# Festus R-VI School District

*Revised 03/17/2016*

## 2016-2017 Enrollment Form

**Date:** _____ **Grade:** _____ **Enrollment Date:** _____

**Student Information**: Grade: _____

Name: (Last) _____ (First)_____(Middle)_____

Date of Birth: _____ Gender: _____M _____F

(Month) (Day) (Year) (check one)

Student Lives With: Both Parents Mother Father Stepmother Stepfather
(choose all that apply) Foster Parent Guardian Live-In-Companion Other

Does this child have any legal documents pertaining to custody issues, guardianship or protective orders? Yes__ No__
If yes, please explain and provide the necessary documentation:_____

_____

Has student previously attended Festus R-VI? ___Yes ___ No If yes, what grade? _____

## Household Information:

Primary Phone # _____

Home Address _____
Street Address City State Zip

Mailing Address (If different than above) _____
P.O. Box City State Zip

## Primary Parent/Guardian #1 (Living at the address above)

Name: _____ Relationship_____
Last First M.I.

Cell #_____ E-Mail Address/Parent Portal:_____

Employer: _____ Occupation: _____ Work #_____

## Primary Parent/Guardian #2 (Living at the address above)

Name: _____ Relationship_____
Last First M.I.

Cell #_____ E-Mail Address/Parent Portal:_____

Employer: _____ Occupation: _____ Work #_____

**Other Family Members in the Home (Siblings)**

Name: **Last** **First** **Age** **Grade** **School**

_____

_____

_____

_____

_____

## Alternate Parent Information:

Request Mailings? _____**Yes** _____**No**

Parent **NOT** living at Student's Primary Address

Name: _____Relationship: _____

Last First M.I.

Address: _____

Street Address City State Zip

Home # _____Cell # _____ E-Mail Address / Parent Portal:_____

Employer:_____ Occupation: _____Work # _____

**Alternate Parent Spouse Information:**

Name: _____ Phone # _____

Last First M.I.

## Emergency Contact Information:

**1.** Name: _____Relationship: _____

Last First M.I.

Home # _____Cell # _____

**2.** Name: _____Relationship: _____

Last First M.I.

Home # _____Cell # _____

**3.** Name: _____Relationship: _____

Last First M.I.

Home # _____Cell # _____

PARENT PERMISSION FOR PUBLICATION OF STUDENT IMAGE/PHOTO/VIDEO on district website, classroom websites, classroom projects and/or other school publications: Yes ___ No ___

By signing below, I verify that all of the information provided above is true and accurate to the best of my knowledge**:**

_____ _____

**Signature of Parent/Guardian** **Date**

# Student Ethnicity, Race, Military Data Questionnaire

Part 1. Ethnicity: Is the person Hispanic/Latino? (*Choose only one*)

☐ Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Not Hispanic/Latino

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.*

Part 2. Race (choose all that apply)

☐ American Indian/Alaskan Native

☐ Asian

☐ Native Hawaiian/Other Pacific Islander

☐ Black/African American

☐ Multi-Racial

☐ White

*Race/Ethnicity data will **not be** included in directory information under FERPA*

Part 3. Military Family

☐ Yes, Active Duty

☐ Yes, Reserve/National Guard

☐ Yes, Retired

☐ No

☐ Other _____

# SCHOOL ADMISSIONS

(Proof of Residency Form)

In order to satisfy the district's residency requirements, the student, parent, military guardian, court-appointed legal guardian or person acting as a parent must provide one (1) or more of the following items as proof of residency:

1. Property tax statement
2. Legal property description
3. Utility bill/agreement
4. Rental agreement/receipt
5. Real estate contract

**If a parent/guardian does not have the above documents in their name, please fill out Section 2**

| Section 2- Only if Parent/Guardian cannot provide the above documentation |
|---|

Name of Student: _____

Last First MI

Address Where Student Is Living:

_____

_____

Name of Person with Whom Student Is Living: _____

Phone: _____

Relationship to Student: ___ Self ___ Parent ___ Guardian

___ Person Acting as a Parent Other: _____

Estimated amount of time student will be residing at address:(months/weeks etc) _____

Reason for Residing at Address: _____

_____

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.

