



McDonald County R-1 School District 2011-2012

Grade: Teacher: School: Enrollment Date:

SECTION I.

Student's Legal Name Last First Middle Preferred SS#

Birth Date / / Gender: Male Female Birth Certificate # State (Birth)

Residence Address City/State: Zip:

Mailing Address (if different from residence address): Student Will Attend Grade:

Ethnicity/Race: Hispanic Non-Hispanic (If Non Hispanic choose one): White Multi-racial Asian Native Hawaiian or other Pacific Islander American Indian or Alaska Native Black or African American

Is there any language other than English spoken in the home? Yes No If Yes, what language?

What language does the student speak? What language does the student understand?

Student's Country of Birth: Total years/months living in the U.S.? In Missouri?

NOTE: Must Complete Form A - Programs for Limited English Proficient- (Student Home Language Survey)

SECTION II. List ONE person per box. Include biological parents (even those not in the home) and all parents/step

Name Last First Middle Relationship Home Phone

Address: City/State: Zip: Cell Phone:

Employer: Work Phone: Email :

Does student live with you? Yes No Do you have legal custody? Yes No Any court order regarding custody? Yes No

Name Last First Middle Relationship Home Phone

Address: City/State: Zip: Cell Phone:

Employer: Work Phone: Email :

Does student live with you? Yes No Do you have legal custody? Yes No Any court order regarding custody? Yes No

Name Last First Middle Relationship Home Phone

Address: City/State: Zip: Cell Phone:

Employer: Work Phone: Email :

Does student live with you? Yes No Do you have legal custody? Yes No Any court order regarding custody? Yes No

If parents/guardians listed above do not live in the home, are they authorized to pick up child from school? Yes No

Are there any restrictions on the rights of either parent from contact with the student? Yes No

Are there any restrictions on the rights of either parent from having access to the student's records? Yes No

***Attach a copy of any court order related to any of the above questions checked YES. A copy must be on file in the school's office.

Is this student a foster care placement? Yes No (If YES, please complete this section)

Biological Parent Name Biological Parent Address

Biological Parent School District Caseworker Name Caseworker Phone

Administrative Note-Complete Non-Domicile form and submit to student services office)

SECTION III. EMERGENCY CONTACT INFORMATION (Other than parents/guardians)

Please list below any adult who may be contacted or who may pick up your child at school in the event of illness/emergency and who may receive necessary student information that is relevant to the emergency/illness. These will be the only people your child will be released to if you are not available. (List additional names on a separate sheet)

1. Name: Relation: Home#: Cell: Work:

2. Name: Relation: Home#: Cell: Work:

3. Name: Relation: Home#: Cell: Work:

If you or those listed cannot be reached, please give any special instructions for school personnel to follow in the case of an emergency:

SECTION IV. SIBLINGS (Children under the age 20 residing in home or McDonald County School District-list additional on separate sheet)

Name Last First Middle School Grade Birth Date

Name Last First Middle School Grade Birth Date

Name Last First Middle School Grade Birth Date



SECTION V.

SCHOOL(S) PREVIOUSLY ATTENDED

Has your child previously attended a school within the McDonald County R-1 School District? Yes No (School) _____

All Schools attended in the previous 24 months: (List additional schools on separate sheet):

1. School: _____ City/State: _____ Dates Attended: _____

2. School: _____ City/State: _____ Dates Attended: _____

SECTION VI. INDICATE SPECIAL PROGRAMS YOUR CHILD RECEIVED AT A PREVIOUS SCHOOL. CHECK ALL THAT APPLY

Gifted & Talented Special Reading Speech Special Education 504 ELL Other (List): _____

Is there a current IEP, 504 plan, or ELL accommodation plan on file at a previous school? Yes No (School) _____

SECTION VII. BUS INFORMATION

Your child will ride the bus to school from: Daycare Home (Check one) From school to: Daycare Home (Check one)

