

Dear Student:

I hope you had a great summer. I am writing to welcome you back and give you information about the beginning of school.

You will find the following forms: (1) enrollment information form; (2) residency form; (3) technology/laptop user's agreement; (4) drug testing policy (7th & 8th grade only); (5) media publishing permission form; (6) survey permission form; (7) health services; (8) home language form; and (9) supply list.

Enrollment Information:

- ⇒ **ALL 6TH GRADE STUDENTS WILL ENROLL AT ENROLLMENT / ORIENTATION NIGHT AT 5:30 PM ON MONDAY, AUGUST 5, 2024, IN THE HS AUDITORIUM AND COMMONS AREA.** All parents of 6th graders for the 2024 – 25 school year should plan to attend the enrollment / orientation night. Valuable information concerning middle school policies and procedures will highlight the evening. You will also be able to meet the middle school staff and tour the middle school classrooms if you wish.
 - *5:30-6:00 PM- Parents establish student food service accounts.
 - *6:00 PM- Report to HS Auditorium
 - *After Orientation in Auditorium All Students Will Enroll in HS Commons Area
- ⇒ **Enrolling by Mail:** If you want to enroll by mail, print and fill out forms and return them through the mail with the enrollment fee. **Please write separate checks for textbook fee, laptop fee and lunches**
- ⇒ Mail them to: Riverton Middle School
PO Box 260
Riverton, KS 66770
- ⇒ **No Middle School enrollment during the day on Monday, August 5, 2024.**
- ⇒ **Enrolling in Person:** (7th & 8th Graders) If you want to enroll in person, middle school enrollment will be: **Tuesday, August 6, 8:00 AM – 3:00 PM , Wednesday, August 7, 8:00 AM- 3:00 PM, Thursday, August 8, 8:00 AM-3:00 PM, Friday, August 9, 8:00 AM – 12:00 PM.**
- ⇒ **Please write separate checks for textbook fee, laptop fee and lunches.**
- ⇒ **Breakfast** – Full price \$2.55 Reduced price \$.30
- ⇒ **Lunch** – Full price \$3.40 Reduced price \$.40
- ⇒ **Textbook Fee: \$25**
- ⇒ **Laptop Fee:**
 - Standard Fee for Single Laptop - \$50.00
 - Fee for Each Additional Laptop within the Same Family - \$25.00
 - Students Qualifying for Assistance with School Lunches - \$25.00
 - Fee for Each Additional Laptop for Qualifying Students - \$12.00
- ⇒ **The first day of school for 6th grade is Wednesday, August 14, 2024.**
- ⇒ **The first day of school for 7th and 8th is Thursday, August 15, 2024.**
- ⇒ **School hours: Monday – Friday 8:00-3:20**
- ⇒ Students may sign up for a locker on their enrollment day or on the first day of school. Scheduling changes can be addressed on enrollment day or during the first three days of school.
- ⇒ **Dress Code Reminder: Please note the following dress code regulations prior to purchasing new clothes for the 2024-25 school year: Skirts and shorts must be no shorter than 5 inches above the top of the kneecap; shorts must be hemmed; no clothing that reveals the midriff (when hands are raised above the head no midsection should be exposed);no flannel pajama bottom pants, no spaghetti straps, no razor back tops, plunging necklines, or cut off sleeves; no clothing with inappropriate writing, or bearing promotion of drugs, alcohol, tobacco, or sex.**

I hope you had an enjoyable and successful year last year at Riverton School. I want to wish you the best in the upcoming year at RMS. If you have any questions, call 848-3355 ext.103 or stop by the middle school office.

