



# DUNKLIN R-V ENROLLMENT FORM

HOME OF THE BLACKCATS

497 Joachim Avenue

Herculaneum, MO 63048

Phone: 636-479-5200 • Administration FAX: 636-479-6208

FAX Numbers: High School: 636-479-2051 • Middle School: 636-479-7219

Pevely Elementary: 636-479-7804 • Taylor: 636-479-2053



## PRIMARY HOUSEHOLD & EMERGENCY CONTACT INFORMATION

2013-2014

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last / First / Middle) (month/day/year)

### PRIMARY HOUSEHOLD INFORMATION: (Resides and gets mail at this address)

Household Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Household Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SECONDARY HOUSEHOLD INFORMATION: (OPTIONAL) (Resides and gets mail at this address)

Household Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Household Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Names of Brothers and/or Sisters in the Home**

**Date of Birth**

**Grade in School**

_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____

Please list three neighbors or relatives who live nearby who will assume temporary care of your child if you cannot be reached.

_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number

**I UNDERSTAND THAT ONCE MY CHILD HAS BEEN RELEASED TO ONE OF THE INDIVIDUALS LISTED ABOVE, THE DUNKLIN R-V SCHOOL DISTRICT ASSUMES NO RESPONSIBILITY FOR THE WELFARE OF THE CHILD.**

### MEDICAL

_____	_____	_____
Physician	Address	Phone Number

Allergies (bees, medications, etc.): \_\_\_\_\_

Is the student on any medications? (Please list): \_\_\_\_\_

#### Please note any health problems your child might have:

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

Please list any other illness/injuries that might affect your child's performance at school: \_\_\_\_\_

List any immunizations received over the past 12 months (include dates): \_\_\_\_\_

**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

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PRIMARY HOUSEHOLD & EMERGENCY CONTACT INFORMATION

2013-2014

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last / First / Middle) (month/day/year)

### PRIMARY HOUSEHOLD INFORMATION: (Resides and gets mail at this address)

Household Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Household Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SECONDARY HOUSEHOLD INFORMATION: (OPTIONAL) (Resides and gets mail at this address)

Household Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Household Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Names of Brothers and/or Sisters in the Home**

**Date of Birth**

**Grade in School**

_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____

Please list three neighbors or relatives who live nearby who will assume temporary care of your child if you cannot be reached.

_____	Relationship to Child	Phone Number
_____	Relationship to Child	Phone Number
_____	Relationship to Child	Phone Number

**I UNDERSTAND THAT ONCE MY CHILD HAS BEEN RELEASED TO ONE OF THE INDIVIDUALS LISTED ABOVE, THE DUNKLIN R-V SCHOOL DISTRICT ASSUMES NO RESPONSIBILITY FOR THE WELFARE OF THE CHILD.**

### MEDICAL

_____	Physician	Address	Phone Number
-------	-----------	---------	--------------

Allergies (bees, medications, etc.): \_\_\_\_\_

Is the student on any medications? (Please list): \_\_\_\_\_

#### Please note any health problems your child might have:

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

Please list any other illness/injuries that might affect your child's performance at school: \_\_\_\_\_

List any immunizations received over the past 12 months (include dates): \_\_\_\_\_

**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

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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HOME OF THE BLACKCATS

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Herculaneum, MO 63048

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FAX Numbers: High School: 636-479-2051 • Middle School: 636-479-7219

Pevely Elementary: 636-479-7804 • Taylor: 636-479-2053



## PRIMARY HOUSEHOLD & EMERGENCY CONTACT INFORMATION

2013-2014

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last / First / Middle) (month/day/year)

### PRIMARY HOUSEHOLD INFORMATION: (Resides and gets mail at this address)

Household Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Household Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SECONDARY HOUSEHOLD INFORMATION: (OPTIONAL) (Resides and gets mail at this address)

Household Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Household Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Names of Brothers and/or Sisters in the Home**

**Date of Birth**

**Grade in School**

Names of Brothers and/or Sisters in the Home	Date of Birth	Grade in School
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Please list three neighbors or relatives who live nearby who will assume temporary care of your child if you cannot be reached.

