Richardton-Taylor Public School District #34

New Student Registration Form

Student Information

Last Name: _____ DOB: _____
First Name: _____ Gender: _____
Middle: _____ Grade: _____
Race: _____
Is the student Hispanic or Latino? Yes or No
Phone #: _____
Mailing Address: _____
City: _____ Zip: _____
Physical Address if different than mailing: _____

Student e-mail: _____
Student cell #: _____
Primary Language spoken in Home: _____

Check the box if your child is on an IEP ☐
Check the box if your child has a 504 ☐

Student Emergency Contacts

You can list 3 additional contacts to be called if we cannot get ahold of parent/guardian in an emergency. List in order to be called.

Contact #1: _____
Number: _____
Relationship: _____
Contact #2: _____
Number: _____
Relationship: _____
Contact #3: _____
Number: _____
Relationship: _____

Legal Alert

Is anyone legally barred from seeing this student?
No or Yes, short explanation: _____

(Court documentation and physical description ***must be*** provided to the school office for the student file.)

Student Transfer Information (New Students Only)

Transferred from:
City & State of School: _____
Phone Number: _____

_____
Parent/Guardian Signature

Parent Information

Father: _____
Father Address (if different than home): _____

Father Phone Numbers
Home: _____
Cell: _____
Day: _____
Father Employer: _____

Mother: _____
Mother Address (if different than home): _____

Mother Phone Numbers
Home: _____
Cell: _____
Day: _____
Mother Employer: _____

Parent/Guardian E-mail Address: _____

Legal Guardian: Father Mother Both
Other: _____

District of Residence: _____ Richardton-Taylor
Other _____ _____ Dickinson

County of Residence: _____

Student Medical Information

Doctor/Clinic Name: _____
Phone Number: _____

Does the student have a prescription medication that needs to be taken at school? Yes or No
Medication: _____
Medical form needs to be signed for files.

Additional Medical Information:
Allergies/Alerts, etc. _____

_____
Date

Notice of Discrimination: *The Richardton-Taylor Public School District does not discriminate on the basis of race, color, religion, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. The following people have been designated to handle inquiries regarding the nondiscrimination policies: Title IX and Secion 504, Mrs. Sarah Scott-Singer, Counselor, 320 Raider Rd, Richardton ND 58652, 701-974-2111, or you can email:* sarah.scottsinger@k12.nd.us.

Richardton-Taylor Schools empower students with knowledge, skills and character to thrive - we Expect Success!

RICHARDTON-TAYLOR PUBLIC SCHOOL DISTRICT

Dr. Russell Ziegler, Superintendent
Dr. Misti Vogle, 5-12 Principal
Mrs. Lindsey Gullickson, PreK-4 Principal
Mrs. Amber Bartz, RTPS Business Manger
Mrs. Sara Conlon, RTPS Adm. Asst.
Ms. Bonnie Dahmus, TRE Adm. Asst.
Mrs. Jodi Kessel, Assistant Business Manager

320 Raider Road
Richardton ND 58652
(701) 974-2111 Fax: (701) 974-2161
www.richardton-taylor.k12.nd.us

Mr. John Schutt, Board President
Mr. Dave Olson, Vice President
Mr. Travis Sabrosky, Member
Mr. Jake Peterson, Member
Mrs. Jessie Rixen, Member

Family/Student Housing Questionnaire

Please list all children living with you from birth to 12th grade.

First Name	Last Name	Date of Birth	Gender	School	Grade

Address _____ City _____ State _____ Zip _____

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation, free/reduced meals, and other services.

Where is the student currently living? (Please check one)

	In a shelter
	With another family or other person because of loss of housing or economic hardship, doubling up
	In a hotel or motel
	In a car, temporary RV park, or campground due to lack of alternative accommodations: a public space, abandoned building: substandard housing, bus or train station, public or private space not designed for human beings; or similar setting.
	Single family permanent housing

By signing below, I acknowledge that I have received and understand my rights pertaining to the McKinney-Vento Act, and hereby certify that all the information provided on this form is true and complete to the best of my knowledge.

