

North Platte R-I School District

Consent for Release of Information

Date of Request: _____

Student's Name: _____ Date of Birth: _____

We request the following information:

FROM:

Name: _____

Address: _____

Phone: _____

TO: North Platte Junior High School

212 W 6th St.

Dearborn, MO 64439

Phone: 816-450-3351

Fax: 816-992-8955

E-Mail: kim.burgess@nppanthers.org

Information Requested:

_____ Cumulative permanent school records

_____ Attendance Records

_____ Psychological reports

_____ Health Records

_____ Special Education Records (Including Active IEP & Current Diagnostic Summary)

_____ Other (Please specify)

Information is requested for the following reason(s):

_____ Transfer of student to this/another district

_____ New enrollment/re-enrollment

_____ Hospitalization

_____ Contractual Placement

_____ Other (Please specify)

Principal or Counselor

Date



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.

RESIDENCY ENROLLMENT CHECKLIST

Parent Information

Name of Parent/Guardian _____

Address _____

City/State _____ Zip _____

Telephone Number (c) _____ (h) _____ (w) _____

Student Information

Name of Student _____

Address _____

City/State _____

Telephone Number _____ Date of Birth _____

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

- _____ Rental contract
- _____ Real Estate Contract signed by all parties
- _____ Utilities Bill/Deposit Receipt
- _____ Other, such as payroll check, driver's license, W-4, employment documents

Basis for Admission of Student (Section 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. A guardian may be appointed for the sole and specific purpose of school registration).
- _____ Resides with a military guardian in the school district.
- _____ Homeless Child (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:
 - _____ living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home
 - _____ living in a community shelter facility
 - _____ living in transitional housing for less than one year

Give address or directions _____

_____ Special circumstances (Section 167.151, RSMo)

_____ an orphan

_____ one parent living

_____ parents do not contribute to the student's support

_____ agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parent's 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 that student would be attending)

_____ Resides with "Relative Caregiver" (Section 431.058, RSMo) A person 18 years of age or older who is related to the child by blood, marriage, or adoption who is not the parent and who represents that the child is living with the adult and that the adult is responsible for the care of the child and the parent has given consent.

_____ Parent is a teacher or a regular employee with the district (Board policy required -- Section 163.011.2, RSMo, Section 167.151, RSMo, Section 168.151 RSMo)

Other exemptions to the residency 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 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 identified under state eligibility criteria if the student is in the district for reason other than accessing the district's educational program

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

Student Admission

Date of Student Admission _____

Student denied admission. Date of denial _____

Waiver requested. Date of request _____

PROGRAMS FOR ENGLISH LANGUAGE LEARNERS
(Student Home Language Survey)

Student's Name: _____ / _____ / _____

Date: _____ School: _____

Person Completing Survey: ☐ Mother ☐ Father ☐ Student ☐ Guardian

☐ Other (specify): _____

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

- | | | |
|---|---------|----------------------------|
| 1. Was the first language you learned English? | No | Yes |
| 2. Can you speak a language other than English? | No | Yes |
| 3. Is any language other than English used at home? | No | Yes |
| 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.? | No | Yes (How long/what grades) |

- | | | |
|---|----|--------------------------|
| 8. Have you attended another school in the United States? | No | Yes (Where and How Long) |
|---|----|--------------------------|

- | | | |
|--|----|--------------------------|
| 9. Have you attended another school in Missouri? | No | 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.):

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.

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.

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:

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:

Student Name (please print):

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:

Parent/Guardian Name (please print):

Date: _____

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

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:

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

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:

Student's Name

Eligible Student/Parent's Signature

Student's Date of Birth

Requestor Contact Information

Date

I acknowledge that I have received and reviewed the 2023-2024 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

Parent/Guardian Name (please print):

Date: _____

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

2023-2024 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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Please list ANY medical conditions your child has been diagnosed with:

Please list ANY medications your child takes on a daily basis:
