



## Enrollment Process and Parent Checklist

Welcome to Riverview Gardens School District where it is a “Great Day to be a Ram!” For your convenience, please feel free to review and complete this packet, bringing it and all other necessary documents to your child’s assigned school to complete enrollment. If you are not sure of which elementary or middle school your child is assigned, please feel free to contact the district office at (314) 869-2505 and provide your address.

***\*If you are experiencing homelessness and/or if you are an unaccompanied youth, school enrollment assistance is offered. Please contact the Office of Students in Transition at (314) 869-2505 extension 4982.***

### Important Information:

**Parents must provide a photo ID with a district address at the time of enrollment.**

The following items are also needed for enrollment. Faxes and photocopies are not accepted.

### Category A – Proof of Parent or Guardian Relationship

- Student’s Certified Birth Certificate
- Driver’s License or Other Acceptable Photo ID of Parent/Guardian
- Proof of Guardianship or Caregiver Affidavit (if applicable)
- Court Order, Court Agreement, Court Judgement or Divorce Decree that awards custody to any person (if one exist)

### Category B – Proof of Residency

The following documentation will be acceptable as proof of residency in the Riverview Gardens School District.

Column 1 - (One Document Required)	Column 2 (Two Documents Required)
<ul style="list-style-type: none"><li>• <b>Property Deed</b></li><li>• <b>Current Real Estate Tax Receipt</b></li><li>• <b>Mortgage Statement</b></li><li>• <b>Signed Residential Lease (within the last year)</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Current Utility Bill (dated within the last 30 days)</b></li><li>• <b>Valid Occupancy Permit</b></li><li>• <b>Personal Property Tax Receipt</b></li><li>• <b>Homeowner/Renter’s Insurance Policy</b></li><li>• <b>Social Services Statement/Social Security Statement</b></li><li>• <b>Other Official Legal/Court Document</b></li></ul>

### Category C – Physical Examination and Immunization Medical Records

New students enrolling in the district must have a physical examination and an immunization record on file before the start of school. Physicals are required for all kindergarten students and students participating in sports.

Immunizations must be up to date to start the registration process. Missouri School Immunization Requirements indicates all students must present documentation of up-to date immunization status, including month, day, and year of each immunization before attending school.

### Category D – Copies of School Records

While the Riverview Gardens School District will request for an official copy of a student’s record from previous schools, the following items are needed at enrollment.

<ul style="list-style-type: none"><li>✓ Student Report Card</li><li>✓ High School Transcript</li><li>✓ Student Attendance &amp; Discipline Record</li></ul>	<ul style="list-style-type: none"><li>✓ Student IEP, 504, Dyslexia or other Special Services</li><li>✓ School Related Health Information</li><li>✓ State &amp; Benchmark Assessments</li></ul>
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### Category E – Enrollment Forms

Please review and complete all forms in the New Student Application. You may not leave any items blank. If you have questions, please inform the school enrollment representative during the enrollment process.



# Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due. The student is in compliance as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the ACIP recommendations.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Dose Required by Grade													
	K	1	2	3	4	5	6	7	8	9	10	11	12	
DTaP/DTP/DT <sup>1</sup>	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	
Tdap <sup>2</sup>									1	1	1	1	1	
MCV <sup>3</sup> (Meningococcal Conjugate)									1	1			2	
IPV (Polio) <sup>4</sup>	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	
MMR <sup>5</sup>	2	2	2	2	2	2	2	2	2	2	2	2	2	
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	
Varicella <sup>6</sup>	2	2	2	2	2	2	2	2	1	1	1	1	1	

- Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.  
**Maximum needed:** six doses.
- 8-12 Grades: Tdap, which contains pertussis vaccine, is required. **If a student received a Tdap, the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.**
- Grade 8-9: One dose of MCV is required. Dose must be given after 10 years of age.  
Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
- Kindergarten-7 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.  
8-12 Grades: Last dose on or after the fourth birthday. If all four doses are administered appropriately and received prior to the fourth birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by four-six years of age constitutes a complete series. **Maximum needed:** four doses.
- First dose must be given on or after twelve months of age.
- First dose must be given on or after twelve months of age.

