

CLIMAX SPRINGS R-IV ENROLLMENT FORM

(LAST UPDATE 06-08-15)

TODAY'S DATE _____

STUDENT LAST FIRST MIDDLE

BIRTHDATE SOCIAL SECURITY # - - ENTRANCE DATE

GENDER: FEMALE MALE GRADE ENTERING RACE (please circle one) *Native American /Pacific Islander* *American Indian/Alaska Native*
ASIAN *Black/African American* *White* *Hispanic* *Multi Racial*

IS STUDENT LIVING ALONE? (H.S. only) HAS STUDENT ATTENDED CLIMAX SPRINGS R-IV BEFORE?

PREVIOUS SCHOOL _____ CITY, STATE _____ PHONE

IS STUDENT UNDER ANY DISCIPLINE? _____ SPECIAL CLASSES (IEP OR GIFTED) _____

ANY PHYSICAL LIMITATIONS / HEALTH PROBLEMS

DO WE HAVE PERMISSION TO CONTACT A PHYSICIAN IN CASE OF AN EMERGENCY? Y/N _____

PRIMARY PARENT/GUARDIAN AND SPOUSE INFORMATION

FIRST NAME LAST NAME RELATIONSHIP HOME PHONE WORK CELL

PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP) COUNTY

SPOUSE

FIRST NAME LAST NAME RELATIONSHIP HOME PHONE WORK CELL

EMAIL FOR PARENT PORTAL (PLEASE PRINT CLEARLY) COUNTY

MAILING ADDRESS

ALTERNATE PARENT AND SPOUSE INFORMATION

FIRST NAME LAST NAME RELATIONSHIP HOME PHONE WORK CELL

PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP) COUNTY

SPOUSE

FIRST NAME LAST NAME RELATIONSHIP HOME PHONE WORK CELL

EMAIL FOR PARENT PORTAL (PLEASE PRINT CLEARLY) COUNTY

MAILING ADDRESS

IF THERE ARE ANY CUSTODY PROBLEMS OR LEGAL PAPERS TO RESTRICT PICK-UP OF YOUR STUDENT, PLEASE FURNISH US A COPY. IF THERE ARE ANY CHANGES DURING THE SCHOOL YEAR, NOTIFY THE OFFICE AT ONCE. PAPERWORK MUST HAVE A COURT STAMP AND SIGNATURE.

PLEASE CONTINUE ON OTHER SIDE

**REQUIRED
EMERGENCY CONTACTS**

(IN ABSENCE OF PARENT OR GUARDIAN PERMISSION TO PICK UP)

| | | |
|---|---|---|
| #1 NAME <input style="width: 250px;" type="text"/> | RELATIONSHIP <input style="width: 140px;" type="text"/> | |
| HOME PHONE <input style="width: 130px;" type="text"/> | WORK <input style="width: 130px;" type="text"/> | CELL <input style="width: 130px;" type="text"/> |
| #2 NAME <input style="width: 250px;" type="text"/> | RELATIONSHIP <input style="width: 140px;" type="text"/> | |
| HOME PHONE <input style="width: 130px;" type="text"/> | WORK <input style="width: 130px;" type="text"/> | CELL <input style="width: 130px;" type="text"/> |

PLEASE LIST ANY OTHER CHILDREN IN YOUR HOME

| | | |
|---|---|---|
| NAME <input style="width: 230px;" type="text"/> | AGE <input style="width: 40px;" type="text"/> | GRADE <input style="width: 40px;" type="text"/> |
| NAME <input style="width: 230px;" type="text"/> | AGE <input style="width: 40px;" type="text"/> | GRADE <input style="width: 40px;" type="text"/> |

CHECK THE APPROPRIATE BOXES BELOW

1. DO YOU WISH YOUR STUDENTS NAME LEFT OFF OUR STUDENT LISTING FOR PUBLIC USE?
*THIS WILL **EXCLUDE** THEM FROM THE YEARBOOK, WEBSITE AND PUBLIC MEDIA.* YES NO

2. DURING THE PAST THREE YEARS, HAS EITHER THE PARENT, GUARDIAN, THE CHILD,
OR THE CHILD'S SPOUSE, BEEN EMPLOYED (OR ARE ANY OF THE FOREMENTIONED
PERSONS CURENTLY EMPLOYED) IN SOME FORM OF TEMPORARY OR SEASONAL
AGRICULTURAL OR AGRICULTURAL RELATED WORK SUCH AS:
 - PLANTING, HARVESTING OR PROCESSING CROPS (VEGETABLES, FRUIT, COTTON, ETC.)
 - TRANSPORTING FARM PRODUCT TO MARKET, FEEDING OR PROCESSING POULTRY, BEEF, HOGS
 - WORKING ON DAIRY FARM OR CATFISH FARM, CUTTING FIREWOOD OR LOGS TO SELLYES NO