DAYCARE PROVIDER: _____ ADDRESS: _____ PHONE: _____

EARLY DISMISSAL INSTRUCTIONS (School dismissed for inclement weather, etc.) _____

SECTION VIII. OTHER REQUIRED INFORMATION

Are you sharing the housing of other persons due to economic hardship or similar reasons? Yes No If yes, explain:

Do you currently reside at a motel/hotel, in a car, or at a campsite because your home has been damaged or due to economic reasons? Yes No

Are you currently residing in an emergency or transitional shelter? Yes No

Are you currently living in temporary housing due to economic hardship? Yes No

Has the student previously been suspended or expelled from school attendance at any other school in this state or any other state for an offence in violation of school policies? Yes No -- If yes, complete Form (Disciplinary Action Form)

Has the student ever been expelled from schools? Yes No

Have you moved in the last 3 years to seek/obtain temporary or seasonal work in farm related jobs such as planting/harvesting crops, feeding or processing poultry, beef, hogs, & dairy products or fishing? Yes No

If "YES", Must complete Form B: MELL PROGRAM PARENT SURVEY

SECTION IX. PARENTAL CONSENT ITEMS

a. I authorize my student to go on trips to other locations and school sponsored field trips (I.E. art gallery, museum, concerts, etc.), with supervision, that may necessitate leaving the school grounds during the time they are enrolled at this school. Yes No

b. My student's name, address and telephone number may be released to military recruiters (high school only). Yes No

c. **I authorize the McDonald County R-1 School District to make photographs, films, or audio recordings for use in:** Web sites, television stations or other electronic formats; in news stories/promotional materials about/for the district. (This will also allow my child to have photos/art projects displayed in school buildings, businesses, contests or for academic publicity); Yearbooks or school publications; District Publications and honor roll recognition in newspapers. Yes No
The above consents only apply to non-profit and non-commercial purposes by the McDonald County R-1 School District, news organizations or agencies. This consent will remain in effect for the current school year until revoked in writing.

d. **Computer/Technology Usage Policy:**
I understand that a copy of the district technology usage policy is available on the District Website (www.mcdonalddco.k12.mo.us) or in the school Handbook. I have read and discussed this policy with my student regarding safe and responsible technology usage. My student has agreed to abide by the district technology usage policy.

e. **Corporal Punishment**
I understand that McDonald County R-1 Schools utilizes corporal punishment as a form of discipline. Corporal punishment will be administered with a wooden paddle and will not exceed three (3) swats. Corporal punishment can be administered to my child. Yes No

I grant permission for the items above checked YES and I certify that I am the legal parent/guardian of the student being enrolled and that the information listed on the student data sheet is current and accurate. Pursuant to RSMo Sec. 167.020, submitting false statements or information relating to residency is defined as a class A misdemeanor. In addition, the District may seek to recover the cost of school attendance for any pupil who it enrolled pursuant to false information received from a parent or legal guardian regarding residency.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



FORM A
McDonald County R-1 School District
PROGRAMS FOR LIMITED ENGLISH PROFICIENT-
LANGUAGE MINORITY STUDENTS
 (Student Home Language Survey)

Student's Name: _____

Date: _____ School: _____

Person Completing Survey: Mother Father Student Guardian Other (Specify): _____

Check the best answer to each question as it pertains to the student and provide additional information:

1. Was the first language you learned English? Yes No
 2. Can you speak a language other than English? Yes No
 3. Is any language other than English used at home? Yes No

4. Which language do you use most often with friends? English Other: _____

5. Which language do you use most often with parents? English Other: _____

6. Which language do you use most often with other relatives? English Other: _____

7. Have you attended school in a country other than the U.S.? Yes No
 If yes, how long and what grades _____

8. Have you attended another school in the United States? Yes No
 If yes, where and how long _____

9. Have you attended another school in Missouri? Yes No If yes, where and how long _____

10. Please provide any other related information that would help the school (for example, referral to gifted or special education programs in prior schools, etc.)

