

**Welcome to the
Kirksville R-III School District
2012-2013 Grades 1st-8th Enrollment Packet**

Office Hours are 7:30 a.m. – 3:30 p.m. Monday thru Friday

Enrollment Requirements

You will need the following items to enroll your child(ren) in our District:

- **Completed Student Enrollment Information Packet**
- **Proof of Residency (e.g. lease, rental or purchase contract, utility bill, deposit receipt, payroll check stub, driver's license, bank account information)**
- **Student's Birth Certificate**
- **Social Security Card or Other Identification if Available**
- **Immunization Record**
- **Special Education Evaluation Report and IEP from previous school (if applicable)**
- **Special Services (if applicable): 504 Plan, Reading Improvement Plan, Gifted Education**
- **Court Documents if applicable (Proof of Guardianship, Divorce Decree, DFS Placement Papers, Foster Care, etc.)**

Complete 1 packet for each child.

If all of these items are not provided at that time, your child's enrollment in school may be delayed.

Kirksville R-III School District
District Registrar Office
901 East Hamilton
Kirksville, MO 63501
www.kirksville.k12.mo.us

Phone: 660-665-7774 Fax: 660-665-3281

**Kirksville R-III School District
Student Enrollment Form
Today's Date _____**

Please indicate grade level of student to be enrolled. (circle the current grade/age)

Primary 1 2	RME 3 4 5	MS 6 7 8
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***Student Legal Name** (Name on birth certificate)

First **Middle** **Last** **(Nickname/Preferred Name)**

***Date of Birth** _____ ***Phone Number** _____ **Social Security #** _____

***Gender:** _____ **MOSIS ID #** _____

***Ethnicity: Are you Hispanic or Latino?** Yes No

***Race:** White, Not of Hispanic Origin Black, Not of Hispanic Origin
 Asian or Pacific Islander American Indian or Alaska Native
 Native Hawaiian or Pacific Islander Other/Unknown

***Street Address:** _____

(If PO Box, we must have physical address, also) **City** **State** **Zip**

***County:** _____

***US Citizen:** Yes No ***Foreign Exchange:** Yes No ***Homeless:** Yes No

***Country of Residency** _____

***REQUIRED information for enrollment in the Kirksville R-III School District**

***Enrollment Information**

_____ Initial entry into education. Such as entering pre-school or kindergarten

<u>Enrollment Code (check one)</u>	<u>Name of School/City</u>	<u>Reason for Transfer</u>
_____ Transfer from another public school district in state.	_____	_____
_____ Transfer from another public school within the district.	_____	_____
_____ Transfer from home schooled in state.	_____	_____
_____ Transfer from Private School in state.	_____	_____
_____ Transfer from public school out of state.	_____	_____
_____ Transfer from Home Schooled out of state.	_____	_____
_____ Transfer from Private School out of state.	_____	_____
_____ Transfer from drop-out (non-recovered)	_____	_____
_____ Transfer from another country	_____	_____
_____ Other	_____	_____

Kirkville R-III School District
CONSENT FOR RELEASE OF INFORMATION

Date of Request: _____

Student's Name: _____

Grade Level: _____ **Date of Birth:** _____

INFORMATION REQUESTED FROM: _____

Fax #: _____ **Attention:** _____

Address: _____

PLEASE FAX UNOFFICIAL AND MAIL OFFICIAL INFORMATION TO:

Kirkville Middle School

1515 South Cottage Grove

Kirkville, MO 63501

Phone: 660-665-3793

Fax: 660-626-1418

DESE School Code: 3000

Ray Miller Elementary

2010 East Normal

Kirkville, MO 63501

Phone: 660-665-2834

Fax: 660-626-1464

DESE School Code: 4050

Kirkville Primary School

1815 East Hamilton

Kirkville, MO 63501

Phone: 660-665-5691

Fax: 660-626-1421

DESE School Code: 4030

PLEASE FAX OR EMAIL IMMUNIZATIONS IMMEDIATELY TO:

Kirkville R-III Schools

ATTN: Lori King, Registrar

Lori_K@kirkville.k12.mo.us

1901 East Hamilton

Kirkville, MO 63501

Phone: 660-665-7774

Fax: 660-665-3281

DESE District Code: 001091

We respectfully request the release of the following information that applies to the student:

- State Student ID #
- Cumulative permanent school records (including grades, grade equivalents and achievement tests)
- Discipline records (in accordance with the Safe Schools Act)
- Psychological reports (including I.Q. tests)
- Health records (including immunization records)
- 504 Plan
- Reading Improvement Plan
- Special Education records including active IEP and current evaluation report
- Other (specify): _____

This information is requested for one or more of the following reason(s):

- Transfer of student to/from district
- New enrollment/re-enrollment
- Hospitalization
- Contractual placement
- To assist in Special Education programming process
- To assist in Gifted Education programming process

Other (specify): _____

Please note: New federal Law 99.31 states that there is no parent signature required for educational records send to another educational agency.

