

Climax Springs R-IV



Consent For Release Form

Student's Name: _____

Date Of Birth: _____

Grade: _____

Date: _____

I hereby authorize the mutual exchange of information/records regarding the above-named student between the Climax Springs R-IV School District and the school district, agency, physician and/or public institution listed below:

Name:

Address:

Phone: _____

Email/Fax: _____

We request release/mutual exchange for the following information:

- Cumulative permanent school records
- Health/Medical records/ Individualized Health Plan (IHP)
- Psychological reports, Hospitalization, and/or educational evaluations
- Special education records including: current IEP, Evaluation Report, Consent for Initial or Reevaluation, Initial Placement
- Divorce Decree/ Parenting Plan/Guardianship
- New enrollment/reenrollment
- To determine existence and nature of a disabling condition/504 Plan
- Transfer of student to this/another district
- Other (Specify):

By signing below, I certify that I am the parent/legal guardian of the above-named student or that I am the student of majority age (18) and have the authority to sign this release.

Parent/Guardian's Signature

Date

Please return this form via email to barnett@cspringsr4.org

Climax Springs R-IV

Enrollment Form

Missouri law requires a birth certificate and up-to-date shot records



Student: _____
Last Name First Name Middle Name

Has this student ever attended Climax Springs R-VI before? Yes No

Previous School: _____ City, State: _____

Previous School's Phone Number: _____ - _____ - _____

Does your student have an Individualized Education Plan (IEP) or 504 Plan? Yes No

Does the student listed above currently under suspension from the previous school? Yes No If yes, explain: _____

Please list any other children living the home below.

Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____

Student Birth Date: _____

Student SSN: _____

Gender: Male Female

Grade Entering: _____

Ethnicity (check all that apply)

White Black/African American Hispanic Asian Pacific Islander Native American/Alaskan Native Other: _____

Is this student in foster care placement? Yes No Is this student living alone? Yes No

Primary (Household) Parent/Guardian Information

First Name: _____ Last Name: _____ Relationship: _____

Physical Address: _____

P.O. Box for Mailing: _____ County: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Workplace: _____ Work Phone: _____

Legal Custody? Yes No Allowed to Pick Up? Yes No

Household Spouse

First Name: _____ Last Name: _____ Relationship: _____

Cell Phone: _____ Email: _____

Workplace: _____ Work Phone: _____

Legal Custody? Yes No Allowed to Pick Up? Yes No

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Non-Resident Parent Information

First Name: _____ Last Name: _____ Relationship: _____

Physical Address: _____

P.O. Box for Mailing: _____ County: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Workplace: _____ Work Phone: _____

Legal Custody? Yes No Allowed to Pick Up? Yes No

Non-Resident Spouse

First Name: _____ Last Name: _____ Relationship: _____

Cell Phone: _____ Email: _____

Workplace: _____ Work Phone: _____

Legal Custody? Yes No Allowed to Pick Up? Yes No

If there are any custody or legal papers to restrict pick-up of your student, you MUST PROVIDE a copy for our records. If there are any changes during the school year, notify the office at once. Paperwork must have a court stamp and signature.

Emergency Contact (in absence of parent or guardian permission to pick-up)

#1 Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Workplace & Phone: _____

#2 Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Workplace & Phone: _____

#3 Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Workplace & Phone: _____

Please check Yes or No to the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does the student use a language other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is a language other than English used in the home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is this student in a Military family? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- Active Duty National Guard Reserves

To the best of my knowledge, the statements on this form are true. I understand that **PROOF** of residence in the district is required at registration.

Signature of Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

Language Use Survey

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English. Please provide information about your child's language

Student's Name: _____ Date: _____

School: CLIMAX SPRINGS R-IV Grade: _____

Relationship of person completing this survey: _____

Tier I: Language Background

1. What was your child's first language? English Other: _____

2. Which language(s) does your child use (speak) at home and with others? English Other: _____

3. Which language(s) does your child hear at home and understand? English Other: _____

* If any of these answers indicate a language other than English, please complete the rest of the survey. *

Tier II: Expanded Language background

4. Does the student understand when someone speaks with him/her in a language besides English?

5. Does the student read in a language other than English?

6. Does the student write in a language other than English?

7. Does the student interpret for you or anyone else in a language other than English?

Yes	No

Tier III: Educational History

8. How many years did the student attend school where the native language was used for instruction? _____

9. What was the most recent month and year the student attended school? _____

10. Do you believe that your child has learning difficulties that affects his/her ability to understand? _____

If yes, please explain: _____

11. Has your child been referred to be evaluated for special education? If yes, please explain _____

The school is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing and the school district will provide language support as deemed appropriate by district staff.

