

RUSSELLVILLE STUDENT MEDICAL INFORMATION FORM

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Medicaid/ARKids 1<sup>st</sup> # \_\_\_\_\_

Parent or Legal Guardian to contact in case of illness or emergency:

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Local emergency contact if Parent or Guardian cannot be reached:

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician / Dentist Information:

Student's primary care physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Student's medical specialist: \_\_\_\_\_ Phone # \_\_\_\_\_

Student's eye doctor: \_\_\_\_\_ Date of last appointment: \_\_\_\_\_

Has the student ever been seen by a dentist? \_\_\_\_\_ Student's dentist: \_\_\_\_\_

My child has the following diagnosis(es):

\_\_\_ Allergies (Food, Environmental, Seasonal, Medication, etc) \*Does the student have an Epipen? \_\_\_yes \_\_\_no

\_\_\_ Arthritis (Rheumatoid)

\_\_\_ ADD/ADHD

\_\_\_ Asthma Does the student have an inhaler? \_\_\_yes \_\_\_no

\_\_\_ Behavioral/Psychological/Developmental problems

\_\_\_ Dental Problems

\_\_\_ Diabetes Type 1 \_\_\_ Type 2 \_\_\_ \*Does the student take insulin? \_\_\_yes \_\_\_no

\_\_\_ GERD (acid reflux)

\_\_\_ Frequent Headaches/Migraines

\_\_\_ Head or Spinal Injury

\_\_\_ Heart Disease

\_\_\_ Kidney Disease

\_\_\_ Seizures \*Does the student have an emergency seizure medication? \_\_\_yes \_\_\_no

\_\_\_ Spina Bifida

\_\_\_ Hearing Impairment or Hearing aides

\_\_\_ Visual Impairment/glasses/contacts

\_\_\_ OTHER: \_\_\_\_\_ \*If you checked any of the above health conditions, please explain: \_\_\_\_\_

Please list all medications: \_\_\_\_\_

Describe any other important health-related information about your child: \_\_\_\_\_

Please list any health conditions that the student had in the past that are no longer a problem: \_\_\_\_\_

\*\*Please indicate by writing your initials if you approve or decline the following over-the-counter stock medications to be administered to your child at school:

Benadryl (liquid): Approve \_\_\_\_\_ Decline \_\_\_\_\_

Sunscreen: Approve \_\_\_\_\_ Decline \_\_\_\_\_

Topical creams (Hydrocortisone, Neosporin, etc.): Approve \_\_\_\_\_ Decline \_\_\_\_\_

\*\*Please indicate by writing your initials if you approve or decline the following screenings:

Vision: Approve \_\_\_\_\_ Decline \_\_\_\_\_ Scoliosis: Approve \_\_\_\_\_ Decline \_\_\_\_\_

Hearing: Approve \_\_\_\_\_ Decline \_\_\_\_\_ BMI: Approve \_\_\_\_\_ Decline \_\_\_\_\_

I have provided all medical, behavioral, and legal information necessary for staff to understand my child's needs and to provide safety for my child and others, including emergency contacts information. I give my permission for the school nurse to contact my child's physician(s) and/or teacher(s) to discuss needed information contained on this form.

PRINTED NAME OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

# RSD STUDENT TRANSPORTATION REQUEST

*Please allow 2-3 business days for processing*

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

Primary Guardian: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Primary Address: \_\_\_\_\_

In Case of Emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Transportation Request for:**

- \_\_\_\_\_ AM
- \_\_\_\_\_ PM
- \_\_\_\_\_ BOTH
- \_\_\_\_\_ Boys & Girls Club

**Days of Week:**

- \_\_\_\_\_ Monday
- \_\_\_\_\_ Tuesday
- \_\_\_\_\_ Wednesday
- \_\_\_\_\_ Thursday
- \_\_\_\_\_ Friday

**Check All that Apply:**

- \_\_\_\_\_ New Student
- \_\_\_\_\_ Returning Student
- \_\_\_\_\_ Address Change
- \_\_\_\_\_ Transition to New Building

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**Names of students in residence who attend Russellville School District that need transportation:**

Name \_\_\_\_\_ Gender M / F School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender M / F School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender M / F School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender M / F School \_\_\_\_\_ Grade \_\_\_\_\_

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**Transportation is only provided for in-district residency to and from the students primary residence.**

*Please contact each student's school building to update demographic information. The address provided to the Transportation Department must match the student's demographics.*

*NOTE: All K-2 students must be accompanied by an adult at the stop or have an older sibling who is responsible for the student. What sibling do you authorize us to leave students with?*