Kindergarten-7 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

8-12 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.



Missouri Department of Health and Senior Services  
Bureau of Immunizations • 930 Wildwood Drive • Jefferson City, MO • 65109 • 800.219.3224

Rev 11-16



## Residency and Accuracy Verifications

Primary Parent Name & Address		
Last Name	First Name	Middle
City, State, Zip Code		

### Student Admissions Board Policy JEC

**The Board of Education shall provide free public education to all students who are residents of the school district and who are between the ages of 5 and 21 years and who otherwise qualify for admission under Missouri law unless otherwise required by federal law.**

- Persons seeking admission to the district and its instructional programs must satisfactorily meet all residency, academic, age, immunization, discipline and other eligibility prerequisites as established by Board policy and law.
- Students who are homeless, in foster care or are otherwise entitled to admission will be admitted in accordance with Board policy and law.
- Students who transfer to the district from another district will be placed in accordance with Board policy. Student enrollment, programming, and placement are conditional pending the receipt and review of records from the previously enrolled schools. **The Riverview Gardens School District reserves the right to change a student's enrollment status, placement and/or programming upon receipt of official school records and/or additional information.**

### Residency Verification

Any person who knowingly submits false information to the district in order to satisfy any residency requirement of a student for the purpose of enrolling that student to attend school in the district is guilty of a Class A misdemeanor, punishable by up to 1 year in jail and/or a fine up to \$1000.00 (RSMO 167.020.1 Subsections 2 and 4). In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent, military guardian or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent, military guardian or legal guardian filed false information to satisfy the district residency requirements in accordance with RSMO 167.020.1 Subsection 5 of the Missouri School Code.

\_\_\_\_ I have read this statement and I am a legal resident of the Riverview Gardens School District.

### Information Accuracy

Under the penalty of applicable Missouri Law, I certify that the information in this enrollment packet is true and accurate. I understand that submitting false information may result in immediate dismissal from school, criminal prosecution and me being charged for educational expenses. Under penalty of perjury and subject to the laws of the State of Missouri, it is a crime under Section 575.050 and Section 575.056, Revised statutes of Missouri, to make a false affidavit or false declaration.

Parent/Guardian Signature: \_\_\_\_\_

The Riverview Gardens School District does not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990. The Riverview Gardens School District provides equal access to the Boy Scouts and other designated youth groups as required by the Boy Scouts of America Equal Access Act. Questions related to the district's compliance should be directed to Assistant Superintendent of Human Resources or the Assistant Superintendent of Student Support Services, 1370 Northumberland Drive, Saint Louis, MO 63137, (314) 869-2505.



## Family Information & Surveys

Primary Parent Name & Address		
Last Name	First Name	Middle Initial
City, State, Zip		

The United States Department of Education requires all states to collect information on the race and ethnicity of public school students. Please select ALL of the following Race/Ethnicity categories you think is most representative of the student.

- |  |  |
|--|--|
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African-American         |
| <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White-Caucasian                   |

### Primary Language

Yes	No	Is a language other than English spoken in the home? If yes, what language?
Yes	No	Does this student speak a language other than English as his/her primary form of communication? If yes, what language?
Yes	No	Does this student receive or has this student received ELL Services? (If yes, forward a copy of this form to the Office of Student Support Services.)

### McKinney-Vento Survey

*Special Enrollment if "yes" to any questions in the section below.*

Yes	No	Are you a person who does not have a fixed, regular and adequate nighttime residence?
Yes	No	Are you sharing the housing of other persons due to loss of housing, economic hardship or a similar reason? Explain if it is a similar reason. _____
Yes	No	Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?
Yes	No	Are you currently residing in a shelter?

