

TIPTON R-VI ENROLLMENT PAPERWORK



TO:

Name: _____

School: _____

Address: _____

Phone: _____

Fax: _____

FROM:

Name: _____

School: TIPTON R-VI ELEMENTARY SCHOOL

Address: 334 US HWY 50 WEST TIPTON, MO 65081

Phone: (660) 433-2213 Fax: (660) 433-2899 Email: millsaph@tipton.k12.mo.us

Consent for Release of Information

Please fax the following educational records to the Tipton R-VI School District for the purpose of enrollment of this student.

PARENT SIGNATURE _____ DATE _____

Parent Phone Number: _____

The Tipton R-VI School District requests the following information on:

Student Name _____ Date of Birth _____ Grade _____

Please send the following information as soon as possible:

- Cumulative academic records
- Health records
- Achievement & educational diagnostic testing reports & IEP (please advise if confidential records are to be obtained from separate facility)
- Discipline and attendance records
- Custody records
- Migrant records
- Dyslexia Screening
- » Other:

****Confidential Student Information****

TIPTON R-VI ENROLLMENT PAPERWORK



Name: (First) _____ (Middle) _____ (Last) _____

Student Cell: _____ SSN: _____

MOSIS: _____

Date of Birth: _____ Sex: M or F Race: _____ Grade: _____

Street Address: _____

Circle County: Moniteau Cooper Morgan

Mailing Address: _____

PARENTAL INFORMATION:

STUDENT LIVING WITH: (CHECK ONE)

- ____ 1. Both Parents ____ 2. Mother Only ____ 3. Father Only ____ 4. Self ____ 5. Grandparent
____ 6. Guardian ____ 7. Mother/Stepfather ____ 8. Father/Stepmother ____ 9.
Stepfather/Stepmother
____ 10. Other (Please specify): _____

PARENTS/GUARDIANS LIVING IN SAME HOUSEHOLD AS STUDENT:

Legal Name: _____	Legal Name: _____
Relationship to Student: _____	Relationship to Student: _____
Email: _____	Email: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____

TIPTON R-VI ENROLLMENT PAPERWORK



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

Name: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____
Work Name: _____ Work Phone: _____
Address: _____

Name: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____
Work Name: _____ Work Phone: _____
Address: _____

Schools Previously Attended	Grade	School Address	City, State, Zip	Phone

Is either parent or guardian a member of the armed forces? ____ Yes ____ No
If yes what branch: _____

Transportation

Will your child ride the bus to and from school: ____ Yes ____ No
If riding a bus where will your child be picked up? _____
Where will your child go after school? _____

TIPTON R-VI ENROLLMENT PAPERWORK



DECLARATION OF LEGAL RESIDENCE TIPTON R-VI SCHOOL DISTRICT

Student
Name:

Grade:

Home
Address:

Phone
Number:

Name of Individual w/ whom student resides:

Relationship: (check one) Parent Legal Custodial

If you checked "legal guardian" above, you must provide a copy of the court order appointing you as a guardian. If a petition for guardianship is in the process of being filed, you must provide a copy of the filed petition for guardianship.

If you checked "custodial adult", you must provide a power of attorney stating you have been given the authority to make all educational and medical decisions. The power of attorney must state that the student will be living at your domicile full-time.

1. I declare that my legal residence is that given above and the student (s) named above lives with me full-time at the address given above. I also declare that the information is correct and give permission for the school official to verify if question arises.
2. I understand that if this student is admitted under false information, she/he is not legally enrolled and will not be allowed to continue attending school.
3. I understand that if there is any complaint about the students residence or any reason for the *school* district to believe enrollment is not permissible under the Public School Law or Tipton R—VI Public School policies, the district will take action to further verify residence, including but not limited to, following-up visits to the residence by school officials.
4. I understand that retroactive tuition can be charged if my residence is found to be in non-compliance with school law.

I hereby certify that I have read the above statement and understand that I am required to list my present home address. I further certify by my signature that the information I have provided on this form is true and correct and that I shall notify the school if my address is changed 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 individual other than a parent.

Legal guardianship court papers presented and verification that state requirements have been met.

Affidavit on file by custodial adult

Other: _____

TIPTON R-VI ENROLLMENT PAPERWORK



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 Address _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Child's First Name	Child's Last Name	Birth Date	School Attending

Signature of Parent

Date

Signature of Parent

Date

TIPTON R-VI ENROLLMENT PAPERWORK



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.

I do not expect compensation and no representation or promise of compensation has been made.

Name of Student (please print)

Signature of Student

Signature of Parent /Guardian

Date

Year of Graduation

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

TIPTON R-VI ENROLLMENT PAPERWORK



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 electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages caused by my child's misuse of district technology.

