

DATE RECEIVED: _____/_____/_____

WENTZVILLE R-IV SCHOOL DISTRICT ENROLLMENT FORM - 2015-2016

START DATE: ____/____/____
GRADE: _____

- Holt High South Middle Discovery Ridge Elementary Heritage Intermediate (3-5) QREC
- Liberty High Wentzville Middle Duello Elementary Lakeview Elementary
- Timberland High Boone Trail Elementary Green Tree Elementary Peine Ridge Elementary
- Frontier Middle Crossroads Elementary Heritage Primary (K-2) Prairie View Elementary

NAME _____ *SS# _____
 Last First Middle *Disclosing Social Security number is voluntary.

ADDRESS _____ TEMPORARY RESIDENCE
 Number & Street PERMANENT RESIDENCE
 City Zip

SUBDIVISION _____

HOME PHONE (____) _____ - _____ - _____ DOB ____/____/____ MALE FEMALE

BIRTH CERT. # _____ STATE OF BIRTH _____ VERIFIED BY _____

LIVES WITH: PARENTS MOTHER FATHER FOSTER PARENT OTHER (Explain _____)

ETHNICITY ORIGIN: Hispanic Non-Hispanic

RACE**: White Black or African American Asian Am. Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander (Please select any and all that applies)

****This information is requested for purposes of reporting to Federal Compliance Agencies and is not used in determining admission status.**

PRIMARY/CUSTODIAL PARENTS/GUARDIANS
or people with permission to access student's records

Name _____ Relationship _____
 Cell Phone (____) _____ - _____ x _____
 Workplace _____
 Work Phone (____) _____ - _____ x _____
 Email _____
This address will be used for school communications.

Name _____ Relationship _____
 Cell Phone (____) _____ - _____ x _____
 Workplace _____
 Work Phone (____) _____ - _____ x _____
 Email _____
This address will be used for school communications.

SCHOOL TRANSFERRED FROM:

School Name _____
 District _____
 Address _____
 City _____
 State _____ Zip _____
 Phone (____) _____ - _____ Fax (____) _____ - _____

ALTERNATE/NON-CUSTODIAL PARENTS/GUARDIANS
(Complete if parents are not residing in the same home, or people with permission to access student's records) These addresses will be used for school communication.

Name _____ Relationship _____
 Address _____
 Street City State Zip
 Workplace _____
 Work Phone (____) _____ - _____ x _____
 Home Phone (____) _____ - _____
 Cell Phone (____) _____ - _____
 Email _____

Name _____ Relationship _____
 Address _____
 Street City State Zip
 Workplace _____
 Work Phone (____) _____ - _____ x _____
 Home Phone (____) _____ - _____
 Cell Phone (____) _____ - _____
 Email _____

IS THERE A SPECIAL CUSTODY CONCERN?
 No Yes Court documentation must be on file in the school office to comply with any restrictions.

BROTHERS/SISTERS LIVING IN THE HOME (INCLUDING PRESCHOOLERS):

Name	Birthdate	Grade	Name	Birthdate	Grade
_____	____/____/____	____	_____	____/____/____	____
_____	____/____/____	____	_____	____/____/____	____

People with permission to provide transportation and/or be contacted in case of an emergency. If no box is checked, the assumption is this individual can be an emergency contact and can provide transportation.

NAME _____ Relationship _____ Provide Transportation Emergency Contact
 Cell Phone _____ Home Phone _____ Work Phone _____

NAME _____ Relationship _____ Provide Transportation Emergency Contact
 Cell Phone _____ Home Phone _____ Work Phone _____

NAME _____ Relationship _____ Provide Transportation Emergency Contact
 Cell Phone _____ Home Phone _____ Work Phone _____

NAME _____ Relationship _____ Provide Transportation Emergency Contact
 Cell Phone _____ Home Phone _____ Work Phone _____

WENTZVILLE R-IV SCHOOL DISTRICT
ENROLLMENT FORM

STUDENT NAME: _____

SITTER/DAYCARE INFORMATION (Must be located in this school's attendance area unless student will be privately transported.) NAME _____ Address _____ Phone (____) _____ - _____ <input type="checkbox"/> Pick-up and/or <input type="checkbox"/> Drop-off from this location	SPECIAL SERVICES: Is your child currently receiving any of these services? <input type="checkbox"/> Yes <input type="checkbox"/> No (check all that apply) <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Special Education <input type="checkbox"/> Limited English <input type="checkbox"/> Diagnosis <input type="checkbox"/> Special Health Plan <input type="checkbox"/> Current I.E.P. <input type="checkbox"/> Gifted Services <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Other _____
--	--

