

| TO:                    |  |                          |   |                      |
|------------------------|--|--------------------------|---|----------------------|
| Name:                  |  |                          |   |                      |
| School:                |  |                          |   |                      |
| Address:               |  |                          |   |                      |
| Phone:                 |  |                          |   |                      |
| Fax:                   |  |                          |   |                      |
| FROM:                  |  |                          |   |                      |
| Name:                  |  |                          |   |                      |
| School:                | TIPTON R-VI ELEMENTARY SCHO  | OOL                      |   |                      |
| Address:               | 334 US HWY 50 WEST TII   | PTON, MO                 | 65081   |                      |
| Phone:                 | (660) 433-2213 Fa  | ax: (660) 433-2899       | Email: rumansl@tipton.                                    | k12.mo.us            |
| Please fax             | x the following educational records to   | the Tipton R-VI School I | District for the purpose of enrollm                       | ent of this student. |
| PARENT                 | SIGNATURE  |                          |   | DATE                 |
| Parent F               | Phone Number:  |                          |   |                      |
|                        | The Tipton R-VI School I   | District requests th     | e following information o                                 | n:                   |
| Student Na             | ame  | Date of Bi               | rth   | Grade                |
| _                      | Please send  | the following informa    | tion as soon as possible:                                 |                      |
| • H<br>• A<br>re<br>aı | umulative academic records ealth records chievement & educational diagnostic eports & IEP(please advise if confidence to be obtained from separate faciliscipline and attendance records | ential records »         | Custody records Migrant records Dyslexia Screening Other: |                      |

\*\*Confidential Student Information\*\*



| Name:                               | (First)                        |   | (Middle)    |                                 | (Last)      |                |
|-------------------------------------|--------------------------------|---|-------------|---------------------------------|-------------|----------------|
| Student<br>Cell:                    |                                |   |             |                                 | SSN:        |                |
| MOSIS:                              |                                |   |             |                                 |             |                |
| Date of<br>Birth:                   |                                | Sex:  | M or F      | Race:                           |             | Grade:         |
| Street<br>Address:                  |                                |   |             |                                 |             |                |
| Circle<br>County:                   |                                | Moniteau  | Cooper      |                                 | Morgan      |                |
| Mailing<br>Address:                 |                                |   |             |                                 |             |                |
| 1. Both<br>6. Gua<br>Stepfather/Ste | n Parents<br>Irdian<br>epmothe | WITH: (CHECK ONE)  S2. Mother Only 7. Mother/Stepfather | er          | ather Only<br>8. Father/Stepmot | her9.       | 5. Grandparent |
|                                     |                                | PARENTS/GUARDIANS LI                                    | VING IN SAI | ME HOUSEHOLD                    | AS STUDENT: |                |
| Legal Na                            | ame:                           |   |             | Legal Name:                     |             |                |
| Relationsh<br>Stud                  | nip to<br>dent:                |   |             | Relationship to Student:        |             |                |
| E                                   | mail:                          |   |             | Email:                          |             |                |
| Home Ph                             | none:                          |   |             | Home Phone:                     |             |                |
| Cell Ph                             | none:<br>-                     |   |             | Cell Phone:                     |             |                |
| Emplo                               | oyer:<br>-                     |   |             | Employer:                       |             |                |
| Work Ph                             | hone:<br>-                     |   |             | Work Phone:                     |             |                |
|                                     |                                |   |             |                                 |             |                |



#### PARENTS/GUARDIANS LIVING AT A DIFFERENT HOUSEHOLD FROM STUDENT:

| Legal Name:   | Legal Name:   |
|---|---|
| Relationship to Student:  | Relationship to Student:  |
| Address:  | Address:  |
| Email:  | Email:  |
| Home Phone:   | Home Phone:   |
| Cell Phone:   | Cell Phone:   |
| Employer  | Employer  |
| Work Phone:   | Work Phone:   |
| Does this parent/guardian have joint custody?YN Should this parent/guardian receive school info?YN Is this person legally restricted access to this student?YN Copy of Court Order MUST be Provided to the School | Does this parent/guardian have joint custody?YN Should this parent/guardian receive school info?YN Is this person legally restricted access to this student?YN A Copy of Court Order MUST be Provided to the School |