_____

Signature of Parent/Guardian Date

_____

Signature of Resident Date

** Must provide copy of above residency documentation in the name of resident listed**

# Release of Records/Request Information Authorization

Date: _____ Attention: _____ Fax: _____

Previous District: _____Previous School:_____

Previous School Address: _____

The following child has enrolled or submitted application to attend Festus R-VI School District:

| **Student Name** | **Grade** | **Date of Birth** |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please fax us the following information so that we can determine the most appropriate education program for the student named:

___ Last physical address for MSHSA purposes

___ Complete Academic Records

___ Grades to Date of Transfer

___ Test Results

___ Discipline Records (Suspensions or Expulsions)

___ Remedial/Title I Reading Data and/or Records

___ Birth Certificate

___ IEP/Diagnostics

___ Other

___ Health Records/Immunizations

___ Attendance Records

___ RtI Data

**Please mail, email or fax official records to appropriate site listed below:**

___ **Festus Elementary (Grades K-3)**
1500 Mid-Meadow Lane
Festus, MO 63028
Phone:636-937-4063
Fax:636-937-7870
coemolly@festusedu.com

___ **Festus Intermediate (Grades 4-6)**
1501 Mid-Meadow Lane
Festus, MO 63028
Phone:636-937-4750
Fax:636-937-6106
connortracy@festusedu.com

___ **Festus Middle School (Grades 7-8)**
1717 West Main Street
Festus, MO 63028
Phone:636-937-5417
Fax:636-937-4171
rutledgelisa@festusedu.com

___ **Festus High School (Grades 9-12)**
501 Westwind Dr
Festus, MO 63028
Phone:636-937-5944
Fax:636-937-2066
raebelmelanie@festusedu.com

This information is not to be released to any other person or an agency without written consent from the parent(s), guardian(s), or eligible student as stated in the family education rights and privacy act of 1974(A Federal Law(. This authorization will continue in effect unless revoked by me in writing. I HAVE READ THIS AUTHORIZATION AND UNDERSTAND IT.

_____ _____

**(Parent or Guardian Signature)** Date

# Student Records

(Model Notification of Rights under Family Educational Rights and Privacy Act for Elementary and Secondary Schools for Distribution)

The Family Educational Rights and Privacy Act )FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School Principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The School Official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate or misleading. Parents or eligible students may ask the School to amend a record that they believe is inaccurate or misleading. They should write the School Principal (or appropriate official), clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, Supervisor, Instructor or Support Staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee or assisting another school official in performing his or her tasks. A School Official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. (Optional) Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901

# Safe Schools

Student's Name _____

The Safe Schools legislation passed by the 1996 session of the Missouri State Legislature requires that each school district maintain records of disciplinary actions for each student including new students to the district. This legislation also mandates specific procedures for enrolling students that have been expelled, have pending suspensions, or have been convicted of any of the felonies listed below while enrolled in their former school. The signature below indicates that to the best of your knowledge the above mentioned student has not been expelled nor has any pending suspensions from their former school. The signature below also indicates that the above mentioned student has not been charged or convicted of the following crimes:

1. First degree murder under statute 565.020, RSMo;

2. Second degree murder under statute 565.021, RSMo;

3. First degree assault under statute 565.050, RSMo;

4. Forcible rape under statute 566.030, RSMo;

5. Forcible sodomy under statute 566.060, RSMo;

6. Robbery in the first degree under statute 569.020, RSMo;

7. Distribution of drugs to a minor under statute 195.212, RSMo;

8. Arson in the first degree under statute 569.040, RSMo; or

9. Kidnapping, when classified as a class A felony under statute 565.110, RSMo.

If information provided by students, parents, or guardians proves to be inaccurate the Festus R-VI School District will drop the above mentioned student and that student will have to apply for re-admission to the school district in a manner Consistent with statutes. Misrepresentation of the status of any transferring student is a violation of state law. Such representation may result in formal charges as well as civil action to recover cost of education for the student.

_____ _____

Parent or Legal Guardian's Signature Date

# Student Discipline for Enrollment

Prior to admission, the Festus R-VI School District requires any parent, guardian or person having control or in charge of a child of school age to provide, upon enrollment, a sworn statement of affirmation indicating whether the student has been expelled or suspended from school attendance at any school in the state for an offense in violation of school board policies relating to weapons, alcohol, drugs or for the willful infliction of injury to another person. Any person making a materially false statement of affirmation may be guilty upon conviction of Class B Misdemeanor.

