**Kodiak Island Borough School District**

# Elementary August Dates to Look Forward to

**New Student Registration at all Kodiak Town Elementary Schools begins August 14**
**9:00 am–3:00 pm**

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

**Family Conferences at all Kodiak Town Elementary Schools August 23**

**Grades 1-5 First Day of School August 24**

**Kindergarten First Day of School August 30**

**All KODIAK Elementary Schools will begin REGISTRATION on Tuesday, AUGUST 14, 2012, 9:00 AM – 3:00 PM**

**THIS IS FOR STUDENTS NEW TO KODIAK ISLAND BOROUGH SCHOOL DISTRICT FOR THE 2012-2013 SCHOOL YEAR**

Please have the following items with you when you come in to register:

- Birth Certificate – Official Certified Copy
- Complete immunization record
- Proof of current school physical (within the last 12 months)
- Current report card or transcripts from last year
- Complete address and phone number from last school attended
- Completed enrollment forms

Please contact Central Services at 481-6200 during summer break or the following schools after August 9 for further information:

- North Star Elementary School 481-2000
- East Elementary School 481-6500
- Main Elementary School 486-2100
- Peterson Elementary School 481-6400

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Enrollment forms are available at the Central Services Office - Room 114 in the Borough Building or the KIBSD website at: http://www.kibsd.org/ under the Enrollment tab

**Kodiak Island Borough School District**
722 Mill Bay Road
Kodiak, AK 99615

# Requirements for School Enrollment

## BEFORE YOUR CHILD CAN ATTEND A KIBSD SCHOOL, YOU MUST PROVIDE US WITH:

1. **Birth Certificate** – **An official certified copy, or passport, is required.** If you do not have your child's birth certificate or you are unable to locate it, please call your previous school and have a copy faxed to our school.

2. **Shot Records** – All children admitted to school are required to have an immunization record upon entry. The school nurse will review your shot record to check for compliance with Alaska State Law. If you are missing immunizations, they need to be completed before your child may attend school. **No Shots, No School.**

3. **Physical** – All children entering an Alaska School for the first time must provide a documented physical examination that is less than 1 year old. This is due within 30 days of enrollment.

4. **TB Test** – Every child new to KIBSD or in grades kindergarten and seven must have a PPD skin test for tuberculosis within 90 days of enrollment. Your child may be tested at the Kodiak Public Health Department, at your health care provider, or by the school nurse with your permission. **We recommend kindergarteners and students new to the district complete this at the time of their school physical or when receiving immunizations.**

   A PPD skin test is not required if the school is provided with documentation showing:
   A negative result of a PPD administered within 6 months of enrollment; or a previous positive result of a PPD.

**Child's name** _____

Please check one of the following:

☐ I will have my child tested for Tuberculosis at the Kodiak Public Health Department or my health care provider and will send the results to the school nurse within 30 days.

☐ I give permission for the school nurse to administer a PPD test to my child.

☐ My child is not able to have PPD skin tests for the following reason:

_____

**Parent/Guardian Signature** _____ **Date** _____

6/19/2012

# 2012/2013 Student Enrollment Form Kodiak Island Borough School District

**Office Use Only in this Area**

Student # _____ State ID # _____ School _____ Shot Rec? _____

Records Rec'd _____ Physical? _____ Entry Date _____ Birth Cert? _____

## Student Information

Last Name _____

First Name _____

Middle Name _____

Preferred Name _____ Grade Level _____

Birthdate _____ Student is: Female ☐ Male ☐

Place of Birth _____ City State Country

Phone - Home _____ Cell Student's _____

Street Address _____

Mailing Address _____

City/State/Zip _____

Family E-Mail _____

Has this student attended a Kodiak school before? Yes ☐ No ☐

If Yes, please list school name and last year or grade attended

**Last School**

School Name _____

Mailing Address _____

City/State/Zip _____

Phone _____ Last Grade _____

**Student Lives With:**

- ☐ Mother & Father
- ☐ Mother
- ☐ Father
- ☐ Legal Guardian
- ☐ Other (Specify)