#### OTHER CHILDREN UNDER THE AGE OF 18 LIVING IN THE HOME:

| First<br>Name | Middle | Last Name | Birth Date | Gender<br>(M or F) | Relation to Student | School<br>Attending |
|---------------|--------|-----------|------------|--------------------|---------------------|---------------------|
|               |        |           |            |                    |                     |                     |
|               |        |           |            |                    |                     |                     |
|               |        |           |            |                    |                     |                     |
|               |        |           |            |                    |                     |                     |
|               |        |           |            |                    |                     |                     |
|               |        |           |            |                    |                     |                     |



#### NAME OF TWO EMERGENCY CONTACTS: (Other than parent/guardian listed)

| Name:   |           | Reia           | tionship to Student:  |       |
|---|-----------|----------------|-----------------------|-------|
| Home Phone:   | Cell      | Cell Phone:    |                       |       |
| Work Name:  |           | Work           | k Phone:              |       |
| Address:  |           |                |                       |       |
|   |           |                |                       | _     |
| Name:   |           | Rel            | ationship to Student: |       |
| Home Phone:   |           | Cel            | l Phone:              |       |
| Work Name:  |           | Wo             | rk Phone:             |       |
| Address:  |           |                |                       |       |
|   |           |                |                       |       |
| Schools Previously Attended   | Grade     | School Address | City, State, Zip      | Phone |
|   |           |                |                       |       |
|   |           |                |                       |       |
|   |           |                |                       |       |
| s either parent or guardian a mem<br>f yes what branch:                   |           |                | sNo                   |       |
| <u>Fransportation</u>   |           |                |                       |       |
| Vill your child ride the bus to and from school:YesNo                     |           |                |                       |       |
| f riding a bus where will your chil<br>Where will your child go after sch | =         | ed up?         |                       |       |
| viiere wiii voiii criiio do anei sch                                      | AL JULI 1 |                |                       |       |



## DECLARATION OF LEGAL RESIDENCE TIPTON R-VI SCHOOL DISTRICT

| Student Name:  | Grade:  |
|--|---|
| Home<br>Address:   |   |
| Phone<br>Number:   |   |
| Name of Individual w/ whom student resides:  |   |
| Relationship: (check one)ParentL   | egalCustodial   |
| f you checked "legal guardian" above, you must provide a copy of the co<br>s in the process of being filed, you must provide a copy of the filed petitio   |   |
| f you checked "custodial adult", you must provide a power of attorney standed and the student will lead to the student will be student with the student will be student will lead to the student will be student with the student will be student will be student with the student will be student will be student with the student will be student will be student with the student will be student wil |   |
| <ul><li>given above. I also declare that the information is correct a</li><li>I understand that if this student is admitted under false info continue attending school.</li></ul>  | ne student (s) named above lives with me full-time at the address and give permission for the school official to verify if question arises.  The regidence or any reason for the school district to believe |
| <ol> <li>I understand that if there is any complaint about the studer<br/>enrollment is not permissible under the Public School Law<br/>to further verify residence, including but not limited to, follo</li> </ol>  | or Tipton R—VI Public School policies, the district will take action  |
| 4. I understand that retroactive tuition can be charged if my re   | esidence is found to be in non-compliance with school law.  |
| hereby certify that I have read the above statement and understand that ny signature that the information I have provided on this form is true and at any time during the school year.   |   |
| Signature of Parent, Guardian, Custodial Adult   | Date  |
| For Office Use Only:   |   |
| Complete this section if the relationship is that of an individua  | al other than a parent.   |
| Legal guardianship court papers presented and verifica   | ation that state requirements have been met.  |
| Affidavit on file by custodial adult   |   |
| Other:   |   |



TIPTON R-VI SCHOOL DISTRICT PARENT AGREEMENT: Electronic web access agreement for viewing student information via the school district parent portal.

I am requesting access to my child/children's student information on the Tipton R-VI School District Parent Portal website.

I have read the *Acceptable use Policy/User Guidelines for the Parent Portal* and agree to abide by and support the expectations. I understand that for security purposes the District reserves the right to change user passwords or deny parent/guardian access at any time. By signing this agreement I, as parent/guardian, release the School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account including my own child/children.

