

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: kuttenkulerj@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



TIPTON R-VI ENROLLMENT PAPERWORK



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

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. Foster Parents
____ 5. Mother/Stepfather ____ 6. Father/Stepmother ____ 7. Stepfather/Stepmother
____ 8. Other (Please specify): _____

PARENTS/GUARDIANS LIVING IN SAME HOUSEHOLD AS STUDENT:

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

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

Does this parent/guardian have joint custody? __Y__N
Should this parent/guardian receive school info? __Y__N
Is this person legally restricted access to this student? __Y__N

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Should this parent/guardian receive school info? __Y__N
Is this person legally restricted access to this student? __Y__N

Copy of Court Order MUST be Provided to the School

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TIPTON R-VI ENROLLMENT PAPERWORK



Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____

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: _____

OTHER CHILDREN ATTENDING TIPTON R-VI IN YOUR HOUSEHOLD:

First Name	Middle	Last Name	Birth Date	Gender (M or F)	Relation to Student	School Attending

TIPTON R-VI ENROLLMENT PAPERWORK



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

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 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



Dear Parents,

Please fill out the form below to let us know how you would like to receive the information in the student handbook/discipline code. In an effort to save paper, we have decided to make this document available online at www.tipton.k12.mo.us

Sincerely,

Elementary Principal

- I will access the student handbook/discipline code online (www.tipton.k12.mo.us) Click on Elementary and then Student Handbook

- Please send me a copy of the student handbook/discipline code.

Child's Name

Parents Signature

Date

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 - Type1/2 | <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 | <input type="checkbox"/> Frequent | <input type="checkbox"/> Mood Disorder | |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Diarrhea/Vomiting | <input type="checkbox"/> Muscular Dystrophy | |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Frequent Ear | <input type="checkbox"/> Migraines | |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Aches/Infections | <input type="checkbox"/> Nosebleeds | |
| | <input type="checkbox"/> Frequent Headaches | | |
| | (Not migraines) | | |

TIPTON R-VI ENROLLMENT PAPERWORK



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

Does your child require special appliance, 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 _____ Tums/Pepto _____ Cough Drops

If your child presents COVID 19 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



SCHOOL HEALTH POLICIES

Welcome to Tipton R-VI School! Are you ready? We are excited to have you and look forward to getting to know you. I want to remind everyone about the school health policies:

- **FEVERS:** Students must be FEVER-FREE for 24 hours WITHOUT the use of Tylenol or Ibuprofen before returning to school. Any student with a fever of 100 or higher will be sent home.
- **MEDICATION:**
 - All over-the-counter medication must be in the ORIGINAL package with a note that has the student's name, time it was last given, the time to be given, and a parent/guardian signature. Any OTC medications sent to school, an authorization form will be sent home to be filled out and returned the next school day.
 - Prescription medication needs to be in the ORIGINAL prescription bottle along with a visit from the parent to fill out all necessary paperwork. Parents will need to fill out an authorization form that is signed before ANY medication will be given. The parent will also need to visit with myself to do a medication out on any tablets/capsules. (The pharmacies are good at making an extra labeled bottle to be used at school.)
- **HEAD LICE:** I do routine periodic checks on the Elementary students for head lice. Parents are asked to report known or suspected head lice problems to the school. When head lice are discovered at school, the parent will be contacted to come and take the child home for treatment. They will need to be treated with an effective head lice shampoo and nits be removed. Upon returning to school, the student and parent must check in with me so they may be cleared to return to school. If lice are still present, the student cannot return to school that day. They will have to return home to continue to work on getting rid of the lice. Confidentiality is given at all times.
- **VISION AND HEARING SCREENINGS:** Students in Kindergarten, 1st, 2nd, and 3rd grade are screened at the beginning of each year. Parent requests and teacher referrals will also be done as needed throughout the school year.
- **HEALTH AND MEDICATION CHANGES:** Please see that these are given to me as soon as possible to make sure proper care is given to your child at all times.
- **STOMACH AND HEADACHES:** Many students come into the nurse's office in the morning complaining of stomachs and/or headaches. Both of which are usually related to not having had breakfast. Please make sure your child has something to eat each day before coming to school or getting to school in a timely manner to eat breakfast here at school. This will help the students do their very best!

I look forward to meeting your child. If I can be of assistance or if you have any questions or concerns at any time, please let me know.

Nurse Molly
660-433-2213

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: _____

TIPTON R-VI ENROLLMENT PAPERWORK



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.