

## **Hay Springs Public School District #3**

**P.O. Box 280 • 407 N. Baker Street • Hay Springs, NE 69347**

**Phone: 308-638-4434 • Fax: 308-638-7500**

**Mr. Mark Hagge  
Pre-K – 12<sup>th</sup> Principal**

**Mr. D. Russell Lechtenberg  
Superintendent**

**Mrs. Kim Marx  
Director of Student Services**

### ***Kindergarten Entry Forms***

- ☐ **Student Enrollment Form**
- ☐ **Current Eye Exam**  
Chadron Vision Center 308-432-3222  
Northwest Eye Center 308-432- 2200  
Gordon Vision Center 308-282-0820
- ☐ **Current Kindergarten Physical**
- ☐ **Current Immunizations**  
Western Community Health Resources 308-432-8979
- ☐ **Certified Birth Certificate**  
Nebraska Department of Health and Human Services  
Division of Public Health Vital Records  
PO Box 95065  
Lincoln, NE 68509
- ☐ **Copy of Social Security Card**
- ☐ **Fill out Free and Reduced Lunch application and register for free account on EZSchool Pay.** Must have money in lunch account to begin using it.
- ☐ **Sign up for Remind**

**\*Physical and Eye Exam must be within six months of entry date**

**\*Please have Kindergarten Entry Forms returned to the school office by no later than July 31<sup>st</sup>.**

**Hay Springs Public School District #3**

P.O. Box 280 • 407 N. Baker Street • Hay Springs, NE 69347

Phone: 308-638-4434 • Fax: 402-915-5126

A separate form must be completed for each student

**STUDENT ENROLLMENT FORM**

**SECTION 1: STUDENT INFORMATION**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birthplace (State)

\_\_\_\_\_  
Nickname/Called Name

Ethnic Group: Is this student Hispanic/Latino? (Choose only one)

\_\_\_\_\_ No, not Hispanic/Latino

\_\_\_\_\_ Yes, Hispanic/Latino

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by choosing one or more to indicate what you consider your student's race to be.

What is the student's race (Choose one or more)

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

SECTION III: PARENT / LEGAL GUARDIAN INFORMATION

Relationship (Father, Mother, Legal Guardian)

Last Name

First Name

Contact Allowed? ☐ Yes ☐ No  
(If no, documentation required)

Address

City

Phone Numbers:

Home

Cell

Work

Employer

Occupation

Email Address

Relationship (Father, Mother, Legal Guardian)

Last Name

First Name

Contact Allowed? ☐ Yes ☐ No  
(If no, documentation required)

Address

City

Phone Numbers:

Home

Cell

Work

Employer

Occupation

Email Address

SECTION V: PHYSICIAN/MEDICAL INFORMATION

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Telephone

List any medical conditions to which the school needs to be alerted:  
\_\_\_\_\_

SECTION VI: MISCELLANEOUS INFORMATION

1. Has student been enrolled in any special programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of Program: (e.g. Special Ed/IEP, Speech Therapy) \_\_\_\_\_

2. Is this student currently serving a suspension or expulsion from another school district? \_\_\_\_\_

3. Name and address and phone number of school previously attended  
\_\_\_\_\_  
\_\_\_\_\_

4. Directions from school to home  
\_\_\_\_\_  
\_\_\_\_\_

(Note: For item 5 please see school staff member) Bus routes only go South.

5. Are you interested in using busing services \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what bus routes would you ride? (morning, afternoon or both) \_\_\_\_\_

**Declarations:**

- I understand that all the facts contained on this Enrollment Form are true and correct, and, if found to be false or erroneous, will lead to the immediate removal of my child from this school.
- I understand that I must report any change of residence to this school, regardless if that change in residence is outside of this school/s attendance zone.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

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, \_\_\_\_\_ State \_\_\_\_\_ Organized Indian Group  
\_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ 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



Department of Health and Human Services  
**Physical Examination Report**

Name of School (if desired) Hay Springs 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 the beginner grade 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 2006-07 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, in the 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 or visual evaluation shall be required of any child whose parent or guardian objects in writing. The cost of such physical examination and visual 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 statute. 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

Name of Student

release of the health and medical information contained herein to be released to Hay Springs Public Schools

Name of School

Signature

Printed Name/Relationship to Student

Date

Student Name

School

Grade

Student Address

Zip

Age

Sex: ☐ M ☐ F

Physician Name

**PHYSICAL FINDINGS (use back for comments or recommendations)**

Height

Weight

Blood Pressure

Pulse

Urinalysis

Hemoglobin/Hct

Audiometric Screening Report

	500	1000	2000	4000
RE				
LE				

Immunizations given during today's visit:

☐ DTP ☐ Td ☐ Polio ☐ MMR ☐ Hib ☐ Hep B ☐ Varicella  
☐ Other (list)

(Please attach copy of immunization record on file.)

