

ENROLLMENT CHECKLIST

- _____ Registration Form
- _____ Birth Certificate /Passport / Vital record
- _____ Immunization Records
- _____ Learning Compact
- _____ PARENT SURVEY DESE- TITLE ONE
- _____ Social Security Card
- _____ Proof of Residency
- _____ Health and Office Card Information
- _____ Bus Pass Information
- _____ Consent of Release Information Form
- _____ Technology Agreement – in handbook
- _____ Special Needs Form
- _____ Fluoride Treatment Consent
- _____ National School Lunch Program
- _____ Student Handbook

ADDITIONAL HIGH SCHOOL INFORMATION NEEDED

- _____ A+ Agreement
- _____ Sports Physical
- _____ 4 Year Plan
- _____ Master Schedule Plan
- _____ Parking Permit

KINDERGARTEN CHECK-LIST

**YOU NEED THE FOLLOWING ITEMS TO COMPLETE YOUR
CHILD'S REGISTRATION PACKET FOR KINDERGARTEN**

**THESE ARE REQUIRED BEFORE YOUR CHILD CAN ENTER
SCHOOL.**

1. _____

2. _____

3. _____

4. _____

5. _____

PROOF OF RESIDENCY FORM

Name of Student _____

Address Where Student is Living: _____

City/State _____ Zip _____

Telephone Number: Home _____ Work _____

Address Verification (Parent/Legal Guardian must provide two or more of the following items as proof of residence) (Attach copy of document/s)

- Rental contract or rent receipts signed by all parties
- Real Estate Contract signed by all parties
- Utilities Bill/Deposit Receipt
- Payroll check, driver's license, W-4, employment documents

Name of Person with Whom Student is Living: _____

Relationship to Student:

- Self
- Parent
- Guardian
- Person Acting as a Parent
- Other (describe) _____

NOTICE: According to ' 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form you are certifying to the district that the above information is accurate.

Signature of Parent, Guardian, Person Acting As a Parent, or Student if Applicable

Date



Climax Springs R-IV Schools



571 Climax Ave., Climax Springs, Missouri 65324-2535

Phone: (573) 347-3905 Fax: (573) 347-9933

August 2018

Dear Families,

The Missouri Department of Elementary and Secondary Education requires school districts to survey the families of students and community members to make sure that we are in compliance with the McKinney Vento Act, English Language Learners and Migrant Workers. The Residency Information Questions printed below need to be completed and returned to school. Thank you for answering the questions and returning this letter to school. For your convenience this letter is located on the CSHS website or you can pick up a copy up another copy in the high school office.

Please answer the following questions and return this letter to school.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes No Please explain if you answered yes. _____
2. 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
3. Are you currently residing in a shelter? Yes No
4. Are you currently living in a temporary housing arrangement due to economic hardship? Yes No
5. During the past three years, has either the parent, guardian, the child, or the child's spouse, been employed (or are any of the aforementioned persons currently 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 products to market, feeding or processing poultry, beef, or hogs
 - Working on dairy farm or catfish farm, cutting firewood or logs to sell?Yes No
6. Is a language other than English used in the home? Yes No



Climax Springs R-IV Schools



571 Climax Avenue, Climax Springs, Missouri 65324-2535
Phone: (573) 347-3905 Fax: (573) 347-9931

Dear Parent or Guardian:

DATE: _____

A preventive oral health program is available through the Climax Springs R-IV District Schools and the Missouri Department of Health and Senior Services. This program is offered to all children in the state of Missouri, including those who receive regular dental care. A licensed dental professional will screen your child's teeth. A trained volunteer will apply a thin, pleasant tasting coating of fluoride varnish to your child's teeth twice during a school year. Fluoride varnish has been proven to be safe and effective in preventing, reducing and stopping small areas of early tooth decay. This program also includes a free toothbrush and oral health information.

***This service does not replace a regular dental check-up, which is recommended at least once a year. *
You must provide consent to receive these no cost fluoride varnish applications.**

_____ **Yes**, I want my child to receive **two** applications of fluoride varnish, approximately three to six-months apart.

