

Welcome New Students and Parents,

Rockville Elementary School welcomes you and your child to the 2010-2011 school year. Please take a few minutes to read this letter and complete the enrollment forms. If you still have questions the office will be available to answer them after August 2, 2010 at 837-1970.

- Walk in enrollment is Tuesday, August 10, 2010 from 8:00 a.m. to 8:00 p.m. Please note that teachers will not be in the building that day.
- First day of school will be Tuesday, August 18<sup>th</sup>.
- The school day is 8:10 a.m. to 3:20 p.m. Doors open to the building at 7:40 a.m.
- We do offer breakfast to students for a fee. (see fee sheet for prices)
- Office staff are available for tours of the building by appointment only.
- We have a wonderful after school "Y" care program if you are interested please contact our office.
- PTO is a very strong organization in our school and a way for new parents to meet people in the community.
- New Kindergarten students will be required to have a physical within the past six months, shot records and birth certificate.
- New first and second grade student records will be requested from the school they are coming from.
- Please sign up for text alerts and our email newsletters thru the [www.usd416.org](http://www.usd416.org) website. Paper copies will not be sent home.



# Louisburg – USD 416 Enrollment Form



Mark Building>	Preschool:	Rockville:	Broadmoor :	Louisburg Middle:	Louisburg High :
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perm Number:		Grade:		Gender - Male:	Female:
				<input type="checkbox"/>	<input type="checkbox"/>
<b>Student Full Legal Name:</b>					
<i>Last Name, First Name Middle Name</i>					
Street Address:					
Mailing Address:				State:	Zip Code:
City:		Cell Phone:		Unlisted-Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
Home Phone:			Birth Place:		
Birthdate:					
Language Spoken at Home:					
<b>CUSTODIAL PARENT/Guardian Information (Student Living With)</b>					
Relationship:		Last Name:		First Name:	
Home Street Address:					
Home Mailing Address:				State:	Zip Code:
City:		Cell Phone:		Unlisted-Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
Home Phone:		Unlisted-Yes	No	Work Phone:	Unlisted-Yes
		<input type="checkbox"/>	<input type="checkbox"/>		No
				<input type="checkbox"/>	<input type="checkbox"/>
Employer:					
Email Address:					
Would you like announcements sent to this email address? YES <input type="checkbox"/> NO: <input type="checkbox"/>					
Relationship:		Last Name:		First Name:	
Home Street Address:					
Home Mailing Address:				State:	Zip Code:
City:		Cell Phone:		Unlisted-Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
Home Phone:		Unlisted-Yes	No	Work Phone:	Unlisted-Yes
		<input type="checkbox"/>	<input type="checkbox"/>		No
				<input type="checkbox"/>	<input type="checkbox"/>
Employer:					
Email Address:					
Would you like announcements sent to this email address? YES <input type="checkbox"/> NO: <input type="checkbox"/>					
<b>Non-CUSTODIAL PARENT/Guardian Information</b>					
Relationship:		Last Name:		First Name:	
Home Street Address:					
Home Mailing Address:				State:	Zip Code:
City:		Cell Phone:		Unlisted-Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
Home Phone:		Unlisted-Yes	No	Work Phone:	Unlisted-Yes
		<input type="checkbox"/>	<input type="checkbox"/>		No
				<input type="checkbox"/>	<input type="checkbox"/>
Employer:					
Email Address:					
Would you like announcements sent to this email address? YES <input type="checkbox"/> NO: <input type="checkbox"/>					
<b>EMERGENCY NUMBERS</b>					
In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:					
Name:					
Relationship to student:		Work Phone:		Cell Phone:	
Home Phone:					
<b>SIBLING INFORMATION (attending USD 416)</b>					
Name:	Building	RES:		BES:	LMS:
Name:	Building	RES:		BES:	LMS:
Name:	Building	RES:		BES:	LMS:

I understand that Louisburg USD 416 does NOT provide insurance for students while they are attending school or participating in school activities.

\_\_\_\_\_  
Signature

Student Name:	School:	Grade:
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**Dear Parent or Guardian:**

Each year, every school district in Kansas is required to report student data by race and ethnicity categories set by the federal government to the Kansas State Department of Education (KSDE). Though KSDE does not report individual student data to the federal government, the total number of students in various categories of each school is reported. These reports help keep track of changes in student enrollment and ensure that all students receive the educational programs and services to which they are entitled.

