



Please **PRINT** and **COMPLETE** the forms below.  
**SIGN ALL** the forms (5 signatures needed)

To Complete Enrollment please **include copies**  
of Birth Certificate, Updated Immunization  
Record, proof of Kansas residency, and Official  
Transcript (for 10th-12th grades) and Report Card  
(for 1st-9th grades)

After completion:

**EMAIL** to *[lvs.registrar@usd497.org](mailto:lvs.registrar@usd497.org)*

OR

**FAX** to **877-867-942\$**

Questions? Call LVS at 785-832-5620



# LVS School Enrollment and Information Sheet

Check one

Lawrence Virtual School K-8

Lawrence Virtual High School 9-12

Other ID (School Use Only)

Applying for School Year

Applying for Grade Level

Today's Date

Previously attended Lawrence Public Schools?  Yes  No

If yes, name of LPS attended

Last Date Attended

## Student Information

Last Name (on birth certificate)

First / Middle Name (on birth certificate)

Grade Level in School

Male or Female

Hispanic, Latino, or Spanish Origin?  Yes  No

Race (Select one or more):

1--American Indian or Alaska Native

2--Asian

3--Black or African American

4--Native Hawaiian or Other Pacific

5--White

Date of Birth

Birth City

Birth State

Birth Country

Does this student receive special education services?  Yes  No

Primary Exceptionality

If yes, please provide health insurance information:

Medicaid

Healthwave

Other

## Primary Guardian Residing at the Student's Address:

Guardian Capacity (Mother, Father, Step-, Foster, Sister, Brother, Aunt, Uncle, Guardian, etc.)

Last Name

First Name

Employer

Residential Address (No PO Box)

City

State

Zip Code

Mailing Address (If different)

Unlisted Phone

Home Phone

Work Phone

Cell Phone

For online access to student records, please provide a current email address

## Secondary Guardian Residing at the Student's Address:

Guardian Capacity (Mother, Father, Step-, Foster, Sister, Brother, Aunt, Uncle, Guardian, etc.)

Last Name

First Name

Employer

Residential Address (No PO Box)

City

State

Zip Code

Mailing Address (If different)

Unlisted Phone

Home Phone

Work Phone

Cell Phone

For online access to student records, please provide a current email address

Last Name (on birth certificate)

**Parent NOT Residing at the above Address:**

**Mark one**  Mother  Father

**Permission to pick up child?**  Yes  No

Last Name  First Name  Employer

Residential Address (No PO Box)

City  State  Zip Code

Mailing Address (if different)

Unlisted Phone  Home Phone  Work Phone  Cell Phone

For online access to student records, please provide a current email address

**Contact Telephone Order:**

Primary Guardian  
 1st  2nd  3rd

Secondary Guardian  
 1st  2nd  3rd

Parent NOT residing at the student's address  
 1st  2nd  3rd

List the phone number(s) used for the Phone Automated Message System

**Emergency Contact Information:**

Person(s) **other than physician** to call in case of illness or emergency **if unable to reach parent/guardian:**

**Emergency Contact Person**

Name

**Permission to pick up child?**  Yes  No

Address

City  State  Zip Code

Relationship

Phone No.  Phone No.

**Emergency Contact Person**

Name

**Permission to pick up child?**  Yes  No

Address

City  State  Zip Code

Relationship

Phone No.  Phone No.

Last Name (on birth certificate)

**School attended during the 2016-17 school year:**

School Name  City  State

Kansas School Entry Date  United States School Entry Date

**Language:**

What language is usually spoken in the home?  What is the first language of the student?

Does either parent have a first language **other than** English?  Yes  No If Yes, please list:

**Change in Locality:**

Has your family moved in the last 36 months to seek or obtain agriculture or fishing related work?  Yes  No

If yes, was the move from one school district to another?  Yes  No

**Expelled or Suspended:**

Has the student even been expelled or suspended?  Yes  No

When?	Length of Time	

**Agreement:**

Initial (if you agree)	Statements
<input type="text"/>	I give permission for my student's photographs, videotape coverage, voice and/or student's work to be used in school-related publications, web site, social media or promotional pieces.

I agree to the above statements.

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

\_\_\_\_\_  
Date of Signature

If the parent or guardian requires special accommodations due to a disability, please inform the office.