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I UNDERSTAND THAT ONCE MY CHILD HAS BEEN RELEASED TO ONE OF THE INDIVIDUALS LISTED ABOVE, THE DUNKLIN R-V SCHOOL DISTRICT ASSUMES NO RESPONSIBILITY FOR THE WELFARE OF THE CHILD.**

### MEDICAL

Physician	Address	Phone Number
_____	_____	_____

Allergies (bees, medications, etc.): \_\_\_\_\_

Is the student on any medications? (Please list): \_\_\_\_\_

#### Please note any health problems your child might have:

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

Please list any other illness/injuries that might affect your child's performance at school: \_\_\_\_\_

List any immunizations received over the past 12 months (include dates): \_\_\_\_\_

**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

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FAMILY DUNKLIN R-V ENROLLMENT FORM



HOME OF THE BLACKCATS  
497 Joachim Avenue, Herculaneum, MO 63048  
Phone: 636-479-5200 • Administration FAX: 636-479-6208  
AX Numbers: High School: 636-479-2051 • Middle School: 636-479-721  
Pevely Elementary: 636-479-7804 • Taylor: 636-479-2053

Name of Student (1): \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last / First / Middle)

Name of Student (2): \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student (3): \_\_\_\_\_ Grade: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| Race (1): <input type="checkbox"/> Asian           | Race (1): <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Race (1): <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White   | <input type="checkbox"/> Multi-Racial                               |
| <input type="checkbox"/> Hispanic                  |  |   |
| Race (2): <input type="checkbox"/> Asian           | Race (2): <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Race (2): <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White   | <input type="checkbox"/> Multi-Racial                               |
| <input type="checkbox"/> Hispanic                  |  |   |
| Race (3): <input type="checkbox"/> Asian           | Race (3): <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Race (3): <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White   | <input type="checkbox"/> Multi-Racial                               |
| <input type="checkbox"/> Hispanic                  |  |   |

(1) <input type="checkbox"/> Male	<input type="checkbox"/> Female	Current Age: _____	Date of Birth: ____ / ____ / ____	Social Security: _____
(2) <input type="checkbox"/> Male	<input type="checkbox"/> Female	Current Age: _____	Date of Birth: ____ / ____ / ____	Social Security: _____
(3) <input type="checkbox"/> Male	<input type="checkbox"/> Female	Current Age: _____	Date of Birth: ____ / ____ / ____	Social Security: _____

Previous School (1): \_\_\_\_\_ Address: \_\_\_\_\_  
Previous School (2): \_\_\_\_\_ Address: \_\_\_\_\_  
Previous School (3): \_\_\_\_\_ Address: \_\_\_\_\_

Has the student(s) ever repeated a grade?  Yes  No      If yes, what grade(s)/ what student(s)? \_\_\_\_\_

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Home Phone: _____ Wk. Phone: _____	Home Phone: _____ Wk. Phone: _____
What is your native/birth language? _____	Language used at home? _____
Guardian: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other	

If "Other", please complete the following:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to student (if any): \_\_\_\_\_

Father Living:  Yes  No    Mother Living:  Yes  No    Parents Separated:  Yes  No  
Parents Divorced:  Yes  No    Father Remarried:  Yes  No    Mother Remarried:  Yes  No

**If parents are separated/divorced, may child receive personal calls/visits from the parent who does not have custody?  Yes  No**  
**If NO, PLEASE PROVIDE MOST RECENT CUSTODY DOCUMENTATION**

**TRANSPORTATION INFORMATION**

Home Address: \_\_\_\_\_  **MY CHILD HAS SPECIAL NEEDS AND REQUIRES SPECIAL TRANSPORTATION**  
Daycare/Babysitter Address: \_\_\_\_\_  
Parent Pick-up:  Monday am/pm     Tuesday am/pm     Wednesday am/pm     Thursday am/pm     Friday am/pm  
Daycare/Babysitter:  Monday am/pm     Tuesday am/pm     Wednesday am/pm     Thursday am/pm     Friday am/pm  
Home:  Monday am/pm     Tuesday am/pm     Wednesday am/pm     Thursday am/pm     Friday am/pm

**EARLY OUT/SNOW DAY INFORMATION**

Indicate below where your child will be transported to on early dismissal days

SAME AS ABOVE       ALTERNATE ADDRESS \_\_\_\_\_

**FOR OFFICE USE ONLY**

Teacher: Bus #
-------------------

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

Date \_\_\_\_\_

# RESIDENCY ENROLLMENT CHECKLIST

Name of Student 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Student 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Student 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Pager Number: \_\_\_\_\_

## Address Verification (Parent/Legal Guardian) *(Attach copy of document)*

- Rental Contract
- Real Estate Contract (Signed by all Parties)
- Utility Bill / Deposit Receipt
- Affidavit of Residency Form (Please provide notarized form if living within someone else's household/doubled up)