**Student Ethnicity:**

- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ Multi-Ethnic - Non-Hispanic
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

**Language Spoken at Home:**

- ☐ English
- ☐ Tagalog
- ☐ Ilocano
- ☐ Spanish
- ☐ Other (Specify)

## Parent/Guardian Male Head of Household

Name _____ First Middle Initial Last Relationship to Student _____

Mailing Address If different than student's _____ Street or P.O. Box City,State,Zip

Home Phone If different than student's _____ E-Mail _____

Employer _____ Work/Cell Phone(s) _____

Work Address _____ Work Position or Rate/Rank _____

Does this contact receive mailings from the school regarding this student? ☐ Yes ☐ No

Education 1 2 3 4 5 6 7 8 9 10 11 12 (College) 1 2 3 4 5 6+

Please circle highest grade completed

**This Contact's Employer Type:**

- ☐ Homemaker
- ☐ Local/St Gov't
- ☐ Military
- ☐ Non-Profit
- ☐ Private
- ☐ Self
- ☐ US Gov't

## Parent/Guardian Female Head of Household

Name _____ First Middle Initial Last Relationship to Student _____

Mailing Address If different than student's _____ Street or P.O. Box City,State,Zip

Home Phone If different than student's _____ E-Mail _____

Employer _____ Work/Cell Phone(s) _____

Work Address _____ Work Position or Rate/Rank _____

Does this contact receive mailings from the school regarding this student? ☐ Yes ☐ No

Education 1 2 3 4 5 6 7 8 9 10 11 12 (College) 1 2 3 4 5 6+

Please circle highest grade completed

**This Contact's Employer Type:**

- ☐ Homemaker
- ☐ Local/St Gov't
- ☐ Military
- ☐ Non-Profit
- ☐ Private
- ☐ Self
- ☐ US Gov't

## Third Contact - Other Parent(s) Living Outside the Home

Name(s) _____ Relationship _____ Does This/Do These Parent(s) Have Custody? ☐ Yes ☐ No

Mailing Address _____ Street or P.O. Box _____ City _____ State _____ Zip Phone(s) _____ Home _____ Work or Cell

Does this contact receive mailings from the school regarding this student? ☐ Yes ☐ No E-Mail _____

## Emergency Contacts

Name _____ This contact must be different than those listed above Relation to Student or Family _____

Employer _____ Home/Work/Cell Phone(s) _____ / _____ / _____

Name _____ This contact must be different than those listed above Relation to Student or Family _____

Employer _____ Home/Work/Cell Phone(s) _____ / _____ / _____

**Please complete and sign page 2 of this form**

Revised 1/23/2012

# 2012/2013 Student Enrollment Form Kodiak Island Borough School District

## Page 2 - Additional Information and Parent/Guardian Permissions

**Please Enter the Student's Full Name Here:**

### Doctor Info

Doctor's Name _____ Phone _____

Clinic Name _____ If unable to contact parent/guardian, may school personnel take the student to the Hospital/Doctor? Yes ☐ No ☐

### Medical Information

Please provide the following information regarding the student's health that the school should know. This student has ....

Asthma: Yes ☐ No ☐ Diabetes: Yes ☐ No ☐ Allergies: Yes ☐ No ☐ Other: Yes ☐ No ☐

This student wears... Glasses: Yes ☐ No ☐ Contacts: Yes ☐ No ☐ A Hearing Aid: Yes ☐ No ☐

If you answer Yes to any of these questions, please provide detailed information regarding the condition(s) in the spaces below:

_____

_____

_____

**Medical Alerts:** _____

_____

### Dispensation of Approved Medicine

I understand that the school nurses (or designated personnel) dispense the following medications when they believe administering of the medication is warranted: Acetaminophen, ibuprofen, antacid, throat lozenges, burn cream, muscle rub, antibiotic ointment, antihistamine cream and first aid cream. I agree to waive any claim against the Kodiak Island Borough School District arising from the dispensing of these medications.