Preferred language for contact by telephone: _____

Preferred language for written contact: _____

Notice to School Staff: This form must be given to all new and enrolling students. Any student that indicates use of a language other than English must be assessed to determine the student's English language proficiency. Please notify district staff responsible for the next steps immediately and when ready, keep this form in the student's permanent records.



Climax Springs R-IV

Acceptable Use Policy

Student Use

- I will be responsible for my device and take good care of it.
- I will charge my device's battery every day before I bring it to school.
- I will bring my device to school every day that I am in attendance.
- I understand that sound must be muted unless earbuds are used, or permission is obtained from my teacher.
- I will know where my device is at all times and only use the device provided to me unless otherwise permitted by my teacher.

Basic Care and Handling

- I will not loan out my device and cords to other individuals.
- I will keep my device in its protective case/sleeve.
- I will transport my device securely. Laptops only: I will carry my laptop closed in its protective sleeve when it is not in use or being charged. I will not carry it by the screen.
- I will keep my device off the floor where it could be stepped on or tripped over.
- I will keep food and liquids away from my device.
- I will not deface my device in any way. This includes, but is not limited to, marking, painting, drawing, attaching stickers, etc.
- I will not tamper with the hardware or software, disassemble any part of, or attempt any repairs of my device.

Student Expectations for Responsible Computing

- I will keep my login and password information private and only share it with my teacher, school officials, and parents/guardians.
- I will only use the login and password information provided to me and will not attempt to login as any other person.
- I will use appropriate language in all digital products and communications.
- I will not give my name, address, phone number, school, or my teachers'/parents' names, addresses, or phone numbers to anyone online.
- I will not fill out any form or sign up for anything online that asks me for any information about my school, my family, or myself without first asking permission from my teachers/parents/guardians.
- I will not use any articles, stories, or other works I find online and pretend it is my own.
- I will not make use of materials or attempt to locate materials that are inappropriate in a school setting, or that may offend others.
- I will only locate and use school appropriate content in my digital work.
- I will not change screensavers, backgrounds, and/or themes.
- I understand that my device is subject to inspection at any time without notice and remains the property of the Climax Springs R-IV School District.

District.

- I will follow the expectations outlined in board policy F-265-P, associated board regulations, One-to-One Parent/Student Handbook, and the Student Code of Conduct at all times. A copy of this policy and regulation can be found online at www.cspringsr4.org
- I agree to keep my device and other peripherals in good working condition.

Parent / Guardian Agreement

- I acknowledge that I will be responsible for any damages to the device. Incidents that occur at school involving multiple parties will be investigated by district administration.
- I acknowledge that my child and I are to follow the expectations outlined in the Board Policy F-265-P, and associated board regulations, and that a violation of these guidelines could result in the student facing disciplinary action.
- I will be responsible for monitoring my child's use of the Internet when he/she is not at school, and that my child's use of the school network and device may be monitored for compliance with school policies and applicable laws.
- I acknowledge that fraudulent reporting of theft will be turned over to law enforcement and result in prosecution.
- I acknowledge that my child must return the device, protective case/sleeve, power charger, stylus (if applicable), and any other items provided to him/her in good working condition.
- I acknowledge that my child will have access to web-based tools, digital resources, and applications that support curricular objectives, and that these online services may collect, use, and disclose personal information (such as student names and email addresses), but only for the use and benefit of the school for the purpose of student learning. In accordance with Board policies and regulations, students will be strongly discouraged from providing any other personal information, and I will instruct my child not to provide any other personal information. I will contact my child's teacher and/or school if I need additional information about the applications and online services that are used for learning in my child's classes. I have reviewed the [Board Policy F-265-P](#), on the Climax Springs R-IV School District website and consent to my child's use of same. I understand that I may opt-out of my child's use of these applications and online services in the future at any time.