## Basis for Admission of 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 lacks a fixed/regular/adequate nighttime residence), including a child who is:
  - A)  Living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home
  - B)  Living in a community shelter facility
  - C)  Living in transitional housing for less than one year

Give address or directions: \_\_\_\_\_  
\_\_\_\_\_

- Special circumstances (Section 167.141 RSMo)
  - A)  An orphan
  - B)  One parent living
  - C)  Parents do not contribute to the students support
  - D)  Agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes; parents residence is on the real estate; at least 35% of the real estate is in the district; parent notified district on or before June 30<sup>th</sup> that student would be attending.)
- Parent is a teacher under contract with the district (Board Policy required – Section 167.151, 168.151 RSMo)
- Parent is a regular employee with the district (Board Policy required – Section 163.001 RSMo)

## Other exemptions to the residence requirements (Section 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 or an alternative 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)

**Waiver Information**

Waiver requested by:  Parent  Legal Guardian  Student (at least 18 years old)  Other \_\_\_\_\_

Name of person/relative student resides with: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship (if any) to student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

- Address Verification:  Rental Contract  Real Estate Contract (Signed by all Parties)  
 Utility Bill / Deposit Receipt

Reason why student is living with person/relative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other reasons showing hardship or good cause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hearing Date (must be within 45 days of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (day/month/year)

- Student pending waiver request. Date of admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (day/month/year)
- Waiver granted. Date granted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (day/month/year)
- Waiver denied. Date denied: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (day/month/year)

**Students attending school pursuant to the above information may be counted for state aid purposes.**

**Non-resident students who may enroll and are not counted by the district for state aid.**

- Tuition
- Tax credit tuition – Any person who pays a school tax in any other district than that in which he resides may send his children to any public school in the district in which the tax is paid and receive as a credit on the amount charged for tuition the amount of the school tax paid to the district. (Section 167.151 RSMo)
- Transportation Hardship as assigned by the commissioner of education. (Section 167.121 RSMo)



**Dunklin R~V School District**  
 497 Joachim Avenue  
 Herculaneum, MO 63048



***“Mission Statement”***

*Our mission is to create a positive learning community that will prepare all students to attain their highest level of achievement in becoming responsible, productive and caring citizens.*

**GUIDANCE AND BEHAVIORAL ASSESSMENT**

Student Name	Date of Birth	DFS Case Manager	Telephone Number
Previous Home Address	Juvenile Officer		Telephone Number
Previous School Attended / District	Medicaid Number		DSM-IV Classification
Previous Address or Placement			

**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 date 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
- 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: \_\_\_\_\_  
 \_\_\_\_\_
- 10) Is this child presently taking any prescribed medications?  Yes  No If yes, please list medication and dosage: \_\_\_\_\_  
 \_\_\_\_\_

Individual completing report (**please print**) \_\_\_\_\_

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



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**GUIDANCE AND BEHAVIORAL ASSESSMENT**

_____ Student Name	_____ Date of Birth	_____ DFS Case Manager	_____ Telephone Number
_____ Previous Home Address		_____ Juvenile Officer	_____ Telephone Number
_____ Previous School Attended / District		_____ Medicaid Number	_____ DSM-IV Classification
_____ Previous Address or Placement			

**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 date 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
- 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10) Is this child presently taking any prescribed medications?  Yes  No If yes, please list medication and dosage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Individual completing report (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date





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**GUIDANCE AND BEHAVIORAL ASSESSMENT**

_____ Student Name	_____ Date of Birth	_____ DFS Case Manager	_____ Telephone Number
_____ Previous Home Address		_____ Juvenile Officer	_____ Telephone Number
_____ Previous School Attended / District		_____ Medicaid Number	_____ DSM-IV Classification
_____ Previous Address or Placement			

**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 date 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
- 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10) Is this child presently taking any prescribed medications?  Yes  No If yes, please list medication and dosage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Individual completing report (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

# Dunklin R-V School District

## Questionnaire: Student/Family Domicile

*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 Name 1: \_\_\_\_\_

Student Name 2: \_\_\_\_\_

Student Name 3: \_\_\_\_\_

<b>1) Presently, are you and/or your family in any of the following situations? (Check one box)</b>						
<input type="checkbox"/> A. Staying in shelter, FEMA trailer, or waiting for foster care placement.						
<input type="checkbox"/> B. Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.						
<input type="checkbox"/> D. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.						
<input type="checkbox"/> E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.						
<input type="checkbox"/> U. Unknown nighttime residence.						
<b>2) Unaccompanied Youth: not in the physical custody of a parent or guardian. (Check one box)</b>						
<input type="checkbox"/> Y. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.						
<input type="checkbox"/> N. Student does not meet the definition of "Unaccompanied youth".						
<b>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)</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> <b>1, 2 or 3 do not apply. STOP:</b> If you checked this box, you do <u>not</u> need to complete the remainder of this form. Submit this form to school personnel.						
<b>4) Student Name</b>						
First	Middle	Last	M/F	D.O.B. Day/Month/Year	Current Grade	School Name

