

Children **MUST** be 5 years old
BEFORE 8/1/2021 to be eligible
for Kindergarten for the 2021-2022
school year.

Welcome to the Kirksville R-III School District Kindergarten 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 in our District:

- **Completed Student Enrollment Information Packet**
- **Proof of Residency (e.g. lease, rental or purchase contract, utility bill)**
- **Student's Birth Certificate or Passport**
- **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.)**

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
1901 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
Kindergarten
Today's Date _____

Office Use Only Date Entered: First Day: MOSIS#:

*Student Legal Name (Legal name as listed on birth certificate)

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

*Date of Birth _____ *Phone Number _____

*Gender: _____

*Ethnicity: Are you Hispanic or Latino? Yes No

*Race: Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> White, Not of Hispanic Origin | <input type="checkbox"/> Black, Not of Hispanic Origin |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

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

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

*Is either parent or legal guardian on active duty or reserve military? Yes No

If yes, please select: Active Duty National Guard or Reserve

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

FOR SCHOOL OFFICE USE ONLY

Summer school: Yes _____ No _____ Undecided _____ Notes: _____

Immunizations: Compliant _____ records not provided _____ Notes: _____

Other documents required: _____ birth certificate, passport, or other proof of age; born before Aug 1, 2016 _____
_____ parent/guardian proof of address; address within district boundaries _____

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

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 disability 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 Friend
- Independent 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 _____ City/State/Zip: _____

Bio Parent School District _____

Caseworker Name _____ Caseworker Phone _____ Caseworker Email: _____

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 to Student _____			
_____	_____	_____				
Last			First	Middle		
Street Address: _____						
(If PO Box, we must have physical address, also)			City	State	Zip	
Phone #: (_____) _____		Cell Phone #: (_____) _____				
E-mail: _____						
Employer: _____						
Work Phone #: (_____) _____		ext. _____	Work E-mail: _____			
Does the student live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Any court order regarding custody? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Name _____			Relationship to Student _____			
_____	_____	_____				
Last			First	Middle		
Street Address: _____						
(If PO Box, we must have physical address, also)			City	State	Zip	
Phone #: (_____) _____		Cell Phone #: (_____) _____				
E-mail: _____						
Employer: _____						
Work Phone #: (_____) _____		ext. _____	Work E-mail: _____			
Does the student live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Any court order regarding custody? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Name _____			Relationship to Student _____			
_____	_____	_____				
Last			First	Middle		
Street Address: _____						
(If PO Box, we must have physical address, also)			City	State	Zip	
Phone #: (_____) _____		Cell Phone #: (_____) _____				
E-mail: _____						
Employer: _____						
Work Phone #: (_____) _____		ext. _____	Work E-mail: _____			
Does the student live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Any court order regarding custody? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Student Name: _____
First **Middle** **Last**

Residency Information

For address verification, parent/guardian must provide one (1) or more of the following:

- Real estate contract
- Rental agreement/receipt
- Utility bill/deposit receipt
- Telephone bill
- Property tax statement
- Other: _____

Attach copy of current documentation

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 I am certifying to the district that the above information is accurate.

FILE: JEC-AF1

Additional questions regarding residence:

1. Are you sharing the house of other persons due to loss of housing, economic hardship, or a similar reason?
 YES NO If similar reason, please explain: _____
2. Are you currently residing in a hotel, motel, trailer park, or camping grounds due to the lack of alternative adequate accommodations? YES NO
3. Are you currently living in an emergency or transitional shelter? YES NO
4. Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station or similar setting? YES NO
5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? YES NO
6. Has the student been abandoned in a hospital? YES NO

Safe Schools Act (167.023 RSMo)

The undersigned hereby certifies and represents to the Kirksville R-III School District, for the purpose of the Missouri Safe Schools Act, that the answers to the following questions are true and correct to the best of his/her knowledge and belief. Any person making a materially false statement or affirmation shall be guilty upon conviction of a class B misdemeanor.

