

Dunklin R-5 School District

HOME OF THE BLACKCATS
497 Joachim Avenue, Herculaneum, MO 63048
Phone: 636-479-5200

"Educating today for a better tomorrow."

Teacher

Bus

2017-2018 ENROLLMENT FORMS

Student Information

Student's Legal Name:

Last First Middle Grade: _____

Nickname: _____ Date of Birth: ____/____/____ Current Age: _____ ☐ Male ☐ Female

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino Student lives with: ☐ Both Parents
(choose all that apply) ☐ Mother

Race: ☐ Asian ☐ American Indian or Alaska Native ☐ Father ☐ Stepmother
☐ Black or African American ☐ Stepfather
☐ Native Hawaiian or other Pacific Islander ☐ Guardian
☐ White ☐ Foster Parent
☐ Multi-Racial ☐ Other

Native/Birth Language: _____ Language most used at home: _____

Is parent or legal guardian currently serving in the Military? ☐ Yes ☐ No ☐ Active Duty ☐ Reserves

If yes, please identify who and which branch of Military? _____

Educational Information:

Has this student ever attended a Dunklin R-5 school before? ☐ Yes ☐ No If yes, when? _____ Grade? _____

Previous Schools:

School City, State

School City, State

School City, State

Has the student ever been retained? ☐ Yes ☐ No If yes, what grade(s)? _____

Media Exclusion:

I do ☐, I do not ☐ want my child to be interviewed, photographed, or videotaped by newspaper, television, radio media, the School/Community Relations Department, district website and social media, or any district/department program for the purpose of news coverage or district projects.

I do ☐, I do not ☐ authorize my child's artwork, poetry, essays, or any other creations to be displayed at Art Fairs, in the hallways, around town, the Mastodon Art Fair or the districts website and social media.

I do ☐, I do not ☐ want my child's picture in the year book.

Emergency Contact Information: List three neighbors or family members that can care for your child in the event you CANNOT BE REACHED.
Once child has been released to an Emergency Contact, Dunklin R-5 assumes no responsibility for the child.

Contact Name: _____ Relationship: _____ Phone: _____

Contact Name: _____ Relationship: _____ Phone: _____

Contact Name: _____ Relationship: _____ Phone: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Household Information

Student's Name: _____ Grade: _____

Primary Household: (Where student is living)

Household Name: _____

Household Phone: _____

Household Address: _____

Adult 1: _____

Relationship to student:

☐ Mother ☐ Father ☐ Step Parent ☐ Guardian ☐ Foster Parent
☐ Other: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Adult 2: _____

Relationship to student:

☐ Mother ☐ Father ☐ Step Parent ☐ Guardian ☐ Foster Parent
☐ Other: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Secondary Household: (If applicable)

Household Name: _____

Household Phone: _____

Household Address: _____

Adult 1: _____

Relationship to student:

☐ Mother ☐ Father ☐ Step Parent ☐ Guardian ☐ Foster Parent
☐ Other: _____

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Email: _____

Work Phone: _____

Adult 2: _____

Relationship to student:

☐ Mother ☐ Father ☐ Step Parent ☐ Guardian ☐ Foster Parent
☐ Other: _____

Cell Phone: _____

Email: _____

Work Phone: _____

If parents are separated/divorced, may child receive person calls/visits from the parent who does not have custody? ☐ Yes ☐ No

If not, provide the most recent custody documentation to the building's secretary.

Siblings in the home:

Name	Date of Birth	Grade
------	---------------	-------

Name	Date of Birth	Grade
------	---------------	-------

Name	Date of Birth	Grade
------	---------------	-------

Notice: According to § 167.020, RSMo, any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form you are certifying to the district that the above information is accurate.