☐ I **do not** authorize the school nurse to dispense **any** medications to my child.

Comments: _____

_____

_____

Instructions for dispensing of other medication must be discussed with the school office.

### Emergency Release Info

This school may be used as a shelter in the event of a community emergency. If a tsunami or other emergency situation occurs during the school day, students will not be released from school except to their parents or to someone specifically designated by you. Photo identification will be required.

Please check the appropriate box for your designation.

Parent/Guardian Only ☐

Other(Give names & phone numbers) ☐

Name _____ Phone _____

Name _____ Phone _____

### Activities Permission

Throughout the school year there may be opportunities for field trips and extramural events. In most cases, a note will be sent home to advise you prior to each activity. If you object to your child going on the school activity, please notify the school at that time. However, classes occasionally take advantage of breaks in the weather or unexpected opportunities.

I _____ give ☐ do not give ☐

Name of parent/guardian

this student permission to participate in school field trips, extramural events and unexpected opportunities. If transportation is required, it will be provided.

### Read and Sign

_____ _____

Signature of Parent or Guardian Date

Please be aware that if you are this student's guardian and are **NOT** the legal parent, you must provide proof of guardianship. Additionally, in cases of divorce or separation, unless the school receives a copy of a divorce decree or other legal document stating that your child's other parent does not have access to your child or his/her records, we are required by law to extend to the other parent all rights and privileges of a legal parent.

KODIAK ISLAND BOROUGH SCHOOL DISTRICT

INFORMATION SHEET

Student's Name_____Grade_____

Has this student received extra assistance in any of the areas listed below?
Yes_____ No_____

Is this student currently on an IEP? Yes_____ No_____

If yes, please specify area of assistance and date services were provided.

| AREA: | | DATE: |
|---|---|---|
| Math | _____ | _____ |
| Reading | _____ | _____ |
| Spelling | _____ | _____ |
| Speech Therapy | _____ | _____ |
| Counseling | _____ | _____ |
| Gifted/Extended Learning | _____ | _____ |
| Physical Therapy | _____ | _____ |
| English as a Second Language Program | _____ | _____ |

# PARENT LANGUAGE QUESTIONNAIRE
(Home Language Survey)

**Kodiak Island Borough School District**
**This form is required by State and Federal law.**

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact: _____

**Student Name:** _____ **Alaska Student ID #:** _____
(Last Name, First Name)

**Place of Birth:** _____ **Date of Birth:** _____/_____/_____
Month Day Year

**School:** _____ **Grade:** _____ **Sex:** ☐ **Female** ☐ **Male**

## PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student? ☐ English ☐ Other _____ *Specify*
2. What language(s) does the student currently use in the home? ☐ English ☐ Other _____ *Specify*
3. Is this student participating in a student exchange program? ☐ Yes ☐ No
4. How long has the student attended school in the U.S.A.? ☐ 3 or more full school years ☐ Less than 3 full school years

## PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

| | **Mother/Guardian** | **Father/Guardian** | **Other Significant Adult*** Relationship: |
|---|---|---|---|
| 1. Home community and State | | | |
| 2. First language learned | | | |
| 3. Language(s) spoken **to the student** | | | |
| 4. Language(s) spoken **in the adult's home** | | | |

*Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

## PART III: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

| | **Only the other language, no English** | **Mostly the other language, some English** | **The other language & English equally** | **Mostly English, some of the other language** | **Only English** |
|---|---|---|---|---|---|
| A. When the student speaks with **family**, he/she speaks: | | | | | |
| B. When the student speaks with **friends**, he/she speaks: | | | | | |

| | |
|---|---|
| Parent/Guardian Signature: | Phone Number: |
| Printed Name: | Date: |

OMB Number: 1810-0021
Expiration Date: 04/30/2013

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

# TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program**. This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

***Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.***

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP_____

**Tribe, Band or Group is: (check one)**

_____ **Federally Recognized, Including Alaska Native** _____ **State Recognized** _____ **Terminated** _____ **Organized Indian Group Meeting #5 of the Definition Above**