Visual Evaluation Report	PASS	FAIL	Recommend Further Evaluation
Amblyopia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strabismus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Eye Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Eye Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 feet: Right 20/_____ Left 20/_____ with/without glasses			
16 inches: Right 20/_____ Left 20/_____ with/without glasses			

Medical	Normal	Abnormal Findings
Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Eyes/ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>
Heart (note murmur if present)	<input type="checkbox"/>	<input type="checkbox"/>
Pulses (inc. Femoral)	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Spine	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder/arm	<input type="checkbox"/>	<input type="checkbox"/>
Wrist/hand	<input type="checkbox"/>	<input type="checkbox"/>
Elbow/forearm	<input type="checkbox"/>	<input type="checkbox"/>
Hip/thigh	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Leg/ankle	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Scoliosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Evidence of Hernia	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Stigmata of Marfan's Syndrome	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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 or injury.
- ☐ Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Reexamine each 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: \_\_\_\_\_

**Significant findings/chronic health concerns**

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

Date

Signed

Examining Physician (Signature Required)

Clinic/Practice Name (please print)

Physician Phone

Physician Address

Return to School Health Office

Signature of Verifying Official: \_\_\_\_\_

Date Verified: \_\_\_\_\_

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

<b>FEDERAL INCOME CHART</b> for School Year 2019-20					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional person:	8,177	682	341	315	158

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2019-20

Return Completed Application to:

Hay Springs Public Schools

## Part 1: Children in School

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)

Check box below if a foster child

Name of School Child Attends

Grade

## Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

## Part 3: Total Household Gross Income – You must tell us how much and how often.

### 1. Household Members

List **everyone** in the household, current income each person earns in **whole dollars** (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's **personal** use income must be listed.

### 2. Gross Income (before taxes) and How Often it was Received

Earnings from Work before deductions

Public Assistance, Child Support, Alimony

Pensions, Retirement and All Other Income

Income

How often

Income

How often

Income

How often

Total Number of Household Members: (Children and Adults)

Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – \_\_\_\_\_

Check if no SSN ☐

## Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Sign here:

Print name:

Date:

Street Address (if available):

Zip:

Daytime Phone:

## Part 5: Children's Ethnic and Racial Identities – Optional

Check one Ethnic Identity:

– and –

Check one or more Racial Identities:

☐ Hispanic or Latino

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ Not Hispanic or Latino

☐ White

☐ American Indian or Alaskan Native

## Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion:

Weekly X 52;

Every 2 weeks X 26;

Twice a month X 24;

Monthly X 12

Total Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ per

☐ Year ☐ Month ☐ 2 X Mo ☐ Every 2 Wks ☐ Week

☐ Free

☐ Reduced

☐ Denied

☐ Income

Reason for denial:

☐ Categorically eligible:

☐ Income too high

☐ SNAP/TANF/FDPIR

☐ Incomplete application

☐ Foster Child

Signature of Determining Official:

Date Approved:

## FOR THE VERIFICATION PROCESS ONLY:

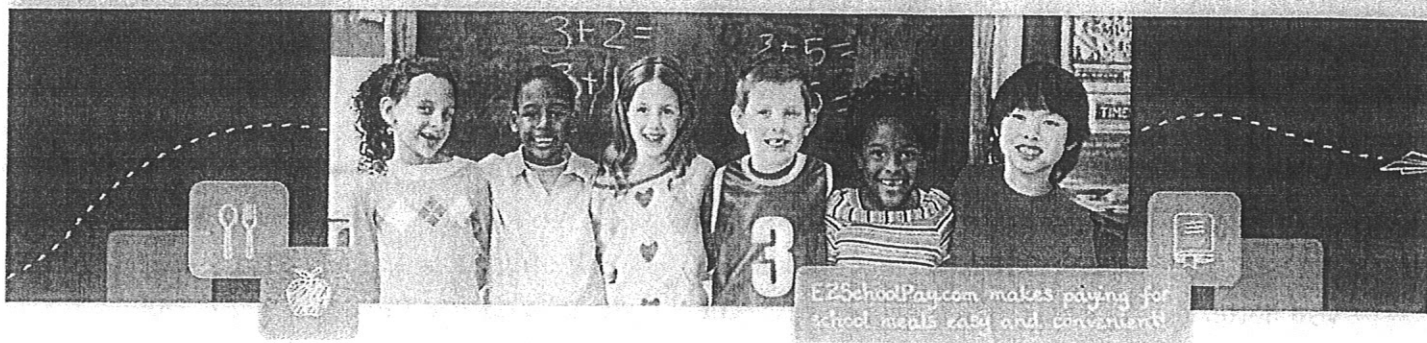
Signature of Confirming Official:

Date Confirmed:

Date Withdrawn From School:

Signature of Verifying Official:

Date Verified:



## Register for a free account on EZSchoolPay

Visit <http://ezschoolpay.com> to get started!

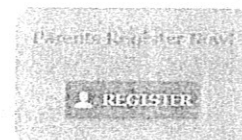
You now have the ability to pay for school breakfast and lunch online! Monitor your child's meal account balance and receive low-balance email alerts through EZSchoolPay.com. The online payment option is a quick and secure way to deposit money to your child's meal account by using a debit or credit card.

### What You Need to Register

- Email Address
- The name of your school district
- Your student's ID number (obtain from your school)

### How to Register

- Go to [www.EZSchoolPay.com](http://www.EZSchoolPay.com)
- Create an account by clicking "Parents Register Now"
- Complete the parent registration form (you must complete all fields with a red asterisk \*)
- To search for the school district name, click on the BLUE MAGNIFYING GLASS. A pop-up window will appear.
  - It is only necessary to search by entering information one field. For example, search by city, state or by district name. It is not necessary to complete all fields to search for your district.
  - To search by district name, type in the first 4 letters of your district in the "District Name" field, then click on the BLUE MAGNIFYING GLASS. Your district's name will be displayed; simply check the box for your district and click on the green link USE SELECTED DISTRICT AND CLOSE at the bottom of the pop-up window.
- Check the box to verify you have read and agree with the Terms of Use.
- Click SAVE
- Once you register, an email will be sent to the address provided. You must go to your email and click the link provided in the email from EZSchoolPay.com to validate your account.
- Once your account is validated, you may now start using your EZSchoolPay account.



Download our 'How To' Guide to set up your billing information, link your students and learn how to make payments.

## Exciting News From Hay Springs Schools

### **Hay Springs Schools Has Made A System Change That Impacts Your Student(s)**

You are receiving this communication because the district is offering an online service to help you better manage your child's school meal account. You now have the ability to check your child's school meal account balance online, as well as make payments with your credit/debit card.

In addition to helping the school take advantage of the latest technology, this service is a great convenience to you. By utilizing [www.EZSchoolPay.com](http://www.EZSchoolPay.com), you will not have to wonder if the check you wrote for meals actually made it to school and your children will be assured that meals will continue uninterrupted.

#### **Features and Options:**

- Send payments faster and directly into your child's meal accounts: Payments are credited within 10 minutes.
- Mobile applications: EZSchoolPay is available from your device's app store and are available for iPhone, iPad, and Android devices. Receive alerts of low balances, make payments for your child's meal account, and purchase items from the school store.
- Low Balances: Receive alerts when your child's balance drops below a certain balance.

If you would like to take advantage of any of the features mentioned above, you must create an online account with [www.EZSchoolPay.com](http://www.EZSchoolPay.com). Getting started is easy! Visit [www.EZSchoolPay.com](http://www.EZSchoolPay.com). The website will guide you to create an account and link your student(s) to the account before entering a credit/payment.

Hay Springs Schools will no longer be sending out monthly bills instead when your account gets to low you will receive a notification letter. Please make sure your account does not get into the negative balance, to stay in the positive you will need to pay ahead. We will still accept payments to be dropped off at the school office if that is what you prefer.

Hay Springs Schools Food and Nutrition Services department strives to provide a balanced nutritional program for all students, and to provide support and options for parents. If you have any questions, please feel free to contact the Food and Nutrition Services department directly at 308-638-4434.

# Kindergarten Round-Up

## Nebraska Law Requires Vision Evaluations

Students entering school for the first time, including those in kindergarten and transfer students from out of state are required to provide proof of a vision evaluation within six months prior to the student's entrance.

