

Lake Hamilton School District  
205 Wolf Street  
Pearcy, Arkansas 71964  
FERPA FORM

Lake Hamilton School District provides nurses to offer medical and other health related services to our student population. Our nurses provide a variety of services to our students. One area is EPSDT annual mandated screenings for vision and hearing. If your child is covered under Medicaid (including ARKids Program) we are allowed to receive reimbursement for these screenings to help cover the cost of providing these services. Please complete and sign this form if you give our district consent and return to your child's homeroom teacher.

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In compliance with the Family Education Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

I, \_\_\_\_\_, give permission for my child,  
Parent/Guardian Name-Print

\_\_\_\_\_'s personally identifiable information/  
First and Last Name-Print

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

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

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

## LAKE HAMILTON SCHOOL DISTRICT IMMUNIZATION AGREEMENT

### PLEASE PRINT THE FOLLOWING:

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

I agree to meet the requirements of the Lake Hamilton School District and ARKANSAS STATE LAW regarding IMMUNIZATION RECORDS within 30 days.

Parent or Guardian's Signature

Today's Date

### IMMUNIZATION REQUIREMENTS

#### Evaluation of Immunization Levels Kindergarten -12<sup>th</sup> Grades

Vaccine Requirement	Minimum number of doses required	Additional Information
Polio- OPV-Oral IPV-Inactivated	3	At least one dose administered on or after the child's 4 <sup>th</sup> birthday. Three doses are required for all Kindergarten students.
DTaP- Diphtheria/Tetanus/Acellular/Pertussis DTP/diphtheria/Tetanus/Pertussis DT-Pediatric Td-Adult	4	At least 1 dose of DTaP, DTP, DT or Td must have been administered on or after the child's 4 <sup>th</sup> birthday. Four doses required for all Kindergarten students.
Tdap	1	For ages 11 years old and older.
MMR (M, M/R, M/M/R)	2	The first dose must have been administered on or after the child's 1 <sup>st</sup> birthday. 2 doses are required for all students.
Measles (M)	2	First dose must have been administered on or after the child's 1 <sup>st</sup> birthday. Two doses required for all students. Not required if you have an MMR combined vaccine.
Mumps, Rubella (M,R)	1	One of each will be acceptable. Not required if you have MMR combined vaccine.
Hepatitis B	3	3 doses required for all students.
Varicella	2	Two doses are required for all students. A physician's history of disease is accepted in lieu of receiving a vaccine.
Hepatitis A	2	Must have 1st dose before K & 2nd dose by 1 <sup>st</sup> grade.
Meningococcal (MCV4)	1-2	1 <sup>st</sup> dose in 7 <sup>th</sup> grade and 2 <sup>nd</sup> dose at age 16.

**\*\*KINDERGARTEN PHYSICAL IS REQUIRED\*\***

Students who transfer from another school district may be conditionally admitted. A maximum of 30 days shall be given for the student to produce documentation of immunizations or be excluded from school. It is the parent's responsibility to ensure the student's immunizations are up to date and to supply the school with an updated copy of your child's immunization record. Students who are exempt from immunization due to medical, religious or philosophical reasons must furnish the school with an Immunization Exemption Certificate from the Medical Director, Division of Communicable Disease/Immunization of the state of Arkansas. Parents must start the exemption process by calling 1-501-661-2169 and ask for an exemption application. Exemptions must be presented to the school nurse by the 1st day of school.



# 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:	
<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.		All parents have the right to information about their child's education in a language they understand.  1. a) In what language do you prefer to receive written communication from the school? _____ b) In what language would you prefer to communicate with school staff when speaking? _____	
<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.		2. What language(s) is (are) spoken in your home? _____ 3. What language did your child learn first? _____ 4. What language does your child use most often at home? _____ 5. What language does your family speak most often at home? _____ 6. What language do adults speak most often with each other at home? _____	
<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>		7. Where was your child born? _____  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  9. Has your child attended a school in Puerto Rico? _____	

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.

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# AGRICULTURE SURVEY / ENCUESTA DE AGRICULTURA

Title I, Part C

Título I, Parte C

**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 altos por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados**

Please answer.	Yes	No
<b>In the last 3 years(including summer),</b> did you or a family member <b>move to look for or get work</b> in farming, livestock, grain elevators, cotton gins, chicken houses or meat/poultry plants, fish farms, seed companies or cutting wood?		

Por favor, responda.	Si	No
<b>En los últimos 3 años(incluyendo el verano),</b> usted o algún miembro de su familia <b>se cambió para buscar u obtener trabajo</b> en agricultura, ganado, silo de granos con elevador mecánico, pizca de algodón, gallineros o plantas de carne/pollo, granjas de peces, compañías de semillas o cortadoras de madera?		

**If you answered yes, please provide information below:**

**Si usted contestó si, por favor provea la siguiente información:**

Please mark any jobs you looked for or worked at:

Por favor marque cualquier trabajo(s) que usted buscó o que trabajó:

- ☐ Chicken or Meat Processing Plants
- ☐ Farming (planting, harvesting crops, cutting and bailing hay, etc.)
- ☐ Cotton Gin
- ☐ Timber Work(clearing land, skidding logs, harvesting trees)
- ☐ Fruit Harvesting(watermelon work, picking berries)
- ☐ Fish Farms
- ☐ Chicken Houses
- ☐ Granary
- ☐ Seed companies
- ☐ Working on farm with fertilizer and chemicals
- ☐ Plant or Tree nurseries
- ☐ Caring for livestock
- ☐ Growing or picking vegetables
- ☐ Other \_\_\_\_\_

- ☐ Procesamiento de pollo o carne
- ☐ Agricultura (plantando, cosechando cultivos, cortando y acomodando paja, etc.)
- ☐ Pizca de algodón
- ☐ Trabajo de Madera (limpiar la tierra, arrastrar troncos, cosechar árboles)
- ☐ Cosechar fruta(trabajo de sandías, escoger bayas)
- ☐ Granjas de peces
- ☐ Gallineros
- ☐ Granero
- ☐ Compañías de Semillas
- ☐ Trabajo en granja con fertilizante y químicos
- ☐ Viveros de plantas o árboles
- ☐ Cuidado de Ganado
- ☐ Cultivar o escoger vegetales
- ☐ Otros \_\_\_\_\_

Student Name:		Grade:	
Parent Name:			
Day Phone:		Message Phone:	
Address:		City:	

Nombre del Estudiante:		Grado:	
Nombre de los Padres:			
Teléfono de Día:		Teléfono para mensaje:	
Dirección:		Ciudad:	

If you have more than one child, please list their names and grades on the back.

Si usted tiene más de un niño, por favor anote los nombres y el grado en la parte de atrás.

**Thank you.**

**Gracias.**