Parent/Legal Guardian's Signature: _____ Date: _____

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(choose all that apply) ☐ Mother

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☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Multi-Racial

☐ Father
☐ Stepmother
☐ Stepfather
☐ Guardian
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Relationship to student:

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☐ Other: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Adult 2: _____

Relationship to student:

☐ Mother ☐ Father ☐ Step Parent ☐ Guardian ☐ Foster Parent
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Cell Phone: _____

Email: _____

Work Phone: _____

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Household Name: _____

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Work Phone: _____

If parents are separated/divorced, may child receive person calls/visits from the parent who does not have custody? ☐ Yes ☐ No

If not, provide the most recent custody documentation to the building's secretary.

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☐ White
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☐ Father
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Work Phone: _____

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Cell Phone: _____

Email: _____

Work Phone: _____

Secondary Household: (If applicable)

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Household Phone: _____

Household Address: _____

Adult 1: _____

Relationship to student:

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Cell Phone: _____

Email: _____

Work Phone: _____

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☐ Other: _____

Cell Phone: _____

Email: _____

Work Phone: _____

If parents are separated/divorced, may child receive person calls/visits from the parent who does not have custody? ☐ Yes ☐ No

If not, provide the most recent custody documentation to the building's secretary.

Siblings in the home:

Name	Date of Birth	Grade
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Name	Date of Birth	Grade
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Name	Date of Birth	Grade
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Notice: According to § 167.020, RSMo, any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form you are certifying to the district that the above information is accurate.

Parent/Legal Guardian's Signature: _____ Date: _____

Residency Enrollment Checklist

Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____

Office Use:

Address Verification (Parent/Legal Guardian) Attach a copy of the document.

- ☐ Rental Contract/ Real Estate Contract (Signed by all parties)
- ☐ Utility bill/ Deposit Receipt
- ☐ Personal Property Tax
- ☐ Affidavit of Residency

* Provide a notarized affidavit of residency when you are living in someone's residence within the district/doubled up status*

Basis for the Admission of the Student (167.020 RSMO)

- ☐ Resides with parent in the school district
- ☐ Resides with legal guardian in the school district (Copy of court ordered guardianship must be attached)
- ☐ Homeless child (person less than 21 years of age who does not have fixed/regular/adequate nighttime residence), including a child who is:
 - ☐ Living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home
 - ☐ Living in a community shelter facility
 - ☐ Living in transitional housing for less than one year

Address or Directions: _____

☐ Special Circumstances (Section 167.141 RSMO)

- ☐ An orphan
- ☐ One parent living
- ☐ Parents do not contribute to the students support
- ☐ Agriculture *The four following conditions MUST be met:

1. Owns real estate of which 80 acres or more are used for agricultural purposes
2. Parent's residence is on the real estate
3. At least 35% of the real estate is in the district.
4. Parent notified district on or before June 30th that student would be attending

- ☐ Parent is a teacher under contract with the district (Board Policy required – 167.151, 168.151 RSMO)
- ☐ Parent is a regular employee with the district (Board Policy required – 163.001 RSMO)

Other exemptions to the residence requirements (167.020.6 RSMO)

- ☐ Attending school not in the pupil's district of residence as a participant in an inter-district transfer program established under a court ordered desegregation program
- ☐ A ward of the state and has been placed in a residential care facility by the state officials
- ☐ Has been placed in a residential care facility due to a mental illness or developmental disability
- ☐ Has been placed in a residential facility by a juvenile court
- ☐ Has a disability been identified under state eligibility criteria if the student is in the district for reason other than accessing the district's educational program
- ☐ Attending a regional or cooperative alternative education program on a contractual basis

The district of residence will be billed for the local tax effort for the student(s) attending under the above circumstances

- ☐ Student admitted. Date of admission: _____ (day/month/year)
- ☐ Student denied admission. Date of denial: _____ (day/month/year)
- ☐ Waiver requested. Date of request: _____ (day/month/year)

Proof of Residency was viewed by: _____ **Title:** _____

Sign: _____ **Date:** _____

Transportation Information

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Home Address: _____

Home Phone: _____

Parent/Guardian's Name: _____ Cell Phone: _____

Parent/Guardian's Name: _____ Cell Phone: _____

Beside the Parents, please list two people who can be contacted in case of an emergency:

Contact Name: _____ Relationship: _____ Phone: _____

Contact Name: _____ Relationship: _____ Phone: _____

List any **medical or physical conditions** that the driver should be aware of: _____

How will the student get to and from school? ☐ Walk ☐ Driver ☐ Parent Pickup ☐ District Bus

Mode of transportation: **MY STUDENT REQUIRES SPECIAL TRANSPORTATION** ☐ Yes ☐ No

Parent Pickup

☐ Monday AM/PM
☐ Tuesday AM/PM
☐ Wednesday AM/PM
☐ Thursday AM/PM
☐ Friday AM/PM

Bus to - from Daycare/Babysitter

☐ Monday AM/PM
☐ Tuesday AM/PM
☐ Wednesday AM/PM
☐ Thursday AM/PM
☐ Friday AM/PM

Bus to - from Home

☐ Monday AM/PM
☐ Tuesday AM/PM
☐ Wednesday AM/PM
☐ Thursday AM/PM
☐ Friday AM/PM

Daycare/Babysitter: _____

Parent Pickup Password: _____

Primary Household - four letters followed by four numbers

Parent Pickup Password: _____

Secondary Household - four letters followed by four numbers

Parent/Legal Guardian's Signature: _____ Date: _____

Health Information

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

Student's Legal Name:

Last First Middle Grade: _____

Nickname: _____ Date of Birth: ____/____/____ Current Age: _____ ☐ Male ☐ Female

Has a doctor diagnosed your child with:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Headaches | <input type="checkbox"/> Phobias (fears) |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing/Ears | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lungs | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Eating | <input type="checkbox"/> Neurological | <input type="checkbox"/> Urinary Tract |
| <input type="checkbox"/> Bleeding/Blood Disorder | <input type="checkbox"/> Heart | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Vision |

Does your child have a life-threatening health condition? ☐ Yes ☐ No Specify: _____

Allergies: ☐ Environmental ☐ Food ☐ Medicine Specify: _____

Treatment for **reaction**: _____

Will your child require meal substitutions? ☐ Yes ☐ No Specify: _____

** IF you answered YES, please ask the District Registrar for a Meal Replacement Form**

Does your child have **medical insurance** coverage? ☐ Yes ☐ No Name of provider: _____

Name of your child's **physician**: _____ Phone: _____

Does your child have **dental insurance** coverage? ☐ Yes ☐ No Name of provider: _____

Name of your child's **dentist**: _____ Phone: _____

Do you have concerns about your child's hearing? ☐ Yes ☐ No Does your child wear hearing aids? ☐ Yes ☐ No

Do you have concerns about your child's vision? ☐ Yes ☐ No Does your child wear contacts or glasses? ☐ Yes ☐ No

Does your child take any **medication**? ☐ Yes ☐ No List: _____

Will it be needed during the school day? ☐ Yes ☐ No Dosage & Time : _____

* Medication to be administered during the school day must be in the original containers with proper labels & be given to the Nurse *

I give my permission for the following medications to be given to my child as needed by the school nurse/designated employees:

Tylenol: ☐ Yes ☐ No

Antacids: ☐ Yes ☐ No

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Legal Guardian's Signature: _____ Date: _____

Guidance and Behavioral Assessment

Student's Name: _____ **Grade:** _____

DFS Case Manager: _____ **Phone:** _____

Juvenile Officer: _____ **Phone:** _____

Medicaid Number: _____

The following questions should be answered from information developed from school reports, psychological reports, diagnostic summaries, etc. If any answer is to the affirmative, please explain fully:

- 1) Does this child require special education services? ☐ Yes ☐ No If yes, please indicate the disability: _____
- 2) Does this child have a history of truancy? ☐ Yes ☐ No If yes, please explain: _____
- 3) Has this child been suspended or expelled from any school? ☐ Yes ☐ No If yes, please explain: _____
- 4) Has this child ever been apprehended due to possession of a weapon (gun, knife, bat, etc.)? ☐ Yes ☐ No If yes, please explain: _____
- 5) Does this child have violent or aggressive tendencies as indicated by factual data from school, juvenile, psychological, DFS reports or an actual incident? ☐ Yes ☐ No If yes, please explain: _____
- 6) Has suicide ever been discussed through conversations or an actual attempt of suicide? ☐ Yes ☐ No If yes, please explain: _____
- 7) Is this child suffering from any traumatic experience? ☐ Yes ☐ No If yes, please explain: _____
- 8) Has this child been diagnosed with any psychological disorder? ☐ Yes ☐ No Disorder: _____
- 9) Has this child ever had a substance abuse problem? ☐ Yes ☐ No If yes, please explain: _____

Safe Schools Act:

The undersigned hereby certify and represent to the Dunklin R-5 School District, for the purposes of the Missouri Safe Schools Act, that:

1. ☐ This student is not currently suspended or expelled from any other school district; or
☐ This student is currently suspended or expelled from another school district but the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district (copy of determination must be attached).
2. ☐ This student has not been convicted or indicted of any of the following offenses and no information or petition alleging such offense has been filed:
 - a. first degree murder under Section 565.020, RSMo;
 - b. second degree murder under Section 565.021, RSMo;
 - c. first degree assault under Section 565.050, RSMo;
 - d. forcible rape under Section 566.030, RSMo;
 - e. forcible sodomy under Section 566.060, RSMo;
 - f. statutory rape under Section 566.032, RSMo;
 - g. statutory sodomy under Section 566.062, RSMo;
 - h. robbery in the first degree under Section 569.020, RSMo;
 - i. distribution of drugs to a minor under Section 195.212, RSMo;
 - j. arson in the first degree under Section 569.040, RSMo;
 - k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo

In accordance with §167.171, RSMo, no student may be readmitted or enrolled in the school who has been convicted of or charged with an act which, if committed by an adult, would be one of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above acts. This section does not apply to a student with a disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student's disability.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Health Information

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

Student's Legal Name:

Last First Middle

Grade: _____

Nickname: _____ Date of Birth: ____/____/____ Current Age: _____ ☐ Male ☐ Female

Has a doctor diagnosed your child with:

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|--|---|---------------------------------------|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Headaches | <input type="checkbox"/> Phobias (fears) |
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Do you have concerns about your child's vision? ☐ Yes ☐ No Does your child wear contacts or glasses? ☐ Yes ☐ No

Does your child take any **medication**? ☐ Yes ☐ No List: _____

Will it be needed during the school day? ☐ Yes ☐ No Dosage & Time : _____

* Medication to be administered during the school day must be in the original containers with proper labels & be given to the Nurse *

I give my permission for the following medications to be given to my child as needed by the school nurse/designated employees:

Tylenol: ☐ Yes ☐ No

Antacids: ☐ Yes ☐ No

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Legal Guardian's Signature: _____ Date: _____

Guidance and Behavioral Assessment

Student's Name: _____ Grade: _____

DFS Case Manager: _____ Phone: _____

Juvenile Officer: _____ Phone: _____

Medicaid Number: _____

The following questions should be answered from information developed from school reports, psychological reports, diagnostic summaries, etc. If any answer is to the affirmative, please explain fully:

5) Does this child require special education services? ☐ Yes ☐ No If yes, please indicate the disability: _____

6) Does this child have a history of truancy? ☐ Yes ☐ No If yes, please explain: _____

7) Has this child been suspended or expelled from any school? ☐ Yes ☐ No If yes, please explain: _____

8) Has this child ever been apprehended due to possession of a weapon (gun, knife, bat, etc.)? ☐ Yes ☐ No If yes, please explain: _____

5) Does this child have violent or aggressive tendencies as indicated by factual data from school, juvenile, psychological, DFS reports or an actual incident? ☐ Yes ☐ No If yes, please explain: _____

6) Has suicide ever been discussed through conversations or an actual attempt of suicide? ☐ Yes ☐ No If yes, please explain: _____

7) Is this child suffering from any traumatic experience? ☐ Yes ☐ No If yes, please explain: _____