(Student Signature)

(Student Printed Name)

(Date)

(Parent/Guardian Signature - if under 18)

(Parent/Guardian Printed - if under 18)

(Date)

Climax Springs R-IV



Student Media Release Form

Climax Springs R-IV School district may develop, participate in, or be the subject of media-based presentations, publications or events which highlight various educational, instructional and promotional activities that take place during the course of the school year.

Examples might include:

- Videotapes (student or teacher generated video footage)
- Community presentations by Climax Springs R-IV School staff members
- Live production such as video conferencing
- Web Pages, Facebook, Publicity and Advertising
- News broadcasts or news stories of various media
- Publications (newsletters, brochures, postcards, etc.)

I hereby give Climax Springs R-IV School District the right and permission to publish, use photographs or video, and/or audio recordings of my child, a student enrolled in Climax Springs R-IV School District. I understand that such reproductions could be used to publicize or promote the school system, and/or my child's school through its own media productions (district Website, social media, printed and/or online brochures, reports, promotional videos, etc.) or through the commercial media (television, radio, Internet or print). I further waive any right to inspect and/or approve the finished product and do release Climax Springs R-IV School District from any liability by virtue of distortion by processing. I further agree that these items may be used for publication, broadcast or reproduction without limitation or reservations or any fee.

I DO NOT wish Climax Springs R-IV School District to use my child's image, likenesses, voice or academic work for any publications, yearbook, media-based presentations or promotion of the District.

Student Name(s) Printed

Student Grade(s)

(Parent/Guardian Signature - if under 18)

(Parent/Guardian Printed - if under 18)

(Date)

Climax Springs R-IV

Random Drug Testing Form



Student's Name _____

Grade _____

This completed form must be returned to the junior high/high school office within ten days from entry into school.

By signing this form, the parent/legal guardian and student understand and agree as follows:

The student will be placed in the Climax Springs R-IV Schools random drug testing pool. The student agrees to comply fully and completely with all requirements of the drug-testing program as stated in school policies and by-laws. I understand that participation in extracurricular and co-curricular activities and/or permission to park on District property is a privilege, not a right. I further understand that if I violate the District's drug testing policy that my parents/guardians, building administration and the applicable coach or activity sponsor will be informed of the violation.

I understand that if I commit a violation of the drug testing policy that my parent/legal guardian, building administration and the respective coach/activity sponsor will be the only individuals made aware of this information.

(Please Mark One)

YES

I agree to take part in the Climax Springs R-IV random drug testing pool. I, along with my parent/legal guardian, have read and understand all the school district's athletic and/or activity policies in the handbook. In order to be eligible for participation or to park on the Climax Springs R-IV campus, I understand I must comply with all the requirements listed.

NO

I do not agree to have my child's name placed in the Climax Springs R-IV random drug testing pool. I further understand that by making this decision I relinquish my child's privileges to represent Climax Springs R-IV Schools in extracurricular and co-curricular activities or to park on the Climax Springs R-IV campus.

Student Signature & Date

Date: _____

Signature of Parent/Guardian & Date

Date: _____

FOR OFFICE USE ONLY:

Date Received in the Principal's Office _____

Climax Springs R-IV



Transportation Form

Climax Springs schools strive to maintain a safe environment for our students. Please indicate your child's transportation plan for the school year.

You must send a written note to the teacher or notify the office in writing via email at csoffice@cspringsr4.org before 2:00 pm if you have a change in transportation.

Please choose from the following options for transportation for your child. For your child's safety we ask that the same schedule be followed throughout the school year.

Child's Name

Grade

Each day my child will be: **(one primary allowed) Call by 2:00 pm in emergencies.**

- Car Rider
- Walker
- Bus rider:

AM Pick-up address: _____

PM Drop-off address: _____

Parent/Guardian Signature

Date

Climax Springs R-IV



Student Health Inventory Form

Name: _____ Grade: _____ Birthdate: _____

Physician's Name: _____ Date of last exam _____ Phone Number _____

Dentist Name: _____ Date of last exam _____ Phone Number _____

Does Your Child have any of the following?

