

Riverton Elementary School
PO Box 290
Riverton, KS 66770
PH 620-848-4078 FAX 620-848-4025

Dear Students/Parents:

I hope you are having a great, summer! I am writing to give you some information about the beginning of school. The first day of school will be Wednesday, August 15th. We will have enrollment forms for our parents online and at the elementary office. Parents may mail them in, or come to the school and enroll on Tuesday, August 7th, Wednesday, August 8th, or Thursday, August 9th. Enjoy the rest of your vacation!

Enrollment Information Textbook Fees K-5 \$20.00

Enrollment Online: We will have the enrollment forms available online, you may fill them out and send them electronically when completed. You may pick up enrollment forms at the District office anytime during the summer, or pick them up at the Elementary Office after August 1st.

Enrollment by Mail: After completing the forms, return them along with your checks for textbook and cafeteria fees. It is necessary that we have three (3) people to reach in case students becomes ill or injured.

Mail form to: Riverton Elementary School P. O. Box 260 Riverton, Kansas 66770

Enrolling in Person: Enrollment hours for Elementary will be 8:00-11:30 and 12:30-3:00.

The first day of school will be Wednesday, August 15th. We will begin late start Wednesdays, on this date. School will begin at 8:50 and will dismiss at 3:10.

Regular School Hours: Monday, Tuesday, Thursday, and Friday 8:00-3:10
Late Start Wednesday: School begins 8:50 and is dismissed at 3:10.

We will have Open House on Tuesday August 14th from 5:00-6:30 PM where you may bring your student's supplies and meet their teachers.

We are looking forward to another school year. If you have any questions, call us at 848-4078 or stop by the office. As always your cooperation is greatly appreciated.

Sincerely,

Adam Thomasson

Riverton Elementary Principal

*The Mission of Riverton Elementary School is to provide
our students success in learning.*

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)

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, suicide, 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

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

GREENBUSH ENCUESTA DE IDIOMA EN EL HOGAR

Al momento de inscripción, todo estudiante o padre/tutor debe tomar una Encuesta de Idioma en el Hogar. Esta encuesta será utilizada para determinar cuales estudiantes deben ser evaluados para aptitud de Idioma Inglés. Si en alguna de las preguntas de 1 a 4, se indica un idioma que no sea inglés el alumno será evaluado para determinar la elegibilidad de los Servicios de Idioma para Personas que Hablan Otros Idiomas (ESOL por sus siglas en inglés). Las evaluaciones aprobadas por el Departamento de Educación del Estado de Kansas incluyen: Las Escalas de Evaluación de Idioma (LAS, por sus siglas en inglés)/LAS LINKS/Pre-LAS, Examen de Aptitud IDEA (IPT, por sus siglas en inglés)/Pre-IPT, Serie de Exámenes de Aptitud de Inglés (LPTS, por sus siglas en inglés), y la Evaluación de Aptitud de Idioma Inglés de Kansas (KELPA)/KELPA-P. Si un estudiante obtiene un puntaje por debajo del nivel de aptitud/fluidez en cualquiera de las áreas del Idioma: comprensión auditiva y expresión oral, lectura o escritura, él/ella puede ser elegible para los servicios ESOL. Por favor complete un formulario para cada niño.

Información del Estudiante

Nombre		Grado
Domicilio		Fecha de Nacimiento
Fecha de primera inscripción en una escuela en los Estados Unidos	Número de Teléfono	

Información del Idioma del Estudiante:

1. ¿Qué idioma aprendió primero hablar/utilizar su niño?
Inglés _____ Español _____ Otro (por favor especifique) _____
2. ¿Qué idioma habla/utiliza su niño más frecuentemente en el hogar?
Inglés _____ Español _____ Otro (por favor especifique) _____
3. ¿Qué idioma habla/utiliza usted más frecuentemente con su niño?
Inglés _____ Español _____ Otro (por favor especifique) _____
4. ¿Qué idioma hablan/utilizan más frecuentemente los adultos en el hogar?
Inglés _____ Español _____ Otro (por favor especifique) _____

Información del Padre/Tutor:

¿Qué idioma lee/escribe usted? Inglés _____ Español _____ Otros (especifique) _____

Información del Programa de Educación para Migrantes

El Programa de Educación para Migrantes (MEP por sus siglas en inglés) está autorizado por el Título I Parte C de la Ley de Educación Elemental y Secundaria de 1965 (ESEA por sus siglas en inglés). El MEP proporciona subsidios por fórmula a las agencias locales de educación para establecer o mejorar los programas de educación para los niños que pudieran calificar para el Programa de Migrantes. Por favor ayúdenos a determinar la elegibilidad de su niño para el Programa de Migrantes respondiendo las siguientes preguntas.

