# GIBBON PUBLIC SCHOOLS

2019-2020

## *ESCUELA PUBLICA DE GIBBON*

*Gibbon Public Schools does not discriminate on the basis of race, color, national origin, religion, sex, marital status, sexual orientation, disability, age, genetic information, citizenship status, or economic status in its programs, activities and employment.*

*La Escula Publica de Gibbon no discrimince por motivos de raza,color,origenNacional, religion,sexo,estado civil, orientacion de ciudadania, o la situacion economica en sus programas, actividades y empleo.*

**STUDENT INFORMATION/*ESTUDIANTE INFORMACION***

Current Grade/*Grado* _____

_____ _____ _____ _____

Last Name/*Apellido* First Name/*Nombre* MI Nickname/*Apodo*

Home Address/ *Direccion* _____

Street City State Zip

**Mailing Address/*Direccion del correo***

_____

(If different from above) Street/PO Box City State Zip

Home Phone/*Telefono* _____ Cell Phone/*Celular* _____

DOB/*Fecha de Nacimiento* _____

Gender/*Genero*: ☐ Male/*Hombre* ☐ Female/*Hembra*

**MUST ANSWER BOTH ETHNICITY AND RACE/*DEBE RESPONDER AMBOS ORIGEN ETHNICO Y RAZA***

Ethnicity/*Etnica*: Is the student Hispanic or Latino? / *¿Es el estudiante Hispano o Latino?* ☐ **Yes** ☐ **No**

Race/Raza: ☐ White ☐ Asian ☐Black or African American

☐ Native Hawaiian/Other Pacific Islander ☐ American Indian or Alaska Native

Student's Language/*Lenguaje* del _____Home Language/*Casa Lenguaje* _____

**PARENT/GUARDIAN INFORMATION/*PADRES/TUTOR INFORMACION***

Father/*Padre* _____ E-mail/*Correo Electrónico*_____

Employer/*Empleador* _____ Phone/*Teléfono* _____

Mother/*Madre*_____ E-mail/*Correo Electrónico* _____

Employer/*Empleador* _____ Phone/*Teléfono* _____

Step-Parent/*Padrastro*_____ E-mail/*Correo Electrónico* _____

Employer/*Empleador* _____ Phone/*Teléfono* _____

**Is there a parent **not** living at student's primary residence to receive school mailings? ☐ Yes ☐ No

*¿Si el papa/o mama no viven con el estudiante donde reciben el correo?*

**Name/*Nombre* _____ Relationship/*Relacion* _____

**Mailing Address/*Direccion del correo*_____

Street/PO Box City State Zip Code

# Gibbon Public Schools

PO Box 790
Gibbon, NE 68840-0790
School Fax No. 308-468-5164

Dr. Vernon Fisher, Superintendent
308-468-6555

Troy Lurz, Secondary Principal
308-468-5721

Jeff Montgomery, Secondary
Assistant Principal 308-468-6546

Tina Godfrey, Elementary Principal
308-468-6546


## AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS AND PUPIL INFORMATION

To Whom It May Concern:

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if I so request, and have an opportunity for a hearing to challenge content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

THE SOURCE OF SAID RECORDS IS:

_____

_____

You are hereby authorized to release from your school records the following data concerning,

_____ _____ _____
Student Name Grade DOB

and forward to:

**High School**
Keri Waddle, Counselor
Gibbon Public Schools
PO Box 790
Gibbon, NE 68840
Fax 308-468-5164
Email: keri.waddle@gibbonpublic.org
veronica.trevino@gibbonpublic.org

**Elementary**
Cindy Nickel
Gibbon Public Schools
PO Box 790
Gibbon, NE 68840
Fax 308-468-9139
Email: cindy.nickel@gibbonpublic.org

_____ All Records
_____ Test Scores
_____ Transcript of Grades
_____ Special Education Records (in compliance with 51.-009.01B and 51-009.01C5)

Dated this _____ day of _____, 20_____.

_____
Signature of Parent, Guardian or Adult Student

# Gibbon Public Schools
# Home Language Survey

Student Name: _____

Birth Date: _____ Gender: ____Male ____Female

Parent/Guardian Name: _____

School: _____ Grade: _____

If student **not** born in United States, what was the date of entrance? _____

1) What language did the student first learn to speak?

2) What language is primarily used in the home regardless of the language spoken by the student?

3) What language does the student most frequently use at home?