If my account becomes locked I will email the district's help line and request the account be unlocked or repaired. I will provide the "Personal Login ID" given to me at the time the account was created and answer questions to verify any identity.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified in the user guidelines and that the school district is not responsible for assisting with technical difficulties on my home computer.

Please list the names of your child/children currently enrolled in Tipton R-VI School District and residing at the address listed below. The information given on this form must match the enrollment information you provided on your registration form.

| Residence    | ce Address         |                   |            |                  |
|--------------|--------------------|-------------------|------------|------------------|
| Ema          | il Address:        |                   |            |                  |
| Ho           | me Phone:          |                   |            |                  |
| C            | Cell Phone:        |                   |            |                  |
|              | Child's First Name | Child's Last Name | Birth Date | School Attending |
|              |                    |                   |            |                  |
|              |                    |                   |            |                  |
|              |                    |                   |            |                  |
|              |                    |                   |            |                  |
|              |                    |                   |            |                  |
| Diamatum of  | Davart             |                   |            | Dete             |
| Signature of | Parent             |                   |            | Date             |
|              |                    |                   |            |                  |
| Signature of | Parent             |                   |            | Date             |



#### TIPTON SCHOOL DISTRICT PHOTO & VIDEO RELEASE FORM

Tipton School District captures pictures of students for the purpose of student recognition in area newspapers and publications. Pictures or videos may be also used in publications, presentations, videos, or in the Tipton School District website in order to publicize student activities and recognize student achievement. We also use pictures to describe the schools' vocational, academic and athletic programs to possible future students. Images are sometimes made available for purchase for minimal cost and funds received from these sales are used to support the journalism program. Your signature below is appreciated.

By signing this agreement, I agree to have no claim to photographs or reproductions of photographs and give permission for the Tipton Middle/High School publications, publicity campaigns and fundraising, as the school deems appropriate.

| do not expect compensation and no representation or promise of compensation has been made. |                    |  |  |  |
|--|--------------------|--|--|--|
|  |                    |  |  |  |
| Name of Student (please print)   |                    |  |  |  |
| Cignature of Student   |                    |  |  |  |
| Signature of Student   |                    |  |  |  |
| Signature of Parent /Guardian  |                    |  |  |  |
| Date   | Year of Graduation |  |  |  |

This release form is valid from the date signed until graduation date.



FILE: EHB -AF1
Critical

#### **TECHNOLOGY USAGE**

(Parent/Guardian Technology Agreement)

I have read the Tipton R-VI School District Technology Usage policy and procedure. I understand that violation of 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 e1ecti'onic 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 revolved or changed by the district or me.

| Signature of Parent/Guardian  | Date  |
|---|---|
| <b>Note:</b> The reader is encouraged to read all policie this administrative area. | s and/or procedures for related information |
| mplemented:11/15/2004   |   |
| Revised: 11/13/2017   |   |
| Tipton R-VI School District Tipton, MO 65081  |   |
|   |   |
| 2017, Missouri School Boards' Association, Registered in U.S. Cop5'iigl I Offi      | ice   |

Name of Student:



### **TIPTON HEALTH INVENTORY & RELEASE**

To assist in providing health services at school, please complete and return to the school nurse.