8) Has this child been diagnosed with any psychological disorder? ☐ Yes ☐ No Disorder: _____

9) Has this child ever had a substance abuse problem? ☐ Yes ☐ No If yes, please explain: _____

Safe Schools Act:

The undersigned hereby certify and represent to the Dunklin R-5 School District, for the purposes of the Missouri Safe Schools Act, that:

1. ☐ This student is not currently suspended or expelled from any other school district; or
☐ This student is currently suspended or expelled from another school district but the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district (copy of determination must be attached).
2. ☐ This student has not been convicted or indicted of any of the following offenses and no information or petition alleging such offense has been filed:
 - a. first degree murder under Section 565.020, RSMo;
 - b. second degree murder under Section 565.021, RSMo;
 - c. first degree assault under Section 565.050, RSMo;
 - d. forcible rape under Section 566.030, RSMo;
 - e. forcible sodomy under Section 566.060, RSMo;
 - f. statutory rape under Section 566.032, RSMo;
 - g. statutory sodomy under Section 566.062, RSMo;
 - h. robbery in the first degree under Section 569.020, RSMo;
 - i. distribution of drugs to a minor under Section 195.212, RSMo;
 - j. arson in the first degree under Section 569.040, RSMo;
 - k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo

In accordance with §167.171, RSMo, no student may be readmitted or enrolled in the school who has been convicted of or charged with an act which, if committed by an adult, would be one of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above acts. This section does not apply to a student with a disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student's disability.

Parent/Legal Guardian's Signature: _____ Date: _____

Health Information

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

Student's Legal Name: _____

_____ **Grade:** _____
Last First Middle

Nickname: _____ **Date of Birth:** ____/____/____ **Current Age:** _____ ☐ Male ☐ Female

Has a doctor diagnosed your child with:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Headaches | <input type="checkbox"/> Phobias (fears) |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing/Ears | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lungs | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Eating | <input type="checkbox"/> Neurological | <input type="checkbox"/> Urinary Tract |
| <input type="checkbox"/> Bleeding/Blood Disorder | <input type="checkbox"/> Heart | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Vision |

Does your child have a life-threatening health condition? ☐ Yes ☐ No Specify: _____

Allergies: ☐ Environmental ☐ Food ☐ Medicine Specify: _____

Treatment for **reaction:** _____

Will your child require meal substitutions? ☐ Yes ☐ No Specify: _____

** IF you answered YES, please ask the District Registrar for a Meal Replacement Form**

Does your child have **medical insurance** coverage? ☐ Yes ☐ No Name of provider: _____

Name of your child's **physician:** _____ Phone: _____

Does your child have **dental insurance** coverage? ☐ Yes ☐ No Name of provider: _____

Name of your child's **dentist:** _____ Phone: _____

Do you have concerns about your child's hearing? ☐ Yes ☐ No Does your child wear hearing aids? ☐ Yes ☐ No

Do you have concerns about your child's vision? ☐ Yes ☐ No Does your child wear contacts or glasses? ☐ Yes ☐ No

Does your child take any **medication**? ☐ Yes ☐ No List: _____

Will it be needed during the school day? ☐ Yes ☐ No Dosage & Time : _____

* Medication to be administered during the school day must be in the original containers with proper labels & be given to the Nurse *

I give my permission for the following medications to be given to my child as needed by the school nurse/designated employees:

Tylenol: ☐ Yes ☐ No

Antacids: ☐ Yes ☐ No

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Guidance and Behavioral Assessment

Student's Name: _____ **Grade:** _____

DFS Case Manager: _____ **Phone:** _____

Juvenile Officer: _____ **Phone:** _____

Medicaid Number: _____

The following questions should be answered from information developed from school reports, psychological reports, diagnostic summaries, etc. If any answer is to the affirmative, please explain fully:

9) Does this child require special education services? ☐ Yes ☐ No If yes, please indicate the disability: _____

10) Does this child have a history of truancy? ☐ Yes ☐ No If yes, please explain: _____