PRINT NAME (Parent/Guardian) _____ SIGNATURE (Parent/Guardian) _____ DATE _____

RICHARDTON TAYLOR PUBLIC SCHOOL



Home Language Survey

Students Name: _____ Student's Grade: _____

Student's School: _____ Today's Date: _____

The U.S. Office of Civil Rights requires schools to identify possible English Learner (EL) students during enrollment to ensure appropriate high-quality instruction. The district may be eligible for additional funding for English learners and/or immigrant children and youth. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) are spoken at home? _____

What language(s) do you use the most to speak to your child? _____

What language(s) does your child use the most at home? _____

What language(s) did your child learn when he/she first began to talk? _____

List other language(s) that your child has used with a grandparent or caretaker: _____

Has your child ever been in an English Learner or Bilingual Program? **Yes** **No** **Unsure**

Check the grades your child has attended in the United States.	**PreK**	**K**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Check the grades your child has attended outside of the U.S.	**PreK**	**K**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**

If outside of the United States, in which country did your child attend school? _____

What language(s) did your child learn in school? _____

If practicable, in what language or format should the school communicate with your family? _____

Immigrant Student:

1. Would your child be considered an immigrant student? Yes No

An immigrant student was born outside of the U.S. and has attended school in the U.S. for three (3) years or less. If yes, please list:

Country of origin _____ (For refugee students, this is the country you originally fled, not the country you lived in most recently.) U.S. entry date (mm/dd/yyyy) _____/_____/_____

Heritage language _____

Native American or Alaska Native student:

2. Would your child be considered a Native American or an Alaska Native student? Yes No

Native American and Alaska Native students are mentioned specifically in the EL definition and may qualify for EL services.

Do you believe a tribal language has significantly influenced your child's education in English? **Yes No** If yes, what is the tribal language? _____

Migrant Student:

3. Would your child be considered a migrant student? Yes No

A migrant student has moved in the past 36 months with or to join a parent/guardian who is a migratory agricultural worker. If yes, what is the date you moved to this area? (mm/dd/yyyy) _____/_____/_____

Refugee Student: *(This information is not a state requirement but may be collected at the discretion of the district.)*

4. Would your child be considered a newly arrived refugee student? Yes No

Schools in North Dakota apply for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

I declare, under penalty of perjury under North Dakota law, that the information provided here is true and correct.

_____	_____	_____
Print Name of Parent/Guardian Student (for unaccompanied homeless youth)	**Signature** of Parent/Guardian Student (for unaccompanied homeless youth)	**Date:**

Taylor-Richardton Elementary Title I

Taylor-Richardton Elementary School has set the school-wide goals in the areas of reading comprehension, writing competence and communication between all stakeholders.

Parents/guardians and students seeking assistance in the areas of reading or writing are encouraged to contact the school to speak with the Title 1 teacher, any classroom teacher, or the principal. School staff will be available to discuss strategies that are being implemented in the classroom and those that can be implemented at home to assist students in these areas.

Title I School-Student-Parent/Guardian Compact

Each school receiving funds under Title I of the Elementary and Secondary Education Act (ESEA) must develop a written school-student-parent/guardian compact jointly with parents/guardians for all children participating in Title I activities, services and programs. That compact is part of the school's written parental/guardian involvement policy developed by the school and parents/guardians. The compact must outline how parents/guardians, the school staff and students will share the responsibility for improved student academic achievement and the means by which the school and parents/guardians will build and develop a partnership to help children achieve the state's high standards.

The Taylor-Richardton Elementary School, students and the parents/guardians of the students participating in activities, services and programs funded by Title I agree that his compact outlines how they will share the responsibility for improved student academic achievement and the means by which the school and parents/guardians will build and develop a partnership that will help children achieve the state's high standards. This school-student-parent/guardian compact is in effect during the 2026-27 school year.

School Responsibilities

The Taylor-Richardton Elementary school will:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows:
    a. Utilize RTI (Response to Intervention) in classroom instruction to provide ample support in students mastering content curriculum standards.
    b. Utilize differentiated instruction to teach students on different levels.
2. Hold parent-teacher conferences twice a year during which this compact will be discussed as it relates to the individual child's achievement.
3. Provide parents/guardians with frequent reports on their child's progress. Specifically, the school will provide reports as follows:
    a. Fall and spring parent-teacher conferences.
    b. Grades may be reviewed on Infinite Campus as any time. A final report will be distributed at the end of the school year.

