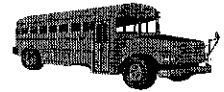


A copy of this form should be provided to the school district of residence.

Effective 2017-2018 School Year

Application for Out-Of-District¹ School Attendance and Transportation²



To: Board of Education - USD No. _____ County, Kansas
(Receiving School District)

I, the parent of:

Student's Legal Name _____
 Female Male Last Name First Name Grade in 2017-18

Student's Legal Name _____
 Female Male Last Name First Name Grade in 2017-18

Student's Legal Name _____
 Female Male Last Name First Name Grade in 2017-18

Student's Legal Name _____
 Female Male Last Name First Name Grade in 2017-18

hereby certify that my child(ren) and I are residents of U.S. D. No. _____ and we reside 2 ½ or more miles from the attendance center my child or children would attend in U.S.D. No. _____.

Therefore, under K.S.A. 72-1046b, I hereby apply for authority for my child(ren) named above to attend school in U.S.D. No. _____ (Receiving School District) and to be furnished or provided transportation to and from school by the Receiving School District for the 2017-18 school year.

_____	_____
Date	Signature - Parent/Legal Guardian
Parent/Legal Guardian Name: _____	Printed or typed
Address: _____	
City St Zip: _____	

Authority

Official Signature - RECEIVING School District

Date

Acknowledgment

Official Signature - School District of Residence

Date

¹ Not for school districts with territory in Johnson, Sedgwick, Shawnee or Wyandotte counties.

² This form must be resubmitted every year.

72-1046b. Same; provision of transportation authorized; applicability; conditions. (a) As used in this section:

(1) "School district" means a school district organized and operating under the laws of this state and no part of which is located in Johnson county, Sedgwick county, Shawnee county or Wyandotte county.

(2) "Non-resident pupil" or "pupil" means a pupil who is enrolled and in attendance at a school located in a district in which such pupil is not a resident and who: (A) Lives 2½ or more miles from the attendance center the pupil would attend in the district in which the pupil resides and is not a resident of Johnson county, Sedgwick county, Shawnee county or Wyandotte county; or (B) is a member of the family of a pupil meeting the condition prescribed in subpart (A).

(3) "Member of the family" means a brother or sister of the whole or half blood or by adoption, a stepbrother or stepsister, and a foster brother or foster sister.

(b) The board of education of any school district may allow any pupil who is not a resident of the district to enroll in and attend school in such district. The board of education of such district may furnish or provide transportation to any non-resident pupil who is enrolled in and attending school in the district pursuant to this section. If the district agrees to furnish or provide transportation to a non-resident pupil, such transportation shall be furnished or provided until the end of the school year. Prior to providing or furnishing transportation to a non-resident pupil, the district shall notify the board of education of the district in which the pupil resides that transportation will be furnished or provided.

(c) Pupils attending school in a school district in which the pupil does not reside pursuant to this section shall be counted as regularly enrolled in and attending school in the district where the pupil is enrolled for the purpose of computations under the classroom learning assuring student success act, K.S.A. 2016 Supp. 72-6463 et seq., and amendments thereto, and for the purposes of the statutory provisions contained in article 83 of chapter 72 of the Kansas Statutes Annotated, and amendments thereto. Such non-resident pupil shall not be charged for the costs of attendance at school.

(d) Any pupil who was not a resident of the district in school year 2014-2015, but was allowed to enroll in and attend school in such district in school year 2014-2015 by the board of education of such district and any member of the family of such pupil regardless of whether such family member enrolled in and attended school in such district in school year 2014-2015, shall be allowed to enroll in and attend school in such district in school years 2015-2016 and 2016-2017 regardless of whether such pupil or family member of such pupil is a resident of the district in either school year, provided such pupil or such pupil's family member is in compliance with any attendance and behavior policies of the district. If transportation was furnished or provided to such pupil in school year 2014-2015 by the district, then transportation shall be furnished or provided by the district to such pupil and any family member of such pupil in school years 2015-2016 and 2016-2017, provided there is no change in such pupil's residence and no requirement for the district to furnish transportation to any additional residence.

