

New Bloomfield R-III School District
(Student Demographic Information)
School Year 2019-2020

(Forms must be completed and returned)

****Please PRINT information clearly****

Student's Legal Name: _____

Other Name Student goes by (not nickname): _____

Date of Birth: _____ Grade: _____ Gender: _____ Race: _____

Student's Legal Name: _____

Other Name Student goes by (not nickname): _____

Date of Birth: _____ Grade: _____ Gender: _____ Race: _____

Student's Legal Name: _____

Other Name Student goes by (not nickname): _____

Date of Birth: _____ Grade: _____ Gender: _____ Race: _____

Home Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian #1 Information:

Name: _____ Relationship: _____ Decision Maker: ☐ Yes ☐ No Work

Name: _____ Work Phone: _____

Email Address: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian #2 Information:

Name: _____ Relationship: _____ Decision Maker: ☐ Yes ☐ No Work

Name: _____ Work Phone: _____

Email Address: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian #3 Information:

Decision Maker: ☐ Yes ☐ No

Name: _____ Relationship: _____ Work _____

Name: _____ Work Phone: _____

Email Address: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian #4 Information:

Decision Maker: ☐ Yes ☐ No

Name: _____ Relationship: _____ Work _____

Name: _____ Work Phone: _____

Email Address: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

New Bloomfield R-III School District

(Emergency Contacts)

Student's Name: _____

EMERGENCY CONTACTS - Other Than Parents - Please list one name per line. Please provide contact information for three individuals to whom the student may be released from school and who can make emergency decisions if a situation arises and the parents/legal guardians cannot be reached. List these contacts in the order that you would like them contacted.

Name: _____

Relationship to student(s): _____

Work Phone: _____ Cell Phone: _____ Other Phone: _____

Name: _____

Relationship to student(s): _____

Work Phone: _____ Cell Phone: _____ Other Phone: _____

Name: _____

Relationship to student(s): _____

Work Phone: _____ Cell Phone: _____ Other Phone: _____

Parent Signature _____ **Date** _____

The typed name in the box above will serve as your "signature" for this document.

EMAIL ADDRESS

Please complete the following information; we will be sending GRADE CARDS, announcement changes and other important information by email.

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Parent name: _____

Parent email: _____

Parent name: _____

Parent email: _____

Parent name: _____

Parent email: _____

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 students 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.
- First degree assault under 565.050, RSMo.
- Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under 566.030, RSMo. Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree 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 569.040 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.

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(Statement of Student Discipline)

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Parent/Legal Guardian Signature

Date

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New Bloomfield R-III School District
Student Enrollment Form
Migratory and Homeless Questionnaire

Student name: _____ Grade: _____ DOB: _____

Student name: _____ Grade: _____ DOB: _____

Student name: _____ Grade: _____ DOB: _____

PLEASE CHECK “YES” OR “NO” TO ANSWER THE FOLLOWING QUESTIONS:

1. Are you sharing the housing of other persons due to the loss of housing, economic hardship, or similar reason? Explain if it is a similar reason. ☐ Yes ☐ No
Explain:
2. Are you currently residing in a motel, hotel, in a car or at a campsite because your home has been damaged or because of economic reasons? ☐ Yes ☐ No
3. Are you currently residing in a shelter? ☐ Yes ☐ No
4. Are you currently living in a temporary housing arrangement due to economic hardship? ☐ Yes ☐ No
5. Has either the parent or guardian, or the child or the child’s spouse, been employed within the past 3 years (or are 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.) ☐ Yes ☐ No
 - Transporting farm products to market; ☐ Yes ☐ No
 - Feeding or processing poultry, beef, hogs; ☐ Yes ☐ No
 - Working on a dairy farm or catfish farm; ☐ Yes ☐ No
 - Cutting firewood or logs to sell ☐ Yes ☐ No

Parent/Guardian Signature: _____

The typed name in the above box will serve as your “signature” for this document.

Date: _____

PROGRAMS FOR ENGLISH LANGUAGE LEARNERS

(Student Home Language Survey)

Student's Name #1: _____

Student's Name #2: _____

Student's Name #3: _____

Date: _____ School: _____

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

☐ Other (specify): _____

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

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? ☐ 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 (How long/what grades)

9. Have you attended another school in Missouri? ☐ No ☐ Yes (How long/what grades)

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.): _____

Note to school Staff: This form should be given to all new and enrolling students. Any student who indicates the use of a language other than English should be assessed as to English proficiency. Elaboration on any of the above answers may be useful before administering detailed tests.