***If you are experiencing homelessness and/or if you are an unaccompanied youth, school enrollment assistance is offered. Please contact the Office of Students in Transition at (314) 869-2505 extension 4982.***

**For internal use**



# Family Enrollment Information

☐ **Regular Enrollment**

☐ **Special Enrollment**

Enrollment for School Year: 20\_\_\_\_ - 20\_\_\_\_

Today's Date: \_\_\_\_\_

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Student Information

*List all students enrolling School in Riverview Gardens School District*

Legal Name Last, First, Middle	Date of Birth	Gender	Grade	Last School Attended

## Family Information

*(Primary Household) Custodial Parent/Legal Guardian with Whom Student Resides*

<b>Primary Parent Name:</b> (Last, First, Middle)	<b>Relationship</b>	<b>Home Phone</b> ( ) ____ - ____ <i>(list area code)</i>	<b>Cellular Phone</b> ( ) ____ - ____ <i>(list area code)</i>	<b>Email Address:</b>
<b>Primary Parent Employer Name</b>		<b>Work Phone</b> ( ) ____ - ____		
<b>Secondary Parent:</b> (Last, First, Middle)	<b>Relationship</b>	<b>Home Phone</b> ( ) ____ - ____ <i>(list area code)</i>	<b>Cellular Phone</b> ( ) ____ - ____ <i>(list area code)</i>	<b>Email Address:</b>
<b>Secondary Parent Employer Name</b>		<b>Work Phone</b> ( ) ____ - ____		
<b>Address (Apt. #)</b>	<b>City, State, Zip Code</b>			

*\*A complete copy of any legal documents/court orders pertaining to the students must be present at the time of enrollment. (i.e. divorce decrees, custody plans, restraining order, etc.)*

*(Non-Residential Household) Parent/Guardian with Whom Student Does Not Reside*

<b>Parent Name: (Last, First, Middle)</b>	<b>Relationship</b>	<b>Home Phone</b> ( ) ____ - ____ <i>(list area code)</i>	<b>Cellular Phone</b> ( ) ____ - ____ <i>(list area code)</i>	<b>Email Address:</b>
<b>Parent Employer Name</b>		<b>Work Phone</b> ( ) ____ - ____		
<b>Address (Apt. #)</b>	<b>City, State, Zip Code</b>			

**Does Parent/Legal Guardian in Secondary Household request school/district mailings?**

Yes \_\_\_\_\_ No \_\_\_\_\_



## Student Educational Information

Student Legal Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

<b>Yes</b>	<b>No</b>	Has this student ever attended a school in Riverview before?
<b>Yes</b>	<b>No</b>	Does this student presently receive special education services outlined in an Individualized Education Plan (IEP)
<b>Yes</b>	<b>No</b>	Has this student received any of the services above in the past?
<b>Yes</b>	<b>No</b>	Does this student have a Section 504 Individual Accommodation Plan (504 Plan/IAP)?
<b>Yes</b>	<b>No</b>	Has this student received Title I Services in Reading?
<b>Yes</b>	<b>No</b>	Has this student been evaluated through any other agency?  If yes, please share.
<b>Yes</b>	<b>No</b>	Has this student ever been retained? If yes, which grades?

### Identify the Last Four Schools Previously Attended

Grades	School	District	City	State

### Withdrawal from Previous School

<b>Yes</b>	<b>No</b>	Has this student returned all books, paid all fines and officially withdrawn from the previous school? It is the parent's responsibility to notify the previous school regarding student withdrawal.
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**Signature of Parent/Guardian:**

**Date:**

**Witness (RGSD Representative):**

**Date:**



## Student Discipline Information

Student Legal Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

### Discipline Disclosure Form

- The Riverview Gardens School District requires the parent, guardian, or other person having control or charge of a child of school age to provide upon enrollment a signed statement indicating whether the student has been suspended or expelled from a public or private school.
- In addition, the person enrolling the student must affirm that the student has not been convicted of or charged with an act listed in the "Admission Restriction" section of Board Policy JEC.
- *This registration document shall be maintained as part of the student's permanent record. Discipline information provided will not prevent enrollment, but may be used to determine appropriate educational placement and programming.*