History: L. 1997, ch. 183, § 2; L. 1999, ch. 20, § 1; L. 2000, ch. 155, § 1; L. 2001, ch. 22, § 1; L. 2008, ch. 172, § 1; L. 2010, ch. 149, § 1; L. 2012, ch. 155, § 2; L. 2015, ch. 4, § 29; L. 2015, ch. 92, § 5; July 1.

LeRoy Schools
1010 N. Main, P.O. Box 188
LeRoy, KS 66857
620-964-2217
Fax: 620-964-2410

USD #245

Russell Mildward, Superintendent
605 Main Street, P.O. Box 278
LeRoy, KS 66857
620-964-2212, Fax: 620-964-2413

Gridley Schools
600 Stuckey, P.O. Box 426
Gridley, KS 66852
620-836-2151
Fax: 620-836-4041

Date: _____

Register of:

The following student(s) have enrolled in (Gridley Grade School) (LeRoy Grade School)(Southern Coffey County Middle School)(Southern Coffey County High School). Please send the records noted below at your earliest convenience.

STUDENT	GRADE	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- | | |
|---|---|
| <input type="checkbox"/> Cumulative Folder Data | <input type="checkbox"/> Students Transcript |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Physical Form | <input type="checkbox"/> All Record |

If any of the students listed immediately above have been placed in a special education program, please include the IEP and the Psycho-educational Assessment Reports (or forward this request to the appropriate source).

Parents Signature _____ Date of Request _____

HEW Rule. Section 99.31 of title 45. Dated June 17, 1976, states that prior consent of parents is not required for the transfer of records between school systems.

Respectfully,

THIS SPACE FOR SCHOOL USE ONLY

Date this form was processed: _____
Date this form was mailed: _____
Date records were released to third party: _____



USD 245 LeRoy-Gridley REGISTRATION UPDATE

Reg. _____	Name of person _____
Date _____	registering student: _____
Relationship _____	Daytime _____
to Student: _____	Phone: _____

The "Current Record" column shows information currently on file. Please check all information, and make any changes in the "Corrections" column. **Section H must be updated every year by a parent or other legal decision maker.**

A. Student Information	Current Record	Corrections
Student Name		
Preferred Name		
Home Address		
Home City, State, Zip		
Student Home Phone		
Date of Birth		
SSN		
Ethnicity		
Gender		
Grade		
B. Address Information		
Mailing Address		
Mailing City, State, Zip		
Father's Name		
Father's Home Phone/Cell Phone		
Employer & Work or Day Phone		
Father's Address (if different)		
Mother's Name		
Mother's Home Phone/Cell Phone		
Employer & Work or Day Phone		
Mother's Address (if different)		
Single Parent Household?		
Student currently lives with?		
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers.		
Name & Relationship		
Day or Work Phone/Cell Phone		
Name & Relationship		
Day or Work Phone/Cell Phone		
E. Emergency Information	(Local - Other than parent)C. Parent Information	
Contact 1-Name/Relationship		
Day Phone (Hm,Wrk,or Cell?)		
Contact 2-Name/Relationship		
Day Phone (Hm,Wrk,or Cell?)		
Contact 3-Name/Relationship		
Day Phone (Hm,Wrk, or Cell?)		
F. Bus Information		
Bus miles before school/shuttle		
Shuttle Route?		
In District?		

G. Medical Information	Current Record	Corrections
Doctor Name/Phone		
Dentist Name/Phone		
Allergies		
Does student use an Epi-Pen?		
Medications? (Please List)		
Health Problems - Circle all existing medical conditions. Describe. -Asthma- -Diabetes- -Hearing(Frequent Infections,Hearing Aids, or Tubes)- -Seizures- -Vision(Contacts/Glasses)- -Heart Problem(Describe)- -Other (Describe)-		
H. To Be Completed by the Legal Decision Maker		
Is this student the youngest family member enrolled in this school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student the youngest family member enrolled in this district?		<input type="checkbox"/> Yes <input type="checkbox"/> No
In case of a medical emergency, and I cannot be reached, I give my child's doctor or any attending physician permission to administer medical treatment. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number to be called by the Emergency Call System:		
Would you like to receive district and school updates through email?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, print your email address here:</i> _____		
I give permission to have my child's first name, school work, and/or picture published on the district's website located at http://www.usd245ks.org		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Your child's name will never appear <u>with</u> your child's image, and last names will never be published</i>		
_____ (Signature of Legal Decision Maker)		_____ (Date)

If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly.