RELATIVES ENROLLED IN SAME GRADE: _____

Has this child ever attended a school in the Wentzville School District? Yes No
If Yes: Grade _____ Building _____ Year _____

Was English the first language this student learned? Yes No
Did your child learn English as a second language? Yes No
Does your child use a language other than English? Yes No If Yes, what language? _____
Which language does this student use most often when speaking to friends? English Other
If Other, what language? _____
Which language does this student use most often when speaking to his/her parents? English Other
If Other, what language? _____
Is a language other than English used in your home? Yes No If Yes, what language? _____

We do not have permanent housing of our own at this time, due to economic conditions (living in a shelter, a hotel, or with friends) Yes No
If yes, please complete the following:
Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes No
Explain: _____
Are you currently residing at a hotel, motel, in a car, or at a campsite because your home has been damaged or because of economic reasons? Yes No
Are you currently living in a shelter? Yes No
Are you currently living in a temporary housing arrangement due to economic hardship? Yes No

In the last 3 years, has the parent/guardian worked or is currently working in any of these areas. If so, which ones?
 Planting or harvesting crops Feeding poultry, gathering eggs, working in a hatchery
 Processing meat, poultry, fruit, vegetables, dairy products Milking cows on a dairy farm
 Working in a nursery Commercial fishing or working on a fish farm
 Growing and tending to trees to be sold
If you checked any box above, did you move to seek or obtain that job? ____ Yes ____ No

IF YOU HAVE A SIGNIFICANT EDUCATIONAL CONCERN REGARDING YOUR CHILD'S PLACEMENT, PLEASE CONTACT THE PRINCIPAL'S OFFICE.

ENROLLMENT WILL NOT BE COMPLETE UNTIL ALL STUDENT RECORDS (ACADEMIC, DISCIPLINARY, AND IMMUNIZATION) ARE RECEIVED IN THIS OFFICE.

I attest that the above information is accurate to the best of my knowledge and understand that if I am not a resident of the Wentzville R-IV School District, my children will be removed from school and I will be charged tuition for the time they were enrolled.

Parent Signature _____ Printed Name _____

COPIES TO:
 Email to Special Services





"Learning Today, Leading Tomorrow"

REQUEST FOR RECORDS

Today's Date _____ First Date of Attendance _____

Student _____ Grade _____ Birth date _____

Last School Attended _____ Last School District _____

School Address _____

City, State, Zip _____

School Phone (____) _____ FAX (____) _____

Please forward the following information:

- All academic and test records
(including state test records, constitution test information, and school grading scale)
- Attendance records
- School profile and/or schedule information
- Health and immunization records
- Withdrawal date and grades if transferring during the current school year
- Any psychological or educational evaluation(s) completed by your school, outside agency, or treatment center, including special education testing and the **Current Diagnostic Summary and IEP**
- Any testing regarding the Gifted Program
- Any testing regarding the ELL/ESL Program
- Disciplinary records

The Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, states that the signature of a parent or guardian IS NOT REQUIRED for school records to be sent to another educational facility. However, when a parent or guardian is available, we do require his/her signature.

