These questions cover the definition of homeless that is within the No Child Left Behind Act. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes _____ No _____

Explain if it is a similar reason.

Explain: _____

2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?

Yes _____ No _____

3. Are you currently residing in a shelter? Yes _____ No _____

4. Are you currently living in a temporary housing arrangement due to economic hardship? Yes _____ No _____
-

Student Name _____ Date of Birth _____

Grade _____ Male _____ Female _____

Parent/Guardian(s) _____

Present Address _____

City _____ State _____ Zip _____ Phone _____

Last School Attended _____ City _____ State _____

GREENBUSH HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

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

Student Language Information:

1. What language did your child first learn to speak/use?
 English _____ Spanish _____ Other (please specify) _____

2. What language does your child speak/use at home? Do not include language learned in a class or through television or other such programming.
 English _____ Spanish _____ Other (please specify) _____

3. What language do you speak/use with your child?
 English _____ Spanish _____ Other (please specify) _____

4. What language do the adults regularly present or living in the home speak/use while in presence of the child?
 English _____ Spanish _____ Other (please specify) _____

Parent/Guardian Information:

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

Migrant Education Program Information:

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

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

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

For the School: If the answer to either of the previous two questions is Yes, please contact the Greenbush Migrant office at jennifer.delee@greenbush.org, toll free 866-806-9026, or fax 620-724-6284.

 Signature of Parent or Guardian

 Date

Riverton Elementary 2021-2022

PK-3rd Grades

Preschool

8 basic regular sized crayons (2 packs)
1 - 24 pack box of crayons
Stick glue (4)
8 color washable water colors (1)
1 pkg washable markers
Antibacterial Hand Wet Wipes (2)
2 pocket folder - any design (2)
1 quart size Ziplock bags
Dry Erase marker
1 pair Fiskar's Scissors dull metal blade
1 plastic school box 5x8

Kindergarten

1 Kindergarten Writing Tablet
1 Large pink eraser
4 Boxes Crayola crayons 24 pk
1 Crayola crayon 8pk jumbo size
1 Pkg Crayola markers washable 8 basic colors
2 pkg Crayola watercolor paints
4 Elmer glue sticks
1 pair Fiskar's scissors dull metal blade
1 box quart size bags (girls)
1 box gallon bags (boys)
1 Plastic school box 5x8
2 Black Sharpie Markers
Inexpensive On-ear headphones
4 2-pocket heavy duty folders w/pictures (no plastic)
2 pkgs plain index cards
Backpack (no wheels)
1 Kindermat

First Grade

1 box of 24 Crayola crayons
1 Box of washable Crayola markers (classic colors)
1 Pair Fiskar Scissors
4 Glue sticks
2 Pkgs. #2 Ticonderoga brand pencils (not decorative or plastic)
2 pink erasers
3 Heavy duty pocket folder w/2 pockets &brads
1 plastic 3 ring pencil holder
1 Plastic school box
1 Box color pencils
2 Large boxes of Kleenex
2 Clorox wipes
1 Box quart Ziploc baggies - girls
1 Box gallon Ziploc bags - boys
1 Spiral Notebook - wide ruled
1 Water color paints - crayola
1 bottle Elmer's glue
Inexpensive On-ear headphones

Second Grade

8 oz Bottle of Elmer's school glue (no gel)
1 Box Crayola crayons (24 count)
2 2-pocket heavy duty folders w/picture (no brads)
2 2-pocket plastic folders w/brads
2 Packages of Ticonderoga #2 pencils (no decoration/plastic)
1 Clear 3 ring zippered pencil holder
1 Box of washable Crayola markers (classic colors)
1 Box watercolor paints (Prang or Crayola)
1 Box Crayola brand colored pencils (12 count)
1 5x8 Plastic school box
Big eraser
Sharp pointed scissors
4 Large glue sticks
2 spiral notebooks (70 page)
1 Box Kleenex
1 Container Disinfecting wipes (girls only)
1 box Ziplock bags (boys only)
Earphones (no ear buds)
*If possible, Crayola brand is preferred
over Rose Art or Craz-Z-Art due to its
quality and longevity