_____
Date

In accordance with the Missouri Safe Schools Act of August 1996, the following information is required for all new students enrolling or being re-admitted:

I, _____, as parent or court appointed guardian, or person having charge of
Parent/Guardian Name

_____ has/has not been expelled or suspended from any school attendance in
Student Name

This state or any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs or the willful infliction or injury to another person. List below the dates, reason(s) and name of the school where any expulsion or suspension occurred.

I also swear and affirm that _____ has not been convicted or nor is charged with any act
Student Name

listed in the “Admission Restriction.”

_____ _____
Signature Date

Admission Restriction: No student may be re-admitted or enrolled in the Festus R-VI School District who has been convicted of or charged with an act which, if committed by an adult, would be one of the following: first degree murder, first degree assault, forcible sodomy, robbery in the first degree. Distribution of drugs to a minor, arson in the first degree and kidnapping when classified as a Class A felony. Students may be re-admitted or enrolled if the charge has been dismissed or when the student has been acquitted.

# Transportation Form
# 2016-2017

***This information will be used to create/update your students bus transportation record. All information will be treated as confidential.***

Student Name: _____ Home Telephone: _____
Last First MI

Grade: ____ Sex: M__ F__ Date of Birth: _____
mm/dd/yyyy

Street Address: _____ City:_____ Zip Code:_____
Please list street extension, St., Ave, Ct, Dr, Etc

Is your mailing address the same? Yes____ No ____
If No, please complete the following:

Street or P.O. Box:_____ City:_____ Zip Code:_____

Mothers Name: _____ Fathers Name: _____

Mothers Cell Phone Number: _____ Fathers Cell Phone Number: _____

Beside the Parents, please list two people we can contact in an emergency:

Name: _____ Phone:_____ Relationship:_____

Name: _____ Phone:_____ Relationship:_____

How does student get to and from school? Walk ___ Ride in private vehicle ____ Ride on district bus _____
District Bus Rider Information **ONLY**:

**Coming to School - From**:
Home _____
Day Care _____ Name of Day Care _____Phone _____
Babysitter _____ Name & Address _____Phone _____
Relative _____ Name & Address _____Phone _____
Other _____ Explain _____

**Going from School – To:**
Home _____
Day Care _____ Name of Day Care _____Phone _____
Babysitter _____ Name & Address _____Phone _____
Relative _____ Name & Address _____Phone _____
Other _____ Explain _____

**Will the student have the same schedule everyday? Yes ____ No _____ Please list schedule below:**

**Coming to School – From:**

Monday _____
Tuesday _____
Wednesday_____
Thursday _____
Friday _____

**Going from School – To:**

Monday_____
Tuesday _____
Wednesday_____
Thursday_____
Friday _____

Please list any Medical of Physical conditions that the driver should be aware of: _____

# Student Health Information

## 2016-2017

Student Name: _____ Grade:_____ Teacher:_____
Last First MI

Immunizations: A copy of current immunization record must be presented to enroll. Festus R-VI School District requires immunizations for: DPT, Polio, Measles, Mumps, Rubella (MMR), Hepatitis B and Varicella. School Age Children (K-12): Missouri State Law, Section 187.181, RSMo 19 CSR 20-28.010 Immunization Rule requires school age children to be appropriately immunized or exempted in order to enroll in or attend school. Revised 1996.

Has a doctor diagnosed your child with:

Asthma ___ Diabetes ___ Seizure Disorder ___ Heart Condition ___ADD ___ ADHD ___

ODD ___ Bipolar ___ Autism ___ Seasonal Allergies ___ Food Allergy ___ Sting Allergy ___

Migraine ___ Hearing Impairment ___ Vision Impairment ___ Other, Please Specify _____

If you checked any of the above, please describe your child's condition, reaction and treatment for each. You may need to meet with the school nurses to discuss further and provide additional information.