**Name of individual with tribal membership:** _____

**Individual named is (check one):** _____ **Child** _____ **Child's Parent** _____ **Child's Grandparent**

**Proof of membership, as defined by tribe, band, or group is:**

**A. Membership or enrollment number (if readily available)** _____ **OR**

**Other (explain)** _____

**Name and address of organization maintaining membership data for the tribe, band or group:**

_____

I verify that the information provided above is accurate:

**PARENT'S SIGNATURE** _____ **DATE** _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

## PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.

**Kodiak Island Borough School District**
Federal Programs Office
722 Mill Bay Road
Kodiak, AK 99615
(907) 481-6205/6208

# Migrant Education Program

Students who travel with their families or on their own, to participate in seasonal work for fishing, logging or agricultural activities may qualify for the Migrant Education Program.

The primary goal of the migrant education program is to ensure that all migrant students reach challenging academic standards AND graduate with a high school diploma (or complete a GED) that prepares them for responsible citizenship, further learning and productive employment.

**____ My child was enrolled in the Migrant Education Program at his/her previous school.**

Child's Name: _____

Previous School Attended: _____

Grade: _____

Parent/Guardian Name & Contact Information: _____

_____

**KIBSD Secretaries please forward this form to:**

**KIBSD Federal Programs Office**

**722 Mill Bay Road, Kodiak, AK 99615.**
**For questions, please call x6205.**

# KODIAK ISLAND BOROUGH SCHOOL DISTRICT
# Student Acceptable Use Agreement for Technology
## Grades K-5

I understand that I may use the KIBSD network (including: technology, internet, and email) under the supervision of a teacher or staff member if I follow these rules.

**BE RESPONSIBLE:**

- I will only use computers, internet and email for school activities.
- I will never destroy or harm school computers or network equipment.
- I will never destroy, harm or change the work of another person on our school network.
- I will stop using the computer and tell a teacher if I find any bad words or pictures.
- I will use technology according to the rules and instruction of the teacher in all places within the school building(s).

**RESPECT PRIVACY:**

- I will only use my own network account and will not share my password with others.
- I will not share my home address, phone number, names or addresses of family members or other students in email messages or blogs.

**BE HONEST:**

- I will not call someone else's writing, pictures or ideas my own.
- I will not copy or download materials to the computer that do not belong to me nor will I install software.

**BE POLITE:**

- I will never use words or pictures that may hurt others.
- I will never swear, or use words that threaten, bully or humiliate others.

**BE ON TASK:**

- I will only use the network to do school work.
- I will not use the network for instant messaging, interactive games, chat or social networking except for teacher-directed activities.

**Network: any equipment or software used to access KIBSD servers or the internet. The network <u>does include</u> private equipment connected by wires or wirelessly to KIBSD resources. Software includes any programs operating on the network – including but not limited to internet browsers, educational, office, financial, scientific or email*

# KODIAK ISLAND BOROUGH SCHOOL DISTRICT
# Student Acceptable Use Agreement for Technology
## Grades K-5

*This form must be read and signed by the student and his/her parent or guardian.*

Student's Name: _____
*(Please Print)*

I have read, understand and will abide by the rules outlined the KIBSD Student Acceptable Use Agreement for Technology. I further understand that any violation of these rules is unethical and may constitute a criminal offense. Should I commit any violation, my network access may be revoked and disciplinary and/or legal action may be taken.

_____ _____
*Student's Signature* *Date*

## Parent/Guardian Signature

Parent/Guardian's Name: _____
*(Please Print)*

As the parent or guardian of this student, I have read, understand and discussed the rules stated in the KIBSD Student Acceptable Use Agreement for Technology with my child. I understand that network and internet access at the school is designed for educational purposes. I also understand that my child is required to follow these rules.

I further understand that there is a potential for my son/daughter to access information through various resources, especially through the Internet that is inappropriate for students and that every reasonable effort will be made on the part of staff of the Kodiak Island Borough School District to restrict access to such information, but that my son/daughter is ultimately responsible for restricting himself/herself from inappropriate information.

