LINCOLN R-II SCHOOL DISTRICT STUDENT ENROLLMENT

DATE OF ENROLLMENT:_____

STUDENT

Name (as it appears on birth certificate) _____ Sex: _____

Grade:_____ Date of Birth:_____ SSN:_____

Race/Ethnicity (Please check one):

- ☐ White
- ☐ Black
- ☐ Hispanic
- ☐ Asian
- ☐ Native American
- ☐ Other:_____

Please check one below whether this student resides in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces. This also includes the student living with family due to parents being deployed.

- ☐ NM - Not Military Connected
- ☐ AD - Active Duty
- ☐ NGR - National Guard or Reserve
- ☐ UNK - Unknown

PERSONAL (List the person(s) who is responsible for the student)

Parent/Guardian Name(s)_____ Relationship:_____

Mailing Address:_____ City/State_____

Physical Address (if different from mailing address) _____

Telephone Number: _____ Cell Numbers:_____

BIOLOGICAL OR ADOPTIVE FATHER

Name:_____ Date of Birth_____

Occupation (where employed and phone number) _____

BIOLOGICAL OR ADOPTIVE MOTHER

Name: _____ Date of Birth_____

Occupation (Where employed and phone number) _____

IF LIVING WITH SOMEONE OTHER THAN PARENTS, COMPLETE THIS SECTION

Name:_____ Relationship_____

Check all that apply:

- ☐ Foster
- ☐ Homeless
- ☐ Restoring Hope
- ☐ Other_____

PREVIOUS SCHOOL INFORMATION

Last School Attended:_____ Date Dropped _____

Address:_____ Phone Number_____

ACADEMIC HISTORY

Does this student have health problems or physical limitations? Yes_____ No_____. If yes please
Describe:_____

Has this student been enrolled in (check all that apply):

- ☐ Special Education
- ☐ Speech
- ☐ Title 1 Reading
- ☐ Title 1 Math

Has this student ever been retained? Yes_____ No_____ What Grade(s)_____
Is this student under disciplinary suspension, probation or expulsion from a previous school?
Yes_____No___
If yes, please explain:_____

Number of Children Residing in Home: _____

Name: _____ Year of Birth:_____Relationship to Student:_____

Name:_____ Year of Birth:_____Relationship to Student:_____

Name:_____ Year of Birth:_____ Relationship to Student:_____

Name: _____ Year of Birth:_____ Relationship to Student:_____

Name:_____ Year of Birth:_____ Relationship to Student:_____

MCKINNEY VENTO HOMELESS QUESTIONNAIRE

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason?

☐ Yes
☐ NO

If yes, please explain:_____

_____

2. Are you currently residing in a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations?

☐ Yes
☐ No

3. Are you currently residing in an emergency or transitional shelter?

☐ Yes
☐ No

4. Has the student been abandoned in a hospital?

☐ 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. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting?

☐ Yes
☐ No

Student Transportation Plan

To help ensure the safety of all students, Lincoln Elementary School requests that every family complete this transportation form indicating how their child will arrive at school and return home each day. Teachers and office staff will follow the transportation plan listed below unless the school office receives notification of a change.

Any transportation changes must be **communicated in writing or called into the elementary office no later than 2:00 PM.**

Student's Name _____

Morning Transportation (How your child arrives at school)

Please check ONE option:

☐ Bus Rider (Bus Number: _____)
Pick Up Address: _____

☐ Parent/Guardian Drop-Off

☐ Walks to School

☐ Other: _____

Afternoon Transportation (How your child goes home)

Please check ONE option:

☐ Bus Rider (Bus Number: _____)
Drop off Address: _____

☐ Parent/Guardian Pick-Up

☐ Walks Home

☐ Goes Home with Another Approved Adult
Name of Adult: _____

☐ Other: _____

Transportation Changes

Lincoln Elementary School will follow the transportation plan listed above every day unless the elementary office is notified of a change by a parent/guardian before 2:00 PM.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY INFORMATION

If any of the information changes, please notify the school immediately.

Student's Name_____Birthdate_____Grade_____

Mailing Address:_____City:_____State:_____Zip:_____

Physical Address:_____

Phone No._____Student's Cell No._____

E-mail Address_____

Father/Guardian's Name:_____Father's Cell_____

Father's Mailing Address:_____

Father/Guardian's Employer & Phone Number:_____

Mother/Guardian's Name:_____Mother's Cell_____

Mother/Guardian's Address:_____

Mother/Guardian's Employer & Phone Number:_____

Please list anyone that can be contacted in case of an emergency.