Third Grade

1 pkg colored pens
1 pkg highlighters
2 pkgs Ticonderoga pencils
Crayola Crayons 24 count
Crayola Colored pencils 24 count
Crayola markers 10 count
1 Pointed metal scissors
1 Watercolor set
1 Bottle Elmer's glue
4 Large glue sticks
1 pocket folder w/brads
2 pocket folders of your choice
1 Package wide-ruled notebook paper
1 Composition Notebook
1 Large eraser
1 pkg quart Ziplock bags - girls
1 pkg Clorox wipes - boys

*Please put child's initials on each item

Riverton Elementary 2021-2022

4th/5th Grades

Fourth Grade

2 Boxes of Kleenex
4 Glue sticks
2 Box of Crayola crayons (24 count)
2 Expo Markers
1 Box Crayola colored pencils (24 count)
2 Boxes #2 Ticonderoga pencils (no mechanical)
2 Packages wide-ruled notebook paper
1 Large eraser
3 Composition notebooks (no spirals)
1 pair of scissors (sharp pointed)
Crayola Classic washable markers
2 Highlighters
Handheld pencil sharpener
1 pair of earbuds
2 pack Clorox wipes
2 sturdy plastic pocket folders (w/brads)
Large, soft pencil bag
3 sturdy plasticpocket folders (w/holes not brads)

Fifth Grade

2 Boxes of Kleenex
6 Glue sticks
1 box Crayola Colored pencils
1 Plastic pocket folders w/brads
6 Pocket folders
2 Packages of Ticonderoga #2 pencils
1 Packages wide ruled notebook paper
1 Highlighter
2 Erasers
Scissors (sharp pointed)
1 box 24 ct Crayola Crayons
1 Box Crayola Markers
4 Expo markers
1 Grading pen
1 Sharpie
Deoderant to keep in cubby
1 container Clorox wipes
Inexpensive earbuds
1 2in 3 ring binder
1 pk of 5 Big Tab Dividers

*All labeled w/childs name

UNIFIED SCHOOL DISTRICT NO. 404

BOARD OF EDUCATION

Tim Wilson, President
Danny Anderson, Vice-President
Judy Adams
Kristen Greer
Mike Hatfield
Gary Neal
Chade Parker

Susie Nowlin, Clerk
Royce Donaldson, Treasurer

KSDE/KESA ACCREDITED

Todd D. Berry, Superintendent
P.O. Box 290
6860 SE Hwy 66
Riverton, KS 66770
Phone: (620)848-3386
Fax: (620)848-9853

5-27-2021

ADMINISTRATIVE STAFF

Riverton High School
Chad Harper, Principal
Shelly Livingston, Asst. Prin.

Riverton Middle School
Zachery Martin, Principal

Riverton Elementary School
Adam Thomasson, Principal
Linda Wassom, Asst. Prin.

Greetings, Riverton USD 404 Families:

Thank you for your continued support of our students, staff, and school community. We hope you are well, and we are reaching out today with some important information and a convenient process that can assist families and our school district. Even though all children will eat free during the 2021-22 school year, the Household Economic Survey (HES) generates additional funding for our local educational programs.

We encourage all families to consider, review, and complete the HES application. Eligibility determination will be made according to the established guidelines, and if your family qualifies the district will still receive the funds accordingly. A few additional reasons for this consideration include:

- Other school district benefits for families that qualify, include reduced computer fees, possible waivers of enrollment fees, and summer and afterschool programming for students who need extended learning opportunities.
- If families do not complete the application, state funding for our school district may be reduced, which could impact our ability to provide classroom support services as well as reduced class sizes.

We have included a copy of the HES application for your convenience and consideration, and please feel free to contact our district's office with any questions using the information below.

Todd Berry, Superintendent
tberry@usd404.org
620.848.3386

If you prefer, you can submit the Household Economic Survey application by mail or return it in person at your child's school. If you decide to send your documents by mail, please send them to the address below.

Thank you for your consideration of this important process.

Attn: Judy Price
Riverton Unified School District No. 404
P.O. Box 290
Riverton, KS 66770

2021-2022 Household Economic Survey

Do not complete this form if you are Directly Certified to receive free meals or if you have filled out a Child Nutrition Program Meal Benefits Application.

For your school to receive specific state and federal benefits and funding, you must fill out this form.

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

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is _____ per year.

Student Name	School	Grade	Date of Birth

Additional students are listed on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.

Signature of Parent or Guardian

Date

Phone

For School Use Only: Free Reduced Not Eligible