Adapted from the *Assessment of Language Minority Students: A Handbook for Educators*. Illinois Resource Center, 1985.

* * * * *

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

Bus Conduct and Policy (JFCC, JFCC-AP)

Transportation is provided by Durham School Services. Any questions concerning transportation should be directed to (573)491-9933, or their office located across the street from the elementary building. The New Bloomfield R-111 school district has a measure of responsibility in training pupils to be good passengers and to observe certain rules for good discipline and safety. The following regulations for pupil safety will serve as a guide. See the handbook for consequences for bus misconduct.

- Regular schedules must be observed. The bus cannot wait for tardy passengers. Please be on time.
- Students must be at the designated loading point BEFORE bus arrival time. Parents and students will be notified of the approximate pick-up time.
- Students must observe driver's instructions at all times.
- Students must wait for the bus at their designated stop. Never stand by the roadway. A student who must cross the roadway to board and/or depart from the bus shall pass in front of the bus no closer than ten (10) feet, look in both directions and proceed to cross the roadway only on signal from the driver. NEVER CROSS BEHIND THE BUS,
- A student will depart from the bus at the designated point unless written permission to get off at a different scheduled point is given to the driver by the parent/guardian or school personnel. The building secretary will complete the permission notice.
- All students shall be received and discharged through the right entrance door. EMERGENCY DOOR IS FOREMERGENCY USE ONLY.
- Students riding an alternative bus must first receive approval from the building office. Upon approval, a parent/guardian must send a written note to the building administration stating the -alternate bus number and the address where the student will be departing the bus. ONLY one extra child may ride with student per day. (If more students will be going home with a student, then alternate arrangements need to be made.)
- Video cameras may be on your child's bus without prior notification.

STUDENT PROCEDURES WHILE LOADING/UNLOADING AND RIDING THE BUS AND/OR AT BUS STOP

- The administration, with driver input, will assign seats to all riders. Such assignment will be designated by youngest students in the front to oldest students seated in the back. Students must remain in the assigned seats for duration of the ride. All seat assignments must have the prior approval of the administration unless an unsafe situation occurs in route.
- Students shall remain in a normal forward facing position with feet and hands out of the aisle while the bus is in motion.
- Book bags and other belongings shall be kept out of the aisles. (STATE LAW)
- Permission to open windows must be obtained from the driver. All articles and objects shall remain within the walls of the bus until the student departs. NEVER EXTEND ANY PORTION OF YOUR BODY OUT BUS WINDOWS. (STATE LAW)
- Waste containers are provided on all buses for use by the riders. Putting trash on the floor of the bus is prohibited.
- Quiet talk and subdued laughter will help prevent the diversion of the driver's attention, thus averting the possibility of an unnecessary and serious accident.
- A student who damages seats or other equipment will be expected to pay the cost for repair and/or replacement.
- Throwing objects, standing while the bus is moving, putting trash on the floor, placing any part of the body out of windows, scuffling, loud talking, screaming, and shouting are examples of inappropriate behavior on the bus, and will not be permitted.
- Respectful communications among riders and driver shall be observed at all times.
- Animals, glass containers, and balloons are not permitted on the bus.
- Students must refrain from sexual and other forms of harassment. This is defined as behavior and/or words that are sexual or demeaning in nature and are unwelcome, intimidating, and make another person uncomfortable.
- The use of tobacco products of any kind is prohibited.
- Profanity will not be tolerated.
- Eating and drinking, with the exception of suckers, will be allowed. Driver and administration may revoke the privilege for any inappropriate behaviors with food and drink.

In case of bad weather, the Superintendent of schools will decide whether or not it is safe to run a route or any part of it. Please refer to page 14 of this handbook for ways of finding out about cancellations.



**New Bloomfield R-III
Elementary School
Transportation Information
2019-2020**

Student's name: _____ Grade: _____

Student's name: _____ Grade: _____

Student's name: _____ Grade: _____

Parents name: _____

Contact phone #: _____

Additional phone #: _____

Address where student will be picked up in AM:

Address where student will be dropped off in PM:

Alternate address to drop off and/or pick up student:

*Note : If your student has to be dropped off at the
alternate address, you must notify the school in a timely
manner.*

After school my child will (primary routine):

☐ Ride the bus to: ☐ Home ☐ Sitter ☐ Other: _____

☐ Be picked up by: ☐ Parent ☐ Sitter ☐ Other: _____

☐ Be a walker to: ☐ Home ☐ Sitter ☐ Other: _____

☐ Go to Wild Blooms.

☐ Go to Wildcat Care.