4. Provide parents/guardians with reasonable access to staff. Specifically, staff will be available for consultation with parents/guardians as follows:
    a. Fall and spring parent-teacher conferences.
    b. Continual throughout the year by appointment or email.
5. Provide parents/guardians opportunities to volunteer and participate in their child's class, and to observe classroom activities as follows:
    a. Classroom teachers may post programs, projects and labs on the school website for parent involvement.

Parent/Guardian Responsibilities

We, as parents/guardians will support our child's learning in the following ways:

1. Monitoring attendance, striving for 95% attendance rate.
2. Call in as soon as possible when the student will be absent and make arrangements to get missed assignments to the student.
3. Making sure that homework is completed.
4. Volunteering on committees, as appropriate.
5. Participating, as appropriate, in decisions relating to my child's education.
6. Promoting positive use of my child's extracurricular time.
7. Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child, by mail, any electronic version and responding, as appropriate.

Student Responsibilities

We, as students, will support our learning in the following ways:

1. Monitor my attendance, striving for 95% attendance rate.
2. Come prepared to class with my homework completed.
3. Be in the classroom when class starts.
4. Bring all necessary materials to the classroom.
5. Always try to do my best work.
6. Show respect for myself, my school and other people.
7. Speak appropriately.

_____ _____

Student Signature Date Parent Signature Date

_____

Principal Signature Date

Richardton-Taylor Public School

Technology Device Use Agreement

Richardton-Taylor Public School District students are supplied with the ability to use a computer/laptop or iPad for educational purposes both during and after school hours. The user of the device is expected to comply with school policies as well as the accountability statements that follow. All students/parents will be required to sign this agreement acknowledging that they have read and accept the agreement. This agreement is for the duration of the device given to your student to use for educational purposes.

1. Students assume full responsibility for the basic care of the device and accessories, including but not limited to not lending it to another student, not leaving the device unattended, not using the computer in environments that can cause damage (around water, dirt, food, heat, cold, etc.)
2. Students assume full responsibility for reporting device and accessory problems, breakage, and damage to the technology coordinator or school administrator.
3. Students assume full responsibility for covering costs of repair due to intentional damage and damage due to neglect.
4. Students assume full responsibility for replacement cost of the device and accessories if it is lost for any reason or rendered useless due to damage while assigned to the student, including but not limited to loss from theft, fire, flood, lightning, or any other cause.

I have read the device use agreement above and agree to comply with it as stated. I understand that violation of this agreement may constitute me not having future access to a device and/or accessory from the school. I accept full responsibility for any charges incurred from device misuse, neglect, damage, or loss determined by RTPSD.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Completed by School Official

Student Device Inventory Tag # _____

Received Charger Yes/No

Received Other Accessories Yes/No List Accessories _____

BOOKMOBILE POLICIES 2026-2027

All general library policies apply for Bookmobile Patrons

Key Points: PLEASE READ BEFORE SIGNING

Students MUST present valid library card to checkout or make requests. School students are required to have a fully completed and legible permission slip.

Replacement cards are **$2.00** each.

Bookmobile items are due at the next regularly scheduled stop at that school location, or can be returned at the Dickinson Area Public Library.

▪**OVERDUES**–Overdue notices are sent out at 1 week overdue, and 2 weeks overdue. After 4 weeks, a bill for lost material is sent to the student; 30 days after that the bill may be sent to the Collection Agency. Items may be renewed either online or by calling the Dickinson Area Public Library. All patrons, siblings and parents of library patrons that have a bill will be blocked from library checkouts, and other online library services until the item(s) are returned and/or all fees are paid to the correct entity.

▪ The Bookmobile can receive payment by check or cash (no change will be given) only. Other payment methods are accepted at the Dickinson Area Public Library.

▪**Lost or damaged items**- Substitutions of items are NOT accepted for lost or damaged items. There will be a fee of $7.00 for processing as well as replacement cost.

▪ All items checked out by bookmobile students must be returned by the last Bookmobile visit in May (before school terms end). Any items not returned are the responsibility of the student and parent and can be returned to the Dickinson Area Public Library.

