



**TECUMSEH NORTH
ELEMENTARY**
PANTHERS

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 Westar bill or a current lease agreement)

Tecumseh North Elementary

Contents checklist:

ORIGINAL 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.



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Student Information Record Short Form

Student Legal Name: _____
First Middle Last

Address: _____ City: _____ ZIP _____

Gender: _____ Birthdate: ____/____/____ Language Spoken at Home: _____

Phone: _____ School transferring from: _____

Race: ____ White ____ Black or African American ____ American Indian or Alaska Native
____ Asian ____ Native Hawaiian or Other Pacific Islander

Ethnicity: Hispanic or Latino ____ YES ____ NO

Mother's Name: _____

Father's Name: _____

Legal Alert (Court Documentation and physical description must be provided to the school office.)

Is anyone legally barred from seeing this student? **Yes** _____ **No** _____

Who? _____ Relationship to student: _____

Parent Signature: _____ Date: _____



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 spoke by the student? _____
4. Which language is most often spoke 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 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:

- Have 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 _____

Student Name: _____

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 _____ **08-13-2019**

Parent Name _____

Comments: _____



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: _____

Form box containing: 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... [] Test Records... []
Health Records... [] Special Education Records/IEP... []
Attendance Records... [] Other... []
Birth Certificate... []

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.

CENSUS FORM - YEAR 2019-2020

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: _____