1._____Relationship_____Phone No._____

2._____Relationship_____Phone No._____

3._____Relationship_____Phone No._____

_____

Parent Signature Date

MEDICAL INFORMATION

Student's Name _____

Family Physician_____Dentist_____

For hospital emergency room care, please send my child to _____ Hospital. In the event that the parent/guardian of the above named student cannot be contacted, I hereby accept the emergency services and medical attention necessary for the welfare and safety of the student. I do hereby release Lincoln R-II School from all liability and costs associated with such treatment and give my confirmation by signing below.

_____ _____
Parent/guardian Signature Date

For the safety and well being of your child, the medical information will be released to all school personnel working directly with your child.

Allergy to Medication: Yes No If yes, Please list:_____
Allergy to Food: Yes No If yes, please list:_____
Allergy to other, please list:_____
Emergency procedure needed:_____

Please check any diagnosed health concerns:

_____Vision	_____Heart	_____Seasonal Allergies
_____Glasses	_____High Blood Pressure	_____Eczema
_____Contacts	_____Migraines	_____Seizure Activity
_____Hearing	_____Urinary Problems	_____Asthma
_____Hearing Aids	_____Degenerative Disease(arthritis, MS, MD, etc)	
_____Ear Infections	_____Attention Deficit (ADD)	_____ADHD
_____Diabetes	_____Speech	

_____Other, Please List_____
Do the above health concerns require special attention at school?
_____
What medication(s) is your student on?
_____
_____
_____In case of illness, please check below "Yes" or "No" if the school may administer over-the-counter medication to your child.

Non-aspirin pain reliever (Tylenol)	_____Yes	_____No
Cough drops or throat lozenges	_____Yes	_____No
Tums	_____Yes	_____No
Benadryl	_____Yes	_____No
Ibuprofen	_____Yes	_____No

_____ _____
Parent/Guardian Signature Date

STUDENT HOME LANGUAGE SURVEY

The Lincoln School District has an English as a Second Language (ESL) program to help students who may not be proficient in English because of the use of another language in the home, and who thus may have a need for additional help with the classes they are taking. If your child is not proficient in English and you feel he/she may qualify for the ESL program, please complete this form

Student's Name:_____ Date:_____
Person Completing Survey:_____

Circle the best answer to each question about your child and provide additional information if necessary:

1.	Was the first language you learned English?	Yes	No
2.	Can you speak a language other than English?	Yes	No
3.	Is any language other than English used at home?	Yes	No
4.	Which language do you use most often with friends?	_____	
5.	Which language do you use most often with your parents?	_____	

1. Has either the parent or Guardian, or the child or child's spouse, been employed within the past 3 years (or any of the aforementioned currently employed) in some form of temporary or seasonal agricultural or agricultural-related work such as:

- Planting or harvesting crops (vegetables, fruit, cotton, etc)
- Transporting farm products to market;
- Feeding or processing poultry, beef, hogs;
- Gathering eggs or working in hatcheries;
- Working on a dairy farm or a catfish farm;
- Cutting firewood or logs to sell.

☐Yes ☐No

2. Do you currently reside with another family, or a person other than family or in a temporary housing facility?

☐Yes ☐No

CUSTODIAL PROCEDURES

Separated Families -No Court Order

Until such time that a court order declares who the custodial parent or guardian of a child will be and the school is notified in writing (in appropriate legal documents), the school will release a child and provide information concerning the child to either parent without responsibility for such action. That is to say, the school will assume for all practical purposes that the parents have joint custody. It will also be the responsibility of the separated parents to communicate their activities to one another. This is not the responsibility of the teacher or principal. The school will not "choose sides" in any way. The school will continue to send communication and information to all addresses provided and will communicate with both parents until a court order declaring custody is made available to the school office. It will be the responsibility of the custodial parent or guardian to provide necessary documents.

Joint Custody

Joint Custody is defined as the care and keeping of a child for a given length of time. Joint custody does not refer to a parent who is simply given visitation rights. The school will recognize joint custody only if the court order affirmatively specifies joint custody, and does not simply grant visitation rights. One parent's address is usually used for educational purposes; it will be the responsibility of the parent to supply duplicate copies of the student's individual work to the other parent.
If a court order grants custody to both parents, both parents may be involved in school affairs, have access to school records and seek conferences with teachers. The school will communicate with both parents if the addresses of both parents are provided to the school. Children will be released from school to either parent unless a court order or legal document restricts such activity. It will be the responsibility of the custodial parent to provide necessary documents.