¿Se ha mudado usted o un miembro de su familia en los últimos 36 meses para hacer, o aplicar para, trabajo en algo relacionado con agricultura o pescadería, incluyendo lecherías, invernaderos, engordas, plantas procesadoras de carne, legumbres o frutas, o trabajo en el campo? Sí _____ No _____

¿Se han mudado sus niños con, o para reunirse con el trabajador mencionado en la primera pregunta, dentro de los últimos 36 meses? Sí _____ No _____

Para la escuela: Si contestó sí a cualquiera de las dos preguntas anteriores, por favor comuníquese con la oficina del Programa de Educación para Migrantes en Greenbush en jennifer.delee@greenbush.org o llame al 866-806-9026 o fax 620-724-6284

Firma del Padre o Tutor

Fecha

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 _____

Health Services

2018-2019 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 present to 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 Elementary 18-19

PK-3rd Grades

Preschool

8 basic regular sized crayons
Crayola washable markers (8 basic colors)
Stick glue (8)
Elmers bottle glue 4oz
Kleenexes (2 boxes)
Multi-colored construction paper (1 pkg)
Dry erase marker (2)
6 quart plastic box
Blue 2 pocket folder (4)
Clorox wipes
1 quart size ziplock bags-girls
1 gallon size ziplock bags-boys
In-expensive head phones

Kindergarten

2 Kindergarten Writing Tablets
1 Large pink eraser
1 Pkg Crayola crayons jumbo 8 pk
2 Boxes Crayola crayons 24 pk
1 Pkg Crayola markers washable 8 basic colors
1 box Crayola watercolor paints
8 Elmer glue sticks
1pair Fiskar's scissors dull metal blade
3 boxes of Kleenex
1 Box gallon bags
2 Boxes quart size bags
1 Plastic school box 5x8
Inexpensive On-ear headphones
4 2-pocket heavy duty folders w/pictures (no plastic)
1 spiral notebook (70 pages)
Packaged snack for 24 students
Backpack (no wheels)
1 Kindermat
1 pkg black Sharpies
2 Expo Markers

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

Second Grade

8 oz Bottle of white Elmer's glue (no gel)
1 Box Crayola crayones (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 or 24 count)
1 5x8 School box
Big eraser
Sharp pointed scissors
4 Large glue sticks
2 spiral notebooks (70 page)
1 Boxes Kleenex
Earphones

*If possible, Crayola brand is preferred over Rose Art or Craz-Z-Art due to its quality and longevity

Third Grade

Crayola Crayons – 24 count
Colored pencils – 24 count
1 Watercolor set
1 Bottle Elmer's glue
2 Large glue sticks
1 Package of No. 2 Ticonderoga pencils
1 Big pink eraser
1 Pointed metal scissors
1 Composition Notebook
2 Plastic pocket folders w/brads
1 Package wide-ruled notebook paper
2 Boxes of tissues
1 Highlighter
1 Grading pen (NOT blue or black)
1 Gallon size Ziploc Bag (girls)
1 Clorox wipes (boys)

*Please put child's initials on each item

Riverton Elementary 18-19

4th/5th Grades

Fourth Grade

1 Box of Kleenex
4 Glue sticks
1 Box of Crayola crayons (24 count)
3 Sturdy Pocket folders (with holes not brads)
1 Boxes Crayola colored pencils (24 count)
2 Boxes #2 Ticonderoga pencils (no mechanical)
2 Packages wide-ruled notebook paper
1 Large eraser
4 Composition notebooks (no spirals)
1 Scissors (sharp pointed)
Crayola Classic washable markers
2 Highlighters
Large, soft pencil bag w/zipper and holes
Jumpdrive
1 pair of earbuds
Large, ZIP Binder
2 pack Clorox wipes
Handheld pencil sharpener

Fifth Grade

2 Boxes of Kleenex
6 Glue sticks
Colored pencils or Crayons
4 Plastic pocket folders w/brads
2 Pocket folders w/holes
2 (12 count) Packages of Ticonderoga #2 pencils
1 Packages wide ruled notebook paper
1 Highlighter
2 Erasers
Scissors (sharp pointed)
Pencil bag
5 Composition notebooks
4 Expo markers
Grading pen
Deoderant to keep in cubby
Clorox wipes
Inexpensive earbuds
Flash drive

*All labeled w/childs name