### Suspensions & Expulsions

Yes	No	Has this student ever been suspended or expelled from school for any reason?				
Yes	No	Is this student currently serving a suspension? End Date:				
School Name		District	City	State	Dates of Suspension	Summary of Conduct Resulting in Suspension
<b><i>Enrollment following an expulsion from another school is condition upon a meeting with the District Hearing Officer, and is at the sole discretion of the Superintendent of Schools and the Board of Education.</i></b>						

### Court Supervision

Yes	No	Is this student presently under the supervision of the Juvenile Family Court or a court of general jurisdiction?
Yes	No	Is this student currently assigned to a Deputy Juvenile Office (DJO) or Probation Officer? If yes, name of Officer _____ Phone Number (____) _____ County or City of Jurisdiction _____

### Declaration in Accordance with Missouri Safe Schools Act HB1301 & 1298 (1996)

The undersigned hereby certify and represent to the Riverview Gardens School District, for the purpose of the Missouri Safe Schools Act, that:

- In accordance with Section 167.171 RSMo., no student may be admitted/readmitted to a regular program of instruction in the Riverview Gardens School District if charged with an act, that if committed by an adult, would be a felony.
- This student is not currently suspended or expelled from any other school district and has not been convicted or indicted of any unlawful offenses and no information or petition alleging such offense has been filed in a court of law.

**Signature of Parent/Guardian:**

**Date:**

**Witness (RGSD Representative):**

**Date:**





## Emergency Contact Information

Student Legal Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

**Please provide emergency contact information, other than the primary guardian.**

**It is the parent's responsibility to update this form as needed.**

In the event that we are not able to contact you at home, work, or through your cell phone, who else may we contact at a *different phone number* in an urgent or emergency situation? Your signature below authorizes the school district to call and release your child to the emergency contacts you have listed below for an urgent or emergency situation if the school district is unable to contact you.

### Emergency Contact 1

Name	
Relationship to Student	
Home Phone	
Work Phone	
Cell Phone	
Authorized to Pick Up	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Emergency Contact 2

Name	
Relationship to Student	
Home Phone	
Work Phone	
Cell Phone	
Authorized to Pick Up	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Emergency Contact 3

Name	
Relationship to Student	
Home Phone	
Work Phone	
Cell Phone	
Authorized to Pick Up	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Parent/Guardian:

Date:





# Transportation Information

Student Legal Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

## Student Transportation

**Riverview Gardens resident students living more than one mile from school will be entitled to free transportation to and from school.**

**Kindergarten students will only be released to parents/guardians from the bus. Kindergarten students not received by an adult will be returned to the school for parent pickup.**

**Please indicate a different source of transportation if needed.**

Yes	No	Is this student a car pick-up?	Name:  Relationship:  Contact Number:
Yes	No	Will this student be picked up by a daycare provider?	Daycare Name:  Address:  Contact Number:
Yes	No	Other:	Name:  Relationship:  Contact Number:

**It is the parent's responsibility to update this form as needed. Please contact the student's school.**

In the event that we are not able to contact you at home, work, or through your cell phone, who else may we contact at a different phone number in an urgent or emergency situation? Your signature below authorizes the school district to call and release your child to the emergency contacts you have listed below for an urgent or emergency situation if the school district is unable to contact you.

Signature of Parent/Guardian:

Date:



# **STUDENT SUPPORT SERVICES**



## Student Support Services Family Referral(s)

Student Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

Name of School

Representative \_\_\_\_\_

Title of School

Representative \_\_\_\_\_

School representative should please complete the requested information and return this request within 1-3 business days directly to:

\_\_\_\_\_

A variety of services may be available to you, please check any service(s) needed. You will be referred to Riverview Gardens School District staff members who can assist you with the services checked.

