



SOUTHERN LYON COUNTY USD # 252

Student Information			
Last Name	First Name	Middle Name	Suffix
Additional Information			
Student has an active IEP (Individual Education Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify	
Student is in other special help programs (e.g. special reading)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify	
Student has a 504 plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify	
Student speaks and understands English	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will this Student be transported by bus to and from school?			<input type="checkbox"/> No <input type="checkbox"/> Yes
Parent/Guardian's Name: _____			
Student's Grade: _____			
Home Phone: _____ Cell Phone: _____			
Pick-Up & Drop Off Location: _____			

Please carefully read the following. Mark **no** or **yes** and then initial.

Parent/Guardian Consent		
As Legal Parent/Guardian:		Initial
I agree that the school has permission to contact those individuals I designated as Emergency Contacts. My child can be released to their care and supervision should I be unavailable.	<input type="checkbox"/> No <input type="checkbox"/> Yes	
I hereby give my consent for information contained on the KCI form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.	<input type="checkbox"/> No <input type="checkbox"/> Yes	
I have received information of how to access the USD 252 Student Handbooks for all students in all Schools. (www.usd252.org)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
I acknowledge that I have been provided with notice of authorized student data disclosures under the Student Data Privacy Act.	<input type="checkbox"/> No <input type="checkbox"/> Yes	
I have been informed of the district's policy on ESI and was offered a copy of the policy. By my initials, I acknowledge that I have received or declined a copy of the policy.	<input type="checkbox"/> No <input type="checkbox"/> Yes	
I give my consent for my child(ren) to participate in the " Kansas Communities that Care Survey"(KCCS).	<input type="checkbox"/> No <input type="checkbox"/> Yes	
I have received a copy of the Infinite Campus Portal Acceptable Use Guidelines. I agree to adhere to the rules outlined in these guidelines and understand that violation of these guidelines may result in loss of access as well as other disciplinary or legal action.	<input type="checkbox"/> No <input type="checkbox"/> Yes	

I attest that the information contained in this document herein is correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____