INDIVIDUAL USER INFORMED CONSENT

In consideration for the privilege of using and having access to the public networks through the Internet, I hereby release U.S.D. 245 LeRoy-Gridley Schools and any other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use, or inability to use, the Internet, including, without limitation, the types of damages identified in the U.S.D. 245 ACCEPTABLE USE GUIDELINES. Further, my child and I agree to abide by the District's policy and procedures.

Signature of User

Signature of Parent/Guardian

Printed Name of User

Printed Name of Parent/Guardian

Date Signed

Date Signed

User's Grade _____

Field Trip Consent Form for all USD 245 Schools

Consent to Participate in Field Trip or Other Activity and consent for Treatment

I, _____, the parent or legal guardian of _____ give my consent for my child to participate in the field trip/other activity described here: All school sponsored trips, activities, or events for the 2017-2018 school year. I further give my legal consent and authorize any representative of USD 245 Schools to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that USD 245 Schools are not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work, home and cell phone numbers to the school.

Parent or Legal Guardian Signature _____ Date _____

Work # _____ Home # _____ Cell # _____

Parent or Legal Guardian Signature _____ Date _____

Work # _____ Home # _____ Cell # _____

SHUTTLE BUS POLICIES AND PROCEDURES

Students who ride the shuttle bus must abide by all of the rules established by the driver and bus supervisor. All regulations that apply to the regular bus route also apply to the shuttle route. Students need to be reminded that standing and or moving about while the bus is in motion is not allowed, students cannot have any body part out the window while the bus is in motion, and the throwing of materials is not approved. Students should conduct themselves as if they were in a classroom.

Students who do not make good choices in their conduct on the bus will face an incremental punishment system.

- First offense - A conference with the bus supervisor
- Second offense - A conference with the building principal
- Third offense - A Conference with the building principal, superintendent, and parents
- Fourth offense - Off the bus for five days
- Fifth offense - Off the bus for ten days
- Sixth offense - Off the bus for the remainder of the semester unless it is less than ten days before the end of the semester, then the punishment will be off the bus for the remainder of the semester plus ten days
- Seventh offense - Off the bus for the remainder of the school year unless it is less than twenty days before the end of the school term, then the punishment will be off the bus for the remainder of the school year plus the first semester of the next school year.

I (WE) have read the bus policies and procedures and understand the consequences of inappropriate activities on the bus.

Student

Date

Parent (Guardian)

Date

IMPORTANT NOTICE TO PARENTS

SCHOOL CLOSURE AND OTHER INFORMATION NOTIFICATION

This year we are not using the AlertNow system we have used over the past few years but are using a system through Coffey County. If you wish to receive notification of school closings or other notifications during the school year as well as weather advisories you will need to register at the link below. If you do not sign up you will not receive these notices.

Our link to the notification system is:

https://www.irisdispatch.com/users/enroll/dsp_enroll.cfm?org_id=1615

after www is a dot
after dispatch is a dot
after dsp is an underscore _
after the second enroll is a dot
after org is an underscore _

AT THIS TIME VERY FEW HAVE SIGNED UP SO THIS NOTIFICATION IS BEING SENT AS A REMINDER THAT THIS IS THE ONLY NOTIFICATION WE WILL SEND OTHER THAN VIA TELEVISION AND RADIO STATIONS.

INHALER RELEASE FORM

Name of Student _____ Grade _____

The above student has been instructed in the proper use of the _____ inhaler. We request he/she be permitted to carry the inhaler on his/her person or to keep it in a locker, purse, or bookbag, as we consider him/her responsible. The student has been instructed in and understands the purpose and appropriate method and frequency of use of the inhaler.

Physician Signature

Parent/Guardian Signature

NOTE: It is strongly advised that each student leave an extra inhaler in the office in the event of a misplaced inhaler.

RETURN COMPLETED FORM TO THE SCHOOL OFFICE.

PERMISSION FOR SELF-ADMINISTRATION OF MEDICATION

Name of Student _____

School _____ Grade _____

Teacher _____

Medication _____ Dosage _____

Date Started _____

Conditions under which the medication is to be given:

Any additional circumstances under which the medication is to be given:

Length of time medication is to be administered:

I hereby give my permission for _____

To administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self administration of such medication.

My child has been instructed on self-administration of the medication and is authorized to do so in school.

Signature of Parent or Guardian

Date _____

Signature of Health Care Provider

Date _____

Approved:

To get started, click on [Create Account](#) on the login page as indicated in the snapshot below.

The screenshot shows the PowerSchool login interface. At the top is the 'PowerSchool' logo. Below it is a 'Login' section with fields for 'User Name' and 'Password', and a 'Sign In' button. Below the login section is a 'Create an Account' section with a heading, a paragraph of text, and a 'Create Account' button. The 'Create Account' button is highlighted with a red box.

The first section on the new page, [Create Parent/Guardian Account](#), requires you to enter the following information necessary to establish your new parent/guardian account: your first and last name, the email address you wish to use to receive communications from PowerSchool; and a unique username and password with which you will use to login to PowerSchool. Keep the username simple, using letters and numbers, no spaces. The password must be at least 6 characters. Re-enter the password to ensure you did not mistype it the first time. Understand that your password is the key to securing your account. Do not share your account information with anyone! (Each parent/guardian may create their own account.) The stronger the password, the more secure it is. Using a combination of letters, numbers, punctuation and symbols will produce a stronger password.

The second section on this page, [Link Students to Account](#), requires you to enter the following information for at least one student: student's name, access ID (parent/guardian username/web ID provided by school), access password (5-character parent/guardian password provided by school), and your relationship to the student. The password is case-sensitive. Be sure to enter the access ID and password exactly as provided to you or you will receive an invalid information error. (This access ID and access password is the same as what parents used for logging in directly to PowerSchool in previous years.) You may enter the information for up to seven students. If you have more than seven students you will need to create more than one account.

Be sure to click on [Save](#) to save your account information! Below is a snapshot of a sample account.

Create Parent/Guardian Account

First Name:
 Last Name:
 Email:
 Desired User Name:
 Password: **Strongest**
 Re-enter Password:

Link Students to Account

Enter the Access ID, Access Password, and Relationship for each student you wish to add to your Parent/Guardian Account

Student Name	Access ID	Access Password	Relationship
1. Betty	12345	*****	Father, natural/adoptive <input checked="" type="checkbox"/>
2. Bob	67890	*****	Father, natural/adoptive <input checked="" type="checkbox"/>
3.			- Choose <input type="checkbox"/>
4.			- Choose <input type="checkbox"/>
5.			- Choose <input type="checkbox"/>
6.			- Choose <input type="checkbox"/>
7.			- Choose <input type="checkbox"/>

As you save your information, you will receive an error message if any piece of information is missing or incorrect. If you receive an error, be sure to correct or fill in missing information, retype your password and access passwords and save once more. Once you have successfully created your new account, use your new username and password to login to PowerSchool. If you need to add additional students you may do so after logging in by clicking on the *Account Preferences* icon, clicking on the *Students* tab, and then clicking on **ADD**. Each of your student's names will show side by side on the navigation bar, on the left below the icons, linking you to available functions in the PowerSchool parent portal for each student. Click the student's name in the navigation bar to view that student's information.

PowerSchool

Grades and Attendance
 Grade History
 Attendance History
 Email Notification
 Teacher Comments
 School Bulletin
 Class Registration
 Calendars
 Account Preferences
 Logout

Profile
Students

Account Preferences - Students

To add a student to your Parent/Guardian account, click the ADD button.

My Students
ADD

Click the Help icon for further assistance in using PowerSchool's parent portal.