11) Has this child been suspended or expelled from any school? ☐ Yes ☐ No If yes, please explain: _____

12) Has this child ever been apprehended due to possession of a weapon (gun, knife, bat, etc.)? ☐ Yes ☐ No If yes, please explain: _____

5) Does this child have violent or aggressive tendencies as indicated by factual data from school, juvenile, psychological, DFS reports or an actual incident? ☐ Yes ☐ No If yes, please explain: _____

6) Has suicide ever been discussed through conversations or an actual attempt of suicide? ☐ Yes ☐ No If yes, please explain: _____

7) Is this child suffering from any traumatic experience? ☐ Yes ☐ No If yes, please explain: _____

8) Has this child been diagnosed with any psychological disorder? ☐ Yes ☐ No Disorder: _____

9) Has this child ever had a substance abuse problem? ☐ Yes ☐ No If yes, please explain: _____

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☐ This student is currently suspended or expelled from another school district but the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district (copy of determination must be attached).
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 - a. first degree murder under Section 565.020, RSMo;
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 - d. forcible rape under Section 566.030, RSMo;
 - e. forcible sodomy under Section 566.060, RSMo;
 - f. statutory rape under Section 566.032, RSMo;
 - g. statutory sodomy under Section 566.062, RSMo;
 - h. robbery in the first degree under Section 569.020, RSMo;
 - i. distribution of drugs to a minor under Section 195.212, RSMo;
 - j. arson in the first degree under Section 569.040, RSMo;
 - k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo

In accordance with §167.171, RSMo, no student may be readmitted or enrolled in the school who has been convicted of or charged with an act which, if committed by an adult, would be one of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above acts. This section does not apply to a student with a disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student's disability.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Health Information

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

Student's Legal Name:

Last First Middle Grade: _____

Nickname: _____ Date of Birth: ____/____/____ Current Age: _____ ☐ Male ☐ Female

Has a doctor diagnosed your child with:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Headaches | <input type="checkbox"/> Phobias (fears) |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing/Ears | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lungs | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Eating | <input type="checkbox"/> Neurological | <input type="checkbox"/> Urinary Tract |
| <input type="checkbox"/> Bleeding/Blood Disorder | <input type="checkbox"/> Heart | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Vision |

Does your child have a life-threatening health condition? ☐ Yes ☐ No Specify: _____

Allergies: ☐ Environmental ☐ Food ☐ Medicine Specify: _____

Treatment for **reaction**: _____

Will your child require meal substitutions? ☐ Yes ☐ No Specify: _____

** IF you answered YES, please ask the District Registrar for a Meal Replacement Form**

Does your child have **medical insurance** coverage? ☐ Yes ☐ No Name of provider: _____

Name of your child's **physician**: _____ Phone: _____

Does your child have **dental insurance** coverage? ☐ Yes ☐ No Name of provider: _____

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Do you have concerns about your child's hearing? ☐ Yes ☐ No Does your child wear hearing aids? ☐ Yes ☐ No

Do you have concerns about your child's vision? ☐ Yes ☐ No Does your child wear contacts or glasses? ☐ Yes ☐ No

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Parent/Legal Guardian's Signature: _____ Date: _____

Guidance and Behavioral Assessment

Student's Name: _____ **Grade:** _____

DFS Case Manager: _____ Phone: _____

Juvenile Officer: _____ Phone: _____

Medicaid Number: _____

The following questions should be answered from information developed from school reports, psychological reports, diagnostic summaries, etc. If any answer is to the affirmative, please explain fully:

13) Does this child require special education services? ☐ Yes ☐ No If yes, please indicate the disability: _____

14) Does this child have a history of truancy? ☐ Yes ☐ No If yes, please explain: _____

15) Has this child been suspended or expelled from any school? ☐ Yes ☐ No If yes, please explain: _____

16) Has this child ever been apprehended due to possession of a weapon (gun, knife, bat, etc.)? ☐ Yes ☐ No If yes, please explain: _____