**Name(s):** \_\_\_\_\_

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



## Arkansas Division of Elementary and Secondary Education (DESE) Home Language Usage Survey

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

<b>Student Name:</b>		<b>Grade:</b>	<b>Date:</b>
<b>School:</b>	<b>Student State ID #:</b>	<b>Gender:</b>	<b>Date of Birth:</b>
Parent/Guardian Name:		Parent/Guardian Signature:	
<p><b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>		
<p><b>Eligibility for Language Development Support</b> Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>		
<p><b>Prior Education</b> Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <b><i>This form is not used to identify students' legal immigration status.</i></b></p>	<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (the 50 states, DC)? (Kindergarten – 12<sup>th</sup> grade) _____ Month          Day          Year</p> <p>9. Has your child attended a school in Puerto Rico? _____</p>		

Thank you for providing the information needed on the Home Language Usage Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



**Note to district:** This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

# Homeless Questionnaire Form

Russellville School District  
Office of Homeless Coordinator  
P.O. Box 928  
Russellville, AR 72811  
479-964-5173

*Your child may be eligible for additional educational services through the Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.*

**1. Where are you and your family currently staying? Check the boxes that apply.**

<b>Section A</b> <input type="checkbox"/> Rent/own my own home. <b><u>STOP:</u></b> If you rent/own your own home, sign under item 3 and submit form to school personnel.	
<b>Section B</b> <input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing. <input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult. <input type="checkbox"/> In a hotel/motel. <input type="checkbox"/> In a vehicle of any kind, a campground, abandoned building, or substandard housing (without running water/electricity). <input type="checkbox"/> In an emergency/transitional shelter. <input type="checkbox"/> Other _____	<b>For School Use Only:</b> <input type="checkbox"/> Doubled-Up <input type="checkbox"/> Doubled-Up/ Unaccompanied Youth <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Unsheltered <input type="checkbox"/> Sheltered <input type="checkbox"/> Unknown
<b><u>CONTINUE:</u></b> If you checked a box in Section B, complete the remainder of this form.	

**2. If you checked a box in Section B, your child/children may be eligible for additional educational services through the Federal McKinney-Vento Assistance Act.**

Student(s) Name		M/F	D.O.B.	Grade	School Name
First	Last				

**3. The undersigned certifies that the information provided above is accurate.**

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Print Parent/Guardian Name/Adult Caring for Student Signature Date

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(Area Code) Phone number Street Address City State Zip

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**School Use Only**

- Free or Reduced Price Meals Form submitted/signed
- Referral Form completed/submitted

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Print School Contact Title Signature (required) Date

# Employment Survey

Your child may qualify to receive: free school supplies, free school meals, free books, free high school credits through correspondence, college scholarships, a free year of college at selected sites, limited health services

Su hijo puede calificar para recibir: útiles escolares gratis, comida en la escuela gratis, libros gratis, créditos para la secundaria por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados.

## Parent Information

## Información de los Padres

Parent Name (Nombre de padres) \_\_\_\_\_

Contact Number (Teléfono de contacto): \_\_\_\_\_

Physical Address (Dirección física) \_\_\_\_\_

City/Ciudad: \_\_\_\_\_

### Relocation History

Please Answer	Yes	No (if no STOP here)
In the last 3 years (including summer), did you or a family member leave home/move/go stay elsewhere for more than a week to look for or get work in agriculture or fishing work (See list Below)		

If "YES", please date and provide the following information:

Moved from: \_\_\_\_\_

Check all that Apply	Date
<input type="checkbox"/> Processing plants (meat, poultry, fruit, dairy products, vegetables)	_____
<input type="checkbox"/> Chicken Houses (catching, caring for chickens, picking up eggs)	_____
<input type="checkbox"/> Caring for Livestock	_____
<input type="checkbox"/> Nurseries (plants or trees)	_____
<input type="checkbox"/> Cotton Gin	_____
<input type="checkbox"/> Farming (planting, fertilizing, harvesting crops, cutting and bailing hay, etc...)	_____
<input type="checkbox"/> Fish Farms	_____
<input type="checkbox"/> Fruit Harvesting (Watermelons, picking berries)	_____
<input type="checkbox"/> Timber Work (clearing land, skidding logs, planting, thinning or harvesting trees)	_____
<input type="checkbox"/> Wood Processing (sorting, trimming, splitting logs, cutting lumber ie: pallet chip, sawmills)	_____

### Historial de Reubicación

Por Favor, responda	Sí	No (si no para aquí)
En los últimos 3 años (incluyendo el verano), ¿Usted o algún miembro de su familia se fue de su casa/mudo/vivó en otro lugar por mas de una semana para buscar u obtener trabajo de agricultura o en granjas de peces?		