SCHOOL REFERRALS	SOCIAL SERVICES REFERRALS	HOUSEHOLD REFERRALS	MEDICAL REFERRALS
<input type="checkbox"/> School Enrollment Documents (birth certificate, immunization record)  <input type="checkbox"/> Tutoring Services	<input type="checkbox"/> Counseling & Mental Health Services <input type="checkbox"/> Health Insurance Referral <input type="checkbox"/> Teen Parenting Programs	<input type="checkbox"/> Food Assistance <input type="checkbox"/> Clothing Assistance Shirt Size ____ adult or youth  Pants Size ____ adult or youth  Shoe Size ____ adult or youth  <input type="checkbox"/> School Supplies <input type="checkbox"/> Local Shelter Information <input type="checkbox"/> Rental/Housing Assistance	<input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Immunization <input type="checkbox"/> Mental Health <input type="checkbox"/> Preventive Health
Other assistance needed:			

*Please forward a copy of this form to School Social Worker.*



# **HEALTH SERVICES**



# Student Health Form

This form must be completed each year and returned to the School Nurse.

Student Name: _____ <i>Last, First, Middle</i>			Circle Grade : K 1 2 3 4 5 6 7 8 9 10 11 12		
Home Address:			Zip Code:		Telephone:
DOB:	Gender:		Last School Attended:		Today's Date:
<b>Father/Guardian</b>			<b>Mother/Guardian</b>		
Name:			Name:		
Home Address:			Home Address:		
Home Phone:			Home Phone		
Cell Phone:			Cell Phone:		
Employer:			Employer:		
Employer Telephone Number:			Employer Telephone Number:		
<b>Other Siblings at this school</b>	Name:		Grade:		
<p>In the event that we are not able to contact you at home, work, or through your cell phone, who else may we contact at a <u>different phone number</u> in an urgent or emergency situation? Your signature below authorizes the school district to call and release your child to the emergency contacts you have listed below for an urgent or emergency situation if the school district is unable to contact you.</p>					
Signature of Parent/Guardian:			Date:		
<b>Contact Person</b>		<b>Address</b>		<b>Phone</b>	
1.					
2.					
<b>Please notify the school nurse or secretary immediately with the new contact numbers and other information.</b>					
<b>Medical History (Please give details)</b>			<p style="text-align: center;"><b>Emergency Procedure:</b></p> <p><i>I understand that in case of serious accidents to this student, the parent, guardian, or physician who is listed on this form will be contacted. If none of these persons can be reached, I hereby authorize school personnel to seek whatever medical attention is deemed necessary where it is available. I also authorize the attending physician to render necessary emergency treatment.</i></p> <p><i>I hereby authorize and understand that in the case of a life threatening asthma episode or anaphylactic reaction, the school nurse or employee trained designee will administer emergency medication(s). Any use of emergency medication will be reported to the parent/guardian, along with details of the emergency event, actions and recommendations, accordingly.</i></p>		
Yes	No	Asthma:	Signature of Parent/Guardian: _____ Date: _____		
Yes	No	Convulsions:	Physician's Name: _____		
Yes	No	Diabetes:	Physician's Number: _____		
Yes	No	Mumps:	<p style="text-align: center;"><i>Completed Immunization for DTP, POLIO, MEASLES, VARICELLA, RUBELLA, MUMPS, &amp; HEPATITIS B required by Missouri State Law for School Attendance. The law provides for exclusion from school for failure to comply with the immunization law.</i></p>		
Yes	No	Kidney Disease:			
Yes	No	Heart Conditions:			
Yes	No	Surgeries:			
Yes	No	Vision/Glasses:			
Yes	No	Hearing:			
Yes	No	Chicken Pox:			
Yes	No	Allergies/Type:			
Yes	No	Daily Medication(s):			
Yes	No	Taken at home:      At school:			
Yes	No	Other:			

Riverview Gardens School District does not determine the medical facility, in the event of an emergency.  
Please send a copy of this form to the school nurse.



