



# North Platte R-1 School District

## Student Registration Update Form

**STUDENT INFORMATION:** Please print in ink or type requested information. All information provided remains confidential.

School Year: \_\_\_\_\_ Grade level \_\_\_\_\_ MOSIS ID# \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Physical Address (Where student Lives) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Mailing Address (Where student receives mail) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Is the student's ethnicity Hispanic? ☐ Yes ☐ No

What is the student's race? \_\_\_\_\_

What is the student's first language? \_\_\_\_\_

Which language(s) does the student use (speak) at home and with others? \_\_\_\_\_

Which language(s) does the student hear at home and understand? \_\_\_\_\_

Is your student currently on an IEP or 504 plan? ☐ Yes ☐ No

Is the student living with their parent or legal guardian in someone else's house other than your own, living with a friend or family member other than their parent/guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)? ☐ Yes ☐ No

Is the student currently residing in an emergency or transitional shelter? ☐ Yes ☐ No

Has the student been abandoned in a hospital? ☐ Yes ☐ No

Is the student's primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ☐ Yes ☐ No

Is the student currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? ☐ Yes ☐ No

**PARENT INFORMATION:** THE FOLLOWING INFORMATION IS REQUESTED TO HELP US BETTER SERVE OUR STUDENTS AND THEIR PARENTS AS THERE ARE MANY STUDENTS WHO LIVE IN JOINT CUSTODY RELATIONSHIPS OR HAVE NON-CUSTODIAL PARENTS WHO ARE ACTIVELY INVOLVED IN THEIR STUDENT'S SCHOOL PROGRESS. FURTHER, WE WISH TO HONOR ALL COURT ORDERS.

INDICATE WITH WHOM THE CHILD LIVES:

- ☐ PARENTS (BOTH)      ☐ MOTHER      ☐ FATHER  
☐ OTHER LEGAL GUARDIAN, PLEASE STATE RELATIONSHIP:

(Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specified purpose of school registration) (SB944)

IF PARENTS ARE DIVORCED, WHICH PARENT HAS PRIMARY CUSTODY: \_\_\_\_\_

\* IF A DIVORCE DECREE EXISTS, PLEASE PROVIDE THE PORTION OF THE DIVORCE DECREE DETAILING CUSTODY ARRANGEMENT.

- ☐ SEND DUAL MAILING TO BOTH PARENTS.  
☐ THERE IS A COURT ORDER RESTRICTING THE FOLLOWING PERSON/PEOPLE CONTACT WITH THE SCHOOL OR THIS STUDENT (ORIGINAL COPY OF COURT ORDER MUST BE PRESENTED)

NAME: \_\_\_\_\_

- ☐ STUDENT HAS BEEN PLACED IN FOSTER CARE BY DFS? IF CHECKED, DISTRICT PREVIOUSLY ENROLLED? - - - - -

#### Employment Information

Have you moved within the past 3 years to seek or obtain work in the following areas? If so, check the appropriate categories:

- |  |   |
|--|---|
| <input type="checkbox"/> Feeding poultry, gathering eggs or working in a hatchery      | <input type="checkbox"/> Planting or harvesting crops                 |
| <input type="checkbox"/> Processing meat, poultry, fruit or vegetables, dairy products | <input type="checkbox"/> Commercial fishing or working on a fish farm |

**Parents/Guardians (Number in order of preferred contact)**

Guardian Type: \_\_\_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Guardian Type: \_\_\_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Emergency Contact Information**

Emergency care contact: (Number in order of preference) If parent(s) cannot be reached, I/we authorize the school to call, share medical information with and release my child to:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Notify of Illness ☐ Yes ☐ No Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
May Pick up Student ☐ Yes ☐ No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Notify of Illness ☐ Yes ☐ No Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
May Pick up Student ☐ Yes ☐ No

## AFFIDAVIT OF ENROLLMENT, DISCIPLINE, AND LAW ENFORCEMENT HISTORY

The School District requires a signed enrollment, discipline, and law enforcement history affidavit upon enrollment. Falsifying and or omitting essential information is a Class B misdemeanor under Missouri's Safe School Act of 1996. Enrollment may be temporarily or permanently denied as circumstances warrant.