*****I understand that if there is any change in my child's schedule or who will be picking them up, I will notify the Elementary
Office by phone, note or email.*

Parent/Guardian Signature

Date

Your typed signature will serve as an actual signature for this form.

New Bloomfield Elementary School

Please complete and return this form to the office

Student #1 name: _____

Student #2 name: _____

Student #3 name: _____

Birthdays:

Do you give permission for your child's name to be announced, posted at school, and/or posted on the school website for his/her birthday?

☐ Yes ☐ No

Birthdate of Student #1: _____

Birthdate of Student #2: _____

Birthdate of Student #3: _____

Teacher/Class Websites:

May we have your permission to place your child's photo on a teacher/administrators class/school website?

Yes ☐ No ☐ (check one for all students)

Photographs and/or Interviews by the News Media

Periodically the media comes to our school to cover special events. Please check the appropriate statement and sign.

☐ My child(ren), _____, May be photographed and/or interviewed by the media

☐ My child(ren), _____, May NOT be photographed and/or interviewed by the media

Parents Signature

Date

The typed name in the above box will serve as your "signature" for this document.

Dear Parents/Guardians,

The mission of the Health Services Department at New Bloomfield is to ensure that students are healthy while in the school buildings so they can learn to the best of their abilities. The school district shall be responsible for the appropriate handling of injuries and sudden illness occurring at school, on school property, or during school-sponsored events. This includes providing first aid and notifying parents/ guardians. Please note that we are not responsible or legally obligated to care for injuries or sicknesses that occur while the child is not at school, such as diagnosis of sports injuries, giving medication for ailments that occur at home, etc. However, please feel free to contact the nurse if your child requires additional care or for extenuating circumstances.

To best serve your child and any health care needs he/she may have, please fill out the **School Nurse Health Card** for each child attending school in the district, which can be found in the registration packet, or in the “Forms” tab of the school website’s wellness page. This includes basic personal information about the student, any health concerns or diagnoses, daily medications, allergies, etc. *You will also be required to provide emergency contact information* should the district need to reach you during the school day. Finally, *please read the school’s policy on medication administration*, found on our website’s wellness page, and sign the permission slip if you would like your child to be given over the counter medications for minor ailments that occur during school hours. *If your child has a chronic condition* that requires more thorough monitoring and/or intervention, such as Asthma, diabetes, seizures, food allergies, etc, there will be additional forms to be filled out. These can also be found in the “Forms” tab of the website’s wellness page.

Please contact the district nurse for any additional concerns or questions you may have.

Kristin Baker, RN BSN

New Bloomfield District Nurse

kbaker@nb.k12.mo.us

573-491-3700, ext 203

NEW BLOOMFIELD NURSES HEALTH CARD
2019-2020

Student Name: _____ **Grade:** _____ **DOB:** _____

Does your child have access to regular medical care?

☐ Yes

☐ No

Physician _____ phone # _____ Last Exam _____

Dentist _____ phone # _____ Last Exam _____

Health Insurance Carrier: _____

Health Concerns:(check all areas that apply)

Allergy: ☐ Environmental ☐ Medication ☐ Stings ☐ Food

☐ Other PLEASE LIST: _____

☐ Asthma (check one: ☐ mild ☐ moderate ☐ severe) Inhaler: ☐ Y ☐ N

Date last saw doctor for asthma: _____

☐ Anemia ☐ Depression ☐ Heart ☐ Diabetes

☐ Hearing ☐ Injury ☐ Attention Deficit Disorder

☐ Vision Wears glasses? ☐ YES ☐ NO Contacts? ☐ YES ☐ NO

Date of last vision exam: _____

☐ Seizures

Date of last seizure: _____ Hospitalized: ☐ YES ☐ NO

Date last saw doctor for seizures: _____

Any other health concerns: _____

List all medications your child takes (include times): _____

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by a trained provider in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.

This information will be shared with faculty and staff that work with your child as needed.

Please include any additional information that can help New Bloomfield RIII Schools Health Services provided care for your student: _____

Please keep all EMERGENCY contacts updated with the office. We use those contacts in case of Emergency.

Hospital preference in case of emergency: _____

SIGNATURE OF PARENT/GUARDIAN

DATE

The typed name in the above box will serve as your "signature" for this document.