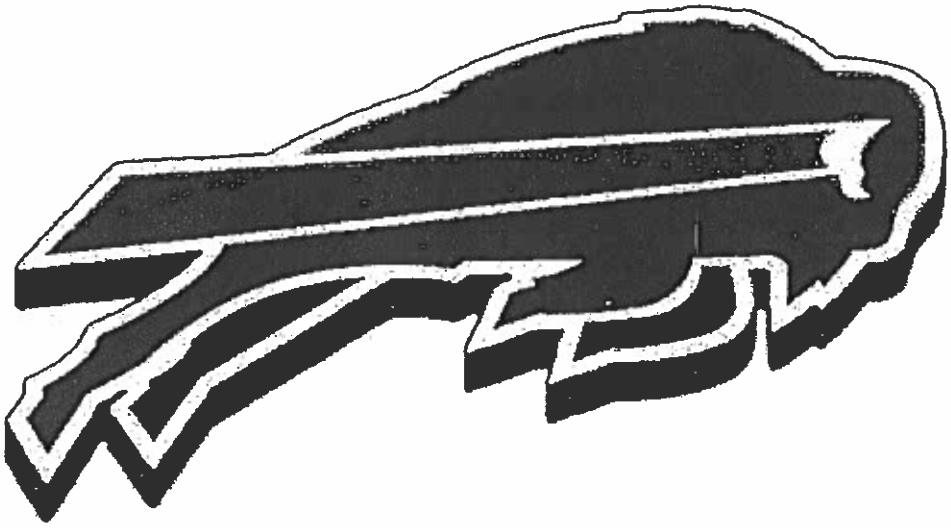
Do you need correspondence sent home in Spanish?

Do you need an interpreter for Parent Teacher Conferences?

_____ _____

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

# Gibbon Public Schools



# Immunization/Health Record

In order to obtain information required by Nebraska Law and Gibbon Public Schools, a Health Record must be completed on all students prior to entering our system. Please provide month/day/year for immunizations. Additional proof of immunization may be requested. Fill in all information. *(Immunizations and a physical exam or appropriate signed waivers are required prior to enrollment).*

Con el propósito de mantener la documentación requerida por la Ley de Nebraska y Las Escuelas públicas de Gibbon, tiene que llenar un Registro de Salud par cada alumno antes de poderse inscriber en la escuela. Favor de llenar toda la información y poner el mes/ dia / y año (m/d/y) par alas vaunas. Tambien hay que dar prueba de las vacunas y anexarlas a este formulario. *(Las vacunas y un examen fisico o las renuncias apropiadas firmadas, se requieren antes de inbscribirse.)*

YOUR STUDENT WILL NOT BE ADMITTED TO SCHOOL WITHOUT THIS COMPLETE INFORMATION

NO SE ADMITARA SU HIJO EN LA ESCUELA SIN ESTA INFOMACION

**Physical Examination Report**

**Health Services Department**

**Gibbon Public Schools**

The school board shall require evidence of (a) a physical examination by a physician, a physician assistant, or an advanced practice registered nurse...within six months prior to the entrance of a child into beginner grade (Kindergarten) and the seventh grade or, in the case of a transfer from out of state, to any other grade of the local school; and (b) for school year 2015-16 and each school year thereafter, a visual evaluation by a physician, physician assistant, an advanced practice registered nurse, or an optometrist within six months prior to the entrance of a child into the beginner grade or, int eh case of a transfer from out of state, to any other grade of the local school, which consists of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity, except that no such physical examination and visula evaluation shall be required of any child whose parent or guradian objects in writing. The cost of such physical examination or evaluation shall be borne by the parent or guardian of each child who is examined. Nebraska Revised Statutes 79-214 (excerpt).

**Parent/Guardian: This form is provided as a convenience to you and your child's health care provider in meeting the requirement for physical examination in Nebraska schools. No specific form is required by the satute. The information provided here may be shared with school personnel as needed to promote your child's safety and educational success.**

By signing below, the parent/guardian of _____ consents for the release of the health and medical information contained
Name of Student

herein to be released to _____.
Name of School

_____

Signature | Printed Name/Relationship to Student | Date

Student Name_____ School _____ Grade _____

Address _____ Zip _____ Phone _____ Age_____ Sex ☐ Male ☐ Female

**Physical Findings**

Height _____ Weight _____
Blood Pressure _____ Pulse _____
Urinalysis_____
Hemoglobin/HCT _____
**Audiometric Screening Report**

| | 500 | 1000 | 2000 | 4000 |
|---|---|---|---|---|
| **RE** | | | | |
| **LE** | | | | |

Immunizations given during today visit:
☐ **DTP** ☐ **Tdap** ☐ **Td** ☐ **Polio** ☐ **MMR** ☐ **Hib** ☐ **Hep B**
☐ **Varicella** ☐ **other (list)** _____
***(Please attach copy of immunization record on file.)***
**Significant findings/Chronic Health Problems (Please review health history)**

_____

| | Pass | Fail | Recommend Further Evaluation |
|---|---|---|---|
| **Amblyopia** | ☐ | ☐ | ☐ |
| **Strabismus** | ☐ | ☐ | ☐ |
| **Internal eye health** | ☐ | ☐ | ☐ |
| **External eye health** | ☐ | ☐ | ☐ |
| **Visual acuity** | ☐ | ☐ | ☐ |