5) Does this child have violent or aggressive tendencies as indicated by factual data from school, juvenile, psychological, DFS reports or an actual incident? ☐ Yes ☐ No If yes, please explain: _____

6) Has suicide ever been discussed through conversations or an actual attempt of suicide? ☐ Yes ☐ No If yes, please explain: _____

7) Is this child suffering from any traumatic experience? ☐ Yes ☐ No If yes, please explain: _____

8) Has this child been diagnosed with any psychological disorder? ☐ Yes ☐ No Disorder: _____

9) Has this child ever had a substance abuse problem? ☐ Yes ☐ No If yes, please explain: _____

Safe Schools Act:

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☐ This student is currently suspended or expelled from another school district but the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district (copy of determination must be attached).
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 - a. first degree murder under Section 565.020, RSMo;
 - b. second degree murder under Section 565.021, RSMo;
 - c. first degree assault under Section 565.050, RSMo;
 - d. forcible rape under Section 566.030, RSMo;
 - e. forcible sodomy under Section 566.060, RSMo;
 - f. statutory rape under Section 566.032, RSMo;
 - g. statutory sodomy under Section 566.062, RSMo;
 - h. robbery in the first degree under Section 569.020, RSMo;
 - i. distribution of drugs to a minor under Section 195.212, RSMo;
 - j. arson in the first degree under Section 569.040, RSMo;
 - k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo

In accordance with §167.171, RSMo, no student may be readmitted or enrolled in the school who has been convicted of or charged with an act which, if committed by an adult, would be one of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above acts. This section does not apply to a student with a disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student's disability.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Student/Family Domicile Questionnaire

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____

1) Presently, are you and/or your family in any of the following situations? (Check one box)

- ☐ A. Staying in shelter, FEMA trailer, or waiting for foster care placement.
☐ B. Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.
☐ D. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
☐ E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
☐ U. Unknown nighttime residence.

2) Unaccompanied Youth: not in the physical custody of a parent or guardian. (Check one box)

- ☐ Y. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
☐ N. Student does not meet the definition of "Unaccompanied youth".

3) Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one box) ☐ Yes ☐ No

- ☐ 1, 2 or 3 do not apply. **STOP:** If you checked this box, you do **not** need to complete the remainder of this form. Submit this form to school personnel.

4) Student Name:

First	Middle	Last	M/F	D.O.B. Day/Month/Year	Current Grade	School Name

Please Print:

Parent/Guardian: _____ Phone: _____

Mailing Address:

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Parent/Legal Guardian's Signature: _____ Date: _____

Technology Acceptable Use Policy

Policy is available for viewing on the District Website

Parent Agreement:

I have read the Dunklin R-V School District Technology Acceptable Use Policy, regulations and netiquette guidelines. I understand that violation of these provisions may result in disciplinary action taken against my child/ward/child within my care including, but not limited to, suspension or revocation of my child or ward's access to district technology and suspension or expulsion from school.

I understand that my child or ward's use of district technology is not private and that the school district may monitor my child or ward's use of district technology including, but not limited to, accessing browser logs, e-mail logs, and any other history of use. I consent to district interception of or access to all communications sent, received, or stored by my child or ward using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child/ward/child within my care. I agree to be responsible for any damages incurred by my child/ward/child within my care.

- ☐ I give permission for my child or ward to utilize the school district's technology resources.
- ☐ I give partial permission for my child or ward to utilize the school district's technology resources.
- ☐ I do not wish for my child or ward to utilize: _____
- ☐ I do not give permission for my child or ward to utilize the school district's technology resources.

☐ Pevely Elementary ☐ Senn-Thomas Middle School ☐ High School ☐ Taylor

Student's Name: _____

Parent/Legal Guardian's Signature: _____ **Date:** _____

Student Agreement:

I have read the Dunklin R-V School District Technology Acceptable Use Policy, regulations and netiquette guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including, but not limited to, suspension or revocation of my access to district technology and suspension or expulsion from school.

