



# Welcome to Tecumseh North Elementary

Please complete the following forms and bring your original birth certificate as well as immunization record and proof of residency (current Kansas Gas or Weststar bill or a current lease agreement)

## Tecumseh North Elementary

### Contents checklist:

Birth Certificate	_____
Immunization record	_____
Proof of Residency (Ks Gas/Westar/or lease)	_____
SIR & Enrollment Card	_____
English Language Learner Survey	_____
Heath History	_____online
Health Assessment (if first time in Ks School)	_____
School Bus add/drop	_____
Records Request	_____
Census	_____

\$90.00 fees are expected at the time of enrollment – (Subject to change)

Enrollment is NOT complete until all requested documentation is provided and all forms are completed.

Thank you

Call 785-379-5910 with any questions.



Please select the before and after school transportation and/or after school care you will be using for your new student.

**Before School/Morning Options**

- Parent Drop Off
- Boys & Girls Club (Contact B&G Club in August to sign up)
- Bus (Fill out form below)

**After School/Afternoon Options**

- Parent Pick Up
- Boys & Girl Club (Contact B&G Club in August to sign up)
- Bus (Fill out form below)

**School Bus Add/Drop Change Form**

Student ID # \_\_\_\_\_  
(School Office Will Provide)

Student Name \_\_\_\_\_  
Last First

Residing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Pick Up \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(Address)

Drop Off \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(Address)

Date Effective \_\_\_\_\_

Parent Name \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ENGLISH LANGUAGE LEARNER 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 or of itself, qualify a student of 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.

Students Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Name: \_\_\_\_\_  
\_\_\_\_\_

1. Was the student born in the United States? If not, where was the student born? \_\_\_\_\_
2. Student's first entry date into a School in the United States: \_\_\_\_\_
3. Which language is most often spoken **by the student**? \_\_\_\_\_
4. Which language is most often spoken **by the adults** at home? \_\_\_\_\_
5. Which language does the **student** use at home? \_\_\_\_\_
6. Which language did the **student** learn when he/she first began to talk? \_\_\_\_\_
7. Has the student ever been enrolled in an English as a Second Language (ESL) or bilingual program?  
 Yes  No If yes, where? \_\_\_\_\_ When? \_\_\_\_\_
8. Referring to **the language the student speaks most often**, as listed above, please check the appropriate box.
 

a) The student speaks the language	_____ fluently	_____ a little	_____ not at all
b) The student reads the language	_____ fluently	_____ a little	_____ not at all
c) The student writes the language	_____ fluently	_____ a little	_____ not at all
9. Referring to the student's ability in the **English language**, please check the appropriate box.
 

a) The student speaks English	_____ fluently	_____ a little	_____ not at all
b) The student reads English	_____ fluently	_____ a little	_____ not at all
c) The student writes English	_____ fluently	_____ a little	_____ not at all

### 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:

Has you or a member of your family moved in the last 36 months to seek or obtain 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 alone in the past 36 months?  Yes  No

Parent / Guardian's Signature \_\_\_\_\_

# CENSUS FORM - YEAR \_\_\_\_\_

Patron: \_\_\_\_\_

Spouse: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

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

Please list all children in the household that are **18 or younger** (First name, last name if different from patron, date of birth and age – oldest to youngest.)

Name: _____
Date of Birth: _____ Age: _____

Name: _____
Date of Birth: _____ Age: _____

Name: _____
Date of Birth: _____ Age: _____

Name: _____
Date of Birth: _____ Age: _____

Name: _____
Date of Birth: _____ Age: _____

Name: _____
Date of Birth: _____ Age: _____

Name: _____
Date of Birth: _____ Age: _____

Name: _____
Date of Birth: _____ Age: _____



**TECUMSEH NORTH ELEMENTARY**  
SHAWNEE HEIGHTS USD 450  
314 SE Stanton Road • Tecumseh, Kansas 66542  
Phone: (785) 379-5910 • Fax: (785)379-5915

## REQUEST FOR PUPIL RECORDS

**Facsimile (or Email) Information:**

To: \_\_\_\_\_ Attn: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Fax or Email address: \_\_\_\_\_

Total Pages: \_\_\_\_\_ Original to follow by mail \_\_\_\_\_ Original NOT to follow by mail

Please fax or mail records to my attention at the address or number above. Please call if you have any questions or concerns. Thank You.

From: \_\_\_\_\_ Tecumseh North Elementary

**Request Information:**

Records for: \_\_\_\_\_  
*Last Name First Middle*

Birthdate: \_\_\_\_\_ Enrolled in grade \_\_\_\_\_ in our school.

**Records to Include:**

Transcript of Grades/Credits.....	<input type="checkbox"/>	Test Records.....	<input type="checkbox"/>
Health Records .....	<input type="checkbox"/>	Special Education Records/IEP .....	<input type="checkbox"/>
Attendance Records.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Birth Certificate.....	<input type="checkbox"/>	_____	<input type="checkbox"/>

Name of Previous School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY NOTICE**

*The information contained in this facsimile may be confidential in nature. The information is intended only for the use of the individual or entity to whom it is addressed. If you are not the addressee or the employee or agent responsible to deliver this facsimile to its intended recipient, you are hereby notified that any review, use, dissemination, distribution, disclosure, copying or taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original facsimile to us at the above address via the U.S. Postal Service. Thank you.*