# **TECHNOLOGY AGREEMENTS**



# Technology, Media, Photo and Video Agreements

## Parent Portal Agreement to Access to Student Data

### Tyler SISK

This form must be completed by parent/legal guardian who wants to access their child's data on the Riverview Gardens School District Parent Portal.

Riverview Gardens School District provides an internet learning management product called Tyler SISK. This product will allow parent/ legal guardians to use the internet to check their student's grades and/or assignments. This service is optional for your family. An Email address and phone number (text alerts) are required in order to participate. The purpose of the Email address is to send you a confidential and personalized user id and password which will permit you to gain access to your student's data on a secure web server. The ONLY way to receive your user id and password is by Email. The school office cannot give it to you nor do they have access to your password.

Student 1 \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student 2 \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student 3 \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Please provide email addresses for each parent/legal guardian who wishes to access the above students' information.

Parent/ Guardian 1 Name \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/ Guardian 2 Name \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

\*Your signature below indicates permission to access the Tyler SISK Parent Portal web server for the above email addresses.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Technology, Media, Photo and Video Agreements

The Family Educational Rights and Privacy Act (FERPA) Notice of Directory Information and

## **DIRECTORY INFORMATION OPT-OUT FORM**

### **Riverview Gardens School District Photo/Video Approval**

Throughout the school year, the district may take pictures or videos of students for the purpose of highlighting positive news. The pictures and videos may be shared through the various communication channels, including news media, social media and district websites. Examples of how photos and videos may be used include the following:

- The district may use a photo of a student for a billboard advertisement.
- A news station may film in a classroom and conduct on-camera interviews with students.
- The district may use a photo of a student on its Facebook page.

**\*ALL Riverview Gardens School District** students are automatically **APPROVED** to be photographed and filmed at the beginning of each school year.

If you **DO NOT** want your child to be photographed or filmed, you **MUST** submit a letter with the following information:

- Your child's name.
- Your child's school.
- Your child's age.
- Your name, phone number, email address and home address.

The letter **MUST** be delivered to the district administration office, 1370 Northumberland, or emailed to the Communications Department, [communications@rgsd.k12.mo.us](mailto:communications@rgsd.k12.mo.us).

\*Exceptions will be made under certain circumstances.



# Technology, Media, Photo and Video Agreements

## Internet User Agreement (Parent Form)

Student Legal Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

To use network resources, students under the age of 18 must obtain parental permission. The activities listed below are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Giving personal information, such as complete name, phone number, address, or identifiable photo, without permission from teacher and parent or legal guardian
- Harassing, insulting or attacking others
- Damaging or modifying computers, computer systems or computer networks
- Violating copyright laws
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes, financial gain, or fraud

Violations may result in a loss of access as well as other disciplinary or legal action including but not limited to suspension or revocation of student access to district technology, and suspension or expulsion from school (Technology Use Policy). All students are provided with access to district computer resources. In addition to accessing our district computer network, as the parent or legal guardian, I grant permission for the above named student to:

\_\_\_\_\_ Access the Internet

\_\_\_\_\_ Have his/her materials published on the World Wide Web

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of internet use – setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FOOD SERVICE



# Student Previous School Records Information

## Authorization for Release of School Records

Student records must include but are not limited to the list below in accordance with state and federal law:

Official Administrative Record (including name, address, date of birth, grade level completed, grades, attendance record, assessment scores) | Discipline History (in-school suspensions, short-term suspensions, long-term suspensions, expulsions, etc.) | Teacher and Counselor Observations and Ratings | Family Background Data | Special Education Records (including an active IEP, evaluation, and current diagnostic summary | 504 Records | Immunization and Health Records

*I hereby authorize the release of or request for any pertinent information pertaining to my child/children to the Riverview Gardens School District.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RGSD Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student(s) Name: Last, First, Middle	Date of Birth	Grade Level

## Previous School Contact Information

Name of Last School Attended:

\_\_\_\_\_

School Address:

\_\_\_\_\_  
Street City State Zip

School Phone: \_\_\_\_\_

(Requesting School)

Please affix your school label here.