Non-Custodial Parents

The following guidelines have been adopted to assist the school in situations where a non-custodial parent wishes to become involved in school-related activities of a child, have contact with or take custody of the child while the child is at school.

- A non-custodial parent may not take custody of a child; remove the child from school premises, unless the custodial parent or guardian presents either a written court order, or a written authorization signed by the custodial parent or guardian, which permits such activity.

- Concerning student activities that require parental consent, the school will accept consent only from the custodial parent or guardian, unless authority to grant consent is given to the non-custodial parent by a court order or comparable legal document.
- When the custodial parent or guardian or a written court order has given permission for non-custodial parent involvement in specified activities, it will be the responsibility of the custodial parent or guardian to provide necessary documents. It will also be the responsibility of the separated parents to communicate their activities to one another; this is not the responsibility of the teacher or principal.

Protective Court Order

It is the responsibility of the custodial parent or guardian to provide legal documents to notify the school of a protective court order. If additional surveillance or protection of the child is deemed necessary, it will be the responsibility of the custodial parent or guardian to make these arrangements with the local police department and notify the school office. Students will participate in regular activities of the school such as outdoor recess, field trips, etc. unless the custodial parent or guardian request, in writing, that the student remain in the school office. At dismissal time it is the responsibility of the custodial parents or guardians to make arrangements with the school office.

Is there a divorce, separation, abandonment, custody, or endangerment situation involving this child?

_____Yes _____No

LEGAL DOCUMENTATION IS REQUIRED IF PERSON ENROLLING STUDENT IS OTHER THAN CUSTODIAL PARENT OR IF THERE IS A CUSTODY SITUATION REGARDING THE STUDENT BEING ENROLLED.
SCHOOL ENROLLMENT FORMS MUST BE COMPLETED BY PARENT/GUARDIAN AND ACKNOWLEDGED BY THE PRINCIPAL.

When families are involved in divorce, separation, or custody proceedings, it is **REQUIRED** that the school be informed so that we can provide the best supports for the child. School personnel must be informed of the following:

- Where and with whom does the child reside?

  _____

  _____

- Who has access (visit, check out, pick-up) to the child during school hours?

  _____

  _____

- Custody agreements/court orders granting custody? Who has custody or guardianship?

  _____

  _____

Student Name: _____ School Year:_____

Custodial Parent/Guardian Signature _____ Date: _____

Printed Parent/Guardian Name: _____

RESIDENCY ENROLLMENT

Name of Parent/Guardian:_____

Address:_____

City/State:_____Zip_____

Telephone Number:Home_____Work:_____

Name of Student:_____

Address:_____

City/State:_____Zip_____

Telephone Number: Home_____Work_____

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

- ☐ Rental Contract
- ☐ Real Estate Contract signed by all parties
- ☐ Utility 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 a 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 other family members or resides within a military support community as a resident if one or both parents are stationed or deployed outside of Missouri.
- ☐ 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:
  - ☐ Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a "similar reason"_____
    _____
    _____

- ☐ Are you currently residing at a motel, hotel, car or at a campsite because your home has been damaged or because of economic reasons?
- ☐ Are you currently living in a shelter?
- ☐ Are you currently living in a temporary housing arrangement due to economic hardship?

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 one 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)

☐ Parent is a teacher under contract with the District (Board policy required -Section 163.011, RSMo)

☐ Parent is a regular employee with the District (Board policy required-Section 163.011, 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 interdistrict transfer program established under a court-ordered desegregation program.
- ☐ A ward of the state and has been placed in a residential care facility by the 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 reasons other than accessing the District's educational program
- ☐ Has transferred from an unaccredited school.

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

Date of Student Admission_____

- ☐ Student denied admission. Date of Denial:_____
- ☐ Waiver requested. Date of request:_____

WAIVER INFORMATION

Waiver requested by:

- ☐ Parent
- ☐ Legal guardian
- ☐ Student (at least 18 years old)
- ☐ Other (complete information below)

Name of person/relative student resides with_____

Relationship_____

Address_____

City/State_____Zip_____

Address Verification_____

Reason why student is living with person/relative_____

_____

Other reasons showing hardship or good cause_____

_____

Hearing Date (must be within 45 days of request)_____

- ☐ Student admitted pending decision on waiver request

Date Student admitted_____

- ☐ Waiver granted. Date_____
- ☐ Waiver denied. Date_____

Students attending school pursuant to the above information may be counted for state aid purposes.