I certify that \_\_\_\_\_ (please enter Student's Name)

is not presently and/or has not been suspended or expelled from any school system, nor, is presently charged, or have been charged within the last 12 months with any crime involving weapons, alcohol, drugs, or acts of violence by a law enforcement agency, juvenile office, family court, or prosecuting attorney. Section 167.171 revised **Statutes of Missouri**.

\_\_\_\_\_  
Signature of parent or court-appointed guardian

\_\_\_\_\_  
Date

### Military Recruiter Access (High School Students Only):

By law, the district must release to military recruiters the name, address, and phone number of high school students unless your Student, Parent, or Guardian notified the district in writing that they do not want the information released. Do you want this information released?

☐ Yes

☐ No

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

Date \_\_\_\_\_

### Verification:

I verify that the information provided on this form is accurate and current. Submitting false statements or information relating to residency is defined as a Class A misdemeanor and the district may recover from you tuition payments for any pupil who is enrolled based on false information you provide

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

Date \_\_\_\_\_

This information is requested for purposes of reporting to Federal Compliance Agencies only and will not be used as criteria for determining admission status.

**NOTICE OF NONDISCRIMINATION** ~ Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment are hereby notified that the School District does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, handicap, disability, or veteran status, in admission or access to, or treatment in employment practices.

## AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

This Authorization constitutes consent to disclose personally identifiable information about your child and/or contained in your or your child's student educational record. This Authorization complies with District policies and procedures governing student educational records and information. Please note that federal and state law authorizes disclosure of certain student educational records and information without consent and, as such, this Authorization is not required and does not apply in those situations.

1. I, \_\_\_\_\_ (parent or eligible student), hereby authorize the release of (my child's/my) educational records and medical information as described specifically herein.

2. Please describe the purpose of this Authorization:

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3. Please describe the information you wish to have released:

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4. Please identify the entity or individual to whom you wish to have the information released, including the means by which the information should be disclosed:

RELEASE TO: Individual /Entity

Address/Phone No.:

RELEASE TO: Individual /Entity

Address/Phone No.:

5. This Authorization will expire on the following date, unless otherwise canceled:

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Student's Name

Eligible Student/Parent's Signature

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Student's Date of Birth

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Requestor Contact Information

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Date

# REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

**MO HealthNet (Medicaid) is considered healthcare insurance.**

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

*C-105-P District Rules and Guides - Form A*  
*Student/Parent Handbook Acknowledgment*

I acknowledge that I have received and reviewed the 2022-2023 Student/Parent Handbook. I understand the policies and guidelines of the District and that violations of these policies and guidelines may result in disciplinary action.

Parent/Guardian Signature

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Parent/Guardian Name (please print):

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Date: \_\_\_\_\_

\*Students 18 years of age or older may sign this release form for themselves.

*S-125-A Photo/Video/Audio Release Form - Form E*

Throughout the school year, there may be times that the District staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school-related stories in a manner that would individually identify a specific student. These images or interviews may appear in District publications, District-approved social media sites, in the news, or other organizations' publications.

I, Parent/Guardian of (please print) \_\_\_\_\_, provide to my child's school and to the District permission to use my child's photographs, image, and/or recordings for the purposes mentioned above. I understand and agree that the District may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. Further, I consent that such photographs, images, recordings are the property of the school for District use clear of any claim on my part. I therefore agree to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organization for school related stories or articles.

Parent/Guardian Signature:

\_\_\_\_\_

Parent/Guardian Name (please print):

\_\_\_\_\_

Date:

\_\_\_\_\_

\*Students 18 years of age or older may sign this release form for themselves.