School Name, Address, Phone Number, E-mail, Fax Number, Attn:

### ***To be completed by previous school***

Are any of the students listed above currently on suspension? \_\_\_\_Yes \_\_\_\_No

If yes, Name

\_\_\_\_\_

Length of suspension: \_\_\_\_day(s)

School Fax: \_\_\_\_\_



## Enrollment Process Approval Form

Thank you for choosing the Riverview Gardens School District for your child! We are delighted to serve your family. Please see important information below regarding your child's school assignment.

Your child's school assignment is: (Please circle)

Your child's start date is: \_\_\_\_\_

**Danforth Elementary School (grades K-5)**  
1134 St. Cyr Road  
St. Louis, MO 63137  
(314) 868-9524

**Lewis & Clark Elementary School (grades K-5)**  
10242 Prince Drive  
St. Louis, MO 63136  
(314) 868-5205

**Gibson Elementary School (grades K-5)**  
9926 Fonda Drive  
St. Louis, MO 63137  
(314) 869-4845

**Meadows Elementary School (grades K-5)**  
9801 Edgefield Drive  
St. Louis, MO 63136  
(314) 868-2454

**Glasgow Elementary School (grades K-5)**  
10560 Renfrew Drive  
St. Louis, MO 63137  
(314) 868-4680

**Moline Elementary School (grades K-5)**  
9865 Winkler Drive  
St. Louis, MO 63136  
(314) 868-9829

**Highland Elementary School (grades K-5)**  
174 Shepley Drive  
St. Louis, MO 63137  
(314) 868-4561

**Riverview Gardens Central Middle School**  
(grades 6-8)  
9800 Patricia Barkalow Drive  
St. Louis, MO 63137  
(314) 867-2603

**Koch Elementary School (grades K-5)**  
1910 Exuma Drive  
St. Louis, MO 63136  
(314) 868-3029

**Westview Middle School (grades 6-8)**  
1950 Nemnich Road  
St. Louis, MO 63136  
(314) 867-0410

**Lemasters Elementary School (grades K-5)**  
1825 Crown Point  
St. Louis, MO 63136  
(314) 868-8192

**Riverview Gardens High School (grades 9-12)**  
1218 Shepley Drive  
St. Louis, MO 63137  
(314) 869-4700

On the first day of school, your child should report to: \_\_\_\_\_ for assistance, if needed.

If your child qualifies for transportation, please allow up to two business days to process enrollment and to obtain the bus route and pick-up/drop-off locations. Please contact the school secretary for more information.

[www.rgsd.k12.mo.us](http://www.rgsd.k12.mo.us)

(314) 869-2505



## *A Message from the Superintendent*

To Our Valued Parents and Guardians,

Welcome to Riverview Gardens School District! We are honored that you are members of the “Ram” Family. As you may already know, we are an accredited option for families and are continuing to make progress each year as we strive to be the best educational option for our community. We take pride in providing our students not only with academic services, but also meeting the needs of the whole child including their social, emotional and behavioral care. It is critical that all students have the opportunity to be productive, creative and valued in our schools so they can attain their goals. As a parent or guardian, we look forward to working with you to help your child meet his or her full potential.

Please take a moment to review all of the pages in this application packet as well as note all of the forms needed to enroll. Also included are surveys we ask you to complete as well as public notices that comply with requirements from the Missouri Department of Elementary and Secondary Education and the U.S. Department of Education. They are aligned with required policies of the Riverview Gardens School District. It is important that you are aware of these requirements as we continue to make progress in our schools, community, region and nation.

As partners in educating our youth, we ask parents and guardians to fully and accurately complete the information requested so that we can best be informed of the educational needs of your child.