1. Is this student currently suspended or expelled from any other charter school, private school, parochial school or public school in this state or any other state?
 YES NO If yes please explain: _____
2. Has this 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: _____
3. Has this student been convicted of or indicted for any of the following offenses in juvenile or adult courts?
 YES NO
 - a. First degree murder (Sect. 565.020 RSMo)
 - b. Second degree murder (Sect. 565.021 RSMo)
 - c. First degree assault (Sect. 565.050 RSMo)
 - d. Forcible rape (Sect. 566.030 RSMo)
 - e. Forcible sodomy (Sect. 566.060 RSMo)
 - f. Statutory rape (Sect. 566.032 RSMo)
 - g. Statutory sodomy (Sect. 566.062 RSMo)
 - h. Robbery in the first degree (Sect 569.020 RSMo)
 - i. Distribution of drugs to a minor (Sect. 195.212 RSMo)
 - j. Arson in the first degree (Sect. 569.040 RSMo)
 - k. Kidnapping when classified Class A felony (Sect. 565.100 RSMo)

If the answer is YES to question 1 or 2 the registration is stopped pending review of discipline by the Principal and/or Superintendent.

FILE: JEC-AF2

Parent/Guardian Signature: _____ **Date:** _____

Student Name: _____
First Middle Last

Student Language Survey

1. What was the student's first language? English Other: _____
2. Which language(s) does the student use (speak) at home and with others? English Other: _____
3. Which language(s) does the student hear at home and understand? English Other: _____

Important dates needed for ELL/LEP students

First day in USA: _____ First day of school in USA: _____

Immigrant Survey

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 not been attending one or more schools in one or more states for more 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, working on a fish farm, or growing and tending to trees to be sold.

TECHNOLOGY USAGE
(Parent/Guardian Technology Agreement)

I have read Kirksville R-III School District Usage policy and procedure. I understand that violation these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources (including deleted files) 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 use of the district's technology resources by my child. I agree to be responsible for any damages caused by my child's misuse of district technology.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

Name of Student: _____

Signature of Parent/Guardian

Date

* * * * *

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

Implemented: 2001
Revised: Nov. 2016

Kirksville R-III School District

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Home of the Tigers

Kirksville RIII School District Health / Emergency Form 2021-2022

Please complete and return this form with your student's enrollment information.
This form is required to be updated and on file every year.
Some questions are mandated by the State of Missouri

Student's Name: _____ Sex: M__ F__ Date of Birth: _____ Grade: _____

 First M.I. Last
Mother or Legal Guardian: _____

 Mother Home Phone Cell Phone Work Phone Employer

Father or Legal Guardian: _____

 Father Home Phone Cell Phone Work Phone Employer

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Please check the type of health insurance your child has: ___ Medicaid/MO Health ___ Private Ins. ___ None
*Information regarding MO Health available upon request

Does your child wear glasses? ___ No ___ Yes If yes, for: ___ Distance vision ___ Near vision ___ Reading only

HEALTH/MEDICAL CONDITIONS *diagnosed by a Physician*: (ex: Asthma, Diabetes, Seizures, ADD/ADHD...)

ALLERGIES (ex: Food, Medicine, Insect Sting, Environmental/Seasonal...) **& REACTION IF EXPOSED**

LIST ALL CURRENT MEDICATIONS (Include Inhalers, Epi-pen, Insulin...)

MEDICATION NAME	DOSE	ROUTE GIVEN	TIME GIVEN	HOME	SCHOOL

(*DISTRICT POLICY: If medication is deemed required at school by a physician, it must be brought in by a parent/guardian in the original, current container. 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.)

Please notify building nurse of any changes to this information throughout the school year.

CHECK ALL OVER THE COUNTER MEDICATIONS THE SCHOOL HAS PERMISSION TO GIVE YOUR CHILD:

___ Acetaminophen (Tylenol) ___ Ibuprofen (Motrin/Advil) ___ Cough Drop/Throat Lozenge ___ Antacid (TUMS)

I give permission for my child to speak with an outside mental health agency, as needed.
(e.g. Mark Twain Behavioral Health, Preferred Family HealthCare)

_____ Yes, I give my permission.
_____ No, I do not give permission.

I give permission for my child to be seen at the School Based Health Center.

_____ Yes, I give my permission. Parent will be called prior.
_____ No, I do not give permission.

Parent/Guardian Signature: _____ Email: _____

This copy to School Nurse