ADMINISTRATIVE NOTE:

ADMISSIONS PERSONNEL - - This form is to be given to all new and enrolling students. Any student, who indicates the use of a language other than English, **MUST** be assessed for English proficiency. It is important that this form be completed to the fullest extent. Any and all information can be useful for assessment purposes. Appropriate staff, as outlined in the District Lau Plan, should be notified immediately if *Limited English Proficiency* is suspected.



**FORM B
MELL Program
Parent Survey**

School District _____

Enrollment Date _____

If you have moved from one school district to another and you have worked in agriculturally based employment in the last three (3) years, your children may be eligible for special services to better serve them in their education. Please complete the following survey information and return it to your teacher or school office.

1. YES NO Have you moved to this area in the past three (3) years?

2. YES NO In the last three (3) years, have you worked or are you currently working in any of these areas? If so, which ones?

If you have done any of the jobs mentioned, your children may be eligible.

- Planting or harvesting crops
- Transporting farm products to market
- Feeding poultry, gathering eggs, working in a hatchery
- Processing meat, poultry, fruit, vegetables, dairy products
- Milking cows on a dairy farm
- Cutting firewood or logs to sell
- Commercial fishing or working on a fish farm
- Growing and tending to trees to be sold

3. YES NO If you checked any box above, did you move to seek or obtain that job?

Parents/Guardians _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ When can we find you at home (Best Time)? _____

Please briefly explain how to get to your house. Feel free to draw a map. We'll be communicating with you about services your child can receive if they are eligible for the program. Thank you very much! _____

| Name of Child | Date of Birth | Age | School Building | Grade |
|---------------|---------------|-----|-----------------|-------|
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Admissions Personnel:

Please send completed surveys to: Director of Student Services, 100 Mustang Drive, Anderson, MO 64831
Fax: 417-845-7053.



FORM C
McDonald County R-1 School District
Proof of Residency

| | | | | | |
|-------|--|-----------------|--|------|--|
| Date: | | Student's Name: | | SSN: | |
|-------|--|-----------------|--|------|--|

A. Name and address of all the schools that the student has attended over the past twelve month period. List most recent, first.

| | |
|--|--|
| <p>1. _____ School Name</p> <p>_____ _____ School Address</p> <p>From _____ to _____ Dates attended (month and year)</p> | <p>2. _____ School Name</p> <p>_____ _____ School Address</p> <p>From _____ to _____ Dates attended (month and year)</p> |
| <p>3. _____ School Name</p> <p>_____ _____ School Address</p> <p>From _____ to _____ Dates attended (month and year)</p> | <p>4. _____ School Name</p> <p>_____ _____ School Address</p> <p>From _____ to _____ Dates attended (month and year)</p> |

B. Are both of the student's natural parents living? _____

C. Is the student receiving any financial support from parents? _____

D. What financial resources are available to the student (include source and amount of available funds)?

E. Is the student a ward of the state or living in a residential facility as the result of a placement by a juvenile court or other state agency? YES NO

If yes, explain _____

F. Does the parent or guardian pay property taxes to this school district? YES NO
If yes, please provide a copy of the most recent tax bill.

G. If the student is not living with a parent or guardian, who is the student living with and why?

H. Are there any other factors that you believe may entitle the student to attend without payment of tuition?
(refer to section 167.020,167.151, RSMo)



FORM C-1
McDonald County R-1 School District
Residency Verification Form

| | | | | | |
|-------|--|-----------------|--|------|--|
| Date: | | Student's Name: | | SSN: | |
|-------|--|-----------------|--|------|--|

TO: McDONALD COUNTY R-1 SCHOOL DISTRICT

I, _____ hereby state that I am the parent or guardian of _____, a minor, and that all information I have provided whether is writing or verbally with regard to the residence and domicile of said minor is truthful and accurate.

