

East Carter County R-II School District

New Student Registration Packet



East Carter R-II School District

24 S Herren Ave, Ellsinore MO 63937 / Phone: (573)322-5325 Fax: (573) 322-8586



Request for Records

Mrs. Kacie Kendrick
Elementary Principal
Phone: (573) 322-5325 Opt 4
Fax: (573) 322-8586

Mrs. Theresa Kearbey
Middle School Principal
Phone: (573) 322-5325 Opt 5
Fax: (573) 322-8586

Mr. Jon Mckinney
High School Principal
Phone: (573) 322-5325 Opt 3
Fax: (573) 322-5720

Date of Request _____ School Phone _____

School _____ School Fax # _____

Student _____ Date of Birth _____

SSN _____ Grade Level _____

EAST CARTER R-II SCHOOL DISTRICT IS REQUESTING THE FOLLOWING INFORMATION:

- _____ Cumulative permanent school records (Transcript, Current quarter grades, etc.)
- _____ Health records
- _____ Attendance records
- _____ Discipline records
- _____ Psychological reports
- _____ Special Education records, IEP, and Current Diagnostic/Evaluation Summary
- _____ Standardized Achievement Data (MAP, EOC, etc.)
- _____ Court documents

Please fax or scan and email to:

Elementary Secretary (k-5)
rnewman@ecarter.k12.mo.us

Middle School Secretary (6-8)
lmunnerlyn@ecarter.k12.mo.us

High School Secretary (9-12)
kwhite@ecarter.k12.mo.us

Signature of Guardian or Parent

Date

Student cannot enroll until records are received.

East Carter County R-II School District

- For Office Use Only**
- SIS Data Entry/Update
 - Proof of Residency
 - Immunization Record
 - Birth Certificate

Student Information

School Year _____ Grade: _____

Has the student previously attended the School District? If so, what year/building:

Has student previously been retained? Yes No If yes, what grade did retention occur? _____

Resident School: _____

Student's Last Name _____ First Name _____ Middle Name _____ Nickname _____ Gender _____

Physical Address Where Student Lives _____ City _____ Zip _____ Primary Phone _____

Mailing Address Where Student Lives _____ City _____ Zip _____ Birth Date _____

(Please provide copy of official birth certificate)

Is the student's ethnicity Hispanic? Yes No

What is the student's race? _____

Parent Information *The following information is requested to help us better serve our students and their parents, as there are many students who live in joint custody relationships or have non-custodial parents who are actively involved in their student's school progress. Further, we wish to honor all court orders.*

Indicate with whom the child lives:

Parents (both) Mother Father Other legal guardian, please state relationship _____

(Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration (SB944))

a relative, friend(s), or other adults(s) an adult that is not the parent or the legal guardian alone with no adults

If parents are divorced, which parent has primary custody: _____

*If a divorce decree exists, please provide the complete divorce decree detailing custody arrangement.

Send dual mailing to both parents

* There is a court order restricting the following person's contact with the school or this student *(original copy of court order must be presented)*

Name _____

Parents/Guardians

Relation: _____ First name _____ Last name _____
Home Address _____
Primary Phone _____ Cell Phone _____ Work Phone _____
E-Mail Address _____
Employed by _____

Relation: _____ First name _____ Last name _____
Home Address _____
Primary Phone _____ Cell Phone _____ Work Phone _____
E-Mail Address _____
Employed by _____

Parents may access student information through Lumen Parent Portal. Please make sure you have entered an email address for the educational guardian on the previous page. You will receive an email from Lumen.System that will provide you with an ID and password for the system.

Transportation Information:

How will the student typically get to school?

Bus # _____ Walk Private Vehicle

Military:

Student resides in the home of a parent on active duty Yes No
Student resides in the home of a parent serving in the Reserves or National Guard Yes No
Student resides in the home of a parent that has no military connection Yes No

Other children in Household:

Name (First and Last)	Age	School
_____	_____	_____

If new to the district or school, last school attended (public, private, home schooled):

District/School Name: _____ Phone: _____
Address: _____

These signatures convey consent, which will be valid, until the appropriate guardian provides written termination to the School District. I WILL NOTIFY THE SCHOOL EACH TIME THERE IS A CHANGE IN ANY OF THIS INFORMATION.

Signature of Parent/Guardian

Date

***Note to Secretary: Copy proof of residency. Contact First Student or County Clerk for address verification within district boundaries. Acceptable proof of residency: Property tax receipt, utility bill (from current month), signed affidavit of residence from property owner. Forward residency questions or concerns to Asst. Superintendent, Curriculum, Instruction and Assessment.

Emergency Contacts

Emergency care contact: (Number in order of preference) I authorize the school to call, share medical information with and release my child to:

First Name: _____ Last Name: _____

Relation: _____ Notify of Illness Yes No

May pick up student Yes No

Primary number Cell number Work number

First Name: _____ Last Name: _____

Relation: _____ Notify of Illness Yes No

May pick up student Yes No

Primary phone Cell number Work number

Additional Educational Information:

1) Child has been placed in Foster care by DFS? Yes No

Language Survey: *This survey is required of all children registering at our school.* It allows the school to receive funds that support services to students in need of support with English as a second language.

1) Does the student speak a language other than English? Yes No

2) Is a language other than English spoken as the main language in your home? Yes No

If yes, what language is being spoken? _____

Migrant Survey: If you have a child age 3-21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

Has either the parent or guardian, or the parent or guardian's spouse, or the child, been employed in some seasonal agriculture or agriculture related work such as:

- * Planting or harvesting crops (vegetables, fruit, cotton, etc.)
- * Transporting farm products to market
- * Feeding or processing poultry, beef, hogs
- * Gathering eggs or working in hatcheries
- * Working on a dairy farm or a catfish farm
- * Cutting firewood or logs to sell

Yes No

Immigrant: Yes No

(The student is between the ages of 3 and 21, were not born in any State, and has not been attending one or more schools in any one or more States for more than three full academic years. This includes children adopted from another country and children born on military bases outside of the country.)