Si su respuesta es "Sí", por favor de firmar y proveer la siguiente información:

De donde se movió: \_\_\_\_\_

Marque todo lo que aplique	Fecha:
<input type="checkbox"/> Plantas procesadoras (carne, frutas, verduras, aves de corral, productos lácteos)	_____
<input type="checkbox"/> Granjas de pollo (agarrando, criando pollos, o levantando huevo)	_____
<input type="checkbox"/> Cuidando Ganado	_____
<input type="checkbox"/> Agricultura (plantando, cosechando cultivos, cortando y empacando paja etc...)	_____
<input type="checkbox"/> Viveros (plantas o arboles)	_____
<input type="checkbox"/> Pisca de algodón	_____
<input type="checkbox"/> Graneros o compañías de semilla	_____
<input type="checkbox"/> Cosecha de fruta (sandia or recogiendo uvas)	_____
<input type="checkbox"/> Trabajo de Madera (limpiar la tierra, derrapar troncos, sembrar o cortar arboles)	_____
<input type="checkbox"/> Processamiento de madera (clasificando, podando, corte de troncos, corte de madera es decir: paletas de madera, astillando madera, aserraderos.	_____

### List all Children in the household under 22

### Escriba los nombres de todos los niños menores de 22 años.

Name/Nombre	Age/Edad	Name Nombre	Age/Edad
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Policy 4.29F

## STUDENT ELECTRONIC DEVICE AND INTERNET USE AGREEMENT Effective: 6/19/2019

Student's Name (Please Print) \_\_\_\_\_ Grade Level \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

The Russellville School District agrees to allow the student identified above ("Student") to use the district's technology to access the Internet under the following terms and conditions which apply whether the access is through a District or student owned electronic device (as used in this Agreement, "electronic device means anything that can be used to transmit or capture images, sound, or data):

1. **Conditional Privilege:** The Student's use of the district's access to the Internet is a privilege conditioned on the Student's abiding to this agreement. No student may use the district's access to the Internet whether through a District or student owned technology device unless the Student and his/her parent or guardian have read and signed this agreement.
2. **Acceptable Use:** The Student agrees that he/she will use the District's Internet access for educational purposes only. In using the Internet, the Student agrees to obey all federal laws and regulations and any state laws and rules. The Student also agrees to abide by any Internet use rules instituted at the Student's school or class, whether those rules are written or oral.
3. **Penalties for Improper Use:** If the Student violates this agreement and misuses the Internet, the Student shall be subject to disciplinary action.
4. **"Misuse of the District's access to the Internet" includes, but is not limited to, the following:**
  - a. Using the Internet for other than educational purposes;
  - b. Gaining intentional access or maintaining access to materials which are "harmful to minors" as defined by Arkansas law;
  - c. Using the Internet for any illegal activity, including computer hacking and copyright or intellectual property law violations;
  - d. Making unauthorized copies of computer software;
  - e. Accessing "chat lines" unless authorized by the instructor for a class activity directly supervised by a staff member;
  - f. Using abusive or profane language in private messages on the system; or using the system to harass, insult, or verbally attack others;
  - g. Posting anonymous messages on the system;
  - h. Using encryption software;
  - i. Wasteful use of limited resources provided by the school including paper;
  - j. Causing congestion of the network through lengthy downloads of files;
  - k. Vandalizing data of another user;
  - l. Obtaining or sending information which could be used to make destructive devices such as guns, weapons, bombs, explosives, or fireworks;
  - m. Gaining or attempting to gain unauthorized access to resources or files;
  - n. Identifying oneself with another person's name or password or using an account or password of another user without proper authorization;
  - o. Invading the privacy of individuals;
  - p. Divulging personally identifying information about himself/herself or anyone else either on the Internet or in an email unless it is a necessary and integral part of the student's academic endeavor. Personally identifying information includes full names, address, and phone number.
  - q. Using the network for financial or commercial gain without district permission; theft or vandalism of data, equipment, or intellectual property;

- r. Theft or vandalism of data, equipment, or intellectual property;
  - s. Attempting to gain access or gaining access to student records, grades, or files;
  - t. Introducing a virus to, or otherwise improperly tampering with the system;
  - u. Degrading or disrupting equipment or system performance;
  - v. Creating a web page or associating a web page with the school or school district without proper authorization;
  - w. Providing access to the District's Internet Access to unauthorized individuals;
  - x. Failing to obey school or classroom Internet use rules;
  - y. Taking part in any activity related to Internet use which creates a clear and present danger of the substantial disruption of the orderly operation of the district or any of its schools; or
  - z. Installing or downloading software on district computers without prior approval of the technology director or his/her designee.
5. **Liability for debts:** Students and their cosigners shall be liable for any and all costs (debts) incurred through the student's use of the computers or access to the Internet including penalties for copyright violations.
6. **No Expectation of Privacy:** The Student and parent/guardian signing below agree that if the Student uses the Internet through the District's access, that the Student waives any right to privacy the Student may have for such use. The Student and the parent/guardian agree that the district may monitor the Student's use of the District's Internet Access and may also examine all system activities the Student participates in, including but not limited to e-mail, voice, and video transmissions, to ensure proper use of the system. The District may share such transmissions with the Student's parents/guardians.
7. **No Guarantees:** The District will make good faith efforts to protect children from improper or harmful matter which may be on the Internet. At the same time, in signing this agreement, the parent and Student recognize that the District makes no guarantees about preventing improper access to such materials on the part of the Student.
8. It is all staff members responsibility to educate student about appropriate online behavior, including interaction with other individuals on social networking sites/classrooms, and cyberbullying awareness and response.
9. **Signatures:** We, the persons who have signed below, have read this agreement and agree to be bound by the terms and conditions of this agreement.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Adopted: 2/20/2012  
 History BOE: 2/20/2012, 5/11/2015, 6/18/2019  
 Revised: 10/18/2012, 6/18/2019