School(s) Previously Attended

(Please complete the following information for any and all schools that your child has attended in the last 12 months)

Has your child previously attended a school in the Kirksville R-III School District? No Yes

(school) _____

List ALL School(s) attended in previous 24 months

School _____ City/State _____ Dates Attended _____

School _____ City/State _____ Dates Attended _____

School _____ City/State _____ Dates Attended _____

Additional Student Information

Student Name _____

1. **Has this student ever received one or more of the following diagnoses? (Check all that apply.)**

- ADHD / ADD
- Autism
- Behavior/Emotional Disorder
- ECSE-Early Childhood Special Education
- Learning Disability
- Mental Retardation
- Physical Impairment
- Other Condition (please describe)
- Sensory Impairment (Vision; Hearing)
- Speech/Language Disorder

2. Does this student presently have an Individual Education Plan (IEP) and receive special education services?

No Yes If Yes, please describe and provide a copy of current IEP

3. Does this student have a handicapping condition addressed under a 504 Plan?

No Yes If Yes, Please

explain: _____

4. Does this student receive other special services (Remedial Reading, Title 1, frequent counseling, etc.)?

No Yes If Yes, Please

describe: _____

5. Has this student ever been retained?

No Yes If Yes, what

grade(s)? _____

Student Lives With: Both Parents Parent/Step Parent Both Parents Alternately Mother Only Father Only

Grandparent Other Relative Legal Guardian Foster Family Host Family

Independent

Friend Juvenile Justice Preferred Family Homeless

Legal Custodial Parent/Guardian Information

The custody of a child is presumed to be held by the child's parents unless a court order states otherwise. Even in divorce situations, it is presumed that both parents will have joint legal custody of the child. That is, they will share equally in all-important decisions such as medical and educational. If one parent informs the school district that the other parent has been denied custody or visitation, that parent must provide a copy of the court document as proof.

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

Biological Parent Name _____ Bio Parent Address _____

Bio Parent School District _____ Caseworker Name _____ Caseworker

Phone _____

Are there any restrictions on the rights of either parent from **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.

Student Name

Parent/Guardian Information

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

Name _____ Relationship _____
Last First Middle

Street Address: _____
(If PO Box, we must have physical address, also) City State Zip

Phone #: () Cell Phone #: () Pager #: ()

E-mail: _____ Primary Language _____

Employer: _____

Work Phone #: () ext. Work E-mail: _____

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

Name _____ Relationship _____
Last First Middle

Street Address: _____
(If PO Box, we must have physical address, also) City State Zip

Phone #: () Cell Phone #: () Pager #: ()

E-mail: _____ Primary Language _____

Employer: _____

Work Phone #: () ext. Work E-mail: _____

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

Name _____ Relationship _____
Last First Middle

Street Address: _____
(If PO Box, we must have physical address, also) City State Zip

Phone #: () Cell Phone #: () Pager #: ()

E-mail: _____ Primary Language _____

Employer: _____

Work Phone #: () ext. Work E-mail: _____

Does the 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? N/A Yes No
Are there any restrictions on the rights of either parent from **contact** with the student? Yes No

Student Name

EMERGENCY CONTACT INFORMATION (other than parents/guardians)

(Two "Emergency Contacts" MUST be provided.)

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 the back of this form)

Name _____ Relation _____ Home# _____ Cell# _____ Work# _____

Name _____ Relation _____ Home# _____ Cell# _____ Work# _____

Name _____ Relation _____ Home# _____ Cell# _____ Work# _____

Siblings (Children who are currently enrolled in Kirksville R-III Schools)

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

FOR SCHOOL OFFICE USE ONLY

Immunization Record

Current IEP, if applicable

Safe School Form

Birth Certificate

Copy of Court ordered custody, if applicable

Migrant/Immigrant

Survey

Proof of Residency

Technology Agreement

**KIRKSVILLE R-III SCHOOL DISTRICT
HEALTH/EMERGENCY FORM 2012-2013**

Please complete and return this form with your student's enrollment information. This form is required to be on file every year. Some questions are State mandated for grant funding. We appreciate your cooperation.

CONTACT/EMERGENCY INFORMATION

Student: _____ **Grade:** _____ **Date of Birth:** _____

Parent/Contact: _____ **Phone#:** _____ **Cell#** _____

(The District must have the ability to contact you in case of an emergency)

HEALTH INFORMATION

Does your student have: Private Health Ins. Yes No MO Health or Medicaid Yes No
(Info regarding MO Health available upon request)

Wear glasses? Yes NO If Yes, for Distance Vision Near vision and/or Reading

For another vision diagnosis- describe: _____

Health/Medical Conditions diagnosed by a Physician: (Asthma, ADHD/ADD, Diabetes, Seizure, Restrictions, etc...)

