

UNIFIED SCHOOL DISTRICT 269

602 Ash, Drawer 29

Palco, KS 67657

Phone# (785) 737-4645 Fax# (785) 737-4646

Casey Robinson - Superintendent

Paul Prewo, Principal
Damar Elementary School
(785) 839-4265

Paul Prewo, Principal
Palco High School
(785) 737-4645

July 17, 2023

Dear Parents,

Enclosed you will find enrollment forms for this year. If you have more than one child in the system you will find separate sets of forms for each child.

The food service guidelines affect all school in Kansas. We will return to the "normal" status of collecting free/reduced applications. Because it is financially beneficial to both families and the district, households are encouraged to complete the application for Free or Reduced Price School Meals. The application is enclosed.

Enrollment will be held, Wednesday, August 2, 7:00 AM to 5:00 PM. Please complete the enclosed information and bring it with you to enrollment. Please note, enrollment for both buildings will be held at the PJSHS building in Palco. Junior high and high school students are encouraged to attend enrollment to make final class selections.

FEES: USD #269 Enrollment Fee \$40.00 (limited to \$80 per family)
Pre-School Enrollment Fee \$35.00

There is a fee of \$25 for the High School Art.

If you have any questions, please contact USD #269 at 785-737-4645.

Thank You



Paul Prewo

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Thank You



Paul Prewo

Parent/Guardian Notification

USD 269 will be providing a free dental screening during the 2023-2024 school year to all students enrolled in Pre-K- 12th grades in compliance with Kansas State Statute 72-5201.

All students will be screened unless the parent/guardian DOES NOT want the child to participate.

First Care Clinic will provide the services in USD 269 district. They can also provide fluoride treatment to your child. Fluoride treatment is recommended 4 times a year.

Oral health is an important part of children's overall health and is a critical component in the child's ability to learn and succeed in school.

If you have questions, feel free to call me at 785-425-7352

Thank you for your cooperation!

Sincerely,
USD 269 School Nurse
Lori Eichman RN



When You Need Health Care, Call First Care!

105 W. 13th St.
Hays, KS 67601
785.621.4990

208 Marc Wagner Dr.
Victoria, KS 67671
785.735.3710

www.firstcareclinic.com
Fax: 785.628.8719

First Care Clinic will be providing a free dental screening to all students enrolled in in compliance with Kansas State Statute 72-5201. All students will be screened unless the parent/guardian does NOT want the child to participate.

Oral health is an important part of children’s overall health and is a critical component in the child’s ability to learn and succeed in school. If you wish to opt out of the screening, please fill out and return this form

If your child does participate, a copy of the results of the screening will be sent home with the child. If you have questions, feel free to call me at 785-621-4990 or by e-mail at michelley@firstcareclinic.com

Thank you for your cooperation!

Sincerely,

Michelle Yanda
Dental Outreach Coordinator

I DO NOT wish to have my child participate in the free dental screening.

Student: _____ Grade: _____

Parent/Guardian Signature: _____

Date: _____





SCHOOL PREVENTIVE SERVICES PROGRAM – CONSENT FORM

First Care Clinic will be doing the all-school free dental inspection, much like the vision and hearing screenings. In addition to the free dental screening, we are offering a fluoride varnish treatment. Fluoride Varnish is 5% Sodium Fluoride resin that is brushed on the teeth to help make the enamel stronger and more resistant to dental decay.

If you would like your child to receive the fluoride varnish treatment, please complete this form.

Student Name: _____

Date of Birth: _____ Age: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Grade in School: _____ Gender: Male Female

Please check the following that apply to your child. (At least one box needs checked)

- Eligible for free/reduced lunch
 KanCare/Medicaid Insurance; ID #: _____
 No Insurance
 Private Dental Insurance (we do not file a claim)
 Medical Insurance (please list we do not file a claim): _____

First Care Clinic will collect payment from KanCare/Medicaid. However, if the services are not covered or your child does not have Kancare/Medicaid; you WILL NOT be responsible to pay for any portion of the services

Race:

- American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White
 Other/Unknown

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino
 Other/Unknown

Last Dental Visit: Never More than a year Within the past year Dentist seen: _____

The information from my child's participation in this event will be utilized anonymously for statistical purposes, and information that identifies my child or family will never be disclosed in any form of publication. First Care Clinic will treat all patient information as protected health information (PHI) under HIPAA regulations, exchanging the PHI Only with personnel employed by First Care Clinic, facility/school officials who are responsible for medical/dental treatment and/or record review, and his/her dental/medical providers. FCC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, age, color, gender, gender identity, sexual orientation, religion, national origin, language spoken, disability, or the existence of Advance Directive.

Parent's Signature: _____

Date: _____

UNIFIED SCHOOL DISTRICT 269

402 3rd - PO Box 38
Damar, KS 67632-0038
Phone# (785) 839-4265 Fax# (785) 839-4278

Casey Robinson - Superintendent

Paul Prewo, Principal
Damar Elementary School
(785) 839-4265

Paul Prewo, Principal
Palco Jr/Sr High School
(785) 737-4645

August 2, 2023

Dear Parents/Guardians,

USD 269 students are asked to take part in a number of nonacademic tests, questionnaires, and surveys throughout the academic school year. These questionnaires, surveys, etc. provide important data for our school in moving forward with our mission to provide a safe environment where students can develop life skills and learn to become responsible, productive citizens.

State law requires all schools to notify parents and/or legal guardians of any nonacademic test, questionnaires, and surveys prior to administering to students. Below is a list of the surveys and the dates in which they will be administered. Please read the following information carefully and then select one of the choices given to verify your parental right to accept or decline your consent for your child's participation.

mySAEBRS- October 2-7 & February 19-23- the mySAEBRS survey is attached

PLEASE CHECK ONE:

- As parent and/or legal guardian, I am providing my consent for USD 269 to administer the listed tests, questionnaires, surveys, etc. to my child during the 2023-2024 academic school year.
- AS parent and/or legal guardian, I decline my consent.

Parent Signature _____ Date _____

HOME LANGUAGE 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 and of itself, qualify a student for 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. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

Name		Grade
Address		Date of Birth
Date first enrolled in a school in the U.S.	Phone Number	

Student Language Information:

1. What language did your child first learn to speak/use?
English _____ Spanish _____ Other (please specify) _____
2. What language does your child speak/use at home? Do not include language learned in a class or through television or other such programming.
English _____ Spanish _____ Other (please specify) _____
3. What language do you speak/use with your child?
English _____ Spanish _____ Other (please specify) _____
4. What language do the adults regularly present or living in the home speak/use while in the presence of the child?
English _____ Spanish _____ Other (please specify) _____

Parent/Guardian Information:

Which language do you prefer? English ___ Spanish ___ Other (specify) _____
(Please specify "written" or "spoken". To the extent practicable, communication from the school will be provided in this language.)

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 do, or apply for, 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 above in the past 36 months? Yes _____ No _____

For the School: If the answer to either of the previous two questions is Yes, please contact Sandra Lobato at slobato@nkesc.org or 785-672-3125 Ext 190 or Tim Thornton 316-847-2149 tthornton@nkesc.org and provide one of them with a copy of this survey. Fax 785-672-3175

Signature of Parent or Guardian

Date