Nonresident students who may enroll and are not counted by the District for state aid:

- ☐ Tuition
- ☐ Tax credit tuition - Any person who pays a school tax in any other district than that in which he resides may send his children to any public school in the district in which the tax is paid and receive as a credit on the amount charged for tuition the amount of the school tax paid to the district (section 167.151(3), RSMo)
- ☐ Transportation hardship as assigned by the Commissioner of Education (Section 167.121, RSMo)
- ☐ Attending a regional or cooperative alternative education program or an alternative education program on a contractual basis (Section 167.020.6, RSMo)

*****

Source: Department of Elementary and Secondary Education, Division of School Services

MEDIA RELEASE

Please complete and return this form to grant permission for your student to appear in school publicity photos or videos, including postings on school and district websites and social media platforms. This media release applies only to photographs and video recordings.

If you do not wish for your student's name to be included in school publicity, please notify the front office.

If you do not wish for your student to appeal in the yearbook, please notify the front office.

Lincoln Elementary is proud to recognize the many activities, achievements, and accomplishments of our students. Photos and videos may be used to highlight student success and showcase school events and activities within our community.

This form applies only to the current school year and does not apply to images or videos from events or activities that are already open to the public.

☐ I grant permission for my student to appear in school publicity photos or videos

☐ I DO NOT grant permission for my student to appear in school publicity photos or videos

Student Full Name:_____ Grade:_____

Parent/Guardian Name (Printed):

_____

Parent/Guardian Signature: Date:

_____

REQUEST FOR HEALTHCARE INSURANCE INFORMATION

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.

_____

Printed name of parent/guardian

_____

Mailing address

_____ _____ _____

City State Zip Code

TECHNOLOGY AGREEMENT

The Lincoln R-2 School district provides technology to our students as one of many tools to promote and encourage learning. The technology available to students has been set up for, and its use is limited to, activities connected with their education at Lincoln R-2 School. The guidelines included in the agreement are not all inclusive, but are based on Lincoln R-2 School Board Policy 6320 (Regulation 6320). The administration of Lincoln R-2 School may remove the privileges for technology use at any time for abusive conduct. Further disciplinary action may be taken and, if appropriate, referral to law enforcement officials will occur.

1. Students have no right to personal privacy on school district computers or through programs and resources provided by the district. All files are subject to open monitoring and review by District and school personnel.
2. Students are not permitted to obtain, download, view or otherwise access materials which may be deemed unlawful, abusive, obscene, pornographic, descriptive, of destructive devices, or otherwise objectionable.
3. Students may not reveal their names, personal addresses, telephone numbers or the names, addresses, or telephone numbers of students, employees, or other individuals through electronic means.
4. Technology services and features are intended for educational use, defined as those activities directly related to current class assignments. Any commercial use (offering, providing, purchasing of, or subscribing to products or services) is expressly forbidden.
5. Students are not to access a login and/or password other than the one assigned to them by the district. Providing your password or attempting to acquire the password of another user is expressly forbidden. Any problems that occur from the users sharing his/her account/password are the responsibility of the account holder.
6. Web surfing is expressly forbidden.
7. Non-educational games are expressly forbidden.
8. Student files should be saved to the folder provided on the network. No files should be saved to the local machine. Any electronic storage devices used on district machines must be virus scanned by a staff member prior to each use with district equipment.
9. E-mail services and access to e-mail accounts are restricted to those email accounts provided to students by the district, and are limited in use to those activities directly related to the completion of class assignments and course activities.
10. Adding, removing, or changing computer programs and settings must be cleared with the Technology Coordinator. (This includes desktop designs, the location of icons, and monitor settings.)
11. Students are not to use technology without proper staff supervision.
12. Student technology users are expected to be polite and non-abusive. Using inappropriate language, insulting, harassing, or threatening will not be tolerated.
13. Student users may not use the district's resources in such a manner that would damage, disrupt, or prohibit the use of the network by other users. Use of district resources for unlawful purposes will not be tolerated and is prohibited.

14. While the district provides access to electronic resources, it makes no warranties, for these services.
15. In compliance with the applicable provisions of the Children's Internet Protection Act (CIPA- the District shall use filtering, blocking or other technology to protect students from accessing Internet sites that contain visual depictions that are obscene, pornographic, or harmful to minors.
16. Rules for technology use may be reviewed and modified from time to time by the administration of the Lincoln R-2 School District. Students are subject to these modified rules and regulations. Consequences for misuse of technology will be found in the discipline policy of the Lincoln R-2 School District.
17. We have read and understand the student expectations and reviewed the Student Handbook.

Student Name (Printed)	Student Signature
Date	Grade
Parent Name (Printed)	Parent Signature