_____ _____
*Parent/Guardian's Signature* *Date*

*Each student and his/her parent or guardian must read and sign this form in order for the student to access the network at any Kodiak Island Borough School District School.*

**Kodiak Island Borough School District**
722 Mill Bay Road
Kodiak, AK 99615

CONSENT FOR FLUORIDE RINSE

Dear Parents:

Main, East, and North Star Elementary Schools are offering to all students a fluoride mouth rinsing program to help prevent dental decay. This simple method of applying fluorides has been demonstrated to be safe and effective in helping to control tooth decay. Participants will rinse their mouth in school with a 0.2% neutral sodium fluoride solution for one minute once each week under supervision. The solution is not swallowed.

Since Kodiak does not have fluoride in the water supply, this program is very important to the oral health of your child. Participation is entirely voluntary and without cost to you. We encourage you to allow your child to participate in this valuable health program. This preventive program, however, should not take the place of regular dental care by your dentist or proper home care.

Sign the following consent if you want your child included in this program. If you have any questions concerning this program, please call the school nurse at your neighborhood school.

Please select one of the two boxes below.

☐ I give my consent for my child to participate in the fluoride mouth rinsing program as long as he/she is enrolled in the Kodiak School District.

☐ I do not consent for my child to participate in the fluoride mouth rinse program.

**Child's name** _____

**Parent/Guardian Signature** _____ **Date** _____

6/19/2012

# Kodiak Health Care Providers

***This list is provided as a resource to you. The District neither recommends nor requires that you use this list or any of the services provided by individuals or entities on the list. It is for you to decide what services, if any, to use and from whom you wish to obtain them.***

**Medical Clinics:**

*KANA (Kodiak Area Native Association)
*Alaska Natives eligible
3449 E. Rezanof Dr.
Info: 486-9800 Medical: 486-9870
1-800-478-5721 Fax: 486-9897
Medical Hours: 8:30am – 5pm Mon-Fri
Pharmacy Hours: 9am – 5 pm M-T, Th-F
1pm – 5pm Wed.

KCHC (Kodiak Community Health Center)
1911 E. Rezanof Dr.
481-5000 Fax: 481-5030
Appointments, Walk-ins available
Hours: 8:00 am – 6:00 pm Mon - Fri
9:00 am – 3:00 pm Sat

KIACC (Kodiak Island Ambulatory Care Clinic)
202 Center Ave., Suite 102
486-6188 Fax: 486-6146
Appointments or walk-in visits
Hours: 9:00 am – 5:00 pm Mon-Fri
9:00 am –2:00 pm Sat

KIMA (Kodiak Island Medical Associates)
1818 E. Rezanof Dr.
486-6065 Fax: 486-2248
Appointments, walk-ins upon availability
Hours: 8:00 am – 5:00 pm Mon-Fri

NPMC (North Pacific Medical Center)
104 Center Ave., Suite 100
486-4183 Fax: 486-4233
Appointments or call for walk-in times
Hours: 8:00 am – 5:00 pm Mon-Fri

PKIMC Specialty Clinic
1915 E. Rezanof Dr.
486-9580 Fax: 486-9586
Hours: 8am – 4:30pm Mon-Fri
Specialist appointments per referral
PKIMC info 486-3281

*Rockmore-King Clinic *US Coast Guard eligible
CO. USCG Integrative Services
PO Box 195002 Kodiak 99619-5002 Attn: Medical
487-5757 Fax 487-5151 Call for hours

**State of Alaska Public Health Center**
316 Mission Road Room 207
486-3319 Fax: 486-8149
**Appointments required for school entry immunizations**

**Optometrists:**

Jeremiah Myers, DO
214 W. Rezanof Dr.
486-6117 Fax: 486-6140
Hours: 8am – 5pm Mon – Fri

John Shank, DO
3450 E. Rezanof Dr.
486-5504 Fax: 486-6577
Hours: 8am – 5pm Mon – Fri