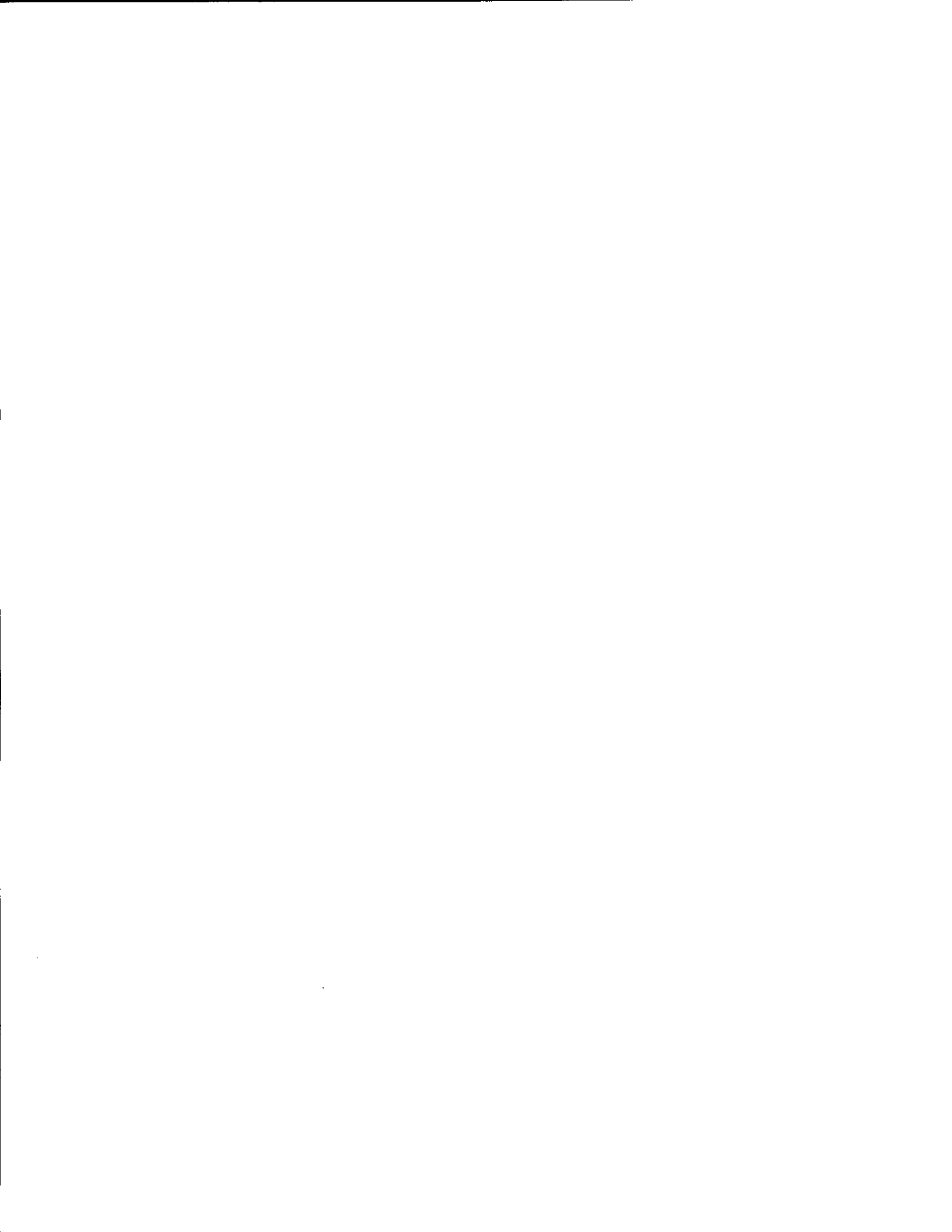
I give permission for records to be released to Discovery Ridge Elementary.

Parent/Guardian Signature Date

Thank you for your cooperation.

MAIL OR FAX RECORDS TO:

Discovery Ridge Elementary
2523 Sommers Road
O'Fallon, MO 63367
Phone: 636-561-2354
FAX: 636-561-2355





Form 2230.2

**Statement of Disciplinary History
in Reference to the Missouri Safe Schools Act**

In accordance with the Missouri Safe Schools Act, Wentzville School District requires that a student/parent/guardian provide a statement indicating whether a student was previously expelled for violation of school board policies relating to weapons, alcohol or drugs, or willful infliction of injury to another person. Persons making a false statement could be guilty of a Class B misdemeanor.

Student Name: _____ Date of Birth: _____

Were you ever expelled/suspended from school for:

- Possession or use of a weapon at school Yes ____ No ____
- Possession or use of alcohol Yes ____ No ____
- Possession or use of drugs Yes ____ No ____
- Willful infliction of injury on another person Yes ____ No ____

If (Yes) on any of the above, please explain the circumstance relating to the expulsion/suspension of the incident and the name of the school in which it occurred. _____

Information Provided By:

_____ Parent/Guardian _____ Student (if independent)

Signature: _____ Date: _____



Wentzville R-IV School District Parent Portal Registration Form

For security purposes, you must return this completed form to your child's school **in person**. You will be asked to show a **photo ID** when you register. One parent/guardian (in person) may register additional parents/guardians. Once you are registered, the information will be put into the District student management system at your child's school and then the Parent Portal system will email the registered email address(s) the login password in a few days. Your login username will be your registered email address. You do not have to register every school year. You may access the Parent Portal on the Wentzville School District Website <http://www.wentzville.k12.mo.us> and click on Parent Portal.

