

**Student's Legal Name** (include middle name) \_\_\_\_\_  
 Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Password \_\_\_\_\_  
 Work Phone \_\_\_\_\_ (Create a password for on-line access to JMC)

**Emergency Contact Information (1):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

**Emergency Contact Information (2):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Family Info	First Name	Last Name	Occupation/Employer
Father			
Mother			
Stepparent/Guardian			

List names and grade levels of siblings in Knoxville School District:

\_\_\_\_\_

\_\_\_\_\_

Preference for Panther Preschool:

- Morning Session     Afternoon Session
- My child attends/will attend daycare at Stepping Stones before or after preschool hours.
- My child will attend the Headstart program for half day.

**A copy of your child's birth certificate is required to enroll at West Elementary.**

# Knoxville Community School District

## Student Race and Ethnicity Reporting

Student Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Person Completing This Form:  Parent/Guardian  Student  Other: \_\_\_\_\_

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity:  Yes  No  
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

### 2. Racial Categories:

- American Indian or Alaska Native  
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian  
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American  
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander  
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White  
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# Knoxville Community School District

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No

If yes, in which state? \_\_\_\_\_

If no, in what other country? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No

If yes, please provide school name(s), state, and dates attended:

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Is your child's first-learned or home language anything other than English?  Yes  No

**If you responded "Yes" to question number 5 above, please answer the following questions:**

6. What language did your child learn when he/she first began to talk? \_\_\_\_\_

7. What language does your child most frequently speak at home? \_\_\_\_\_

8. What language do you most frequently speak to your child? (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

9. Please describe the language understood by your child. (Check only one)

- A.  Understands only the home language and no English.
- B.  Understands mostly the home language and some English.
- C.  Understands the home language and English equally.
- D.  Understands mostly English and some of the home language.
- E.  Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	
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West Elementary  
306 South Park Lane  
Knoxville, Iowa 50138

Permission for Photographs

I give my permission for \_\_\_\_\_ to be  
photographed or videotaped during the 2018-2019 school year.  
The photos or videotaping will be used for educational  
purposes and learning experiences.

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

\_\_\_\_\_  
Date

.....  
Educational Activities Permission

I understand that during the 2018-2019 school year students  
will be leaving the school grounds for various educational  
activities, field trips, nature walks, etc. I give my  
permission for my child to participate in these activities.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Teacher

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

\_\_\_\_\_  
Date

**Knoxville Community School District  
Kindergarten and Pre-School PHYSICAL EXAM Form**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_

Lead Test: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

**(REQUIRED: at least one lead test on file before Kindergarten)**

CBC: \_\_\_\_\_ UA: \_\_\_\_\_

Allergies: \_\_\_\_\_ Epi-Pen? Yes or No

**Complete the Diet Modification Form** for meal accommodations at school

**Exam Results (N=normal limits) otherwise describe**

HEENT: \_\_\_\_\_

Teeth: \_\_\_\_\_ Date of last exam: \_\_\_\_\_ Referral made? Yes or No

**(REQUIRED: dental screening no earlier than 1 year prior to Kindergarten)**

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Stomach/Abdomen/GI: \_\_\_\_\_

Extremities/Joints/Muscles/Spine: \_\_\_\_\_

Skin/Lymph nodes: \_\_\_\_\_

Neurological: \_\_\_\_\_ Seizures? \_\_\_\_\_

**Sensory:**

Vision: both together: \_\_\_\_\_ left eye: \_\_\_\_\_ right eye: \_\_\_\_\_

Glasses? Yes or No Referral made? Yes or No

**(REQUIRED: vision screening within 1 year prior to Kindergarten or within 6 months)**

Hearing: left ear: \_\_\_\_\_ right ear: \_\_\_\_\_ Aids? Yes/No Referral made? Yes/No

**Developmental Screening:**

Personal/Social: \_\_\_\_\_

Fine Motor: \_\_\_\_\_

Gross Motor: \_\_\_\_\_

Language: \_\_\_\_\_

Referral made? Yes/No \_\_\_\_\_ To whom? \_\_\_\_\_

**VACCINES** given today (list): \_\_\_\_\_ Recorded in IRIS? Yes/No

**Provider's Name PRINT:** \_\_\_\_\_

**Provider's Business Address:** \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_

# KNOXVILLE CSD ANNUAL HEALTH HISTORY and CONSENT PK-12

Student's Name (Last, First) \_\_\_\_\_ Grade entering: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian 1 name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian 1 workplace: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian 2 name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian 2 workplace: \_\_\_\_\_ Work phone: \_\_\_\_\_

In an emergency, if parent/guardian cannot be notified, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **HEALTH HISTORY: please indicate those that apply to your child**

### **Allergies:**

Medications, Seasonal, or Food \_\_\_\_\_ Epi-pen for school? YES / NO

What is the reaction your child has when exposed to the allergen (swelling, hives, vomiting, etc.)

\_\_\_\_\_  
**(FORM REQUIRED for meal modifications at school for FOOD ALLERGIES: DIET MODIFICATION)**

Asthma \_\_\_\_\_ Triggers? \_\_\_\_\_ Inhaler needed at school? YES / NO

**(FORM REQUIRED for student to self-carrying inhaler: Asthma Medication Self-Administration Form)**

Heart Condition \_\_\_\_\_ Migraine headaches \_\_\_\_\_ Treatment \_\_\_\_\_

Diabetes \_\_\_\_\_ Insulin \_\_\_\_\_ Insulin Pump \_\_\_\_\_ Seizures \_\_\_\_\_ Arthritis \_\_\_\_\_

Hearing Concerns \_\_\_\_\_ Aides \_\_\_\_\_ Vision Concerns \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

ADHD \_\_\_\_\_ Autism \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
**(CONTINUED ON NEXT PAGE)**

# KNOXVILLE CSD ANNUAL HEALTH HISTORY and CONSENT PK-12

## Medications:

Prescribed medications taken at **home:** \_\_\_\_\_

Prescribed medications to be taken at **school:** \_\_\_\_\_

(**FORM REQUIRED** for meds to be given at school: MEDICATION AUTHORIZATION and PERMISSION)

**CONSENT FOR MEDICAL TREATMENT** *Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.*

As the parent, or legal guardian, of the child named \_\_\_\_\_, I authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my child. I understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me.

\_\_\_\_\_

\_\_\_\_\_

Date

Parent's/Guardian's signature

**Required for Pre-School:**

\_\_\_\_\_ **Physical:** Knoxville CSD requirement

\_\_\_\_\_ **Immunization Record: up to date for Pre-Kindergarten, state requirement.** An immunization record is required to enroll in Pre-Kindergarten pursuant to Iowa Department of Public Health [IDPH] 641 Chapter 7. <https://idph.iowa.gov/immtb/immunization/laws>

\_\_\_\_\_ **Health History Form:** Knoxville CSD requirement

**WEST ELEMENTARY FAX: 641-842-6029**

**West Elementary**

**306 South Park Lane**

**Knoxville, IA 50138**