▪ Make-up: If weather, illness or mechanical problems cause us to miss a regular bookmobile stop, an effort will be made to renew any items checked out.

▪ **Parents are the ultimate responsible party for items that are overdue, damaged or lost by minor.**

Please save this sheet for reference

2026-2027 BOOKMOBILE PERMISSION SLIP

One sheet per student (Kinder – 4th Grade only)

Child's Name_____
(Last) **(First)**

My child: (PLEASE check which one applies.)

___ **Cannot check out Movies** ___**Can only check out Children movies with pink label**
(Kid and Family friendly)

NOTE: EXTRA written note by Parent/Guardian required to check out ANY Adult material

I give permission for my child to borrow items from the DICKINSON AREA PUBLIC LIBRARY /BOOKMOBILE when it stops in our School District. I have read and understand my obligations as a Parent to be responsible for any damage or loss, and to pay any fines charged to my child's account. I agree to let the Dickinson Area Public Library know immediately of any, and all address or phone number changes during the school term.

PLEASE PRINT LEGIBLY

Parent/Guardian PRINTED _____

Parent/Guardian Signature_____

Valid MAILING Address: _____

City _____ **ZIP CODE** _____

Valid RESIDENTIAL Address:

_____

City _____ **ZIP CODE** _____

Valid Phone # (_____) _____

Current Email Address: _____

Child's Current Grade _____ **Child's Date of Birth** ____/____/_____

NOTE: All lines need to be completed. If you have any questions, please call 701-456-7700 ext.7828.

Richardton-Taylor School District #34

Media Permission Slip

From time to time, the staff of Taylor-Richardton Elementary School take photographs and/or videos that may include your child(ren) during school activities. We would like your permission to use these photos and/or videos on our website, in the school newsletter, bulletin boards, powerpoints, local media, and other media such as facebook. Photos and/or videos would be selected to highlight our classroom activities, sporting events, and other school activities. Note: our local paper, The Richardton Merchant, does like to have the names of the child(ren) with the pictures. Power points are done for each class much like a yearbook, this will also include names. Our parent organization (PAWS) may also want photos and/or videos to show the many ways our students, teachers, parents and community members interact to provide a well-rounded education for our students.

Please take a moment to let us know your preferences regarding our use of photos and/or videos of your child(ren).

_____ Yes. I grant permission to use photos and/or videos of my child(ren), occasionally with names, to TRE and their parent organization for their media listed above.

_____ No. Please **DO NOT** publish any photos of my child(ren). **NOTE:** This is for all media, including the local newspaper. I understand that this is not a guarantee that other parents won't put pictures of their child that includes my child on social media.

Child(ren)'s Name: (Please print legibly)

_____

_____

_____

_____

_____

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian Signature: _____

This form will be effective for the time the child(ren) are enrolled in the Richardton-Taylor Public School District or until I notify the school, in writing, of the withdrawal of permission for media. For questions about this form, please feel free to contact the TRE school office at 701-974-3585.

Richardton-Taylor High School (5-12)

Request for Student Records

1. Student Name _____ Grade _____
   Date of Birth _____ Age _____
2. Student Name _____ Grade _____
   Date of Birth _____ Age _____
3. Student Name _____ Grade _____
   Date of Birth _____ Age _____
4. Student Name _____ Grade _____
   Date of Birth _____ Age _____
5. Student Name _____ Grade _____
   Date of Birth _____ Age _____

Name of previous school attended _____

Address _____
Street or PO Box City State Zip

Phone # _____ Fax # _____

Please FAX the following upon receipt to 701-974-2161:

Unofficial transcript/withdrawal grades
Birth Certificate
Immunization Records

Please MAIL the following information:

Withdrawal grades
Birth certificate
Immunization records and Health or Medical records
Behavior and attendance records
All academic records (test scores, cumulative file, etc.)
Any Special Education records, psychological evaluation, speech & language evaluation

Release the above records to: Richardton Taylor High School 701-974-2111
Attn: Student Records
320 Raider Road
Richardton ND 58652

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

In accordance with Public Law No.93-380, "Protection of Rights and Privacy of Parents and Students", I hereby authorize the release to the above named school any or all of the items listed.

_____ _____
Parent Signature Date