| Student:   |  |  | Date of Birth:  | Grade:   |  |
|--|--|--|---|--|--|
| Parent:  |  |  |   |  |  |
| Address:   |  |  |   |  |  |
| Mother: H  | lome #:                                      | Cell   | #:  | Work #:  |  |
| Father: F  | lome #:                                      | Cell   | #:  | Work #:  |  |
|  | ENCY NUMBE                                   | RS (if unable to reach pare  | •   |  |  |
| Name:  |  |  | Phone #:  |  |  |
| Name:  |  |  | Phone #:  |  |  |
| If you do not have   |  | Private Medicaid uld you like the School Nurse to bur child had any of the following the follo | o assist you with some health   | ·  |  |
| ADD/ADHD Allergy - Bee/ Allergy - Food Allergy - Medi Allergy - Seas Allergy - Othe Anemia Arthritis Asthma - Doc Autism Blood Disord Bone/Joint Bowel/Bladde Cancer/Leuke | d ication sonal er etor Diagnosed er er emia | Chicken Pox Color Blindness Cystic Fibrosis Diabetes - Type 1 / 2 Ear Tubes Eating Disorder Epilepsy/Seizures Date of Last: Eczema/Psoriasis Frequent Cough Frequent Diarrhea/Vomiting Frequent Ear Aches/Infections Frequent Headaches  | Gastrointestinal Hearing Impaired Left/Right/Both Heart Disease/Defect Hemophilia Hepatitis A Hepatitis B Immune Deficiency Disorder Kidney Disorder Liver Disorder Mood Disorder Muscular Dystrophy Migraines Nosebleeds | <ul> <li>Physical Limitations</li> <li>Sickle Cell Anemia</li> <li>Scoliosis</li> <li>Sinus Problems</li> <li>Spina Bifida</li> <li>Tuberculosis</li> <li>Ulcers</li> <li>Vision Problems</li> <li>Glasses/Contacts</li> <li>Other</li> <li>Other</li> <li>(Explain on next page)</li> <li>None</li> </ul> |  |
| <ul> <li>Cerebral Pals</li> </ul>  | БУ   | <ul> <li>Frequent Headaches</li> <li>(Not migraines)</li> </ul>  | <ul> <li>Nosebleeds</li> </ul>  |  |  |



| Please describe above health conditi   | ons (List any rest                       | rictions to diet or PE)                               |   |
|--|--|---|---|
|  |  |   |   |
|  |  |   |   |
| Does your child require special applia   | ances, such as br                        | aces, shoes, wheelchai                                | r or other equipment? Yes/No  |
|  |  |   |   |
| Does your child take daily medication  | at home Yes/No                           | At School? Yes/No                                     | For emergency use? Yes/No   |
| Please list medication, reason and do  | ose:                                     |   |   |
| MEDICATION PERMISSION: Do you staff members, to administer medication BELOW:   |  |   |   |
| Tylenol Ibuprofen  | Benadryl                                 | Tums/Pepto  | Cough Drops   |
| If your child presents COVID 19/FLU-like School District? <b>YES</b> / <b>NO</b>   | e symptoms, do yo                        | u give permission for you                             | child to be tested at Tipton R-VI                                     |
| Emergency Administration Only:   | Epi-Pen                                  | Albuterol   |   |
| In the event my child is injured or beconstant of the control of the control of the hospital and the control of ambulance service, all medical cares | he school to call t<br>al treatment to m | the ambulance service t<br>y child. I fully understan | for the purpose of conveying my d I shall be responsible for all cost |
| Doctors Name:  |  | Phone:  |   |
| Hospital Choice:   |  |   |   |
|  |  |   |   |
| Parent/Guardian Signature  |  | Date  |   |





MU healthcare System
1420 West Ashley Road, Boonville, MO, 65233
(660) 882-3420
Matt Rowlett, MS, ATC, LAT

Dear Athlete and Parent/Guardian.

In athletics, injuries are a frequent *occurrence* Our school has the privilege to a licensed athletic trainer. This individual possesses a four year undergraduate degree, national certification, and a Missouri athletic trainer license. Under the direction of a licensed physician, licensed athletic trainers are trained to prevent, recognize, care, manage, treat, and rehabilitate sports injuries. Athletic trainers have many roles and capabilities; in coordination with appropriate health care personnel they are qualified to assess, treat, and safely return athletes to competition.

The athlete and/or parent(s)/guardian(s) understand that participation in athletics can be dangerous, and that the athlete could be risking bodily injury and even sudden death by participating. Participation in a sport is strictly voluntary- The athlete and/or the parent(s)/guardians(s) hereby assume full responsibility for any and all injuries and other losses that the athlete may suffer because of participation in athletics and release the athletic trainer *mom* any claim or liability for any injury or other loss that the athlete may suffer due to participation in athletics, regardless of the cause of the injury or other loss. The athlete and/or the parent(s)/guardian(s) also agree to hold harmless the athletic trainer from any and all liability, damages, and expenses which may be caused to pay or incur as a result of any claim that may arise from the athlete's participation in athletics and to waive any litigation arising out of such activities

Permission is hereby granted to Mizzou Physical Therapy and Sports Medicine athletic trainers:

- to provide athletic training services in the form of care, treatment, evaluation, management, and rehabilitation of any acute sports injury suffered by the athlete designated below, and
- to make an emergency referral to an appropriate physician if, in the opinion of the athletic trainer, immediate treatment or further evaluation is necessary.