All students have access to the Student Portal. Students can view their individual information but are not able to edit family data or make online meal payments. If you do not wish for your student to have access to the Student Portal, please submit your request in writing to the school office.

Please Check the Appropriate Item(s):

- _____ I am registering for the first time.
 _____ Update my information in Parent Portal (ie. new email account).
 _____ Add another student to my existing Parent Portal account.
 _____ Reset my login password.

Parent/Guardian First and Last Name	
Email Address	

Parent/Guardian First and Last Name	
Email Address	

Parent/Guardian First and Last Name	
Email Address	

	Student 1	Student 2	Student 3
School			
First Name			
Last Name			
Birthdate			
Grade			

Signature and Photo ID are required to access student information on Parent Portal.

Parent/Guardian Signature _____
Date _____

For Office Use Only:

	Building	Date
Identification Verified		
Entered into SIS		





"Learning Today, Leading Tomorrow"

PARENTS RELEASE TO SCHOOL

Student Name: _____

I hereby state that I have read and fully understand the rules and regulations regarding the giving of any type of medicine to my child during school hours. I agree to abide by these regulations. I also agree as indicated by signature below to release the District and/or all District personnel from liability for any and all injuries that may result from my child taking or neglecting to take medicine prescribed.

In addition, I agree to the sharing of medical information with school faculty and staff on a need to know basis, including but not limited to medications, diagnosis and physical restrictions or limitations.

Print Parent Name

Parent Signature

Date

Home Phone Number

Emergency Number

Alternate Number

Doctor's Name

Doctor's Phone Number

EMERGENCY CARE PROCEDURE

In case of critical emergency, the parent or guardian will be contacted first, if possible. The family physician will be used only when the parent cannot be reached. If we are unable to contact the parent, the emergency ambulance service will be utilized.

In a critical emergency (life threatening), I understand that my child will be taken to the closest hospital at the discretion of the emergency medical service (EMS).

I will accept full financial responsibility for charges connected with the use of an ambulance and for charges connected with care at the hospital.

Print Parent Name

Parent Signature

Date



"Learning Today, Leading Tomorrow"

STUDENT HEALTH INVENTORY

Child's Name _____ Date _____ Grade _____
 Local _____ Date of Birth _____ Sex _____
 Physician's Name _____ Physician's _____
 Address _____ Telephone _____

<u>Does Your Child Have:</u>			<u>Treating Physician</u>
Allergies	No Yes	Specify _____	_____
Asthma	No Yes	Specify _____	_____
Diabetes	No Yes	Specify _____	_____
Epilepsy/Seizures	No Yes	Specify _____	_____
Heart Condition	No Yes	Specify _____	_____
Orthopedic Problems	No Yes	Specify _____	_____
ADD/ADHD	No Yes	Specify _____	_____
Mental Health Cond.	No Yes	Specify _____	_____

Has Your Child Had:
 Serious Illness No Yes Specify _____

Does Your Child:

Have trouble seeing close work	No Yes	Seeing at a distance	No Yes
Wear glasses	No Yes	Wear contact lenses	No Yes
Have trouble hearing	No Yes	Wear a hearing aid	No Yes
Have a condition which prevents participating in regular P.E.	No Yes	Specify _____	
Severe nose bleeds	No Yes	Comments _____	

Has Your Child Had the Disease (State Approximate Age):

Chicken Pox	No Yes	Rheumatic Fever	No Yes
Measles (Hard)	No Yes	Other _____	
Measles (3 Day)	No Yes	Other _____	
Mumps	No Yes		

MEDICAL HISTORY

- Child currently has health problems: Yes No If yes, explain briefly:

- Child currently taking medication: Yes No If yes, list medicine(s):

Please read and follow the Medication at School policy.
- Record of Accidents/Hospitalizations/Surgeries:

<u>Accident/Hospitalization/Surgery</u>	<u>Date</u>	<u>Examiner</u>	<u>Findings</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Signature of Parent of Guardian _____



INFORMATION ON DISPENSING MEDICATION AT SCHOOL

In case you are unfamiliar with the school's policy on the administration of medication to students by school personnel, we would like to bring you up to date on this matter. If your child must have medication of any type given during school hours, including over-the-counter drugs, you have the following choices:

1. You may come to school and give the medication to your child at the appropriate time(s);
2. You may obtain a copy of a medication form from the school nurse or school secretary. Take the form to your child's doctor and have him/her complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered. This form must be completed by the physician for both prescription and over-the-counter drugs. The form must be signed by the doctor.