Specifically, pursuant to RSMO 167.020, the above referenced minor physically resides within the McDonald County R-1 School District at : _____
(Physical Address) (City) (Zip Code)

Missouri, **and** is domiciled within the same district. The domicile of a minor child shall be the domicile of a parent or court-appointed legal guardian.

Any person who knowingly submits false information to satisfy the domicile or residency requirements is guilty of a class A misdemeanor pursuant to RSMO 167.020 (4).

If found to be out-of-district I agree to pay the cost of tuition to the McDonald County R-1 School District.

Parent/ Guardian

Date



FORM D
McDonald County R-1 School District
DISCIPLINARY ACTION FORM

| | | | | | |
|-------|--|-----------------|--|------|--|
| Date: | | Student's Name: | | SSN: | |
|-------|--|-----------------|--|------|--|

1. Provide details concerning the dates, conduct and previous school imposing the discipline, beginning with the most recent.

| | | | |
|------|--------|--|------------------|
| Date | School | Expulsion Suspension (check one) | Describe Offense |
| Date | School | Expulsion Suspension (check one) | Describe Offense |
| Date | School | Expulsion Suspension (check one) | Describe Offense |
| Date | School | Expulsion Suspension (check one) | Describe Offense |

2. Has the student ever been convicted of a felony or indicted or had an information file against him/her alleging the commission of a felony for which there has been no final judgment? _____

3. Has the student ever had a petition filed against him/her in juvenile court alleging the commission of an act which if committed by an adult may constitute a felony, for which there has been no final judgment or which the student has been adjudicated to have committed the offense? _____

4. If the answer to question 2 or 3 is yes, list the date, specific offense and the jurisdiction in which the conviction occurred or in which the indictment, information or petition was filed.

| | | |
|------|---------|--------------|
| Date | Offense | Jurisdiction |
| Date | Offense | Jurisdiction |
| Date | Offense | Jurisdiction |
| Date | Offense | Jurisdiction |

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT

DATE



FORM E
McDonald County R-1 School District
Student Health Inventory

| | | | |
|-------|--|-----------------|--------|
| Date: | | Student's Name: | Grade: |
|-------|--|-----------------|--------|

Last *First* *M.*

Your child's learning depends on good health. To assist in providing health services at school, please complete all questions and return to the school nurse.

Male Female Birthdate _____ Race _____

Street Address or P.O. Box _____

City/State _____ Zip Code _____

Parent/Guardian _____ Phone _____

Parent's Employment (Father) _____ Phone _____

(Mother) _____ Phone _____

Emergency Contacts: (1st Choice) Name _____ Phone _____

(2nd Choice) Name _____ Phone _____

Doctor's Name _____ Phone _____

Has your child had a physical exam in the last 12 months? Yes No **Date** _____

Dentist's Name _____ Phone _____

Has student had dental exam in the last year? Yes No

Is your child under an orthodontist's care? Yes No

If yes, Orthodontist's Name _____

What is student's usual source of primary care? (Where do you seek medical care?) Community Health Center Emergency Room
 Family Planning Dentist Physician/Clinic Hospital Outpatient None Other

Does student have: Private insurance? Yes No If yes, **Group Name:** _____ **Number:** _____

Medicaid? Yes No If yes, **ID#** _____ None of the above _____

What doctor's office and/or hospital should your child be taken to in case of an emergency? _____

DOES YOUR CHILD HAVE ALLERGIES to drugs, food, insect, bee stings, pollen, etc. Yes No

If yes, please list _____

Has the allergy required emergency action in the past? Yes No

Describe reaction _____

ASTHMA? Yes No Triggered by _____

Treatments _____

Diagnosed by Doctor _____ Date _____

DIABETES? Yes No Date diagnosed _____

Takes Insulin? _____

EPILSEPSY/ SEIZURES? Yes No Describe reaction _____

Is student currently under doctor's care for seizures? _____

If yes, Doctor's name _____ Phone _____

HEART CONDITION? Yes No Describe _____

If any physical restrictions, please describe _____

Medications _____

BONE OR JOINT PROBLEMS? Yes No Describe _____

Any physical restrictions? _____



FORM E
McDonald County R-1 School District
Student Health Inventory Part II

| | | | | | |
|-------|--|-----------------|--|--------|--|
| Date: | | Student's Name: | | Grade: | |
|-------|--|-----------------|--|--------|--|

PLEASE COMPLETE THE FOLLOWING REGARDING HEALTH CONCERNS THAT PERTAIN TO YOUR CHILD.