"This authorization will need to be completed annually.

| Athlete:                  | School: |
|---------------------------|---------|
| Guardian Name<br>Printed: |         |
| Guardian<br>Signature:    |         |



| Contact Information:                | Please fill in the preferred method(s) for e  | mergency and non-emergency situations.   |  |  |  |
|-------------------------------------|---|--|--|--|--|
| Guardian Name<br>Printed:           | Relationship to Athlete:  |  |  |  |  |
| Cell #:                             | Home #:   | Work #:  |  |  |  |
| Email:                              |   |  |  |  |  |
|                                     |   |  |  |  |  |
|                                     | Release of Protecte   | d Health Information   |  |  |  |
| health informat                     | · · · · · · · · · · · · · · · · · · ·   | ete interns to review <i>my</i> medical records and other protected g. In addition, I understand my consent to the authorization or his program. |  |  |  |
| -                                   | e this authorization at any time (with written notice already been viewed in reliance on this authoriza | to the address.at the top of this form except the event that tion.   |  |  |  |
| Athlete Name:                       |   | School:  |  |  |  |
| Printed Name of<br>Guardian/Parent: |   |  |  |  |  |
| Signature of                        |   |  |  |  |  |

Date:

Guardian/Parent:



#### MISSOURI STATE HIGH SCHOOL ACTIVITIES ASSOCIATION

Refer to the concussion materials located on the MSHSAA website.

http://www.mshsaa.org/SportsMedicine/

- Concussions
- A Parent's Guide to Concussion

Read the provided information and discuss the information with your student. For a printed copy, contact the Tipton Junior High & High School Office.

Students must agree to abide by all academic, citizenship, and Missouri State High School Activities Association rules stated in the co-curricular handbook. Violation of any of the rules published in the handbook is grounds for dismissal from the activity.

Students and/or parents who have concerns about co-curricular activities must follow these procedures:

- First, contact the coach or sponsor of the activity in question during school hours— not during practices or at the activity.
- If not satisfied, contact the Athletic & Activities Director.
- Finally, follow the Tipton R-VI due process rules: Principal, superintendent, and then the Board of Education.

Students and parents must understand there are risks involved in student participation of sports and activities. It must be understood that the risk to the student includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or serious or permanent disability.

#### By signing below,

I/we agree to acknowledge that we have received and reviewed the MSHSAA Parent's Guide to Concussion either online or paper copy.

I/We agree to abide by all academic, citizenship, and MSHSAA rules stated in the co-curricular handbook, and understand the penalty for violation of said rules.

I/We agree to accept risk as a condition of the student's participation in sports and activities.

| Student Signature         | Student Name (Printed)         | Date |
|---------------------------|--------------------------------|------|
| Parent/Guardian Signature | Parent/Guardian Name (Printed) | Date |



#### STUDENT CITIZENSHIP AGREEMENT

Citizen standards of eligibility for all co-curricular activities have been approved as school policy for the Tipton R-VI School District and are applicable to any student who represents the school.

Participation in student activities is a privilege and not a right; therefore, the School Board believes that the student must adhere to the standards of behavior which will be credit to the individual student, the particular activity, the school, and the community.

The School Board insists that a student's behavior be in compliance with School Board Policy, with Student Handbook regulations, and with public laws. Behavior not in compliance may result in suspension or exclusion from all co-curricular activities or extra-curricular activities. While it is not possible to cite every example of behavior that violates policies, regulations, or public laws, there are certain behaviors that are more frequently a problem for school systems than others and will be addressed herein.

NOTE: CITIZENSHIP VIOLATIONS WILL ACCUMULATE DURING THE SCHOOL CALENDAR YEAR FROM ACTIVITY SEASON TO ACTIVITY SEASON.