Allergies Yes _____ No _____ Has allergy required emergency action in the past? Yes _____ No _____

List drugs, food, insects, pollen and comments? _____

Asthma Yes _____ No _____ Triggered by: _____ Treatments: _____ Date Diagnosed _____

Diabetes Yes _____ No _____ Type I _____ Type II _____ Takes Insulin? Yes _____ No _____ Date Diagnosed _____

Seizures Yes _____ No _____ Date of last seizure: _____ Type of seizures: _____ Action Plan: _____

Does the student have any additional health or emotional concerns? Please Explain:

Does the student wear glasses or contacts? Yes _____ No _____ For reading? _____ Distance? _____ Other _____

Ears: Frequent ear infections? Yes _____ No _____ Tube placement: Left _____ Right _____ Both _____

Other Ear problems/hearing difficulty: _____

List childhood diseases, serious illness, surgeries and/or injuries: _____

List any medications student is currently taking at home or at school: _____

Conditions that prevent Physical Education? (Please provide physician's note) _____

If the student requires medication at school, please obtain the appropriate forms from the school nurse. MISSOURI LAW requires schools to report immunization non-compliance. It is unlawful for any student to attend school unless properly immunized, an exempt form is on file, or the student is in progress of immunizations. Parents must provide proof of immunizations. Vision, hearing and dental screenings will be done on new students, students in grades Pre-K, K, 1st, 3rd, 5th, and students who are referred by teachers, staff, or parents. All students in the district may have their height, weight and BMI's done. Students may be excused from any screening by written request from the parent. A copy of the Privacy Practices are available for your review. This notice describes how medical information about your student may be used, disclosed, and how you can get access to this information. For a copy of the Notice of Privacy Practices, please contact the school nurse and a copy will be provided.

Signature of Parent/Guardian _____ Date: _____

Over-the-Counter Medication Administration Form

School Year: _____

New form must be completed every year

PARENT/GUARDIAN PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

Student Name _____

Grade _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over the counter." This form is required before over-the-counter medication can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

_____ I do not want *any* OTC meds given to my student

TOPICAL:

- _____ Antibiotic cream (i.e. Neosporin)
- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl cream (i.e. Caladryl, Diphenhydramine)
- _____ Analgesic creams (ICY Hot)
- _____ A&D Ointment
- _____ Saline eye wash/drops

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antihistamine (i.e. Benadryl, Claritin)
- _____ Midol (age appropriate)
- _____ Cough Drops
- _____ Pepto Bismol/TUMS

Please check with the school nurse to see which medications are available for students in the school clinic and which medication you will need to supply, **OTC medication will be given at the manufacturer's recommended dosage.**

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Signature of Parent or Guardian)

(Date)

*****The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the form "Request for Medication Administration".***

MEDICATION HISTORY:

Is your student allergic to any medication? _____ If yes, please list medicine(s) and type of reaction: _____

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____

If yes, please list: _____

Climax Springs R-IV

Homeless/Unaccompanied Youth Form



Student Name:

The term "homeless children and youth" –

A. Means individuals who lack a fixed, regular, and adequate nighttime residence...; and

a. Includes –

- i. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- ii. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- iii. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- iv. Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

These questions cover the definition of homelessness that is within the Every Student Succeeds Act (ESSA).

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is for a similar reason.
Yes No
Explain: _____
 2. Are you currently residing at a motel, hotel, trailer park, or camping ground 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 building, substandard housing, bus or train station or similar setting?
Yes No
-

*Note: This information will not adversely affect the student. The State of Missouri provides a grant to schools with high numbers of homeless students. This information will be in no way associated with your student, and is only used to help benefit students who are homeless.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS – MIGRANT EDUCATION

PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT MIGRANT CONTACT	ENROLLMENT DATE

DIRECTIONS

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

Mail the completed form to Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contact Grants and Resources at 573-526-6989.

RELOCATION HISTORY

Have you moved to the school district in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)

Pork, beef processing 	Milking Cows 	Nursery/Greenhouse 	Planting/Harvesting Crops
Planting, harvesting or ginning cotton 	Chicken processing, feeding poultry, gathering eggs, working in a hatchery 	Harvesting and packing apples 	Other: Fruit and vegetable processing Potatoes Feeding livestock Growing, tending to and felling trees

PARENT INFORMATION

PARENTS/GUARDIANS			
ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

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, 295 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.

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: _____