Recently, the federal government adjusted the student data reporting categories. With the new reporting categories, you will need to update your child's data. Starting with the 2009-10 school year, all schools in Kansas will report student data to the Kansas State Department of Education using the new categories.

Please update your child's student data, by completing the enclosed form and returning it to your child's school by September 20. If we do not receive a response from you, an employee of the district will be required to provide this information based on observation. (Note that federal regulations do not permit districts to leave the space blank.) Please contact your child's school principal if you would like to check the student data currently on file for your child.

For more information about the data reporting categories, please visit the Race/Ethnicity Regulations page at the KSDE website under News/Publications. The URL address is as follows: <http://www.ksde.org/Default.aspx?tabid=3370>.

Sincerely,

Dr. Sharon Zoellner  
Superintendent of Schools

**Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.)**

Part A:	<input type="checkbox"/> Is this student Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
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The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B:	<b>What is the student's race? (Choose one or more)</b> <input type="checkbox"/> <b>American Indian or Alaska Native</b> (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> <b>Black or African American</b> (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
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I attest that the information contained herein is correct to the best of my knowledge.

\_\_\_\_\_  
(Legal Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



ROCKVILLE ELEMENTARY SCHOOL  
977 N. Rockville Rd.  
POB 219  
Louisburg, KS 66053  
Becky Bowes - Principal  
(913) 837-1970 FAX (913) 837-1978

**AUTHORIZATION TO RELEASE PUPIL RECORDS**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(SCHOOL LAST ATTENDED)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

The above named student entered our school on \_\_\_\_\_ at the \_\_\_\_\_  
grade level and indicates he or she attended your school.

Please forward the following information:

Please fax over the  
necessary records marked  
and mail the additional  
information to us at your  
earliest convenience.  
Thank you!

\_\_\_\_\_X\_\_\_\_\_ School Cumulative Records

\_\_\_\_\_X\_\_\_\_\_ Transcript of credits and grades

\_\_\_\_\_X\_\_\_\_\_ Health Records \*\* please fax \*\*

\_\_\_\_\_X\_\_\_\_\_ Psychological Reports \*\* please fax \*\*

\_\_\_\_\_X\_\_\_\_\_ Special Education \*\* please fax \*\*

Pursuant to the Family Educational Rights and Privacy Act of 1974,  
I authorize the release of my child's records:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

According to the Final Regulations — Family rights and Privacy Act (Buckley Amendment), it is no longer necessary to obtain written consent to release records between schools. It states that school offices, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student's records without a written consent for such release. I hereby consent to the release of the above-mentioned school records.



# ROCKVILLE ELEMENTARY SCHOOL

## Registration Fees

STUDENT \_\_\_\_\_ TEACHER \_\_\_\_\_

Please mark the grade level for 2010-11 school year: ☐ K ☐ 1 ☐ 2

Please complete the following form and include the required fees for your son/daughter. We encourage you to enroll by mail to simplify the registration process and to eliminate the need to stand in line.

### REQUIRED FEES

Materials Fee (maximum \$110.00 per family) ..... \$45.00  
Writing Journal – Grades K, 1<sup>st</sup> ..... \$ 6.00  
Agenda Book – 2<sup>nd</sup> Grade ..... \$ 6.00  
Art Fee ..... \$ 5.00

Yearbook ..... \$25.00  
Transportation Fee (maximum \$225.00 per family) ..... \$150.00  
*Applies only to outside-of-district students and students who live less than 2.5 miles from the school*

### *FOOD SERVICE*

Lunch ..... \$ 1.95  
Lunch Card (10 days) ..... \$19.50  
Lunch Card (20 days) ..... \$39.00

Breakfast ..... \$ 1.25  
Breakfast Card (10 days) ..... \$12.50  
Breakfast Card (20 days) ..... \$25.00

Extra Milk ..... \$ 0.35

### FEES PAID:

Student Meals \$ \_\_\_\_\_

Yearbook \$ \_\_\_\_\_

Student Milk \$ \_\_\_\_\_

Book Fee \$ \_\_\_\_\_

Transportation Fee \$ \_\_\_\_\_

Agenda Book /Journal Fee \$ \_\_\_\_\_ 6.00

**TOTAL PAID \$ \_\_\_\_\_**

.....  
(Please retain for your records)

Paid by: Check # \_\_\_\_\_ Money Order \_\_\_\_\_ Rev Trak Order ID \_\_\_\_\_

DO NOT SEND CASH!

