

Student Information

(Please print)

Office Use ONLY: School _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Apt. _____ City: _____ State: _____ Zip: _____

Grade: _____ Gender: Male Female Date of Birth: _____

Does or has your student received ELL (English Language Learner) Services? Yes No

With whom does the student live? (Where does the student sleep?)

Check **all** that apply:

- Mother Stepfather Legal Guardian
 Father Stepmother Relative Caregiver Other _____

Race/Ethnic Origin

The Ritenour School District is required to report to the State of Missouri and Office for Civil Rights using the following race/ethnic categories established by the Federal and State governments.

Please check race/ethnic origin. If multi-racial, then check **all** that apply:

- White Black Hispanic Asian
 American Indian or Alaska Native Native Hawaiian or Pacific Islander

Student Educational Information

Has this student ever attended a Ritenour school before? No Yes If yes, year: _____

Has this student ever been retained? (Repeated a grade level) No Yes If yes, grade? _____

Does this student currently receive the following services?

- Individual Education Plan (IEP) thru Special Education Services Yes No
 Section 504 Accommodation Plan Yes No

Has this student ever received the above services in the past? Yes No

Has the student been in any of the following?

- Specialized Reading Yes No
 Specialized Math Yes No
 Speech/Language Services Yes No
 Gifted/Talented Yes No
 Alternative Education Yes No

Release of the Student

Are there any court orders or legal restrictions related to the release of the student? Yes No

If yes, a complete copy of any legal documents/court orders pertaining to the student must be presented (i.e. divorce decrees, custody agreement, parenting plan, restraining orders, protective custody, emergency placement, etc.).

Safe School Act (RSMo167.171)

Is this student currently under **suspensions or expulsion** from any other school? Yes No

If yes, provide paperwork from the school about the suspension/expulsion and understand that enrollment may be denied or revoked in compliance with Missouri Safe Schools Act.

Has the student been charged, convicted, or pleaded guilty, in adult or juvenile court, of any of the offenses listed below?

Yes No

- a) first degree murder under Section 565.020, RSMo;
- b) second degree murder under Section 565.021, RSMo;
- c) first degree assault under Section 565.050, RSMo;
- d) forcible rape under Section 566.030, RSMo;
- e) forcible sodomy under Section 566.060, RSMo;
- f) statutory rape under Section 566.032, RSMo;
- g) statutory sodomy under Section 566.062, RSMo;
- h) robbery in the first degree under Section 569.020, RSMo;
- i) distribution of drugs to a minor under Section 195.212, RSMo;
- j) arson in the first degree under Section 569.040, RSMo;
- k) kidnapping, when classified as a Class A felony, under Section 565.100, RSMo

Has the student been suspended or expelled from school attendance at any school for an offense relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person? Yes No

Parent Portal – (Provides access to student records through your email)

I request access to Parent Portal for this student. Yes No

I hereby acknowledge I have legal authority to access the records of the student I have registered. Yes No

I acknowledge I will receive a welcome letter via Email which will provide step-by-step instructions on how to register and obtain your password to begin using Parent Portal. Yes No

Resident Student Eligibility

Typically, to be a resident student, a student must reside with a parent, legal guardian, or other person authorized by law to enroll the student and must both physically reside and be domiciled within the boundaries of the Ritenour School District. A family's domicile is a fixed, permanent, and primary residence.

In order to comply with Missouri law regarding the eligibility of children to attend the public schools, the Ritenour School District may request additional proof at any time or investigate to seek additional information. Any person who knowingly submits false information to satisfy school residency requirements is guilty of a misdemeanor under Sections 167.020, 575.050 and 575.060 of Missouri law. In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent, legal guardian, or other person authorized by law to enroll the student, the costs of school attendance for any pupil who was enrolled at a school in the District using false information. Families must notify the school immediately if they temporarily or permanently vacate the residence listed above during the school term. Affidavit for establishment of residence must be completed.

Because virtual instruction can be an effective education option for some students, there may be courses available either through a district-provided virtual option or through the Missouri Course Access Program (MOCAP). More information about virtual courses can be found on our website at <https://www.ritenour.k12.mo.us/Page/1> .

I understand and verify the above statements to be correct.

Date: _____

Parent/Legal Guardian/Caregiver Signature

Parent/Legal Guardian/Caregiver Signature

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

Student's Name: _____

Date: _____

School: _____

Grade: _____

Person completing this survey; relationship to student: _____

Tier I: Language Background

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

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

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

If you answered **English** to the above questions, **do not complete** the rest of this survey.

Tier II: Expanded Language Background

4. Does the student understand when someone speaks with him/her in a language besides English? YES NO

5. Does the student read in a language other than English? YES NO

6. Does the student write in a language other than English? YES NO

7. Does the student interpret for you or anyone else in a language other than English? YES NO

Tier III: Educational History

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

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

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

If yes, please explain: _____

11. Has your child been referred to be evaluated for special education? _____

If yes, please explain: _____

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

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

Information on this form is to be filled out (updated) for each new school year.

Student Name: _____ Last _____ First _____ MI _____ DOB: _____ Sex: M F
(Circle One)

School: _____ Grade: _____ Year: _____

LIFE THREATENING CONDITIONS

ALERT TO PARENT(S)/GUARDIAN(S)/CAREGIVERS:

- If your/the child has a serious medical condition, it is vital that you discuss this with your **School Nurse immediately**.
- The school **must** know of **LIFE THREATENING** conditions (for example severe allergy with anaphylaxis, diabetes, asthma) **prior** to the start of school.

Asthma Yes No

If yes, does the child use rescue inhaler routinely for asthma symptoms? Yes No

Allergy - Severe, with Epi Pen prescription (for example: food, insect stings)

What allergy is the Epi Pen used for? _____

Diabetes

Date of diagnosis: _____ Insulin dependent: Yes No

Seizure disorder

Orders for emergency seizure medication during school day Yes No

Allergy, **NOT** life threatening (**No Epi Pen Prescription**)

Allergen(s): _____ Reaction(s): _____

Allergen(s): _____ Reaction(s): _____

Hearing concerns Assistive device: Yes No

Vision concerns Glasses Contacts

Please contact the School Nurse if your child requires medication to be administered at school or with any significant health issues/concerns.

My/the child requires medication to be administered at school

My/the child has no health concerns at this time

Other medical conditions/home medications: _____

The student named above has health insurance Yes No

If yes, name of Insurance Company: _____

Health History Informed Consent

The disclosure of student health information within the school is limited to the information necessary to serve the student's health or educational interest. Your signature gives permission for the nurse to inform school staff of precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for academic success and emergency plans, as determined by the nurse and principal.

Parent(s)/Guardian(s)/Caregiver/Student Signature: _____ **Date:** _____