**PLEASE PRINT:**

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address

City / State / ZIP

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

\_\_\_\_\_  
Date



# Dunklin R-V School District

HOME OF THE BLACKCATS

497 Joachim Avenue

Herculaneum, Missouri 63048

Phone: 636-479-5200

Administration Fax: 636-479-6208



## 2012 ~ 2013 MEDIA EXCLUSION FORM

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Homeroom Advisor: \_\_\_\_\_

Parent/Guardian (please print): \_\_\_\_\_

I do , I do not  want my child to be interviewed, photographed or video taped by newspaper, television, radio media, the School/Community Relations Department, district web site 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.

I do , I do not  want my child's picture in the yearbook.

Parent/Guardian Signature

Date



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HOME OF THE BLACKCATS  
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Herculaneum, Missouri 63048



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Grade Level: \_\_\_\_\_ Homeroom Advisor: \_\_\_\_\_

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I do , I do not  want my child's picture in the yearbook.

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

\_\_\_\_\_  
Date



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I do , I do not  want my child's picture in the yearbook.

---

Parent/Guardian Signature

Date

# Dunklin R-V School District

## Technology Acceptable Use Policy

*The purpose of this policy is to guide students in the appropriate use of computer equipment and networks accessed through school systems.*

Students (hereafter referred to as “user(s)”) will behave responsibly and ethically in the defined ways:

### **Computer/Internet Use**

The Dunklin R-V School District attempts to provide computer and/or media equipment for use by students and patrons. Equipment users are asked to exercise good judgment and care and to remember that equipment is provided for the express purpose of education.

Students and staff (hereafter referred to as “user(s)”) will behave responsibly and ethically in the following ways:

- Users will not intentionally harm computer resources of the district, either through physical damage, deleting, renaming, or moving software files belonging to others.
- Users will not share passwords with others.
- Users will not use another’s login password.
- Users will not attempt to determine the password of another user.
- Users will not give personal information over the Internet.
- Users will not use school equipment for monetary profit.
- Users will follow accepted behavior (netiquette) when using network resources.
- Users will follow copyright laws.
- Users shall not use district equipment, networks, or access to the internet to communicate, access, distribute, retrieve or publish materials that are obscene to minors, libelous, pervasively indecent or vulgar, constitute insulting or fighting words or present a clear and present likelihood that, either because of their content or manner of distribution, will cause a material and substantial disruption of the proper and orderly operation and discipline of the school or school activities or the commission of unlawful acts of the violation of lawful school regulations, as these terms are defined in district policy IGDBA.

User violating the above guidelines will be subject to disciplinary proceedings, which may include any of the following:

- Conventional discipline (detention, suspensions, expulsion).
- Loss of network accesses for a period of time.
- Loss of computer use privilege for a period of time.
- Permanent banishment from any use of district computer resources.



# Dunklin R-V School District

HOME OF THE BLACKCATS

497 Joachim Avenue

Herculaneum, Missouri 63048

Phone: 636-479-5200

Administration Fax: 636-479-6208



## Technology Acceptable Use Policy (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

\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Technology Acceptable Use Policy (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.

- Pevely Elementary     Senn-Thomas Middle School     High School     Taylor

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Implemented: 12/15/2003*

*Dunklin R-V School District, Herculaneum, Missouri 63048*



# Dunklin R-V School District

HOME OF THE BLACKCATS

497 Joachim Avenue

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- 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

\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Technology Acceptable Use Policy (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.

- Pevely Elementary     Senn-Thomas Middle School     High School     Taylor

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Implemented: 12/15/2003*

*Dunklin R-V School District, Herculaneum, Missouri 63048*





# Dunklin R-V School District

## Electronic Web Access Agreement for Viewing Student Information via the Dunklin R-V School District Infinite Campus Parent/Student Portal

### Parent Agreement

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 anytime. 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.