Cordially,
Zach Martin, Principal

**Riverton Middle School Supply List
2024-2025**

6th Grade

package of loose leaf
Notebook Paper - wide lined

Several #2 pencils

Colored pencils

One 1 inch black 3-ring binder Choir

Five folders with brads and pockets
SS, Rdg, Math, Sci and Comp. App

Calculator (**TI 30XIIS**)

Computer Bag (fit 13 inch computer)

Earbuds (cheap pair)

3 Locks (gym/school/tech)

Flash Drive (optional)

Planner (optional)

7th Grade

package of loose leaf
Notebook paper - wide lined

Several #2 pencils

Colored pencils

One 1 inch black 3-ring binder Choir

2 inch 3-ring binder Science

Three folders with brads and pockets
SS, Math and Science

Calculator (**TI 30XIIS**)

Computer Bag (fit 13 inch computer)

Earbuds (cheap pair)

3 Locks (gym/school/tech)

Flash Drive (optional)

Planner (optional)

8th Grade

package of loose leaf
Notebook paper - wide lined

Several #2 pencils

Colored pencils

One 1 inch black 3-ring binder Choir

One 1 inch 3-ring binder Business

2 inch 3-ring binder Science

Two folders with brads & pockets
SS and Algebra

Calculator (**TI 30XIIS**)

Computer Bag (fit 13 inch computer)

Earbuds (cheap pair)

3 Locks (gym/school/tech)

Flash Drive (optional)

Planner (optional)

PLEASE DO NOT BUY TRAPPER KEEPERS. There isn't enough room in the lockers.

******Please remember that backpacks and large bags are NOT allowed in classrooms. If your child decides to use a backpack or large bag, it must be stored in their locker during the school day.******



If you are already part of RMS Remind no need to sign up again.

Please limit sign up to one person per household. We are limited on number of members.

Sign up for important updates from Zach Martin.

Get information for Riverton Middle School right on your phone—not on handouts.

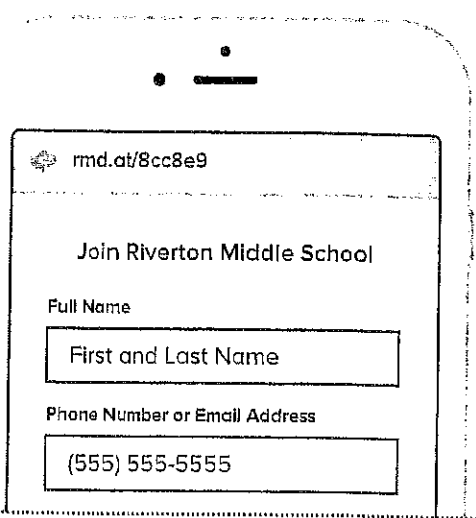
Pick a way to receive messages for Riverton Middle School:

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/8cc8e9

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

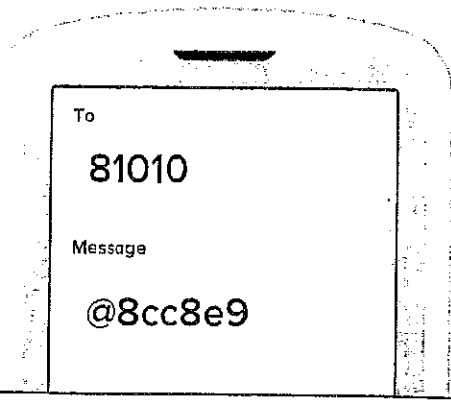


B If you don't have a smartphone, get text notifications.

Text the message @8cc8e9 to the number 81010.

If you're having trouble with 81010, try texting @8cc8e9 to (607) 215-4336.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/8cc8e9 on a desktop computer to sign up for email notifications.

RIVERTON U.S.D 404

RETURNING STUDENT ENROLLMENT FORM

School Year _____ Date _____

Primary Household Name: _____

Parent Cell # _____ Parent Email _____

Parent Cell # _____ Parent Email _____

Secondary Household Name: _____

Parent Cell# _____ Parent Email _____

Parent Cell# _____ Parent Email _____

Student Names Currently in Household:

_____ Grade Level _____ Grade Level _____

Student Cell# _____ Student Cell # _____

_____ Grade level _____ Grade Level _____

List all children in the household ages 0 to 5 not attending school at this time.