# HEALTH HISTORY FORM

School Year

## Student Information

Name <input style="width: 400px; height: 20px;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address <input style="width: 400px; height: 20px;" type="text"/>	Grade <input style="width: 200px; height: 20px;" type="text"/>
City <input style="width: 120px; height: 20px;" type="text"/> State <input style="width: 30px; height: 20px;" type="text"/> Zip Code <input style="width: 100px; height: 20px;" type="text"/>	School Last Attended <input style="width: 200px; height: 20px;" type="text"/>
Date of Birth <input style="width: 180px; height: 20px;" type="text"/> Age <input style="width: 120px; height: 20px;" type="text"/>	
Mother/Guardian Name <input style="width: 300px; height: 20px;" type="text"/>	Home Phone <input style="width: 150px; height: 20px;" type="text"/>
Work Phone <input style="width: 180px; height: 20px;" type="text"/> Cell Phone <input style="width: 180px; height: 20px;" type="text"/>	E-Mail <input style="width: 150px; height: 20px;" type="text"/>
Father/Guardian Name <input style="width: 300px; height: 20px;" type="text"/>	Home Phone <input style="width: 150px; height: 20px;" type="text"/>
Work Phone <input style="width: 180px; height: 20px;" type="text"/> Cell Phone <input style="width: 180px; height: 20px;" type="text"/>	E-Mail <input style="width: 150px; height: 20px;" type="text"/>
Student Lives With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	

Physician <input style="width: 300px; height: 20px;" type="text"/>	Phone <input style="width: 150px; height: 20px;" type="text"/>	Hospital <input style="width: 180px; height: 20px;" type="text"/>
Dentist <input style="width: 300px; height: 20px;" type="text"/>	Phone <input style="width: 150px; height: 20px;" type="text"/>	

## Emergency Contacts (in cases when a parent/guardian cannot be reached)

Name <input style="width: 300px; height: 20px;" type="text"/>	Home Phone <input style="width: 150px; height: 20px;" type="text"/>	Cell Phone <input style="width: 150px; height: 20px;" type="text"/>
Name <input style="width: 300px; height: 20px;" type="text"/>	Home Phone <input style="width: 150px; height: 20px;" type="text"/>	Cell Phone <input style="width: 150px; height: 20px;" type="text"/>

## Health Conditions (check those that apply)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Cardiovascular (Heart/Blood Disease)	<input type="checkbox"/> GI Disorder (Stomach/Intestinal)	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Allergies (Life Threatening)	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Genetic Disorder	<input type="checkbox"/> Skin Disease
<input type="checkbox"/> Allergies	<input type="checkbox"/> Chicken Pox.. Date <input style="width: 80px; height: 20px;" type="text"/>	<input type="checkbox"/> Headache Type <input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Arthritis/Connective Tissue	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Hearing Impaired Hearing Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Visually Impaired. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asthma/Reactive Airway	<input type="checkbox"/> Dental	<input type="checkbox"/> High Blood Pressure	Other Please list. <input style="width: 150px; height: 60px;" type="text"/>
<input type="checkbox"/> Behavioral/Emotional/Psychological	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Musculoskeletal Disorders	
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Prosthesis)	
<input type="checkbox"/> Brain/CNS Disorder	<input type="checkbox"/> Eating Disorder		
<input type="checkbox"/> Cancer	<input type="checkbox"/> Endocrine Disease		

<p><b>Please fully explain any answers checked above (include severity and symptoms of any allergies).</b></p> <input style="width: 180px; height: 100px;" type="text"/>	<p>Please list any medication the student takes on a regular basis.</p> <input style="width: 180px; height: 100px;" type="text"/>	<p>Please list any other factors that the school nurse, counselor or your child's teacher(s) should know of which might affect the students school experience.</p> <p>504 Plan on File <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input style="width: 180px; height: 100px;" type="text"/>
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**Statement of Consent:** This information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health of the student. In order to better serve the health needs of my child, I hereby give permission for the transfer of health information to school and other appropriate health professionals, including immunizations status to the state and local authorities as requested. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date Signed by Parent/Guardian	Rev. 3/2016

**HEALTH REQUIREMENTS FOR NEW STUDENTS**  
**Lawrence Public Schools**  
**Health Services**

The principal of each Lawrence Public school is responsible for enforcing the Kansas School Immunization Law (K.S.A. 725209 amended 1981). State law requires that prior to admission each student must present certification by a licensed physician or local health department showing that the student has received at least one of each of the following immunizations or is in the process of receiving immunizations against diphtheria, pertussis (up to age 7), tetanus, polio, measles, mumps, rubella and hepatitis B. In addition, as of this school year children entering Kindergarten, first, second, third, fourth, seventh and eighth grades are required to have **TWO** Varicella (chickenpox) immunizations. Children entering fifth through sixth grades and tenth through twelfth grades are additionally required to have one Varicella (chickenpox) immunization. If your child has had the chickenpox disease we need documentation by a licensed physician. Additionally, a booster **Tdap** is required for all seventh through twelfth graders if no previous history of Tdap vaccination. The two alternatives to immunizations that are recognized by the Kansas State Department of Health and Environment are a medical exemption endorsed in writing by a licensed physician, or a religious exemption signed by the parent guardian.