Dear Parents,

Under the Family Educational Rights and Privacy Act (FERPA), parental consent must be obtained before the school district discloses your child's personally identifiable information to the Department of Human Services, Division of Medical Services, Arkansas Medicaid, or Medicaid billing agencies, for the purpose of billing for Medicaid reimbursement. The school will not make any of the student's records public.

The state allows districts to receive some minimal reimbursement for some screenings and services that schools provide. The reimbursements are to assist schools in providing needed staff and services for students. And while the reimbursements are not applicable to all students, neither they nor the students it does apply to, will see any changes to benefits or coverage.

The school cannot be selective in receiving consents; therefore, the consent is needed for every student, even if it does not apply. Once you have given consent for disclosure of confidential information about your child, you have the right under FERPA to withdraw that consent at any time.

If you refuse to provide consent for the disclosure of personally identifiable information for the purposes of billing Medicaid, or if you give consent and later withdraw consent, the district continues to have the responsibility to ensure that all services are provided at no cost to parents. Under no circumstances will the student or family receive a bill for any services or screenings provided at the school.

Russellville School District

*In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. & 123g;34 CFR Part 99)*

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_'s  
(Parent/Guardian Name) (First and Last Name)

Personally identifiable information/student education records to be disclosed to a Third Party Billing Agent for the purpose of billing Medicaid and/or private insurance.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date Signed



Local Education Agency

REQUIRED FORM  
JULY 2013  
AGES 3-21

**Parental Consent to Release Personally Identifiable Information  
Third Party Liability Section\***

\*This section should only be completed if the student is covered by private insurance.

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

Student Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Information Related to Billing Third Party Insurance:**

Title 42 Code of Federal Regulations (CFR), Part 433, Subpart D, Third Party Liability, requires that all third party sources must be utilized before reimbursement can be made by Medicaid. Part B of the Individuals with Disabilities Education Act (IDEA) prohibits a public agency from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a child with disabilities under the "free appropriate public education" requirements of these statutes. IDEA does not create exceptions to Title 42 CFR, Part 433, Subpart D. All Medicaid providers, including school districts, should attempt to exhaust third party liability prior to making claims to Medicaid.

Please check one of the following:

\_\_\_\_\_ I do NOT give permission to the school district to bill my private insurance for healthcare services delivered in the school.

\_\_\_\_\_ I give permission to the school to bill my private insurance for healthcare services delivered in the school.

**Private Insurance Information:**

Insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Local Education Agency

REQUIRED FORM  
JULY 2013  
AGES 3-21

Parental Consent to Access Public Insurance and  
to Release Personally Identifiable Information

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

Student Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

With parental consent, the school district can seek federal Medicaid reimbursement for the cost of the health services the school district provides to children who are eligible for Medicaid. In order to seek the federal Medicaid funds for reimbursement, the school district must disclose information from your child's education records to Medicaid and Medicaid billing agencies.

Under the Family Educational Rights and Privacy Act (FERPA), parental consent is required in order to release student personally identifiable information to agencies not identified in the Act. This consent grants the school district the ability to release student information for the purpose of billing Medicaid.

By signing below, you are indicating the following:

- I understand and agree that I am giving the school district permission to access my or my child's public benefits or insurance.
- I understand that my child's education records related to health services may be released to the Department of Human Services, Division of Medical Services, Arkansas Medicaid, the school district's Medicaid billing agent, and/or physician for the purpose of billing Medicaid.
- I understand that information to be released may include: student's name, date of birth, social security number, Medicaid ID, disability, type of service(s), times and dates services were delivered, and progress notes.
- I understand that this consent will remain in effect, unless revoked by me.
- I understand that I may revoke consent at any time by notifying the school district in writing.

Is your child covered by private insurance?    No    Yes (If yes, please complete Third Party Liability Section)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date