# Family Information & Surveys

Primary Parent or Unaccompanied Minor 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.

* Asian ◻ Black or African-American
* Hispanic or Latino ◻ American Indian or Alaskan Native
* Native Hawaiian or Other Pacific Islander ◻ 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

|  |  |  |
| --- | --- | --- |
| 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 staying in a motel, hotel, trailer park, or campground due to the lack of adequate accommodations? |
| Yes | No | Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station, etc.? |
| Yes | No | Are you currently staying in a shelter? |
| Yes | No | Are you a student not living with a parent / couch surfing (unaccompanied minor)? |

***If you answered YES to any of the McKinney-Vento Survey questions, please contact the Office of Students in Transition at (314) 869-2505 extension 4982 or the nearest attendance area school. Portions of this packet do not apply to you and a school representative will assist you.***

# **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 unable to obtain any of the items listed below, please contact the nearest attendance area school for assistance.** 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 answered YES to any of the McKinney-Vento Survey questions on the prior page, please contact the Office of Students in Transition at (314) 869-2505 extension 4982 or the nearest attendance area school for assistance. **You may be eligible to enroll without providing the documentation listed below.**

**The following items are requested for enrollment:**

## 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 – Residency Verification

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

|  |  |
| --- | --- |
| **Column 1 - (One Document Required)**   * **Property Deed** * **Current Real Estate Tax Receipt** * **Mortgage Statement** * **Signed Residential Lease (within the last year)** | **Column 2 (Two Documents Required)**   * **Current Utility Bill (dated within the last 30 days)** * **Valid Occupancy Permit** * **Personal Property Tax Receipt** * **Homeowner/Renter’s Insurance Policy** * **Social Services Statement/Social Security Statement** * **Other Official Legal/Court Document** |

## 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

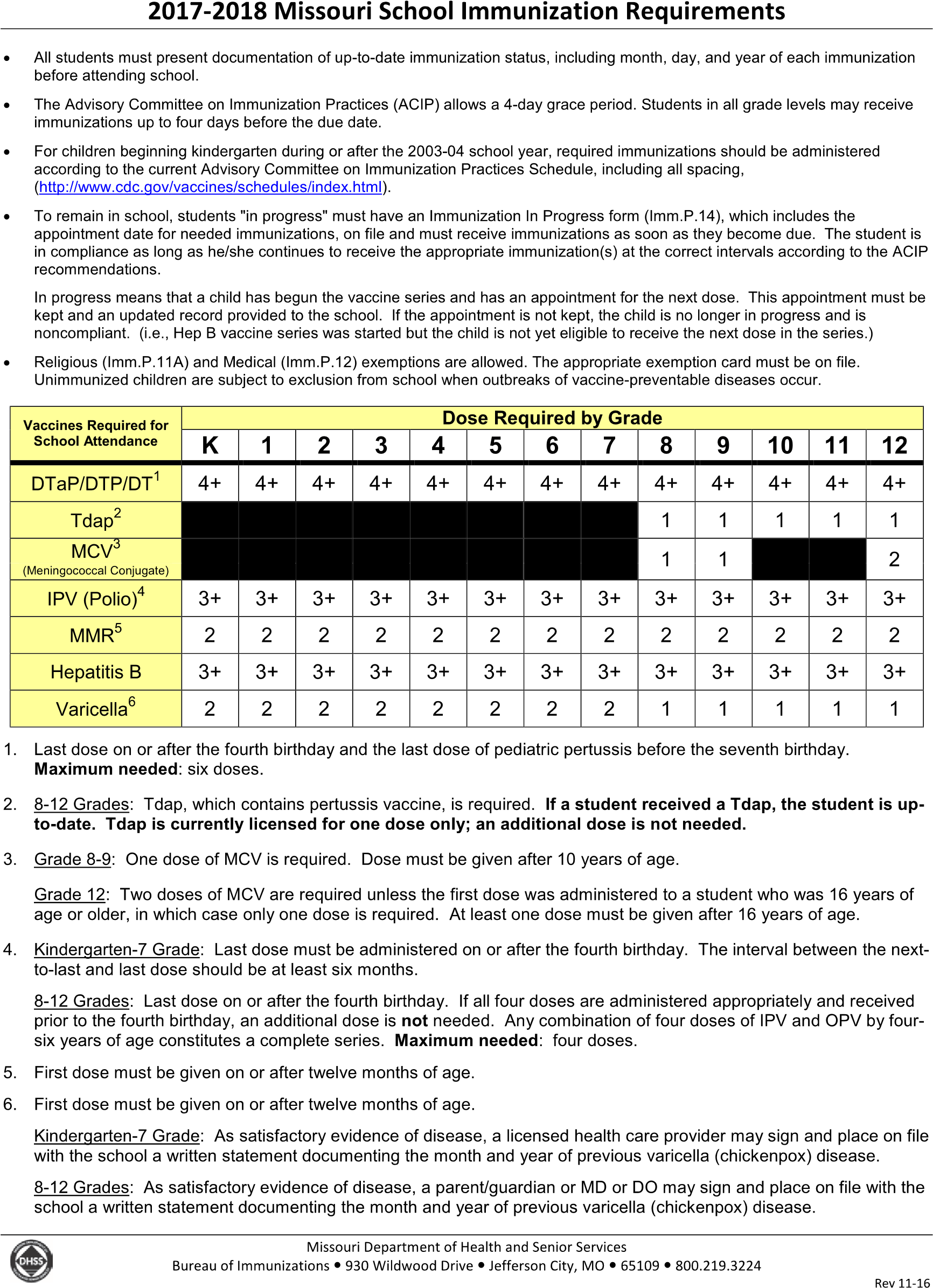
While the Riverview Gardens School District will request for an official copy of a student’s record from previous schools, please bring the following items if you have them.