3. DOES THE STUDENT USE A LANGUAGE OTHER THAN ENGLISH? YES NO

4. IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME? YES NO

5. 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
Explain: _____

6. 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

7. Are you currently residing in a shelter? YES NO

8. Are you currently living in a temporary housing arrangement due to economic hardship?
YES NO

9. Is either parent/guardian currently serving with the US Military? AD NGR NM

TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS ON THIS FORM ARE TRUE. PROOF OF RESIDENCE WILL BE REQUIRED.

SIGNATURE OF PARENT/ GUARDIAN _____ DATE _____

STUDENT HEALTH HISTORY

Student's name _____ Birthdate _____ Grade _____ Sex _____

Home phone _____ Cell phone _____

The following information is needed to provide a safe and healthy environment for your child. If your child has a serious medical condition, it is vital that you discuss this with the nurse, teacher, and/or principal immediately. This confidential information will be accessible to nurse, principal, teacher(s), food service staff, emergency personnel, and applicable volunteers.

| Has your child had any of the following? (check the boxes below for ALL that apply) | Yes ✓ | No ✓ | Medication required at school or home Yes or No? | If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H) |
|---|----------|---------|--|--|
| ADD/ADHD | | | | |
| Allergies <input type="checkbox"/> Dust, pollen, ragweed, dustmites <input type="checkbox"/> Food allergies <input type="checkbox"/> Medication <input type="checkbox"/> Insects Triggered by? _____ _____ | | | | List ALL environmental, food, insect, medication, and allergies: _____ _____ Type of Response: <input type="checkbox"/> Hives <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Vomit <input type="checkbox"/> Swelling <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Other? _____ EpiPen® at home: <input type="checkbox"/> Yes <input type="checkbox"/> No EpiPen® at school: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anemia/Sickle Cell Anemia | | | | |
| Anxiety/Panic Attack | | | | |
| Asthma Is an inhaler used? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Triggered by? _____ _____ | | | | |
| Bladder Infections | | | | |
| Blood Disorders | | | | |
| Bone-Joint Disease | | | | |
| Bowel Movement Condition | | | | |
| Bronchitis/Upper Respiratory | | | | |
| Cancer | | | | |
| Cerebral Palsy | | | | |
| Color Blindness | | | | |
| Diabetes Blood sugar checked at school? <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin taken? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Depression | | | | |
| Epilepsy/Seizure Date of last seizure _____ | | | | |
| Fainting Spells (explain) _____ _____ | | | | |
| Headaches/Migraines | | | | |

| | Has your child had any of the following? (check the boxes below for ALL that apply) | | Medication required at school or home Yes or No? | If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H) |
|--|---|---------|--|---|
| | Yes ✓ | No ✓ | | |
| Hearing Problems/Devices/ Frequent Ear Infections | | | | |
| Heart Condition | | | | |
| Kidney Trouble | | | | |
| Muscle Disorder | | | | |
| Neurological Concern | | | | |
| Nose Bleeds (frequent) | | | | |
| Orthopedic Concerns | | | | |
| Physical Activity Limitations | | | | |
| Speech Problems | | | | |
| Vision Problems Wears: Glasses or Contacts | | | | Eye Dr. name: _____ Phone #: _____ Last eye exam: _____ |
| Dental Problems | | | | Dentist name: _____ Phone #: _____ Last visit: _____ |

Primary care physician _____ **Phone** _____ **Last visit** _____

Specialist name _____ **Phone** _____ **Last visit** _____

IF STUDENT(S) REQUIRES MEDICATION PRESCRIBED BY A PHYSICIAN, DENTIST, OR OPTOMETRIST AT SCHOOL, PLEASE OBTAIN THE APPROPRIATE FORMS IN THE OFFICE. ALL MEDICATION MUST BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL/CURRENT CONTAINER.

List any operations, injuries, hospitalizations, or other concerns:

Incident 1: _____ Date _____

Incident 2: _____ Date _____

Comments _____

In case of emergency, accident, or serious illness to the student named on this sheet in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting emergency services through 911. The school may make whatever arrangements are necessary to transport the student to a hospital emergency room at my (parent/guardian) expense. This may involve cost.