All medicines must be delivered to school by the parent/guardian or a responsible adult. It must be in the pharmacy-labeled bottle which contains instructions on how and when the medication is to be given and should not exceed a 30-day supply. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions. OR
3. You may discuss with your doctor an alternative schedule for administering medication (e.g., outside of school hours).
4. In the event of your child attending a field trip, a single dose of medication will be administered by a trained school employee.

There will be no exceptions to this policy. If you have questions about the policy, or other issues related to the administration of medication in the schools, please contact the school nurse.

Thank you for your cooperation.

Parents' Guide to the

Rights Regarding Children's Education Records



Contact Information

For further information about FERPA, contact the Department's Family Policy Compliance Office.

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave. S.W.
Washington, DC 20202-5920
202-260-3887

For quick, informal responses to routine questions about FERPA, parents may also e-mail the Family Policy Compliance Office at FERPA.Customer@ED.Gov.

Additional information and guidance may be found at FPCO's Web site at: <http://www.ed.gov/policy/gen/guid/fpco/index.html>.



A school may disclose directory information to anyone, without consent, if it has given parents general notice of the information it has designated as "directory information"; the right to opt out of these disclosures; and the period of time they have to notify the school of their desire to opt out.

Does FERPA give me a right to see the education records of my son or daughter who is in college?

When a student turns 18 years old or enters a postsecondary institution at any age, all rights afforded to you as a parent under FERPA transfer to the student ("eligible student"). However, FERPA provides ways in which a school may—but is not required to—share information from an eligible student's education records with parents, without the student's consent. For example:

- Schools may disclose education records to parents if the student is claimed as a dependent for tax purposes.
- Schools may disclose education records to parents if a health or safety emergency involves their son or daughter.
- Schools may inform parents if the student, if he or she is under age 21, has violated any law or policy concerning the use or possession of alcohol or a controlled substance.
- A school official may generally share with a parent information that is based on that official's personal knowledge or observation of the student.

What is FERPA?

The *Family Educational Rights and Privacy Act (FERPA)* is a federal privacy law that gives parents certain protections with regard to their children's education records, such as report cards, transcripts, disciplinary records, contact and family information, and class schedules. As a parent, you have the right to review your child's education records and to request changes under limited circumstances. To protect your child's privacy, the law generally requires schools to ask for written consent before disclosing your child's personally identifiable information to individuals other than you.

The following questions and answers are intended to help you understand your rights as a parent under FERPA. If you have further questions, please contact the U.S. Department of Education's Family Policy Compliance Office using the contact information provided below.

My child's school won't show me her or his education records. Does the school have to provide me with a copy of the records if I request them?

Schools must honor your request to review your child's education records within 45 days of receiving the request. Some states have laws similar to FERPA that require schools to provide access within a shorter period of time. FERPA requires that schools provide parents with an opportunity to inspect and review education records, but not to receive copies, except in limited circumstances.

Parents whose children receive services under the *Individuals with Disabilities Education Act (IDEA)* may have additional rights and remedies with regard to their children's education records. The school district, local special education director, or state special education director can answer questions about IDEA.

Who else gets to see my child's education records?

To protect your child's privacy, schools are generally prohibited from disclosing personally identifiable information about your child without your written consent. Exceptions to this rule include:

- disclosures made to school officials with legitimate educational interests;
- disclosures made to another school at which the student intends to enroll;
- disclosures made to state or local education authorities for auditing or evaluating federal- or state-supported education programs, or enforcing federal laws that relate to those programs; and
- disclosures including information the school has designated as "directory information."

What is directory information?

FERPA defines "directory information" as information contained in a student's education record that generally would not be considered harmful or an invasion of privacy if disclosed. Directory information could include:

- name, address, telephone listing, electronic mail address, date and place of birth, dates of attendance, and grade level;
- participation in officially recognized activities and sports;
- weight and height of members of athletic teams;
- degrees, honors, and awards received; and
- the most recent school attended.