Total Amount Paid \$ \_\_\_\_\_



# Louisburg 416 Over-the-Counter Medications



Name \_\_\_\_\_  
Sex: ☐ Male ☐ Female Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Are you new to our district? ☐ Yes ☐ No

Medication allergies/sensitivities \_\_\_\_\_

List all medication your child receives \_\_\_\_\_

Please check all medications that are kept in the nurse's office that you wish to be made available to your child. Generic equivalents may be used in place of more expensive brand name items.

☐ Acetaminophen  
(like Tylenol)

☐ Anti-itching lotion  
(like caladryl)

☐ Ibuprofen  
(like Advil)

☐ Antibiotic ointment for cuts  
(like Neosporin)

☐ Throat lozenges

☐ Diphenhydramine  
(like Benadryl for allergic reactions)  
Parents will be called first.

☐ Antacids (Like Tums)

☐ Hydrocortisone cream  
(for insect bites)

☐ Sunscreen

☐ Sting-Kill  
(topical anesthetic for stings)

☐ I do **not** want any of the above medication given to my child.

☐ I understand that any school employee who administers these medications according to proper dosages shall not be liable for damages as a result of an adverse reaction to the medication administered. I hereby give permission for my child to receive any medication checked on this form as deemed necessary by the school nurse.

Signature of parent/ guardian \_\_\_\_\_ Date \_\_\_\_\_

# Rockville Elementary-Student Health Info

Please fill out completely every year



**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Does your student have:	Yes:	PLEASE EXPLAIN IF ANSWERED YES
ADD/ADHD?	<input type="checkbox"/>	Medication:
Allergies: food- insects- medication If exposed/ingested, does your child need: <b>Benadryl/epi-pen or both</b>	<input type="checkbox"/>	List of allergic food(s) Type of reaction:
Asthma/Reactive Airway Disease?	<input type="checkbox"/>	
Behavioral issues?	<input type="checkbox"/>	
Bladder Infections?	<input type="checkbox"/>	
Blood Disorder or Cancer?	<input type="checkbox"/>	
Bone or Joint Problems?	<input type="checkbox"/>	
Congenital (birth) defects?	<input type="checkbox"/>	
Diabetes/blood sugar issues?	<input type="checkbox"/>	
Difficulty controlling bladder or bowel movements?	<input type="checkbox"/>	Without a note from doctor stating medical condition, parents will be called to school to change child.
Emotional difficulties?	<input type="checkbox"/>	
Recent surgery?	<input type="checkbox"/>	
Hearing difficulties/hearing aids/tubes	<input type="checkbox"/>	
Heart disease or defect?	<input type="checkbox"/>	
Migraines or Headaches?	<input type="checkbox"/>	Medication:
Seizures?	<input type="checkbox"/>	Medication:                      Date of last seizure:
Type:	<input type="checkbox"/>	Precautions/restrictions?
Skin problems/rashes?	<input type="checkbox"/>	
Stomachaches?	<input type="checkbox"/>	Medication:
Vision difficulties?	<input type="checkbox"/>	Glasses/contacts?
Other not mentioned/Special Health services needed	<input type="checkbox"/>	
Does your child have health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Name of insurance provider:
Would you like info sent to you about insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	

In the event of an ILLNESS, ACCIDENT, or other EMERGENCY and we are unable to reach you or any person under emergency numbers; I authorize the school to call the physician listed below and follow his/her instructions. If it is impossible to contact your child's physician, the school may make whatever arrangements deemed necessary.