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

Name of Student: _____

Signature of Parent/Guardian

Date

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

Implemented: 11/15/2004

Revised: 11/13/2017

Tipton R-VI School District Tipton, MO 65081

TIPTON R-VI ENROLLMENT PAPERWORK



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: Home #: _____ Cell #: _____ Work #: _____

Father: Home #: _____ Cell #: _____ Work #: _____

TWO EMERGENCY NUMBERS (if unable to reach parents)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Does student have medical and/or dental coverage? Please check all that apply

***Insurance Coverage:** _____ Private _____ Medicaid _____ None

***Dental Coverage:** _____ Private _____ Medicaid _____ None

If you do not have insurance would you like the School Nurse to assist you with some health care options? YES / NO

Does your child have, or has your child had any of the following conditions? Check all that apply

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Physical Limitations |
| <input type="checkbox"/> Allergy - Bee/Wasp | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Allergy - Food | <input type="checkbox"/> Cystic Fibrosis | Left/Right/Both | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Allergy - Medication | <input type="checkbox"/> Diabetes - Type 1 / 2 | <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Allergy - Seasonal | <input type="checkbox"/> Ear Tubes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Allergy - Other | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Arthritis | Date of Last: _____ | <input type="checkbox"/> Immune Deficiency | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Asthma - Doctor Diagnosed | <input type="checkbox"/> Eczema/Psoriasis | Disorder | Glasses/Contacts |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Frequent Cough | <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Frequent | <input type="checkbox"/> Liver Disorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bone/Joint | Diarrhea/Vomiting | <input type="checkbox"/> Mood Disorder | (Explain on next page) |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Frequent Ear | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> None |
| <input type="checkbox"/> Cancer/Leukemia | Aches/Infections | <input type="checkbox"/> Migraines | |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Nosebleeds | |
| | (Not migraines) | | |

TIPTON R-VI ENROLLMENT PAPERWORK



Please describe above health conditions (List any restrictions to diet or PE)

Does your child require special appliances, such as braces, shoes, wheelchair 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 dose:

MEDICATION PERMISSION: Do you give your permission for the school nurse, or one of the school's qualified staff members, to administer medication to your son/daughter as needed for mild pain/discomfort? **PLEASE SIGN BELOW:**

_____ Tylenol _____ Ibuprofen _____ Benadryl _____ Tums/Pepto _____ Cough Drops

If your child presents COVID 19/FLU-like symptoms, do you give permission for your child to be tested at Tipton R-VI School District? **YES / NO**

Emergency Administration Only: _____ Epi-Pen _____ Albuterol

In the event my child is injured or becomes ill & needs medical attention, for any reason I cannot be contacted, this Authorization will serve as release to the school to call the ambulance service for the purpose of conveying my child to the hospital & authorize medical treatment to my child. I fully understand I shall be responsible for all cost of ambulance service, all medical care and/or treatment provided to my child in case of an emergency.

Doctors Name:

Phone:

Hospital Choice:

Parent/Guardian Signature

Date

TIPTON R-VI ENROLLMENT PAPERWORK



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 *from* 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

Printed:

Guardian

Signature:

TIPTON R-VI ENROLLMENT PAPERWORK



Contact Information: Please fill in the preferred method(s) for emergency and non-emergency situations.

Guardian Name
Printed:

Relationship to Athlete:

Cell #:

Home #:

Work #:

Email:

Release of Protected Health Information

I authorize Mizzou Physical Therapy and Sports Medicine athlete interns to review *my* medical records and other protected health information as it relates to the services they are providing. In addition, I understand my consent to the authorization or failure to consent will not impact the participation of the athlete in this program.

You may revoke this authorization at any time (with written notice to the address at the top of this form except the event that information has already been viewed in reliance on this authorization.

Athlete Name:

School:

Printed Name of
Guardian/Parent:

Signature of
Guardian/Parent:

Date:

TIPTON R-VI ENROLLMENT PAPERWORK



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

TIPTON R-VI ENROLLMENT PAPERWORK



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:

1. ACTIONS, BEHAVIORS OR STATEMENTS IN VIOLATION OF DISCIPLINE POLICIES DESIGNATED IN THE STUDENT HANDBOOK CODE OF CONDUCT RESULTING IN ISS/OSS
2. THE USE, POSSESSION OR DISTRIBUTION OF TOBACCO, ALCOHOL, DRUGS AND/OR PARAPHERNALIA AND/OR ELECTRONIC CIGARETTES USED TO CONSUME THESE ILLEGAL SUBSTANCES.
3. 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 and to accept the penalty if I violate any of these standards.

Student Signature

Student Name (Printed)

Date

I have read the above agreement and I am aware of the standards my student must follow and the penalties for violating these standards.

Parent Signature

Parent Name (Printed)

Date

TIPTON R-VI ENROLLMENT PAPERWORK



MSHSAA REGISTRATION INFORMATION			
New 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
Initial Eligibility Questions:			
Continuous Enrollment (Last 365 Days: Has this student been enrolled in your school building, or in a grade under your MSHSAA membership for MORE than 365 days?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Residency: Does this student live in a permanent residence within the specific attendance boundaries for your school?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Household: Does this student live with his/her parents (as defined in By-Law 3.10.1a)?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Transfer: Was there a full and complete move of the entire family into a permanent residence in the new school district attendance boundaries corresponding with the date of transfer or preceding the date of transfer?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
		Date of Change of Residence:	
Explanation: 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:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Homeschool <input type="checkbox"/> Other
School Attended:			
First Day in Attendance		Last Day in Attendance	
DISCIPLINE/CITIZENSHIP Was there any continuing disciplinary/citizenship issues for this student		<input type="checkbox"/> No	<input type="checkbox"/> Yes