*F-265-P Technology - Form A*  
*Email Consent/Permission Form*

The faculty of the District strives to communicate and work together with the parents and guardians of our students. Email is one tool that promotes convenient, two-way communication between families and teachers. Though the District network is secure, we cannot guarantee that an email sent from the District server will remain secure once it leaves our system. When teachers or administrators receive email from outside sources, the identity of the person cannot always be easily discerned.

Therefore, permission must be granted by the parent/guardian to allow teachers or administrators to use email for communication. To remain compliant with the Family Educational Rights and Privacy Act (FERPA), email will not be used to send grading, attendance, discipline information of students, or other personally identifiable information without permission to do so. The District also encourages parents to access the District's parent portal, a secure measure, to check your child's school information and progress.

I, Parent/Guardian of (please print) \_\_\_\_\_, provide to my child's school and to the District permission to email academic, attendance, discipline, or other personally identifiable information to the email address(es) listed below. I understand that by giving this permission, there is no guarantee that the information will be fully secure and do not hold the District liable for any inappropriate release of student information that may violate the FERPA regulations as a result of any email communication. Should your email address change, please contact the District.

Name of Student (please print:)

\_\_\_\_\_

Email Address(es):

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian Name (please print):

\_\_\_\_\_

Date:

\_\_\_\_\_

*F-265-P Technology Usage Agreement Form - Form B*  
*Student Technology Usage Agreement*

*Students (for ages 13 and above)*

I have read, understand, and agree to the Technology Acceptable Use Policy when using electronic devices owned, leased, or operated by the District *or* while accessing the District Wi-Fi/Internet, even if using a personal device. Should I violate the policy, my access privileges may be revoked. I also understand that any violation of the policy is prohibited and may result in disciplinary or legal action.

Student Signature:

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Student Name (please print):

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Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent Technology Usage Agreement Permission Form*

As the parent/guardian, I have read, understand, and agree to the Technology Acceptable Use Policy when my student(s) or family are using electronic devices owned, leased, or operated by the District *or* while accessing the District Wi-Fi/Internet, even if using a personal device. Should my student(s) violate the policy, access privileges may be revoked. I also understand that any violation of the policy is prohibited and may result in disciplinary or legal consequences. I further understand that the District has taken steps to control access to the Internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree not to hold the District responsible for materials acquired on the network and accept responsibility when my student(s) uses District technology outside the school setting. I give permission for my student(s) to use District technology and network resources, including the Internet.

Parent/Guardian Signature:

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Parent/Guardian Name (please print):

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Date: \_\_\_\_\_

\*Students 18 years of age or older may sign this release form for themselves.

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3. Please describe the information you wish to have released:

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RELEASE TO: Individual /Entity  
Address/Phone No.:  
RELEASE TO: Individual /Entity  
Address/Phone No.:

5. This Authorization will expire on the following date, unless otherwise canceled:

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Student's Name

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Eligible Student/Parent's Signature

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Student's Date of Birth

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Requestor Contact Information

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Date

## **2022-2023 Health Information Form**

Student's Name \_\_\_\_\_

Student's Grade \_\_\_\_\_

### **Dispensing of Medications**

For the current school year, I give permission for the school nurse OR other trained personnel to dispense over-the-counter medications (Tylenol, Ibuprofen, throat lozenges, antacids, etc.) for minor discomfort as well as medication prescribed by my child's physician. I understand that ALL medication will be given according to label or physician instructions.

Date: \_\_\_\_\_

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

Please list ANY food, medication, or insect allergies:

\_\_\_\_\_

Please list the reaction to the allergy (hives/rash, breathing difficulty, swelling of lips, tongue, throat, etc.):

\_\_\_\_\_

**(If your child has a severe allergy that may cause difficulty breathing you must provide an epi pen and an emergency action plan from their physician.)**

**Turn Over**

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