**20 feet: Right 20/_____ Left 20/_____ ☐ With ☐ Without Glasses**
**16 inches: Right 20/_____ Left 20/_____ ☐ With ☐ Without Glasses**

| Medical | Normal | Abnormal Findings |
|---|---|---|
| Appearance | | |
| Eyes/ears/nose/throat | | |
| Lymph Nodes | | |
| Heart (note murmur if present) | | |
| Pulse (inc. Femoral) | | |
| Lungs | | |
| Abdomen | | |
| Skin | | |
| **Musculoskeletal** | | |
| Neck | | |
| Spine | | |
| Shoulder/arm | | |
| Wrist/hand | | |
| Elbow/forearm | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot | | |
| Evidence of Scoliosis | ☐ Yes | ☐ No |
| Evidence of Hernia | ☐ Yes | ☐ No |
| Stigmata of Marfan's Syndrome | ☐ Yes | ☐ No |

Required medication on a daily or episodic routine _____

**Please check classification:**

☐ **Regular:** Student may participate in the regular program of physical education, recreation, intramurals, athletics, or related activities without undue risk of injury.
☐ **Adapted:** Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program indicated by the Consulting physician. *(Reexamine every year).*
☐ **Exempt:** Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. These students should be reexamined for possible reclassification at the end of the exemption period.

**Please check certification:**

☐ **Certified:** Student has passed the physical examination successfully and is physically able to participate in interscholastic athletics.

☐ Activities student should **NOT** participate in _____ Recommendations:_____

**Your signature below indicates completion of physical exam and review of health history.**

**Date** _____ **Signature of Physician** _____

**Clinic/Practice Name** _____ **Clinic Address** _____ **Phone Number** _____

Gibbon Public School
Health History

Name _____ Date of Birth _____ ☐ M ☐ F

Parent or Guardian _____ Address _____ Phone _____

The following information is requested to assist the school staff in responding appropriately to your student's health needs. The information provided here may be shared with school personnel as needed to promote your child's safety and education success at school.

**I. Current Health Status**

1. Does your child take medicine or supplements regularly? ☐ Yes ☐ No
   Please List: _____
2. Does your child have a health condition now under treatment? ☐ Yes ☐ No
   Please List: _____
3. Does your child currently have allergies? ☐ Yes ☐ No
   Please List: _____
4. Any concerns about your child's health? ☐ Yes ☐ No
5. Date of last medical exam? _____ Doctor _____ Date of last Dental Exam _____ Dentist _____

**II. Check conditions that pertain to your child or a doctor has observed and the date.**

☐ Sleeping problem _____ ☐ Hives _____ ☐ Loss of consciousness _____
☐ Eating problem _____ ☐ Chicken Pox _____ ☐ Kidney Problems/Bedwetting _____
☐ Coordination problem _____ ☐ Seasonal Allergies _____ ☐ Heart Problems _____
☐ Tires easily _____ ☐ Asthma _____ ☐ Diabetes _____
☐ Recurrent headaches _____ ☐ Nosebleeds _____ ☐ Migraines _____
☐ Weight problem _____ ☐ Blow to the head _____ ☐ Seizures _____
☐ Eczema _____ ☐ Broken bones _____ ☐ Behavior/emotional concerns _____

**III. Illness and Accidents**

**Please explain each "yes" answer. Use extra paper as needed.**

1. Has there been more than one ear infection each year? ☐ Yes ☐ No _____
2. Have there been any hearing problems? ☐ Yes ☐ No _____
3. Have there been any vision problems? ☐ Yes ☐ No _____
   If yes, when was the last time fitted for glasses? _____
4. Has your child been hospitalized or had any surgery? ☐ Yes ☐ No _____
   If yes please specify. _____
5. Special Dietary/Nutritional needs? ☐ Yes ☐ No _____
   Please List _____

**IV. Family History**

1. List who lives in the home _____
2. List any family health problems _____

_____ _____ _____
**Completed By** **Relationship to Child** **Date**

Please Return to Health Office. Thank You

Escuela pública de Gibbon
Historia de la salud

Nombre _____ Fecha de nacim _____ ☐ M ☐ F
Padre o Tutor _____ Dirección _____ Teléfono _____

La siguiente información es solicitada para ayudar a personal de la escuela para responder adecuadamente a las necesidades de salud de su hijo. La información proporcionada aquí puede ser compartida con el personal escolar según sea necesario para promover el éxito de seguridad y Educación de su hijo en la escuela.