1. _____ DOB _____ 2. _____ DOB _____

3. _____ DOB _____ 4. _____ DOB _____

******IMPORTANT******

Please note any changes to addresses, phone numbers, contacts, etc. that have changed from the previous school year that you would like to make USD 404 aware of for your demographic information.

**Riverton Unified School District #404
Student Drug Testing Consent Form**

Policy Statement

The Riverton Unified School District #404 Board of Education, in an effort to protect the health and safety of its students from illegal and/or performance-enhancing drug use and abuse or injuries resulting from the use of drugs, and to set an example for all other students of Riverton Unified School District #404, had adopted the "Student Drug Testing Policy" for drug testing of students participating in extracurricular and/or co-curricular activities, including dances.

General Authorization Form

I have read and understand the Riverton Unified School District #404's "Student Drug Testing Policy."

I understand fully that my safety and the safety of my teammates and classmates depend upon my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Riverton Unified School District #404 and the coaches and/or sponsors for the extracurricular and/or co-curricular activities, including dances in which I participate.

I also authorize Riverton Unified School District #404 to conduct a test on a urine specimen, which I provide to test for drugs and/or alcohol use. I authorize the release of information concerning the results of such a test to Riverton Unified School District #404 and the parent and/or guardian.

Student Signature

Printed Name

Parent or Guardian Signature

Grade

Address

Date Signed _____

PICTURE PERMISSION FORM

Dear Parents,

There may be occasions over the course of the school year that your child will have the opportunity to have his or her picture posted on our school website or newspaper. You may view that website by navigating to: www.usd404.org and then clicking on the building tab at the top of the page. In order to comply with our technology policy, we need your signed permission to post your child's picture. Please complete the following so that we may abide by your wishes.

YES, you may post _____ picture on the U.S.D. 404 website or newspaper.
(Student's Name)

NO, please do NOT post _____ picture on the U.S.D. 404 website or newspaper.
(Student's Name)

X _____
Parent Signature

Date

Laptop Care Policy Agreement Student Pledge Sign Off 2024-25



- ✓ Laptops are never to be left unattended, or in an unsecured or unsupervised location.
- ✓ Individuals are not to loan laptops to any other individual.
- ✓ The location of the laptop should be known by the user at all times.
- ✓ Each evening the laptop battery will be charged to full capacity.
- ✓ The laptop will be kept away from food and drinks.
- ✓ The laptop will not be repaired or disassembled by the individual.
- ✓ At all times when the laptop is not in use and between classes, the device will be kept in its carrying case.
- ✓ The laptop will be shutdown prior to placing it in its carrying case or backpack.
- ✓ The laptop will not be altered or vandalized in any way.
- ✓ The laptop is the property of the district and is subject to inspection at any time, with or without notice.
- ✓ The student/parent will be responsible for filing a police report in case of theft, vandalism, and other acts covered by personal insurance.
- ✓ The student is responsible for all damage or loss caused by negligence or abuse.
- ✓ The student is responsible for replacement of the power cord in the event that this item is lost, damaged, or stolen.
- ✓ The student will return the laptop and all issued accessories in the same condition as when they were issued.

Student Name _____ Grade _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

***The Complete Technology User Agreement is available online at
<https://www.usd404.org/cms/lib/KS01001120/Centricity/Domain/1/RMSLaptopPolicy2024-25.pdf>

Health Services

Riverton USD 404
2024-2025 School Year

Riverton USD 404 has a 24-hour fever free policy. If your child has a fever, he/she may not return to school until they:

- have been fever free for 24 hours WITHOUT the use of Tylenol or Ibuprofen
- OR the child has a doctor's note saying they may return to school earlier than 24 hours

Students name		DOB	Grade
YES	NO	Attention Deficit Disorder (if YES circle) ADHD ADD Medication:	
		Allergies (if YES, circle below and explain) Food Insect bites/stings Pollen Animals Medication Will your child have an Epi-pen at school? YES NO	
		Asthma Will your child have an inhaler at school? YES NO	
		Diabetes Medication:	
		Emotional Problems Medication &/or Counseling:	
		Seizure Disorder Type of seizure: Medication:	
		Other Health Concerns Including Hospitalizations, Operations Or Medications Not Previously Mentioned:	