Residence Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Please print

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

Students First Name	Student's Last Name	Student's Date of Birth	Dunklin R-V School Attending (Primary/Middle School/High School)	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/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name **(Please Print)**

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

\_\_\_\_\_  
District Representative Signature

\_\_\_\_\_  
Today's Date

# Dunklin R-V School District

## Infinite Campus Parent/Guardian and Student Portal

### Section I: User Expectations

The Internet and secure web access have altered the ways that confidential information may be accessed, communicated, and transferred by members of society. Those changes are influencing instruction and student learning. The School Board supports access by students, parents/guardians, teachers, and administrators to informational resources that will improve participation in a child's education and improve communication between students, parents/guardians and the student's teachers.

The Dunklin R-V School District manages student information electronically and will make the student education records available for viewing only to authorized parents/guardians and students with a secure connection over the Internet. All parents/guardians and students will comply with the Internet use regulations and all technology regulations/procedures, as well as all other District policies that may apply.

### **Electronic Access to Student Information Regulation**

Dunklin R-V School District uses a secure Internet site to enable electronic access to student information; enhancing communication between our parents/guardians, students, teachers, principals, and administrators.

### **A) Rights and Responsibilities**

*This access is a free service offered to all current and active parents/guardians and students of the Dunklin R-V School District. Access to student information from the Internet is a privilege, not a right. Only after a family has enrolled their child(ren) in the Dunklin R-V School District will a parent/guardian and/or student be authorized to activate a web account. Once a student withdraws or graduates from the Dunklin R-V School District their access will be inactivated. Parents/guardians, students, and staff must understand and practice proper and ethical use.*

### **B) Information Accuracy Responsibilities**

Information accuracy is the joint responsibility between schools, parents/guardians, and students. Each school will make every attempt to ensure information is accurate and complete. If a parent/guardian or student discovers any inaccurate information, they will notify their school immediately and provide proof of the inaccurate information.

### **C) Information Accessible**

The Dunklin R-V School District reserves the right to add, modify or delete functions viewed via the Internet site at any time without notice, including, but not limited to, the functions listed below.

- |                         |  |
|-------------------------|--|
| 1) Attendance           | 6) Course Requests                     |
| 2) Class Schedule       | 7) Emergency Information               |
| 3) Report Cards         | 8) Immunizations                       |
| 4) Transcripts          | 9) Assessment data and work in process |
| 5) Student Demographics |  |

Students from grades six to twelve may request a secure account. A student will only have access to his/her own student information.

## **D) Electronic Web Access Agreement**

Each parent/guardian must complete and sign an Electronic Web Access Agreement for Viewing Student Information Form. After verification of information on the form, the school will follow the process outlined in this regulation to establish an account.

If a parent/guardian is unable to visit the school, they may download the Electronic Web Access Agreement for Viewing Student Information at a website to be determined. The parent/guardian must have the form certified by a notary public and mail the completed and signed form with the notary public seal and current date to their child's school.

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

## **E) Use of the System**

Parents/guardians and students are required to adhere to the following guidelines:

- 1) Parents/guardians and students will act in a responsible, ethical and legal manner.
- 2) Parents/guardians and students will not attempt to harm or destroy the school or the district's data or networks.
- 3) Parents/guardians and students will not attempt to access Information or any account assigned to another user.
- 4) Parents/guardians and students will not use this Internet site for any illegal activity, including violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws would be subject to Civil and/or Criminal prosecution.
- 5) Parents/guardians and students who identify a security problem within the Portal must notify their school immediately, without demonstrating the problem to anyone else.
- 6) Parents/guardians and students will not share their password with anyone, including their own child(ren).
- 7) Parents/guardians and students will not set their computer to automatically login to the Internet site.
- 8) Parents/guardians and students identified as a security risk will be denied access to the site.

## **F) Security Features**

- 1) Access is made available with a secure Internet site.

Note: Account holders are responsible for not sharing their passwords and to properly protect or destroy any printed/electronic documentation generated from this site.

- 2) Three unsuccessful login attempts will disable the user's account. Until the school has verified the assigned user to the locked account, the account will remain locked. In order to use the account again the user will need to contact their child's school.
- 3) The users will be automatically logged off if they leave their web browser open and inactive for a period of time
- 4) The student's account will be inactivated when the student withdraws or graduates from the Dunklin R-V School District.
- 5) The Parent/guardian account will be inactivated when their child(ren) have either withdrawn or graduated from the Dunklin R-V School District, or a court action denies the parent/guardian access to the student's information.