|  |  |
| --- | --- |
| * Student Report Card * High School Transcript * Student Attendance & Discipline Record | * Student IEP, 504, Dyslexia or other Special Services * School Related Health Information * State & Benchmark Assessments |

## Category E – Enrollment Forms

Please review and complete all forms in the New Student Application. If you have questions, please inform the school enrollment representative during the enrollment process.

Missouri School Immunization Requirements



# Residency and Accuracy Verifications

Primary Parent or Unaccompanied Minor 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 displaced, in transition, 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/Unaccompanied Minor 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 Enrollment Information

## Regular Enrollment Special Enrollment (Students in Transition)

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) Parent/Legal Guardian with Whom Student Resides or Unaccompanied Minor***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Parent Name: (Last, First, Middle)** | **Relationship** | **Home Phone**  **( ) \_\_\_\_ - \_\_\_\_\_**  ***(list area code)*** | **Cellular Phone**  **( ) \_\_\_\_ - \_\_\_\_\_**  ***(list area code)*** | Email Address: |
| **Primary Parent Employer Name** | | **Work Phone ( ) \_\_\_\_ -\_\_\_\_\_\_\_\_\_\_** | | |
| **Secondary Parent: (Last, First, Middle)** | **Relationship** | **Home Phone**  **( ) \_\_\_\_ - \_\_\_\_\_**  ***(list area code)*** | **Cellular Phone**  **( ) \_\_\_\_ - \_\_\_\_\_**  ***(list area code)*** | Email Address: |
| **Secondary Parent Employer Name** | | **Work Phone ( ) \_\_\_\_ -\_\_\_\_\_\_\_\_\_\_** | | |
| **Address (Apt. #)** | **City, State, Zip Code** | | | |

***\*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***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent Name: (Last, First, Middle)** | **Relationship** | **Home Phone**  **( ) \_\_\_\_ - \_\_\_\_\_**  ***(list area code)*** | **Cellular Phone**  **( ) \_\_\_\_ - \_\_\_\_\_**  ***(list area code)*** | Email Address: |
| **Parent Employer Name** | | **Work Phone ( ) \_\_\_\_ -\_\_\_\_\_\_\_\_\_\_** | | |
| **Address (Apt. #)** | **City, State, Zip Code** | | | |

**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

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

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | 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. |

|  |
| --- |
| **Signature of Parent/Guardian or Unaccompanied Minor: 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 |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
| ***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.*** | | | | | | | |

## 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 or Unaccompanied Minor: 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 or unaccompanied minor.**

**It is the parent’s or unaccompanied minor’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** | ◻ **Yes** ◻ **No** |

**Emergency Contact 2**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Student** |  |
| **Home Phone** |  |
| **Work Phone** |  |
| **Cell Phone** |  |
| **Authorized to Pick Up** | ◻ **Yes** ◻ **No** |

**Emergency Contact 3**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Student** |  |
| **Home Phone** |  |
| **Work Phone** |  |
| **Cell Phone** |  |
| **Authorized to Pick Up** | ◻ **Yes** ◻ **No** |

**Signature of Parent/Guardian or Unaccompanied Minor: 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 or unaccompanied minor’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 or Unaccompanied Minor: 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     * School Enrollment Documents (birth certificate, immunization record) * Tutoring Services | SOCIAL SERVICES  REFERRALS     * Counseling & Mental Health Services * Health Insurance Referral * Teen Parenting Programs | HOUSEHOLD  REFERRALS     * Food Assistance * Clothing Assistance   Shirt Size \_\_\_\_  adult or youth  Pants Size \_\_\_\_  adult or youth  Shoe Size \_\_\_\_  adult or youth   * School Supplies * Local Shelter Information * Rental/Housing Assistance | MEDICAL  REFERRALS     * Vision * Dental * Immunization * Mental Health * 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:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Last, First, Middle* | | | **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:** |
| **Father/Guardian** | | | **Mother/Guardian** | | | |
| **Name:** | | | **Name:** | | | |
| **Home Address:** | | | **Home Address:** | | | |
| **Home Phone:** | | | **Home Phone** | | | |
| **Cell Phone:** | | | **Cell Phone:** | | | |
| **Employer:** | | | **Employer:** | | | |
| **Employer Telephone Number:** | | | **Employer Telephone Number:** | | | |
| **Other**  **Siblings at this school** | **Name:** | | | | **Grade:** | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
| **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 or Unaccompanied Minor: Date:** | | | | | | |
| **Contact Person** | | **Address** | | **Phone** | | |
| 1. | |  | |  | | |
| 2. | |  | |  | | |
| **Please notify the school nurse or secretary immediately with the new contact numbers and other information.** | | | | | | |
| **Medical History (Please give details)**     |  |  |  | | --- | --- | --- | | **Yes** | **No** | **Asthma:** | | **Yes** | **No** | **Convulsions:** | | **Yes** | **No** | **Diabetes:** | | **Yes** | **No** | **Mumps:** | | **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:** | | | | **Emergency Procedure:**  ***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 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.*** | | | |
| **Signature of Parent/Guardian or Unaccompanied Minor: Date:** | | | |
| **Physician’s Name:** | | | |
| **Physician’s Number:** | | | |
| ***Completed Immunization for DTP, POLIO, MEASLES,***  ***VARICELLA, RUBELLA, MUMPS, & HEPATISIS B required by***  ***Missouri State Law for School Attendance. The law provides for exclusion from school for failure to comply with the immunization law.*** | | | |

**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 or unaccompanied minor who wants to access student 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 a parent/ legal guardian or unaccompanied minor 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 a 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 or unaccompanied minor who wishes to access the above students’ information.

Parent/Guardian or Unaccompanied Minor 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 or Unaccompanied Minor 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, unless the student is an unaccompanied minor. 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 or Unaccompanied Minor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 or Unaccompanied Minor 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:

(Requesting School)

Please affix your school label here.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

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

|  |
| --- |
| ***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 student school assignment is: (Please circle)

**Danforth Elementary School (grades K-5)**

**1134 St. Cyr Road**

**St. Louis, MO 63137**

**(314) 868-9524**

**Gibson Elementary School (grades K-5)**

**9926 Fonda Drive**

**St. Louis, MO 63137**

**(314) 869-4845**

**Glasgow Elementary School (grades K-5)**

**10560 Renfrew Drive**

**St. Louis, MO 63137**

**(314) 868-4680**

**Highland Elementary School (grades K-5)**

**174 Shepley Drive**

**St. Louis, MO 63137**

**(314) 868-4561**

**Koch Elementary School (grades K-5)**

**1910 Exuma Drive**

**St. Louis, MO 63136**

**(314) 868-3029**

**Lemasters Elementary School (grades K-5)**

**1825 Crown Point**

**St. Louis, MO 63136**

**(314) 868-8192**

Your student start date is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lewis & Clark Elementary School (grades K-5)**

**10242 Prince Drive**

**St. Louis, MO 63136**

**(314) 868-5205**

**Meadows Elementary School (grades K-5)**

**9801 Edgefield Drive**

**St. Louis, MO 63136**

**(314) 868-2454**

**Moline Elementary School (grades K-5)**

**9865 Winkler Drive**

**St. Louis, MO 63136**

**(314) 868-9829**

**Riverview Gardens Central Middle School**

**(grades 6-8)**

**9800 Patricia Barkalow Drive**

**St. Louis, MO 63137**

**(314) 867-2603**

**Westview Middle School (grades 6-8)**

**1950 Nemnich Road**

**St. Louis, MO 63136**

**(314) 867-0410**

**Riverview Gardens High School (grades 9-12)**

**1218 Shepley Drive**

**St. Louis, MO 63137**

**(314) 869-4700**

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

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

**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 or SIT Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Signature Date**

1. **Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Signature Date**

1. **School Nurse Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Signature Date**

1. **Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Signature Date**

1. **SSD Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Signature Date**

1. **School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Signature Date**

***Please keep in Student’s File.***