(Check all that apply)

Eyes: glasses _____ (reading _____ distance _____) contacts _____
 Crossed _____ Lazy Eye _____ difficulty seeing _____
 Name of eye Doctor: _____ Date of last appointment _____

Ears: frequent infections _____ tubes _____ Hearing difficulty (explain) _____
 Hearing aid: right _____ left _____ Wear at school? _____

Other Concerns: Nosebleeds _____ Eating _____ Sleeping _____ Bowel _____ Requires diapering _____
 Skin _____ Bladder _____ Requires catheterization _____ Bedwetting _____ Dental _____
 Menstruation _____ Phobias (fears) _____ ADD/ADHD _____

Takes daily medication at home? Yes _____ No _____ In School? Yes _____ No _____
 Emergency only? Yes _____ No _____

Name of medication and reason for taking _____

List of serious illnesses, injuries, and/or childhood diseases: _____

List Surgeries, if any _____

Condition that prevents PE participation. (Parent needs to provide medical doctor release from physical activities.)

Other health information or concerns: _____

I understand that health information will be shared, in confidence, with school staff as determined to be necessary by the school nurse.

I understand that it is my responsibility as a parent/guardian to provide transportation for my sick child, unless my child is seriously injured or seriously ill.

I, the undersigned, do hereby authorize officials of McDonald County R-1 Schools to administer emergency medical care/first aid to my child, when needed.

I, the undersigned, do hereby authorize officials of McDonald County R-1 Schools to contact directly the persons named, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Student Name _____

Signature Parent/Guardian _____ Date _____

NOTE: If your child has received immunizations since Kindergarten enrollment, please provide a copy of the shot record.



FORM F

McDonald County R-1 School District

Office of Student Services

PO Box 477 - Anderson, MO 64831

PHONE: (417) 845-3409 FAX: (417) 845-7053

NON-DOMICILE STUDENT INFORMATION

(This form needs to be completed, and a copy submitted to the student services office upon enrollment of student's that are placed by the department of mental health, the department of social services or by court order in facilities or programs located within our school district. The McDonald County R-1 School District is entitled to local tax effort from each student's domiciliary district. The district may, if such funds are available and pursuant to law, receive payment from the Department of Elementary and Secondary Education (DESE) for such students in lieu of the local tax effort payments from the domiciliary district.)

Student Information:

| | | | | | |
|--|--|----------------|--|---------------------|--|
| Students Name: | | Date of Birth: | | Date of Enrollment: | |
| Soc. Security #: | | State I.D. #: | | | |
| County and Agency Responsible for placement: (i.e., DFS, DYS, DMH, | | | | | |
| Case Manager: | | Phone Number: | | | |

Legal Parent/Guardian Information:

| | | | |
|-----------------------|--|-------------------------------------|--|
| Mother/Father's Name: | | Phone Number: | |
| Address: | | City: | |
| State: | | Zip Code: | |
| | | Domicile School District of parent: | |

Foster Parent/Guardian Information:

| | | | | | |
|----------|--|-----------|--|---------------|--|
| Name: | | | | | |
| Address: | | | | City: | |
| State: | | Zip Code: | | Phone Number: | |

NOTE: We are required to notify the domicile or "home district" of our intent to seek reimbursement for services. At the end of the fiscal school year, you will be required to submit to the student services office, the total number of attendance days for each student that was identified as a publicly placed student into our district.