#### STANDARDS:

- ACTIONS, BEHAVIORS OR STATEMENTS IN VIOLATION OF DISCIPLINE POLICIES DESIGNATED IN THE STUDENT HANDBOOK CODE OF CONDUCT RESULTING IN ISS/OSS
- THE USE, POSSESSION OR DISTRIBUTION OF TOBACCO, ALCOHOL, CRUGS AND/OR PARAPHERNALIA AND/OR ELECTRONIC CIGARETTES USED TO CONSUME THESE ILLEGAL SUBSTANCES.
- USE OF INTERNET (SOCIAL MEDIA: FACEBOOK, TWITTER, INSTAGRAM, ETC) IN WRITTEN OR VISUAL FORM THAT DOES NOT ADHERE TO CITIZENSHIP POLICY.

The penalties for violation of standards are as follows:

| First offense: Suspension from next occurring performance | activity |
|---|----------|
|---|----------|

Second offense: Suspension from next two occurring performance activities

**Third offense:** Suspension from all activities from the remainder of the school calendar year.

Activity defined as competition or performance event.

| I agree to abide by the above standards.                           | tandards and to accept the penalty if I viol            | ate any of these      |
|--|---|-----------------------|
| Student Signature  | Student Name (Printed)                                  | Date                  |
| I have read the above agreeme<br>the penalties for violating these | nt and I am aware of the standards my stu<br>standards. | udent must follow and |
| Parent Signature   | Parent Name (Printed)                                   |                       |



| M   | MSHSAA REGISTRATION INFORMATION   |                                |                               |  |  |  |  |
|-----|---|--------------------------------|-------------------------------|--|--|--|--|
| Ne  | ew Student Information:   |                                |                               |  |  |  |  |
|     | First   | Middle                         | Last                          |  |  |  |  |
|     | Display Name "used on Eligibility Rosters (only if different than formal name)  |                                |                               |  |  |  |  |
|     | Gender  | Date of Birth                  | Grade Level                   |  |  |  |  |
|     | Current Address   |                                |                               |  |  |  |  |
|     | Previous Address  |                                |                               |  |  |  |  |
|     | Initial Semester of 9th Grade Enrollment  | FALL                           | WINTER                        |  |  |  |  |
|     |   | 2014-2015 2015-2016 2016-2017  | 2017-2018 2018-2019 2019-2020 |  |  |  |  |
| Ini | itial Eligibility Questions:  |                                |                               |  |  |  |  |
|     | Continuous Enrollment (Last 365 Days: in your school building, or in a grade under MORE than 365 days?  |                                | □ No □ Yes                    |  |  |  |  |
|     | Residency: Does this student live in a pe specific attendance boundaries for your sch   |                                | □ No □ Yes                    |  |  |  |  |
|     | Household: Does this student live with hi By-Law 3.10.1a)?  | s/her parents (as defined in   | □ No □ Yes                    |  |  |  |  |
|     | Transfer: Was there a full and complete m permanent residence in the new school dis corresponding with the date of transfer or p  | trict attendance boundaries    | □ No □ Yes                    |  |  |  |  |
|     |   |                                | Date of Chance of Residence:  |  |  |  |  |
|     | <b>Explanation:</b> Please briefly summarize the circumstances for the change in school district. (At times further explanation is required by MSHSAA.) Please indicate at the bottom of this form the best person to contact for further information and a phone number. A meeting with the activities director may be required to complete the transfer information required by MSHSAA. |                                |                               |  |  |  |  |
|     | Type of last school attended:   | □ Public □ Private             | □ Homeschool □ Other          |  |  |  |  |
|     | School Attended:  |                                |                               |  |  |  |  |
|     | First Day in Attendance Last Day in Attendance  |                                |                               |  |  |  |  |
|     | DISCIPLINE/CITIZENSHIP Was there any continuing disciplinary/citize   | enship issues for this student | □ No □ Yes                    |  |  |  |  |



| that would affect this student's eligibility? |                               |   |   |
|---|-------------------------------|---|---|
|   |                               |   |   |
|   | Phone Number:<br>Time of Day: |   |   |
| ACTIVITIES AND ATHLETICS TO PARTIC            | CIPATE: Mark all that apply   |   | CROSS COUNTRY FOOTBALL VOLLEYBALL FALL CHEERLEADING WINTER CHEERLEADING WRESTLING BOYS BASKETBALL GIRLS BASKETBALL GOLF TRACK BASEBALL SOFTBALL CHOIR BAND SPEECH ART |
| VOCATIONAL ACTIVITIES:                        |                               | 0 | FBLA<br>DECA<br>FCCLA<br>FFA<br>VOTECH  |