**Audiologists:**

Northern Hearing Services, Inc.
4200 Lake Otis Pkwy, Suite 302
Anchorage AK 99508
888-391-1326 Fax: 907-561-2865
Call for appointments

**Dentists:**

Alaska Smile Center – Dr. Joel Wiersum
411 E. Rezanof Dr.
486-3475 Fax: 486-3427
Hours: 9am – 5pm Mon-Thurs
Friday: Office open for payments only

Dr. James Arneson
506 Marine Way
486-3269 Fax: 486-3260
Hours: 9am – 5pm Mon-Thurs
(closed from 1-2)
9am – 3pm Fridays

Dr. Brett Bass
1317 Mill Bay Road 486-3291
Hours: Open Mon. Tues. Thurs. Fri.
Appointments Only

Drs. Nathan Faber and Robert Hillis
413 E. Rezanof Dr.
486-3257 Fax: 486-3254
Hours: 8am – 5pm Mon-Fri

Dr. Jennifer Spivey
204 E Rezanof Dr.
481-3567 Fax: 481-3564
Hours: 9am – 5pm Mon-Fri

KANA Dental
3449 Rezanof Dr.
486-9850 Fax: 486-9897
Call for hours

**Hospital/ Emergency Room:**

Providence Kodiak Island Medical Center
1915 Rezanof Dr. 486-3281

**Kodiak Island Borough School District**
722 Mill Bay Road
Kodiak, Alaska 99615

**STUDENT PHYSICAL EXAMINATION: To be completed by Licensed Physician, Adv. Nurse Practitioner or Physician's Assistant.**

Student's Name_____ Date of Birth _____

School_____ Grade _____

Parent's Name_____

Pulse _____ B.P. _____ Height _____ Weight _____

Vision Both_____ Right _____ Left _____ Vision Corrected _____

Medications _____

Allergies _____

| | NORMAL | ABNORMAL FINDINGS |
|---|---|---|
| 1. Eyes | | |
| 2. Ear, Nose, Throat | | |
| 3. Mouth, Teeth | | |
| 4. Lymph Nodes | | |
| 5. Heart | | |
| 6. Lungs | | |
| 7. Abdomen, Hernia | | |
| 8. Genitals | | |
| 9. Orthopedic (inc. gait) | | |
| 10. Nervous System | | |
| 11. Skin | | |
| 12. Nutrition | | |
| 13. Endocrine | | |
| 14. Other | | |

Able to participate in usual school activities? _____ Yes _____ No
State any limitations: _____
Any new immunizations given this visit: _____

**TB skin test by Mantoux (PPD). Must be read by medical professional in 48-72 hours. May defer to school TB screening program, if requested by parent.**

Date given: _____ Check: _____ Negative _____ mm induration

Date read: _____ _____ Positive _____ mm induration

Hx note of positive reactor of 10 mm or more: _____
_____
_____

**Signature:** _____
Physician, Adv. Nurse Practitioner or Physician's Asst.

**Printed Name & Title:** _____

**Date:** _____

**Clinic:** _____

**Phone:** _____

**Kodiak Island Borough School District**
722 Mill Bay Road
Kodiak, Alaska 99615

**STUDENT PHYSICAL EXAMINATION: To be completed by Parent prior to exam.**

Student's Name_____ Date of Birth _____

Does child have any illness now? No_____ Yes_____ If yes, describe: _____

**Please (x) any of the following conditions your child has:**

_____ Diagnosed **ADD or ADHD** – Since when? _____
List medication taken _____
Will medication be needed in school? (Circle) No / Yes When: _____

**A long-term medication form must be completed by your physician if your child needs medication at school.**

_____ **Allergy** – (food, pollen, pets) List: _____
_____
What Happens? _____

_____ **Bee Sting Allergy** – What happens? _____
_____
**EpiPen** needed? (Circle) No / Yes **Parent provides EpiPen**

_____ **Asthma** – Is an inhaler used? (Circle) No / Yes
How often? _____
List all medications taken for asthma: _____
Name of asthma doctor: _____ Last time seen for asthma: _____