_____
_____

Please list any hospitalizations, surgeries (include dates):

_____

Does your child wear any of the following: Hearing Aid ___ Glasses ___ Contact Lenses ___

Please list all medications your child is currently taking. If medication must be given at school, please read below:

Medication Name Dosage and How Often

_____

_____

***It is preferred that medications be given at home whenever possible. If medication must be administered at school, prescription medication must be in the original container with a current prescription label. All over the counter (OTC) medication must be in the original bottle/box and only manufacturer's instructions will be followed*** ___ I ***give*** permission for Tylenol or Cough Drops to be administered by school personnel

___ I ***DO NOT*** give permission for Tylenol or Cough Drops to be administered by school personnel

****_**NO**_ medication will be dispensed without signed authorization from the parent/guardian, which must include the child's name, name of medication, dose, time to be given, start date and end date. Authorization forms are available in the nurse's office. ***ALL*** medications are to be brought immediately to and kept in the nurse's office****

May the Festus R-VI nursing staff contact your family doctor? Yes ___ No ___

If yes, please list doctor's name and phone number: _____

In accordance with the Board of Education policy, parents will be notified as soon as possible in case of serious illness or injury. Student will be given emergency care by school personnel as indicated in Section JHC of District Policy as approved by the Board of Education. Parents who do not wish their child cared for in accordance with the board policy should indicate this in writing to Assistant Superintendent, Nathan Holder: 1515 Mid-Meadow Lane, Festus, MO 63028.

**My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.**

_____ _____ _____
Parent/Guardian Signature Emergency Contact Phone # Date

# Festus R-VI School District Special Services Checklist

Student Name: _____ Enrollment Date: _____

Homeless Yes ___ No ___

Migrant Yes ___ No ___

English as a Second Language Yes ___ No ___

Foster Care Yes ___ No ___

*Individual Education Program (IEP) Yes ___ No ___

**504 Yes ___ No ___

Gifted Yes ___ No ___

**Please inform the Director of Special Services if "Yes" is checked on any of the above.**

*If your child has an IEP or 504, please explain:

_____

_____

_____

## Other Information:

Has your child been retained? Grade _____ Year _____

Have you moved from one school district to another in the past 3 years to seek or obtain temporary or seasonal work in the agriculture or related food-processing business? _____Yes _____No

Does the student use a language other than English? _____Yes _____No
If yes, what language? _____

Is any language other than English used in the home? _____Yes _____No
If yes, what language? _____

Has this student been enrolled in ANY special programs? _____Yes _____No
If Yes, Please specify: _____**Gifted** _____**Speech** _____**IEP** _____**ESL** _____**504**

**My signature below verifies the above information to be accurate.**

_____ _____
Parent/Legal Guardian Signature Date

# Festus R-VI School District Technology Acceptable Use Policy

This policy applies to the use of District-owned devices and technology at all times, regardless whether the student is on or away from District property. The policy also applies to the use of privately-owned devices while a student is on school property or at school-sponsored activities, whether on or away from District property. For purposes of this policy, school property shall include student transportation vehicles operated by or by the District. The policy also applies to the use of privately-owned devices used away from District property and activities to the extent that such use is intended to or has the effect of interfering, in any manner, with the good order and discipline of the District, District technology, and other District operations.

Use of a technological device in the school setting is an educational tool available to students of the Festus R-VI School District.

The goal of the Festus R-VI School District is to promote educational excellence in the use of technologies such as Internet, e-mail and computers by facilitating resource sharing, research, innovation and communication. However, along with the technology access that is valuable to the educational learning process comes possible access to material that is educationally inappropriate. Accessing such material using District owned and personal devices, as described above, is strictly prohibited, and the Festus R-VI School District takes precautions to restrict access to inappropriate material by teaching all students responsible Internet use, and through the use of filtering software.

Use of the Internet, computers and e-mail is an educational privilege. Inappropriate use of District owned devices, personal devices, software, e-mail or the Internet will result in cancellation of those privileges. Before being allowed to access the Internet, e-mail, personal devices and District-owned devices in the District, students will review the Technology Usage Policies, approved by the Festus R-VI school board, and sign the Acceptable use Policy. Attempting to view obscene and/or pornographic, and/or material that is unlawful, otherwise prohibited by policies pertaining to student conduct, or wholly irrelevant to the instructional process may result in disciplinary actions for students. Internet access and District e-mail is not provided for selling and buying personal items. Users will be made aware that they have no expectation of privacy when they use District-owned at any time, and personal devices at school, except as otherwise provided by law. Routine monitoring of District-owned technology and personal devices using District-technology and systems, all to the extent permitted by law, may reveal evidence of inappropriate activities and an individualized search of activities or personal files may occur at any time, as permitted by law, including but not limited to circumstances in which there is a reasonable suspicion of inappropriate activity.