#### Dear Parent or Guardian:

Our district is required to inform you of information that you, according to the Every Student Succeeds Act of 2015 (Public Law 114-95), have the right to know. Upon your request, our district is required to provide to you in a timely manner the following information:

- Whether your student's teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether your student's teacher is teaching under emergency or other provisional status through which State qualification and licensing criteria have been waived.
- Whether your student's teacher is teaching in the field of discipline of the certification of the teacher.
- Whether your child is provided services by paraprofessionals and , if so, their qualifications.

In addition to the information that parents may request, a building receiving Title I.A funds must provide to each individual parent:

- Information on the level of achievement and academic growth of your student, if applicable and available, on each of the state academic assessments required under Title I.A.
- Timely notice that your student has been assigned, or has been taught for 4 or more consecutive weeks by a teacher who has not met applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.

Director of Student Services

Office: 660-433-4302 Fax: 660-433-5241

Student Name:



### **HOMELESS SCREENING FORM**

| Date:  School:  Returning student  The Every Student Succeeds Act (ESSA) defines the term "homeless children and youth" as individuals who lack a fixed, regular, and adequate nighttime residence including:  • 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 camp grounds due to the lack of alternative adequate accommodations; are living in emergency transitional shelters; or are abandoned in hospitals;  • children and youths who have a primary nighttime residence that is a public or private planot designed for or ordinarily used as a regular sleeping accommodation for human beings;  • children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. |   |   |         |  |  |  |
|--|---|---|---------|--|--|--|
| Please answer the following of   | questions:  |   |         |  |  |  |
| 1. Is the current address tem  | porary?   | □ No  | o □ Yes |  |  |  |
| 2. Are you living in shared ho   | ousing with friends or family me  | mbers? □ No   | o □ Yes |  |  |  |
| <ul> <li>3. If yes, please check the remark</li> <li>Economic situation</li> <li>Provide care for a family moderner</li> <li>Loss of employment</li> <li>Other:</li> </ul>   | □Temporaril<br>house/apa<br>nember □ Living with                        | y waiting for<br>artment<br>n boyfriend or gir<br>ardian is deploye |         |  |  |  |
| campground due to the lack of accommodations?  | ·   |   |         |  |  |  |
|  | in an emergency or transitional   |   |         |  |  |  |
| 6. Has this student been aba   | •   | □ N   |         |  |  |  |
| <ol><li>Is your primary nighttime r<br/>designated for or ordinarily us<br/>accommodation for human be</li></ol>   |   | ce not □ N  | o □ Yes |  |  |  |
| , , ,  | a car, park, public space, abanc<br>ng, bus or train station or similar |   | o □ Yes |  |  |  |

Signature of Parent/Guardian/Unaccompanied Youth



**MIGRANT EDUCATION PARENT QUESTIONNAIRE** 

| SCHOOL DISTRICT NAME: Tipton R-VI   |                             |                 | COUNTY-DISTRICT CODE: 068-073 |              |                   |              |                |       |
|---|-----------------------------|-----------------|-------------------------------|--------------|-------------------|--------------|----------------|-------|
| DISTRICT MIGRANT CONTACT: Nancy Thomas  |                             |                 |                               |              |                   |              |                |       |
| 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 Migrar 65102. Questions? Contact Grant   |                             |                 | f Elementary and Se           | econdary E   | ducation, P.      | O. Box 480,  | Jefferson City | y, MO |
| RELOCATION HISTORY  |                             |                 |                               |              |                   |              |                |       |
| Have you moved to the school dis  | strict in the past three (3 | 3) years?       |                               |              |                   |              | Yes            | □No   |
| In any location within the last thre choose all that apply:   | e (3) years, have you w     | vorked in the a | agriculture or fishing        | j industrie: | s? If yes, ple    | ease         | Yes            | □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?   |                             |                 |                               |              |                   | □No          |                |       |
| In the last three (3) years have yo   | ou worked or are you cu     | ırrently workin | ig in any of these ar         | eas? If so,  | which ones        | ? (please ci | rcle)          |       |
| Pork, beef processing   | Milking Cow                 | rs              | Nursery/G                     | Greenhouse   | e                 | Plantin      | g/Harvesting   | Crops |
|   |                             |                 |                               |              |                   |              |                |       |
| Planting, harvesting or ginning cotton  Chicken processing, feeding poultry, gathering eggs, working in a hatchery  I have sting and packing apples  Other: Fruit and vegetal Potatoes Feeding Livestor Growing, tending trees  |                             |                 |                               |              | es<br>g Livestock |              |                |       |
| PARENT INFORMATION  |                             |                 |                               |              |                   |              |                |       |
| PARENTS/GUARDIANS   |                             |                 |                               |              |                   |              |                |       |
| ADDRESS CITY  |                             |                 | STATE                         |              |                   | ZIP          |                |       |
| HOME PHONE  | PLACE OF E                  | MPLOYMENT       |                               |              |                   |              |                |       |
| 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), 6<sup>th</sup> Floor, 205 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.