**A. Estado de salud actual**

1. Tiene su hijo toma medicamentos o suplementos regularmente? ☐ Sí ☐ No
   Por favor escriba _____
2. Su niño tiene una condición de salud ahora bajo tratamiento? ☐ Sí ☐ No
   Por favor escriba _____
3. Tiene actualmente su hijo alergias? ☐ Sí ☐ No
   Por favor escriba _____
4. Cualquier preocupación sobre la salud de tu hijo? ☐ Sí ☐ No
   Por favor escriba _____
5. Fecha del último examen médico? _____ Médico _____ Date médico de último examen Dental _____ Dentista _____

**B. Compruebe las condiciones que pertenecen a su hijo o un médico ha observado y la fecha.**

☐ Problema para dormir _____ ☐ Hives _____ ☐ Pérdida del conocimiento _____
☐Comiendo problema _____ ☐ Varicela _____ ☐Riñón problemas/enuresis _____
☐Coordinación problema _____ ☐ Las alergias estacionales _____ ☐ Problemas del corazón _____
☐Neumáticos fácilmente _____ ☐ Asthma _____ ☐ Diabetes _____
☐Dolores de cabeza recurrentes _____ ☐ Hemorragias nasales _____ ☐ Las migrañas _____
☐Peso problema _____ ☐ Golpe a la cabeza _____ ☐ Las convulsiones _____
☐ Eczema _____ ☐ Los huesos rotos _____ ☐ Comportamiento/emocionales preocupaciones _____

**C. Enfermedad y accidentes**

**Por favor explique cada respuesta "Sí". Use papel adicional según sea necesario.**

1. Ha habido más de una infección en el oído cada año? ☐ Sí ☐ No _____
2. Ha habido problemas de audición? ☐ Sí ☐ No _____
3. Ha habido problemas de visión? ☐ Sí ☐ No _____
   En caso afirmativo, ¿Cuándo fue la última vez cabida para gafas? _____
4. Ha sido hospitalizado su hijo o tenido alguna cirugía? ☐Sí ☐ No _____
   En caso afirmativo, especifique ? _____
5. Necesidades dietéticas especiales/nutricional? ☐Sí ☐ No _____
   Por favor escriba _____

**D. Historia familiar**

1. ¿Quién vive en el hogar? _____
2. Lista de cualquier de problemas de salud de la familia _____

_____ _____ _____
**Completa por** **Relación con el niño** **Fecha**

Por favor devuelva a la oficina de la salud. Gracias

# TRANSPORTATION APPLICATION

Date: _____

Students Names: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Address: _____ Phone #: _____

_____ Phone #: _____

_____

Special Needs that a bus driver should be aware of: _____

---

Date to begin service: _____ Routes needed: a.m. p.m.

_____
(Parent or Guardian printed name)

_____
(Parent or Guardian printed name)

Description of pickup:

_____

---

_____
(Approval of Transportation Supervisor)

**Gibbon Public Schools**

**Parent/Student Acknowledgement**

To ensure knowledge and understanding of the rules and regulations at Gibbon Public Schools, we are required to have on file a copy of each parent/guardian's signature showing they have access to a copy of and have read our school and activities policies. This handbook does not form a contract between the parent/student and Gibbon Public Schools; the administration reserves the right to change or modify the handbook when deemed necessary.

I understand and agree to abide by the procedures outlined in the computer and internet usage policy. I further understand that any violation of the regulations may result in the appropriate disciplinary consequence and/or legal action may be taken. In consideration for the privilege of using the Gibbon Public Schools electronic resources, and in consideration for having access to the information contained in it, I hereby release an agree to indemnify and hold harmless Gibbon Public Schools from any and all claims or damages of any nature arising from my access, use, or inability to access or use the computers or network. The administration, faculty, and staff of Gibbon Pubic Schools may deny, revoke, or suspend specific user accounts/access. The handbook is available online at: http://gibbonpublic.org/handbook

My son/daughter_____ has received access to the handbook. I have read and understand the rules and regulations at Gibbon Pubic Schools and the due process procedures. My signature below acknowledges my awareness of the regulations and gives my permission for him/her to participate in activities.

_____ _____ _____

(Parent's Signature) (Student's Signature) (Date)

**Acceptable Use Agreement**

**Student Use of Computers, Technology, and the Internet**

I agree that my student and I have read and will comply with all procedures within the 1:1 Mobile Device Procedures Document. The document is available online at http://gibbonpublic.org/1to1tech I also understand that this policy covers the use of all technology devices that are the property of Gibbon Public Schools.

Parent/Guardian (please print first & last name): _____

Parent/Guardian Signature:_____ Date:_____

Student Name (please print first & last name):_____ Grade:_____

Student Signature:_____ Date:_____

Parent Phone Number:_____ Student Cell Phone:_____

---

***(For Office Use Only)***

Signatures ____ All Fees Paid $_____Received by Staff: ____ Device issued: _____ Date:_____