NEW BLOOMFIELD NURSES HEALTH CARD
2019-2020

Student Name: _____ **Grade:** _____ **DOB:** _____

Does your child have access to regular medical care? ☐ Yes ☐ No
Physician _____ phone # _____ Last Exam _____
Dentist _____ phone # _____ Last Exam _____
Health Insurance Carrier: _____

Health Concerns:(check all areas that apply)

Allergy: ☐ Environmental ☐ Medication ☐ Stings ☐ Food
☐ Other PLEASE LIST: _____

☐ Asthma (check one: ☐ mild ☐ moderate ☐ severe) Inhaler: ☐ Y ☐ N
Date last saw doctor for asthma: _____

☐ Anemia ☐ Depression ☐ Heart ☐ Diabetes
☐ Hearing ☐ Injury ☐ Attention Deficit Disorder

☐ Vision Wears glasses? ☐ YES ☐ NO Contacts? ☐ YES ☐ NO
Date of last vision exam: _____

☐ Seizures
Date of last seizure: _____ Hospitalized: ☐ YES ☐ NO
Date last saw doctor for seizures: _____

Any other health concerns: _____

List all medications your child takes (include times): _____

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Hospital preference in case of emergency: _____

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NEW BLOOMFIELD NURSES HEALTH CARD
2019-2020

Student Name: _____ **Grade:** _____ **DOB:** _____

Does your child have access to regular medical care?

☐ Yes

☐ No

Physician _____ phone # _____ Last Exam _____

Dentist _____ phone # _____ Last Exam _____

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Health Concerns:(check all areas that apply)

Allergy: ☐ Environmental ☐ Medication ☐ Stings ☐ Food

☐ Other PLEASE LIST: _____

☐ Asthma (check one: ☐ mild ☐ moderate ☐ severe) Inhaler: ☐ Y ☐ N

Date last saw doctor for asthma: _____

☐ Anemia ☐ Depression ☐ Heart ☐ Diabetes

☐ Hearing ☐ Injury ☐ Attention Deficit Disorder

☐ Vision Wears glasses? ☐ YES ☐ NO Contacts? ☐ YES ☐ NO

Date of last vision exam: _____

☐ Seizures

Date of last seizure: _____ Hospitalized: ☐ YES ☐ NO

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List all medications your child takes (include times): _____

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SIGNATURE OF PARENT/GUARDIAN

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ADMINISTRATION OF MEDICATIONS TO STUDENTS

(Standing order for Administration of Over-the-Counter Student Medications)

The following list of over-the-counter medications is typically stocked in the nurse's office and may be given by the school nurse or the appointee:

- Non-aspirin (including acetaminophen, ibuprofen, etc.)
- sore throat spray
- Antacid
- Anti-itch cream
- antibiotic ointment
- burn cream
- throat lozenges
- peroxide
- alcohol-isopropyl
- first-aid spray
- topical anti-sting treatment
- petroleum jelly
- antihistamine
- eye drops
- eye wash

Student Name _____ Date _____

Parent Name _____ Date _____

Parent/Guardian's Signature _____ Date _____

The typed name in the above box will serve as your "signature" for this document.

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

Implemented: 05/16/2013

New Bloomfield R-III School District, New Bloomfield, Missouri

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- first-aid spray
- topical anti-sting treatment
- petroleum jelly
- antihistamine
- eye drops
- eye wash

Student Name _____ Date _____

Parent Name _____ Date _____

Parent/Guardian's Signature _____ Date _____

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Implemented: 05/16/2013

New Bloomfield R-III School District, New Bloomfield, Missouri

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- petroleum jelly
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Student Name _____ Date _____

Parent Name _____ Date _____

Parent/Guardian's Signature _____ Date _____

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Implemented: 05/16/2013

New Bloomfield R-III School District, New Bloomfield, Missouri

2019-2020 School Reach Information

In an important effort to make the best and most accurate use of the School Reach Instant Parent Contact system, we are asking that you fill out the following form with the requested necessary information (See next page). After filling this out for each of your children that attend our school please double check for accuracy and return it to us promptly. Thank You.

Phone Information Form

The Primary Contact Number will be used to call you every time we send a School Reach call, regardless of the urgency of the message.

The Secondary Contact Number will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Please consider these numbers carefully and make an effort to keep us informed as soon as possible if either number changes for any reason.

☐ Returning Student ☐ New Student: _____ Bus Number
☐ Bus
Address: _____

Child #1: Last Name: _____ First Name: _____ Grade: _____
Primary Contact Number: _____
Secondary Contact Number: _____

Child #2: Last Name: _____ First Name: _____ Grade: _____
Primary Contact Number: _____
Secondary Contact Number: _____

Child #3: Last Name: _____ First Name: _____ Grade: _____
Primary Contact Number: _____
Secondary Contact Number: _____

Child #4: Last Name: _____ First Name: _____ Grade: _____
Primary Contact Number: _____
Secondary Contact Number: _____