Students of the Festus R-VI School District are responsible for appropriate behavior when using technology.

Data storage areas for students are open to review of files by administrators to maintain system integrity and ensure that technological devices are being used responsibly.
**Prohibited actions include, by are not limited to, the following:**

1) Taking, sending or displaying messages or pictures deemed by the District to be inappropriate for the school setting, in violation of Board policy, or substantially likely to cause a disruption.

2) Using obscene, profane or disrespectful language, harassing, cyber-bullying or insulting others.

3) Damaging computers, other District owned devices, computer systems or computer networks.

4) Violating copyright laws.

5) Accessing, using, altering, or otherwise interfering with a teacher or student's password, registered accounts, files, or email accounts, including their Google drive or individual hard drive.

6) Using District technology or personal devices shopping, purchasing, soliciting, advertising, fund-raising, commercial purposes, gambling, or financial gain.

7) Revealing the personal address or phone number of a student or employee without express permission of appropriate school personnel.

8) Using social networking sites for non-educational purposes.

9) Any activity meant to circumvent network security services *(e.g., web filter, firewalls).*

Any violation of the able prohibitions, or any other inappropriate or unlawful use of District-owned or personal devices, may result in a loss of computer access privileges as well as other disciplinary or legal action.

Adherence to the provisions stated within the School Board Usage Policies EHB and EHB-AP is required.

**Signed copies of this agreement <u>are</u> <u>required</u> before any Internet/device use is permitted. Copies are kept on file in the permanent records.**

**Student Name** *(print)* _____

**Student Signature** _____

**Parent Name** *(print)* _____

**Parent Signature** _____ **Date** _____

**Signatures indicate understanding and acceptance of the R-VI Technology Acceptable Usage Policy.**

# Festus R-VI Schools

Festus R-VI Schools has been pleased to be able to provide parents and guardians with automated phone notifications of important events such as upcoming events, inclement weather school closings and similar information.  We will continue to provide this information as a service for our parents/guardians; however, for parents/guardians to continue to receive non-emergency information, you must opt-in to receive these calls.

Please, mark your choice below in regard to receiving our automated calls.  Parents and guardians who do not return this form will not have opted-in to receiving calls from Festus R-VI schools and will ***only*** receive emergency calls from our automatic dialing equipment.

Check the appropriate box below and return to your child's school:

☐ I give my permission to receive calls from Festus R-VI Schools using automatic dialing equipment at the telephone numbers submitted during the registration process.

☐ I **do not** give my permission to receive non-emergency calls from Festus R-VI Schools using automatic dialing equipment at the telephone numbers submitted during the registration process.

| | |
|---|---|
| _____ | _____ |
| Student Name | Date |
| _____ | _____ |
| Parent Signature | Email |

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Phone Number | Phone Number | Phone Number |

# Festus R-VI School District
# Media Release

The Festus R-VI School District periodically provides information and images of students to the news media and distributes student names and images via its own printed and electronic materials. However, to protect our students from unauthorized publicity, the district is seeking permission prior to distributing such information.

Please indicate your permission and provide your signature below. The release will remain in effect as long as your child is a student at that school or until you change such permission in writing.

**General Media Release**

Circle Yes or No

Selection of 'Yes' indicates that permission is given for the Festus R-VI schools to use the name and likeness (photographic, video and electronic images) of your child in printed and electronically published material (including but not limited to television, internet and cable, publications (including yearbooks) distributed by the school district and news media.

Selection of No indicates that permission is not given for the Festus R-VI schools to use the name and/ or likeness of your child in print and electronic materials as described above

**Yearbook Release**

Circle Yes or No

Selection of 'Yes' indicates that permission is given for the Festus R-VI schools to use the name of your child in the school yearbook even if you answered "no" to the general media release.

_____ _____

Student Name Grade

_____ _____

Parent/Guardian Signature Date