## **Section II: System Requirements and Support:**

### **A) System Requirements**

- 1) The most current system requirements will be posted to the Dunklin R-V School District Infinite Campus Web site: <http://www.dunklin.k12.mo.us>.

### **B) Support**

- 1) Telephone support for issues concerning student information or procedures is available by contacting your school representative.
- 2) When calling, the school will identify the caller with the “Person Log In ID” given to the caller at the time the account created. If the caller gets voicemail, they will leave their name, phone number, the best time to contact, and a description of the problem.

### **C) Limitation of School District Liability**

The Dunklin R-V School District will use reasonable measures to protect student Information from unauthorized viewing. The District will not be responsible for financial obligations arising through unauthorized use of the District's system or Internet. The District does not promise any particular level or method of access to the Internet site for viewing student Information. The District will not be responsible for actions taken by the parent/guardian or student that would cause compromise of their student Information. The District reserves the right to limit or terminate the Internet site for viewing student Information without notice. All parents/guardians and students of the District network by requesting an Internet site for viewing student Information account consent to electronic monitoring and understand that this is a private network used as an educational tool by the Dunklin R-V School District employees and students. Account activity is electronically recorded.

## **Section III: Parent Portal Access and use:**

### **A) Initial Account Request and Setup**

- 1) For Parents/Guardians new to the District:
  - i) When parent/guardians are enrolling their child(ren), the parent/guardians can complete the Electronic Web Access Agreement for Viewing Student Information.
  - ii) The parent/guardians only need to complete one Electronic Web Access Agreement form for all children in their household.
  - iii) For security reasons, all parent/guardians must sign the form in the presence of a school principal or school secretary.
  - iv) School will verify parent/guardians identification with official government identification.
  - v) If the parent/guardian cannot visit the school, a notary public must witness the parent/guardian signing the form and use their public seal with a current date.
  - vi) After the student is enrolled into the student information system, the parent/guardians requesting the account will be provided an activation key and “Person login ID”.
    - (1) The activation key is used by the parent/guardians to create their secure account.
    - (2) The “Person Login ID” is used by the schools to verify a person requesting an account unlock.
  - vii) The school will keep the completed and signed form in the cumulative record folder of each student.
- 2) For Parents/Guardians who do not currently have an Internet access account but have a child already enrolled
  - i) Each parent/guardian only needs to complete one Electronic Web Access Agreement form for all children in their household.
  - ii) For security reasons, each parent must sign the form in front of the school principal or school secretary.
  - iii) School will verify parent identification with official government identification.

- iv) The parent requesting the account will be given an activation key and “Person Login ID”.
    - (1) The activation key is used by the parent to create their secure account.
    - (2) The “Person Login ID” is used by the schools to verify a person requesting an account unlock.
  - v) The school will file the completed and signed form in the student’s cumulative record folder.
- 3) For Students:
- i) Students from grade six through twelve can request their own account from their school.
  - ii) School will verify the student identification.
  - iii) A student requesting an account will be given an activation key and “Person Login ID”.
    - (1) The activation key is used by the student to create their secure account.
    - (2) The “Person Login ID is used by the schools to verify a person requesting an account unlock.
- 4) For Schools:
- i) The activation key will not be given to a parent/guardian or student without first verifying the identity of the requestor.
  - ii) The Electronic Web Access Agreement form signed by a parent will be maintained in the student’s cumulative record folder.

## **B) Account Unlock Procedures**

- 1) Parents/Guardians or Students may request unlocking their account either by telephone or in person.
  - a. Via Phone –
    - i. The requestor will be asked a series of random questions and for the Person Id given to the person at the time the account was setup by the school administration. The questions will be limited to information in the student management system that only the requestor would know.
  - b. In Person – The Parent/guardian or student will make the request to the secretary at the school.
  - c. For Schools - Once the school has confirmed the Parent/Guardian identification, they will request an account reset via an email to technology staff. The Technology staff will reply to the school’s request by providing a new password. The School would notify the user of the new password.

*Note: Depending on the volume of requests and District/School workload, this process could take 3 - 5 full school days or longer during peak times.*

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497 Joachim Avenue  
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<http://www.dunklin.k12.mo.us>

Administration FAX: 636-479-6208

## AlertNow Rapid Communication Service Parent Overview

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

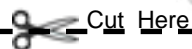
Only authorized administrators on the school and district level may activate the system. AlertNow keeps all of its clients' information confidential and secure. All data is password protected and accessible only by school administration.

### 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.**



Cut Here

## AlertNow Information Form

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