I understand that my use of the district's technology is not private and that the school district may monitor my use of district technology including, but not limited to, accessing browser logs, e-mail logs, and any other history of use. I consent to district interception of or access to all communications I send, receive, or store using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

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☐ Pevely Elementary ☐ Senn-Thomas Middle School ☐ High School ☐ Taylor

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Student Agreement:

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Student's Name: _____

Parent/Legal Guardian's Signature: _____ **Date:** _____

Student Agreement:

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☐ Pevely Elementary ☐ Senn-Thomas Middle School ☐ High School ☐ Taylor

Student's Signature: _____ **Date:** _____

Infinite Campus Parent/Guardian and Student Portal

Web Access Agreement

*Electronic Web Access Agreement for viewing student information via the Dunklin R-5 School District Infinite Campus Parent/Student Portal.
Agreement and direction are available for viewing on the District Website*

I am requesting to review my child(ren's) student information on the Dunklin R-V School District Internet web site. I have read the Dunklin R-V School District User Expectations and Computer Requirements for the Infinite Campus Parent/Student Portal and agree to abide by and support the expectations. I understand, for the interest of security, the District reserves the right to change user passwords or deny access at any time. By signing this agreement I, as parent/guardian, release the Dunklin R-V School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account including my own child(ren).

I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact my child's school and request the account to be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 3 – 5 schools days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on the Dunklin R-V School District Web site.

List the names of all your child(ren) currently enrolled in the Dunklin R-V School District and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

Parent/Legal Guardian's Name (Print): _____

Home Address: _____

Phone Number: _____ **Email Address:** _____ @ _____

Please print:

Child's First and Last Name must be written as they appear on the birth verification.

Student's First Name	Student's Last Name	Student's Date of Birth	Dunklin R-V School Attending: Pevely/ STMS/ HHS	Dunklin R-V Student ID# (to be completed by school)

The school will keep the completed and signed form in the cumulative record folder of each student.

Parent/Legal Guardian's Signature: _____ **Date:** _____

The school designated employee must witness the parent/guardian signing this form. The parent/guardian must provide a photo ID prior to signing.

School Employee Witnessing Parent/Guardian Signature

Today's Date

Alert Now Rapid Communication Service Overview

AlertNow is a web-based rapid communication service that allows schools to contact thousands of parents within minutes. The Dunklin R-5 School District has implemented AlertNow to substantially improve its ongoing communication with parents.

AlertNow is a web-based rapid communication service that allows schools to contact thousands of parents within minutes. The Dunklin R-V School District has implemented AlertNow to substantially improve its ongoing communication with parents.

How AlertNow Benefits Parents

AlertNow allows school administrators to keep you updated quickly and efficiently with personalized messages and helps you, as a parent, stay actively involved in your child's education, even when the school's phone system is down.

AlertNow has the ability to increase:

- Parental and community involvement
 - *Reminding parents of an open house or school fundraiser*
- Emergency notification and awareness
 - *Alerting parents of a lockdown situation or unsafe incident*
- School safety preparation
 - *Announcing school closings due to inclement weather*

Security

Only authorized administrators on the school and district level may activate the system. AlertNow keeps all of its clients' information confidential and secure. All data is password protected and accessible only by school administration.

Importance of Accurate Contact Information

The most important thing parents can do is verify the accuracy of their contact information. Schools must have updated phone numbers for AlertNow to work effectively and efficiently. Please fill out the form below and return it to your child's school. If you have children in more than one building, you only need to return one form. Please list all students' names and their corresponding grades on the form below. You can select up to five phone numbers per household.

Please note: Our system cannot dial phone numbers with extensions. Any number you provide must be a standard 10-digit phone number (e.g. (636) 555-5555).

Several people have reported that the AlertNow call has hung up on them before they heard the message. This is due to the process the system uses to determine if a live person or answering machine has picked up. Pressing the number 1 on the phone will over-ride this detection, so the system recognizes there is a live person listening and will play the message, in its entirety.

AlertNow Information Form

Student Name(s):						
Student Grade(s):						
		Contact Name	Home	Cell	Work	Other
Number 1:						
Number 2:						
Number 3:						
Number 4:						