TIPTON R-VI ENROLLMENT PAPERWORK



that would affect this student's eligibility?		
Contact:	Phone Number: Time of Day:	
ACTIVITIES AND ATHLETICS TO PARTICIPATE: Mark all that apply	<input type="checkbox"/> CROSS COUNTRY <input type="checkbox"/> FOOTBALL <input type="checkbox"/> VOLLEYBALL <input type="checkbox"/> FALL CHEERLEADING <input type="checkbox"/> WINTER CHEERLEADING <input type="checkbox"/> WRESTLING <input type="checkbox"/> BOYS BASKETBALL <input type="checkbox"/> GIRLS BASKETBALL <input type="checkbox"/> GOLF <input type="checkbox"/> TRACK <input type="checkbox"/> BASEBALL <input type="checkbox"/> SOFTBALL <input type="checkbox"/> CHOIR <input type="checkbox"/> BAND <input type="checkbox"/> SPEECH <input type="checkbox"/> ART	
VOCATIONAL ACTIVITIES:	<input type="checkbox"/> FBLA <input type="checkbox"/> DECA <input type="checkbox"/> FCCLA <input type="checkbox"/> FFA <input type="checkbox"/> VOTECH	

TIPTON R-VI ENROLLMENT PAPERWORK



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

TIPTON R-VI ENROLLMENT PAPERWORK



HOMELESS SCREENING FORM

Student Name:

Date:

School:

New student

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 camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- 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...;
- 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 questions:

1. Is the current address temporary? No Yes
2. Are you living in shared housing with friends or family members? No Yes
3. If yes, please check the reason(s) below:
 - Economic situation Temporarily waiting for house/apartment
 - Provide care for a family member Living with boyfriend or girlfriend
 - Loss of employment Parent/guardian is deployed
 - Other: _____
4. Are you currently residing at a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations? No Yes
5. Are you currently residing in an emergency or transitional shelter? No Yes
6. Has this student been abandoned in a hospital? No Yes
7. Is your primary nighttime residence a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings? No Yes
8. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? No Yes

Signature of Parent/Guardian/Unaccompanied Youth

TIPTON R-VI ENROLLMENT PAPERWORK



MIGRANT EDUCATION PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME : Tipton R-VI	COUNTY-DISTRICT CODE : 068-073
DISTRICT MIGRANT CONTACT: Nancy Thomas	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		

TIPTON R-VI ENROLLMENT PAPERWORK



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, 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)

TIPTON R-VI ENROLLMENT PAPERWORK



STUDENT HOME LANGUAGE SURVEY

Student Name: _____ Date: _____

School: _____ New Student Returning Student

Person Completing Survey: Mother Father Student Guardian
 Other (specify): _____

Please indicate the best answer to each question as it pertains to the student and provide any additional information:

1. Was the first language you learned English? <input type="checkbox"/> No <input type="checkbox"/> Yes Additional Information: _____
2. Can you speak a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes Additional Information: _____
3. Is any language other than English used at home? <input type="checkbox"/> No <input type="checkbox"/> Yes Additional Information: _____
4. Which language do you use most often with friends? <input type="checkbox"/> English <input type="checkbox"/> Other: _____
5. Which language do you use most often with parents? <input type="checkbox"/> English <input type="checkbox"/> Other: _____
6. Which language do you use most often with relatives? <input type="checkbox"/> English <input type="checkbox"/> Other: _____
7. Have you attended school in another country other than the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes How Long? _____ What grades? _____
8. Have you attended another school in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____
9. Have you attended another school in Missouri? <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What grades? _____
10. Please list any special programs you have participated in at school: <input type="checkbox"/> English as Second Language <input type="checkbox"/> Gifted <input type="checkbox"/> Title I <input type="checkbox"/> Special Education <input type="checkbox"/> Other: _____

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Student Name: _____ Date: _____

School: _____

Person Completing Survey: Mother Father Student Guardian
 Other (specify): _____

Please indicate below if your child was previously receiving any services. Special Services may Include:

TITLE I READING <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What Grades? _____
SPEECH THERAPY <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What Grades? _____
TITLE I READING <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What Grades? _____
SPECIAL EDUCATION <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What Grades? _____ What type of service? _____
504 PLAN <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What Grades? _____ What type of service? _____
GIFTED <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What Grades? _____
INDIVIDUAL HEALTH PLAN <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What Grades? _____ Describe: _____
BEHAVIOR SUPPORT PLAN <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ What Grades? _____ Describe: _____
Please check all that apply: <input type="checkbox"/> Student is in foster care <input type="checkbox"/> Student has Dyslexia <input type="checkbox"/> Student needs a surrogate parent
Does the student use a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes What Language? _____
Is a language other than English spoken in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes What Language? _____
Did the student receive English Learner services at the previous school? <input type="checkbox"/> No <input type="checkbox"/> Yes 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.