**Medical examinations:** A school health assessment ("physical exam") performed by a licensed health care provider is required for all students up to the age of 9 and under who are entering a Kansas school for the first time. This exam must have been completed by a private practitioner or at a county health department within 12 months prior to school entry.

If your child has not received completed immunization against the listed diseases and one of the legal alternatives is not applicable, progress toward completion must be demonstrated thirty (30) days after notification of needed immunizations. If you child has not presented a health assessment to the school upon admission, the examination must be completed within ninety (90) days after admission. Failure to present certification by a licensed physician or health department that your child has fulfilled these requirements shall be grounds for exclusion until such requirements have been satisfied.

All new students are required to submit a health history that has been completed by a parent or guardian as part of the enrollment process.

I hereby certify that I have read and understand the above school admission requirements for my child. **I also give permission for the school immunization record to be released to the Kansas Department of Health and Environment, the Lawrence Douglas County Health Department, and the Kansas Immunization Program including the immunization registry for the purpose of assessment, reporting, and prevention of disease.**

**Name of Child**

Last Name  First Name  Middle Name

Date of Birth  Grade in School

**Last School Attended**

School Name

City  State

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date of Signature of Parent/Guardian

# REQUEST FOR SCHOOL STUDENT RECORDS

Lawrence Virtual School  
1104 East 1000 Rd.  
Lawrence, KS 66047  
ph: 785-832-5620  
fax 877-867-9422

Date

Student Name

Current Grade Level  State Student ID

Date of Birth

**Please FAX or mail official records to the above address.**

## Records requested from previous school

Name

Address

City  State  Zip Code

Phone Number  Fax Number

Years attended previous school  to  Last Grade Completed

## Please send the records which are checked below:

- |  |   |
|--|---|
| <input type="checkbox"/> Permanent Records                         | <input type="checkbox"/> Discipline Records   |
| <input type="checkbox"/> Grades (Current semester grades required) | <input type="checkbox"/> Special Ed File (current and/or most recent Evaluation report & IEP) |
| <input type="checkbox"/> Attendance Records                        | <input type="checkbox"/> Standardized Test Results  |
| <input type="checkbox"/> Immunization Records                      | <input type="checkbox"/> School Physical  |
| <input type="checkbox"/> Current Transcripts                       | <input type="checkbox"/> Other <input type="text"/>   |

I hereby authorize the disclosure of all educational, medical, and psychological information regarding the above student to go to or be received from the school indicated on this form. I understand that the information thus obtained will be treated in a confidential manner.

## Parent/Legal Guardian Information

Name

Address

City  State  Zip Code

Phone Number

\_\_\_\_\_  
Parent/Legal Guardian Signature (if required)

\_\_\_\_\_  
Date of Parent/Legal Guardian Signature (if required)

## Family Educational Rights and Privacy Act (FERPA) Consent Form

The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age (“eligible students”) certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records.

Lawrence Virtual School (LVS) and its designated curriculum provider have found that to best serve the student's education needs, it is necessary to disclose a student's name and address to the following classes of vendors that provide important services related to your student's education. In all cases, these vendors will have agreed to ensure the confidentiality of the student's name and address and to not use the information for purposes other than that contracted for the student's education needs.

- Supplies of computers and educational materials for purpose of shipping to and from the student's home.
- Customer care providers that handle overflow call.
- Internet service provider.
- Companies that enter the student information into a computer database for use by school officials.
- Other contractors and subcontractors that LVS identifies as necessary to providing education services

To best serve the student, LVS requests the following parental consent to disclose the student's name and address to the specified class of contractors.

I hereby agree that my student's name and address be provided to the above identified contractors to ensure that LVS can best meet my student's education needs.

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Parent/Legal Guardian Signature

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Date of Parent/Legal Guardian Signature





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**SIGN ALL** the forms (5 signatures needed)

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OR

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