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your child needs medication or a procedure at school, please contact the school nurse. This information will be shared with appropriate school personnel. 02/09



## **BUS RIDER INFORMATION**

(Please complete a card for each student)

Check Here if You Have Child  
Care Information on Reverse ☐

STUDENT'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

DOES YOUR CHILD HAVE A MEDICAL CONDITION? \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

WHAT GRADE IS YOUR STUDENT IN? \_\_\_\_\_

## **CHILD CARE INFORMATION**

(Please Print)

CHILD CARE PROVIDER: \_\_\_\_\_

CHILD CARE ADDRESS: \_\_\_\_\_

CHILD CARE PHONE: \_\_\_\_\_

WILL YOUR CHILD BE PICKED UP AT CHILD CARE? \_\_\_\_\_

WILL YOUR CHILD BE DROPPED OFF AT CHILD CARE? \_\_\_\_\_

WHAT DAYS OF THE WEEK WILL CHILD CARE BE PROVIDED?

MON ☐ TUES ☐ WED ☐ THURS ☐ FR ☐

OTHER INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_



## **Louisburg USD 416 Technology Acceptable Use Policy *for 2009-10***

- A. **Introduction** – Louisburg USD 416 offers its students and employees access to state-of-the art computer technology, electronic mail, telephone, voice mail and the World Wide Web. These technologies, along with other technologies now in use or developed in the future which facilitate communications shall be referred to as “Communications Technology.” The purpose of this policy is to define the responsible and acceptable use of Communications Technology, and to set forth the consequences for non-compliance with this policy.
- B. **No Expectation of Privacy** – Access to computer and network services is a privilege – not a right. All persons utilizing the District’s Communications Technology recognize that their activity may be monitored by other employees of the District to ensure that their use of the Computer Technology complies with applicable law and with the terms of this policy. Accordingly, all persons utilizing the District’s Communications Technology recognize that they have no expectation of privacy arising from such use, and waive all privacy rights they may otherwise possess under the Electronic Communications Privacy Act of 1986 arising from such use.
- C. **Rules of Acceptable Use** – All persons utilizing the District’s Communications Technology are deemed to agree with the following rules as a condition of their use of the District’s Communications Technology:
1. Users shall not erase, change, rename or render unusable any other user’s computer files or programs (except for persons expressly authorized to do so by the administration).
  2. Users shall maintain the confidentiality of, and shall not permit others to use, their logon name or password.
  3. Users shall neither use nor attempt to discover another user’s password, or in any way access another user’s e-mail or computer files.
  4. Except for occasional personal use, users shall not use the District’s Communications Technology for any non- instructional or non-administrative purpose.
  5. Users shall not use the District’s Communications Technology for any unlawful purpose, such as the illegal copying or installation of software, of the illegal sharing or distribution of copyrighted works.
  6. Users shall not install, copy, change or transfer any hardware, software or documentation without express permission from district administration. The use of personal hardware or software is prohibited without the express permission from the technology coordinator. The District does not assume any responsibility or liability for any personal hardware or software used in the district.
  7. Users shall not create, copy or knowingly propagate any computer virus or worm.
  8. Users shall not deliberately use the District’s Communications Technology to annoy or harass others.
  9. Users shall not deliberately access, create, send or forward any obscene, sexually explicit, racist, sexist, threatening or otherwise offensive messages, files or images.
  10. Users shall not use the District’s Communications Technology for commercial purposes to solicit the sale of personal items or to endorse political candidates.
  11. Users shall not log-in or attempt to log-in to the District’s Communications Technologies as a network administrator without proper authorization.
  12. Users shall not intentionally damage or misuse the District’s Communications Technologies.
  13. Users shall not alter the hardware setup of or software settings on computers, printers, networks or other peripheral devices, without the express authorization of the Technology Coordinator.
  14. Users will not remove Communications Technology hardware from district facilities without the express written permission of the Technology Coordinator.
  15. Users should not normally reveal personal information about themselves or other users (including home addresses or telephone numbers) on the District’s Communications Technologies - student cybersafety.
  16. Users agree to cooperate fully with any investigation of their use of the District’s

Communications Technologies.

17. Users who identify a security problem with the District's Communications Technologies shall not demonstrate the problem to other users, but shall instead report the problem to their building principal or the Technology Coordinator immediately.