Homeless Survey

1) Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason?

Explain if it is a similar reason. Yes No

Explain: _____

2) Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? Yes No

3) Are you currently residing in an emergency or transitional shelter? Yes No

4) Has the student been abandoned in a hospital? Yes No

5) Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? Yes No

6) Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? Yes No

Affidavit of Enrollment, Discipline, and Law Enforcement History

The School District requires a signed enrollment, discipline, and law enforcement history affidavit upon enrollment. Falsifying and or omitting essential information is a Class B misdemeanor under Missouri's Safe School Act of 1996. Enrollment may be temporarily or permanently denied as circumstances warrant.

Is the address on page one, within the boundaries of the School District? Yes No

If the answer is NO, student is child of current employee

student resides in K-8 district _____ (name of district)

other _____ (conference with the principal is required)

Under penalty of law, I affirm that I am the parent or court-appointed legal guardian of the minor student,

that I reside within the boundaries of the School District, and the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof of residence is true and correct to the best of my knowledge, information and belief. I understand that this statement will be maintained as part of the student's scholastic record. I understand that it is a criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file civil action against me to recover the cost of educating the student.

Is the above named student presently under suspension or expulsion from another school district? Yes No

If yes, please explain: _____

I certify that _____

is not presently and/or has not ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person.

Yes No

If no, please explain: _____

Has the above named student been convicted or charged with any of the following crimes in juvenile or adult courts?

Yes No

If yes, indicate which crime(s):

First degree murder under § 565.020, RSMo.

Second degree murder under § 565.021, RSMo.

First degree assault under § 565.050, RSMo

Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under § 566.030, RSMo.

Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree under § 566.060, RSMo.

Statutory rape under § 566.032, RSMo.

Statutory sodomy under § 566.062, RSMo.

Robbery in the first degree under § 569.020, RSMo.

Distribution of drugs to a minor under § 195.212, RSMo.

Arson in the first degree under § 569.040, RSMo.

Kidnapping, when classified as a class A felony under § 565.110, RSMo.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to § 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

Signature of parent or court-appointed guardian

Date

Proof of Residence required upon initial enrollment and in the following grades: Fourth, Seventh, and Ninth



New Student to District Bus Assignment

East Carter R-II Transportation

Date _____ Bus _____
_____ Driver _____

Students Name _____ Grade _____

Name of Parents/Guardian _____

Address

Description _____

Draw a Map where student lives: Locate any landmarks that may be used to help locate residence, or neighbors names.

New Student to District Bus Assignment

East Carter R-II Transportation

East Carter R-2 School District
Health Inventory
2019/2020 SY

Your child's learning depends upon good health . To assist us in providing health services for your student, please complete the following inventory and return to Health Office.

Student _____ Birthdate _____ Grade _____ Teacher _____
 Health Ins Name: _____ Policy # _____
 Primary DR: _____ PH# _____
 Hospital preference _____
 In the case of an emergency, may the student be transported by EMS? Yes__ NO__

MY STUDENT HAS: NO HEALTH CONCERNS (CIRCLE IF THIS APPLIES)

Asthma	yes	no	If yes , please contact the school nurse for the Asthma health history form/Emergency Plan
Blood sugar concerns (Diabetes or Hypoglycemia)	yes	no	If yes , please contact the school nurse for the Diabetes health history form/Emergency Plan
Allergies Type: Drug, food, insect, environmental, other _____	yes	no	mild _____ Life threatening _____ local reaction _____ Symptoms when exposed to allergens: List medication/actions required : Epipen _____ Benadryl _____ Inhaler _____ If yes , please contact school nurse for the Allergy/Bite sting health history form/Emergency Plan
Seizures Date of last seizure _____	yes	no	If yes , please contact the school nurse for the Seizure health history form/Emergency Plan
Heart Condition	yes	no	describe
Orthopedic problems	yes	no	describe
Bowel/Bladder problems	yes	no	describe
Neurological problems	yes	no	describe
Hearing deficits	yes	no	Use of assistive equip such as aids?
Vision Deficits	yes	no	glasses _____ contacts _____
Immune Deficiency	yes	no	describe
Other	yes	no	describe

Please list name, dose, time and reason for any daily medications: _____

The School district Medication policy states that your student may receive the following medications (generic form) with signed permission from you, and the nurse determines if the child needs the medication. If you would like your child to receive any of the following medication(s) should the need arise, please check the appropriate box.

My Child may be given: Tylenol Ibuprofen Pepto Bismol Roloids/Tums Benadryl

IF A STUDENT NEEDS A MEDICATION FROM HOME, PLEASE FILL OUT THE PERMISSION FORMS AND A DESIGNATED ADULT HAS TO BRING THE MEDICATION TO THE HEALTH OFFICE. IT IS AGAINST SCHOOL POLICY FOR STUDENTS TO CARRY MEDICATION.

I UNDERSTAND THAT AS A PARENT/GUARDIAN, IT IS MY RESPONSIBILITY TO KEEP THE HEALTH OFFICE UPDATED ON MY CHILD'S HEALTH. I UNDERSTAND THAT THIS HEALTH INFORMATION WILL BE SHARED WITH THE PERSONS LISTED BY PARENT ON THEIR ENROLLMENT FORM AND SCHOOL STAFF AS NEEDED FOR THE HEALTH AND CARE OF MY CHILD

PARENT/GAURDAIN SIGNATURE _____ Date _____