Kansas State Law requires that each student must have on file at the school:

- An **up-to-date immunization record** or a religious or medical exemption.
- A **physical exam** performed by a licensed health care provider
- A copy of an **official state issued Birth Certificate**

All medications given at school must be provided by the parent and come in a properly labeled original container with a signed consent form from the parent (over-the-counter) and/or doctor (prescription).

I hereby certify that I have read and understand the school requirements for my child. Furthermore, permission is hereby granted to the attending team physician, athletic trainer, coach, school nurse, sponsor and/or teacher to render any necessary first aid treatment to the child listed below. I understand that in an emergency, effort will be made to contact the Parent/Guardian or other contact persons listed. If such a contact is not possible, the transportation and treatment necessary for the best interest of the student may be given.

I also authorize Riverton USD 404 schools to release, exchange and obtain immunization and/or health information in his/her/their possession relating to the named student to the Health Department, physician(s), school personnel working with student, and/or Kansas Immunization Registry. I understand that this authorization will expire when the student is no longer enrolled in the above-named school district and that I may revoke this authorization in writing at any time.

Parent/Guardian Signature

Today's Date

Dear Parents:

Throughout the school year Riverton USD 404 are asked to participate in surveys containing information that is essential to local and state grant funding and to planning effective prevention programs in our school and community. Surveys such as the *Kansas Communities That Care Student Survey*, *Local Student Needs Assessment Surveys*, and various other surveys are valuable tools to help us understand how students perceive things like substance use, suicide, bullying, teacher effectiveness, and many other important topics. These surveys give us insight into the problems students face and shows what we can do to help them succeed.

Surveys given within the Riverton USD 404 School system:

1. **Are completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results. To further guarantee anonymity, results will not be reported on any particular question without sufficient response from enough students to guarantee anonymity.
2. **Participation is entirely voluntary.** Your child may decline to participate in surveys, or may simply skip any particular question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate in our district's surveys. . Please check the appropriate box below. Thank you in advance for your cooperation.

Sincerely,

Todd Berry
Superintendent
Riverton USD 404

Please check one:

- Yes, I give permission** for my child to participate in surveys conducted by Riverton USD 404.
- No, I do not give permission** for my child to participate in surveys conducted by Riverton USD 404

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child

Date

**U.S.D. 404 – Riverton Public Schools
Enrollment Residency Questionnaire**

If your family lives in any of the following situations:

- In a shelter, motel, vehicle, or campground
- On the street
- In an abandoned building, trailer, or other inadequate accommodations, or
- Doubled up with friends or relatives because you cannot find or afford housing

Then, your preschool-aged and school-aged children have rights or protections under the McKinney-Veto Homeless Education Assistance Act.

These questions cover the definition of homeless that is within the No Child Left Behind Act. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes _____ No _____

Explain if it is a similar reason.

Explain: _____

2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?

Yes _____ No _____

3. Are you currently residing in a shelter? Yes _____ No _____

4. Are you currently living in a temporary housing arrangement due to economic hardship? Yes _____ No _____

Student Name _____ Date of Birth _____

Grade _____ Male _____ Female _____

Parent/Guardian(s) _____

Present Address _____

City _____ State _____ Zip _____ Phone _____

Last School Attended _____ City _____ State _____

HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

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

Student Language Information:

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

Parent/Guardian Information:

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

Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work? Yes _____ No _____

Have your children moved with or to join the worker above in the past 36 months? Yes _____ No _____

For the School: If the answer to either of the previous two questions is Yes, please contact Alejandro Cabero at alejandrocabero@eudoraschools.org or 785-542-4904 ext. 1504 and provide him a copy of this survey.

Signature of Parent or Guardian

Date