- D. **E-mail Guidelines** – In addition to the foregoing rules, users are expected to adhere to the following guidelines when using e-mail on the District's Communications Technologies.
1. Users should check their e-mail regularly and respond properly.
  2. Users should frequently delete unwanted items and empty their "Trash" folder frequently.
  3. Users should use the "cc" and "bcc" functions sparingly, to ensure that messages are received only by those persons with a genuine need to read them.
  4. Users should subscribe to only those listservs and other subscription lists that are needed for their business or professional development.
  5. Users shall not use profanity or other inappropriate language in their e-mail messages.
  6. Users should make reasonable efforts to send, or arrange for the receipt of, messages containing large attachments (larger than 2 MB) before or after normal school hours.
- E. **Copyright Practices** – Users may not duplicate copyrighted materials unless such duplication or distribution meets "fair use" standards or unless written permission from the copyright holder has been received. Users who desire guidance on whether a particular use is "fair use" are directed to <http://www.utsystem.edu/ogc/intellectualproperty/ccmcguid.htm> for guidance in the educational environment. Users with additional questions should contact their teachers, building principals or district administration. In appropriate cases where the answer to a question is unclear, the district's legal counsel may be consulted.
- F. **Notice of Policy** – A copy of this policy shall be provided to all personnel employed by the district, shall be included in any employee handbooks disseminated to district employees, and shall be posted on the district's website.
- G. **Consequences for Violation of Policy** – Any user who violates this policy may be subject to disciplinary action at the discretion of a user's supervisor, or the Board of Education in cases which legally require Board action. In the case of student users, disciplinary actions may include reprimand, termination of the privilege to use District Communications Technology, or suspension or expulsion from school in particularly egregious cases, or cases involving repeat offenses. In the case of district employees, disciplinary actions may include reprimand, termination of the privilege to use certain District Communications Technology, or termination from employment in particularly egregious cases or cases involving repeat offenses.

## Louisburg Elementary Schools Acceptable Use Policy

### PARENTAL AGREEMENT

**Please read all information below carefully.**

As a parent/guardian of this student, I have read the Acceptable Use Policy for computers and networks in USD 416. I understand that this access is designed for educational purposes. I also recognize that employees of the school or school system may not be able to restrict access to all controversial materials. I will not hold them responsible for materials my son or daughter acquires as a result of material acquired or sent via the network unethically.

I accept full responsibility for supervision, if and when my child's use of information system is outside the school setting

**Read the following statements and mark each with your preference and then sign.**

Yes: ☐ No: ☐

**Internet access**

( I give my permission for my child to access Internet resources)

Yes: ☐ No: ☐

**I give my permission to include my child's work, picture, or video for district purposes.** (i.e., district web pages, videos, electronic media)

Yes: ☐ No: ☐

**I give my permission to include my child's picture/work (district purposes).** (i.e., yearbook, student newsletter, printed material)

**Please print name of parent/guardian:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print student's name** \_\_\_\_\_

By typing my name for the signature of an electronic submission, I certify that all of the facts, figures, and representations made with respect to the application are true and correct to the best of my knowledge, information, and belief.

### STUDENT USER AGREEMENT

In order to make sure that all members of Louisburg-USD 416 community understand and agree to these rules of conduct, USD 416 asks that you, as a student user, sign the following:

I understand will abide by the district guidelines and conditions for the use of the facilities of USD 416 and access to the Internet. I understand the following:

1. I will only use the Internet sites or topics specified by my teacher for educational purposes.
2. I will not use web-based e-mail, and I will use any district-issued e-mail account for school-related purposes only.
3. Privacy rights are waived and the district will monitor the computer, Internet sites accessed, etc.
4. Any violation of the district guidelines and network ethics may constitute a criminal offense (Kansas Statute 21-355.)
5. Should I commit any violation, my access privileges will be revoked. I understand that school disciplinary action and/or appropriate legal action will be taken.

Signature box needed for Broadmoor Elementary/Rockville Elementary students ONLY.

**Please PRINT student's name:** \_\_\_\_\_ **Teacher/Grade:** \_\_\_\_\_

**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By typing my name for the signature of an electronic submission, I certify that all of the facts, figures, and representations made with respect to the application are true and correct to the best of my knowledge, information, and belief.

*Your permission will be in effect for the current school year.  
(Forgery on this form constitutes forfeited rights to USD #416 Internet AND Network)*