ALLERGIES (food, medicine, environment, bees): _____

List current medications (include inhalers/epi-pen/insulin):

Explain dosage/administration: Home _____ School _____

(According to District Policy, if medication is required at school, it has to be in the original, current Container and must be brought to the school by Parent/Guardian. Students are not allowed to carry medication. It is the responsibility of the Parent/Guardian to maintain an adequate supply of medication for the school.)

CIRCLE below **ALL** medicines the School District has your permission to give your student:

TYLENOL

IBUPROFEN

COUGH DROPS

We are seeking permission to ask your child to complete the Title IV Federal Community Survey and/or Public School Needs Assessment as mandated. Individual responses will remain anonymous and will be combined with others to obtain a building level and district-wide summary.

_____ Yes, I give permission to complete the survey.

_____ No, I do not want my student to complete the survey.

Parent/Grd Sig: _____ **E-Mail:** _____

(This Copy to School Nurse)

Parent/Guardian Technology Agreement

I have read the school district's Technology Usage policy, administrative regulations, and netiquette guidelines. I understand that violation of these provisions may result in disciplinary action taken against my child, ward or child within my care, including but not limited to suspension or revocation of my child's or ward's access to district technology, and suspension or expulsion from school.

I understand that my child's or ward's technology usage is not private and that the school district will monitor my child's 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 my child's, ward's or child within my care's use of the district's technology resources. I agree to be responsible for any damages incurred by my child, ward or 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

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Grade _____ Date _____

Home Address: _____

Home Phone: _____

Disclaimer:

MSBA does not draft, review, revise or provide contracts for school districts. To obtain a binding legal contract, a district must consult its private attorney.

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Name of Student: _____ Grade: _____
 Last (legal) First MI

English Speakers of Other Languages

Is English the student's primary language? Circle answer	Yes	No
If English is NOT the primary language, please list the primary language!		
# of Months in USA		

Student Home Language Survey

Person Completing this survey (check one): Mother Father Student Guardian Other _____

Was English the first language the student learned?	Yes	No
If a language other than English is spoken in your home, list the language!		

Immigrant Survey

To be eligible as "immigrant children and youth," students must meet the following definition and criteria: **IMMIGRANT CHILDREN AND YOUTH.** The term 'immigrant children and youth' means individuals who:

- A. Are ages 3 through 21 **and**
- B. Were not born in any State in the United States; **and**
- C. Have been attending one or more schools in any one or more States for less than 3 full academic years."

"Immigrant children and youth" will include the children of lawful permanent resident aliens, refugees, asylees, parolees, persons of other immigrant status, and immigrant residents in the United States without proper documentation. They exclude children of foreign diplomats, United States citizens, children who were born abroad to U.S. citizens, and children of foreign residents temporarily in the United States for business or pleasure.

Is the student an immigrant? Yes No

Migrant Survey

1. Has your family moved from one school district to another within the past three (3) years to seek or obtain temporary or *seasonal work in the agriculture or related food processing business? Yes No
2. Is the student a migrant? Yes No

**The following areas would be considered agriculture or related food processing businesses: 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*

**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:

- | | |
|--|--|
| <p>1. Property tax statement</p> <p>3. Utility bill/agreement</p> <p>5. Real estate contract</p> <p>7. Other _____</p> | <p>2. Legal property description</p> <p>4. Rental agreement/receipt</p> <p>6. Telephone bill</p> |
|--|--|

Student Information

Name of Student _____

Address Where Student is Living _____

Name of Person with Whom Student Is Living _____

Relationship to Student Self Parent Guardian
 Person Acting as a Parent Other _____

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, Person Acting As a Parent, or Student if Applicable Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 03/19/2002

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School Admissions
(Statement of Student Discipline)

Date _____

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

Individual's Information

Name of Student _____

Parent, Court-Appointed Legal Guardian, Military Guardian or person enrolling the student:

Is the above student presently under suspension or expulsion from another school district?

Yes No

If yes, please explain _____

Has the above student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person?

Yes No

If yes, please explain _____

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts?

Yes No If yes, indicate which crime(s):

First degree murder under § 565.020, RSMo.

Second degree murder under § 565.021, RSMo.

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Critical

- ❑ **First degree assault under § 565.050, RSMo.**
- ❑ **Forcible rape under § 566.030, RSMo.**
- ❑ **Forcible sodomy under § 566.060, RSMo.**
- ❑ **Statutory rape under § 566.032, RSMo.**
- ❑ **Statutory sodomy under § 566.062, RSMo.**
- ❑ **Robbery in the first degree under § 569.020, RSMo.**
- ❑ **Distribution of drugs to a minor under § 195.212, RSMo.**
- ❑ **Arson in the first degree under § 569.040, RSMo.**
- ❑ **Kidnapping, when classified as a class A felony under § 565.110, RSMo.**

I attest that all the above information is correct and true. I understand that it is a crime pursuant to § 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

Parent/Legal Guardian Signature

Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 03/19/2002

Revised: 03/21/2005

Kirksville R-III School District, Kirksville, Missouri

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