Parent/guardian name _____

 PARENT/GUARDIAN SIGNATURE DATE

Father's phone _____ **Cell** _____ **Email** _____

Mother's phone _____ **Cell** _____ **Email** _____

Emergency contact _____ **Phone** _____

**Missouri Department of Elementary and Secondary Education
Every Student Succeeds Act of 2015 (ESSA)
COMPLAINT PROCEDURES**

This guide explains how to file a complaint about any of the programs¹ that are administered by the Missouri Department of Elementary and Secondary Education (the Department) under the Every Student Succeeds Act of 2015 (ESSA)².

| Missouri Department of Elementary and Secondary Education Complaint Procedures for ESSA Programs Table of Contents | |
|---|--|
| General Information 1. What is a complaint under ESSA? 2. Who may file a complaint? 3. How can a complaint be filed? | |
| Complaints filed with LEA 4. How will a complaint filed with the LEA be investigated? 5. What happens if a complaint is not resolved at the local level (LEA)? | Complaints filed with the Department 6. How can a complaint be filed with the Department? 7. How will a complaint filed with the Department be investigated? 8. How are complaints related to equitable services to nonpublic school children handled differently? |
| Appeals 9. How will appeals to the Department be investigated? 10. What happens if the complaint is not resolved at the state level (the Department)? | |

1. What is a complaint?

For these purposes, a complaint is a written allegation that a local education agency (LEA) or the Missouri Department of Elementary and Secondary Education (the Department) has violated a federal statute or regulation that applies to a program under ESSA.

2. Who may file a complaint?

Any individual or organization may file a complaint.

3. How can a complaint be filed?

Complaints can be filed with the LEA or with the Department.

4. How will a complaint filed with the LEA be investigated?

Complaints filed with the LEA are to be investigated and attempted to be resolved according to the locally developed and adopted procedures.

5. What happens if a complaint is not resolved at the local level (LEA)?

A complaint not resolved at the local level may be appealed to the Department.

¹ Programs include Title I, A, B, C, D, Title II, Title III, Title IV.A, Title V
² In compliance with ESSA Title VIII- Part C. Sec. 8304(a)(3)(C)

6. How can a complaint be filed with the Department?

A complaint filed with the Department must be a written, signed statement that includes:

1. A statement that a requirement that applies to an ESSA program has been violated by the LEA or the Department, and
2. The facts on which the statement is based and the specific requirement allegedly violated.

7. How will a complaint filed with the Department be investigated?

The investigation and complaint resolution proceedings will be completed within a time limit of forty-five calendar days. That time limit can be extended by the agreement of all parties.

The following activities will occur in the investigation:

1. **Record.** A written record of the investigation will be kept.
2. **Notification of LEA.** The LEA will be notified of the complaint within five days of the complaint being filed.
3. **Resolution at LEA.** The LEA will then initiate its local complaint procedures in an effort to first resolve the complaint at the local level.
4. **Report by LEA.** Within thirty-five days of the complaint being filed, the LEA will submit a written summary of the LEA investigation and complaint resolution. This report is considered public record and may be made available to parents, teachers, and other members of the general public.
5. **Verification.** Within five days of receiving the written summary of a complaint resolution, the Department will verify the resolution of the complaint through an on-site visit, letter, or telephone call(s).
6. **Appeal.** The complainant or the LEA may appeal the decision of the Department to the U.S. Department of Education.

8. How are complaints related to equitable services to nonpublic school children handled differently?

In addition to the procedures listed in number 7 above, complaints related to equitable services will also be filed with the U.S. Department of Education, and they will receive all information related to the investigation and resolution of the complaint. Also, appeals to the United States Department of Education must be filed no longer than thirty days following the Department's resolution of the complaint (or its failure to resolve the complaint).

9. How will appeals to the Department be investigated?

The Department will initiate an investigation within ten days, which will be concluded within thirty days from the day of the appeal. This investigation may be continued beyond the thirty day limit at the discretion of the Department. At the conclusion of the investigation, the Department will communicate the decision and reasons for the decision to the complainant and the LEA. Recommendations and details of the decision are to be implemented within fifteen days of the decision being delivered to the LEA.

10. What happens if a complaint is not resolved at the state level (the Department)?

The complainant or the LEA may appeal the decision of the Department to the United States Department of Education.