MO 500-3129 (04/2019)



### **STUDENT HOME LANGUAGE SURVEY**

| School:                          |  |                 |                |                                 |                     |
|----------------------------------|--|-----------------|----------------|---------------------------------|---------------------|
|                                  |  |                 |                | <ul> <li>New Student</li> </ul> | □ Returning Student |
| Person Completing Survey:        | <ul><li>Mother</li><li>Pather</li><li>Other (specify):</li></ul> |                 |                |                                 |                     |
| ease indicate the bes            | st answer to each question                                       | on as it pertai | ns to the stud | ent and provide                 | any additional      |
| formation:                       |  |                 |                |                                 |                     |
| 1                                | uage you learned English?<br>Additional Information: _           |                 |                |                                 |                     |
|                                  | anguage other than English?<br>Additional Information: _         |                 |                |                                 |                     |
|                                  | ther than English used at hon<br>Additional Information: _       |                 |                |                                 |                     |
|                                  | o you use most often with frie                                   |                 |                |                                 |                     |
|                                  | o you use most often with pa<br>Other:                           |                 |                |                                 |                     |
| 1                                | o you use most often with rel<br>Other:                          |                 |                |                                 |                     |
| -                                | d school in another country o<br>How Long?                       |                 |                | ades?                           |                     |
| 8. Have you attended             | another school in the United Where?                              |                 | What grade:    | s?                              |                     |
| 9. Have you attended  • No • Yes | d another school in Missouri?<br>Where?                          | ,               | What grades    | s?                              |                     |
| □ English as Secor               | ecial programs you have part<br>nd Language   □ Gifted           | □ Title I       |                | ition                           |                     |



| Student Name:                          |                                      |                 |                      | Date:                 |      |
|--|--------------------------------------|-----------------|----------------------|-----------------------|------|
| School:                                |                                      |                 |                      |                       |      |
| Person Completing Survey:              | □ Mother □ Father □ Other (specify): |                 |                      |                       |      |
| Please indicate below if               | f your child was previously          | / receiving an  | y services. Specia   | al Services may Inclu | ide: |
| TITLE I READING  No Yes W              | Vhere?                               |                 | What Grades?         |                       |      |
| SPEECH THERAPY  No Yes W               | Vhere?                               |                 | What Grades?         |                       |      |
| TITLE I READING  No Yes W              | Vhere?                               | _               | What Grades?         |                       |      |
|  | Vhere?                               |                 |                      |                       |      |
|  | Vhere?                               |                 |                      |                       |      |
| GIFTED  No Yes W                       | Vhere?                               |                 | What Grades?         |                       |      |
| •                                      | PLAN<br>Vhere?                       |                 |                      |                       |      |
| BEHAVIOR SUPPORT I  No Yes W Describe: | PLAN<br>Vhere?                       |                 | What Grades?         |                       |      |
| Please check all that ap               |                                      | exia 🗆 Stu      | dent needs a surroga | ate parent            |      |
|  | a language other than English?       |                 | •                    | age?                  |      |
| Did the student receive                | e English Learner services at th     | ne previous sch | ool? □ No □ Yo       | es Grades?            |      |

Please visit with the teacher, counselor, principal, or director of special services if you have any questions or need assistance to arrange the special services that your child needs.