The vision evaluation is required to test for amblyopia (lazy eye) and strabismus (misalignment of the eyes), which are two of the most common vision disorders in young children, as well as internal and external eye health and visual acuity. A certificate or form stating results of the evaluation must be signed by an optometrist, physician, physician assistant, or advanced practice registered nurse.

According to the Nebraska Foundation for Children's Vision, statistics show that 80% or more of all learning during a child's first 12 years depends on vision, yet one of every five children entering kindergarten has an undetected vision disorder significant enough to impact the child's ability to learn. Symptoms of vision problems often are not evident to parents or educators at early ages, the Foundation notes, and young children often cannot self-identify abnormal conditions.

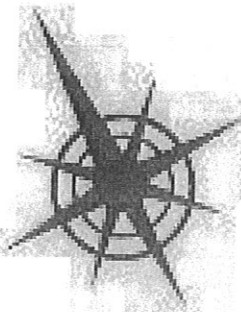
Typical vision screenings test only for distance vision and are not designed to assess many of the common vision disorders in young children. The state law helps assure that more students get a broader assessment of conditions that could adversely impact their learning ability.

Northwest Eye Center  
139 W. 3rd Street  
Chadron, NE 69337  
Phone: 308-432-2200

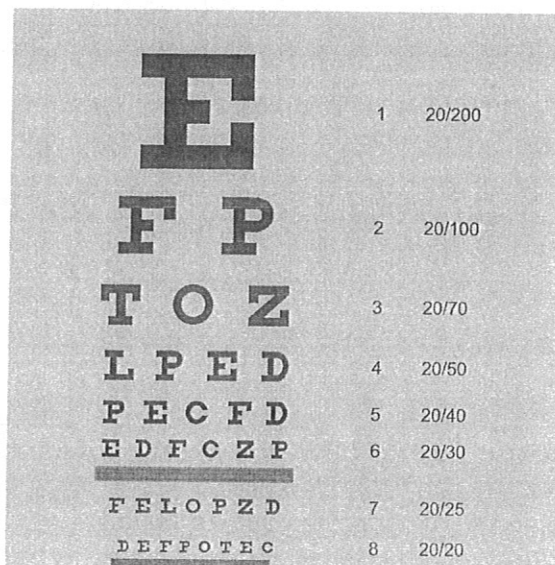
Kindergarten Eye Exam - \$75.00  
Accepts most insurance plans

Chadron Vision  
241 E. 3rd Street  
Chadron, NE 69337  
Phone: 308-432-3222

Kindergarten Eye Exam - \$96.00  
Accepts most insurance plans



# Northwest Eye Center



## Eye exam includes:

- Color Vision
- Depth perception
- Eye Alignment
- Vision Check
- Prescription
- Dilated Eye Health Examination

It's time for kindergarten eye exams

Our office is excited to assist with your entire families eye care needs

Open 5 days a week 8:30-5:30

Open until 7 PM on Thursdays

2 doctors- Dr. Davis & Dr. Stevens

## Kindergarten Exam: \$60

### Contact Info

109 W 3rd St

Chadron, NE 69337

308.432.2200



## Sign up for important updates from Mr. Lechtenberg.

Get information for Hay Springs Elementary School right on your phone—not on handouts.

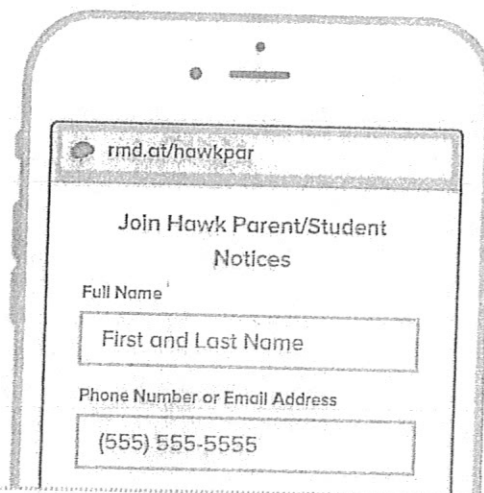
Pick a way to receive messages for Hawk Parent/Student Notices:

- A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/hawkpar](http://rmd.at/hawkpar)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



- B** If you don't have a smartphone, get text notifications.

Text the message @hawkpar to the number 81010.

If you're having trouble with 81010, try texting @hawkpar to (402) 513-3346.

*\* Standard text message rates apply.*



Don't have a mobile phone? Go to [rmd.at/hawkpar](http://rmd.at/hawkpar) on a desktop computer to sign up for email notifications.