We appreciate your continued support and commitment to the Riverview Gardens School District as we focus on excellence in all our efforts every day in delivering the highest quality education that all of our students deserve.

Sincerely,

Scott D. Spurgeon, Ed.D.



## New Student Enrollment Checklist

**FOR OFFICE USE ONLY: (TO BE COMPLETED BY THE RGSD ENROLLMENT REPRESENTATIVE)**

Student Full Name: _____	Assigned School: _____	DOB: _____	
Last, First, Middle	Enrollment: <input type="checkbox"/> Enrollment <input type="checkbox"/> Special		
<b>CATEGORY A: PROOF OF PARENT/GUARDIAN RELATIONSHIP</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Original Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Parent/Guardian Photo Identification Card	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of Guardianship Caregiver Affidavit (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Court Order, Agreement, Judgement or Divorce Decree that awards custody to any person (if one exist)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CATEGORY B: PROOF OF RESIDENCY</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
(One Required, Please Check) <input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Current Real Estate Tax Receipt <input type="checkbox"/> Signed Residential Lease <input type="checkbox"/> Mortgage Statement	<input type="checkbox"/>	<input type="checkbox"/>	
(Two Required, Please Check) <input type="checkbox"/> Current Utility Bill (dated within the last 30 days) <input type="checkbox"/> Valid Occupancy Permit (dated within 1 year) <input type="checkbox"/> Personal Property Tax Receipt <input type="checkbox"/> Homeowner/Renter's Insurance Policy <input type="checkbox"/> Social Services/Social Security Statement <input type="checkbox"/> Legal/Court Document (with address in district)	<input type="checkbox"/>	<input type="checkbox"/>	
Special Enrollment <input type="checkbox"/> Foster Care <input type="checkbox"/> Students in Transition	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CATEGORY C: MEDICAL, PHYSICAL &amp; IMMUNIZATION</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Current Immunization Record Provided	<input type="checkbox"/>	<input type="checkbox"/>	
Immunizations are up to date for grade level/age	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Medical Information <input type="checkbox"/> Asthma Plan or Allergy Plan • Medication Administered • Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CATEGORY D: STUDENT RECORDS</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Student Report Card	<input type="checkbox"/>	<input type="checkbox"/>	
Official High School Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
Student Discipline Record (sealed)	<input type="checkbox"/>	<input type="checkbox"/>	
Individualized Education Plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>	
504 Plan	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CATEGORY E: ENROLLMENT FORMS</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Missouri State Immunization Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
District Admission & Student Educational Information	<input type="checkbox"/>	<input type="checkbox"/>	
Family Information & Surveys	<input type="checkbox"/>	<input type="checkbox"/>	
Enrollment Application	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	
Student Health	<input type="checkbox"/>	<input type="checkbox"/>	
Discipline Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	
Technology & Media Agreements	<input type="checkbox"/>	<input type="checkbox"/>	
Release of School Records	<input type="checkbox"/>	<input type="checkbox"/>	
Student Support Services Family Referrals	<input type="checkbox"/>	<input type="checkbox"/>	
Food Service Information	<input type="checkbox"/>	<input type="checkbox"/>	

**RGSD Enrollment Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_ .





## Enrollment File Audit Form

In an effort to successfully enroll new students and to provide them any needed resources, it is the responsibility of each of the following individuals to audit each student's enrollment packet. Please review, sign and date below.

This form is to remain in the file of the student and will be audited by the Office of Student Support Services.

1. School Enrollment Representative:	_____	_____	_____
	Print Name	Signature	Date
2. Guidance Counselor:	_____	_____	_____
	Print Name	Signature	Date
3. School Nurse Representative:	_____	_____	_____
	Print Name	Signature	Date
4. Social Worker:	_____	_____	_____
	Print Name	Signature	Date
5. SSD Representative:	_____	_____	_____
	Print Name	Signature	Date
6. School Administrator:	_____	_____	_____
	Print Name	Signature	Date

*Please keep in Student's File.*