_____ **Diabetes** – When was it diagnosed? _____
Name of diabetes doctor: _____

_____ **Seizures** – What type? _____
Last seizure (date): _____ Seizure Doctor: _____
Medication taken for seizures? _____

_____ **Hospitalizations** – Date of hospitalization: _____
For what? _____

_____ **Episode – loss of consciousness?** (Circle) No / Yes When? _____

_____ **Joint pain or bone fracture?** (Circle) No / Yes Left / Right
What joint or bone and when? _____

_____ **Emotional Concerns** – List: _____
_____

_____ **Positive TB test** of 10 mm or more. When? _____
BCG vaccination? (Circle) No / Yes When? _____

_____ **My child is healthy and has no special health concerns.**

**VISION**

_____ No eye problem. Eye check-up? (Circle) No / Yes
_____ Needs glasses: _____ all the time _____ for reading
_____ Had eye surgery – when _____ why _____

**HEARING CONCERNS**

_____ No _____ Yes _____ Sometimes
_____ Frequent ear infections _____ as a baby _____ still
_____ Has ear tubes _____ had tubes _____ # of times had tubes
_____ Has a problem with hard wax _____ wears hearing aid

**Any other health concerns?** _____
_____
_____

**X** _____
Parent / Guardian Signature

_____
Home address

_____ _____
Home phone Emergency phone

Kodiak Island Borough School District

**2012-2013 Town Schools Calendar**

**BOE Approved: March 21, 2011 Revised: May 21, 2012**

## July

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

## August

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | **NT** | **NT** | 18 |
| 19 | **DW** | **BR** | **W** | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

## September

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|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | **H** | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | **I** | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

## October

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | **I** | **I** | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

## November

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|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | **I** | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | **21** | **H** | **V** | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

## December

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|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | **V** | **H** | **V** | **V** | **V** | 29 |
| 30 | **V** | | | | | |

August 16-17.....New Teacher Inservice
August 20..... District-wide Inservice
August 21..... Building/Rural Inservice
August 22..... Certificated Work Day
August 23..... Grades 7-12 First Day
August 23 Grades 1-6 Family Conferences
August 24..... Grades 1-6 First Day
August 30.....Kindergarten First Day

September 3 .....Labor Day Holiday
September 17 ..... Town Schools Inservice

October 11-12 ..... District-wide Inservice

November 12..... Town Schools Inservice
November 22-23 .... Thanksgiving Holiday

December 24-January 4 ..... Winter Break

January 7 .....Classes Resume
January 21 ..... District-wide Inservice

February 18 ..... District-wide Inservice

March 11-15.....Spring Break

April 15 ..... District-wide Inservice

May 24 .....Last Day of School
May 27 .....Memorial Day Holiday
May 28 ..... Certificated Work Day

**Bold** signifies students not in the building

**KMS/KHS Semester** ..... December 21

**Elementary Parent/Teacher Conferences**
Nov 19 .....School in session-evening conferences
Nov 20 .....School in session-evening conferences
Nov 21 ..... No School – No Conferences

March 6 .....School in session-evening conferences
March 7 .....School in session-evening conferences
March 8 ..... No School – No Conferences

**KMS - KHS Parent/Teacher Conferences**
Oct 24 .....School in session-evening conferences
Oct 25 .....School in session-evening conferences
Nov 21 ..... No School – No Conferences

Feb 6.....School in session-evening conferences
Feb 7.....School in session-evening conferences
March 8 ..... No School – No Conferences

## January

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **H** | **V** | V | V | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | **W** |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | **I** | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

## February

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|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | **I** | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | | |

## March

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|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | **8** | 9 |
| 10 | **V** | **V** | **V** | **V** | **V** | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

## April

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | **I** | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | | | | |

## May

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|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | **H** | **W** | 29 | 30 | 31 | |

## June

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|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 31 | | | | | | |

IS Inservice W Work Day # Regular Attendance H Holiday V Vacation