Name of child: _____
Date of Birth: _____ Male: ___ Female: ___
Teacher: _____ Grade: _____

Name of child: _____
Date of Birth: _____ Male: ___ Female: ___
Teacher: _____ Grade: _____

Name of child: _____
Date of Birth: _____ Male: ___ Female: ___
Teacher: _____ Grade: _____

Name of child: _____
Date of Birth: _____ Male: ___ Female: ___
Teacher: _____ Grade: _____

Name of child: _____
Date of Birth: _____ Male: ___ Female: ___
Teacher: _____ Grade: _____

Health History

Has your child ever had serious health problems? Yes: ___ No: ___ If yes, please explain:

Does your child have any allergies? Yes: ___ No: ___ If yes, please list:

Parent/Guardian Signature: _____ Date _____

***This service does not replace a regular dental check-up, which is recommended at least once a year. ***



Climax Springs R-IV Schools



119 Nort Drive, Climax Springs, Missouri 65324-2535
Phone: (573) 347-3905 Fax: (573) 347-9931

KINDERGARTEN IMMUNIZATION REQUIREMENT

Most kindergarteners will need to have a final series of vaccines before attending school. If your child is in Pre-K, they will still need to complete the series before starting this fall.

The Camden County Health Department is open for children's vaccinations on Mondays from 1:00-3:00pm, Tuesdays and Wednesdays 8:30-11:00am and 1:00-3:00pm. They can be reached at (573)346-5479.

If a client is fully insured, they are now able to bill some private insurance companies. The health department asks parents/clients to check with their insurance companies before they come for shots and call CCHD ahead of time for availability.

You may also choose to go to your family physician. Just make sure you bring in documentation that it has been completed.

Your student may not be able to attend if the required immunizations are not completed by the first day of school. When you child has received the shots, please send a copy for our records. Please call if you have any questions.

Thank you,

Darlene Baumhoff

School Nurse

Climax Springs R-IV District Calendar 2018-2019 Proposed

July						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
				13	8	

September						
Su	M	Tu	W	Th	F	Sa
						1
2	X	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	X	29
30					19	17

October						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
				23	21	

November						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	X	X	X	X
X	26	27	28	29	30	
				19	18	

December						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	X	X	X	X	X	X
X	X				15	14

January						
Su	M	Tu	W	Th	F	Sa
		X	X	X	4	X
X	7	8	9	10	11	12
13	14	15	16	17	18	19
20	X	22	23	24	25	26
27	28	29	30	31		
				19	18	

February						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	X	9
10	11	12	13	14	15	16
17	X	19	20	21	22	23
24	25	26	27	28		
				19	16	

March						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31					21	18

April						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	X	20
21	X	23	24	25	26	27
28	29	30				
				20	20	

May						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
				12	10	

June						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Date	Event
Aug. 15	First day for teachers
Aug. 22	First day for Students
Sep. 3	Labor Day
Sept. 14	Professional Development
Sep. 25&27	Parent Conference
Sep. 28	No School
Oct. 12	Professional Development
Oct. 26	Professional Development
Nov. 9	Professional Development
Nov. 21-25	Thanksgiving
Dec. 7	Professional Development
Dec. 20&21	Finals
Dec. 24	Start of Christmas Break
Jan. 4	Teacher work day
Jan. 6	End of Christmas Break
Jan. 21	MLK Day
Feb. 1	Professional Development
Feb. 5&7	Parent Conference
Feb. 8	No School
Feb. 15	Professional Development
Feb. 18	Presidents Day
Mar. 1	Professional Development
Mar. 15	Professional Development
Mar. 29	Professional Development
April. 19	Good Friday
April. 22	No School
May. 3	Professional Development
May. 14&15	Finals
May. 16	Teacher work day

Make-up days:

- | | | | | | |
|---|-----------|--------|----------|---------|---------|
| 1 | Jan. 21 | 5 | May. 17 | 11 & 12 | May. 22 |
| 2 | Feb. 18 | 6 | March. 1 | 13 + | May. 23 |
| 3 | March. 29 | 7 & 8 | May. 20 | | |
| 4 | May. 16 | 9 & 10 | May. 21 | | |

2018-2019 Specials PreK thru 6th Grade

PreK through 3rd Grade

1:31/2:21

7th Hour

Special	Monday	Tuesday	Wednesday	Thursday	Friday
Art	K	PreK	2&3	1	2
PE	1	2&3	Prek	K	1
Music	2	1	K	Prek	3
Library	3 Keyb	K	1	2&3	K

k-2 Fridays will switch at Quarter

4TH Grade through 6TH Grade

2:21/3:15

8th Hour

Special	Monday	Tuesday	Wednesday	Thursday	Friday
Art	4	At Risk	5 Keyboard	6	5
PE	5	4	At Risk	At Risk	6
Music	6	5	4	4Keyboard	At Risk
Library	At Risk	6 Keyboard	6	5	4

*At Risk- please check with the office or Mrs. Roberts on the At-Risk spots that you have open.



_____ \$25	White Level	Voting Rights Only
_____ \$50	Blue Level	Voting Rights & Sign on the Wall
_____ \$100	Silver Level	Voting Rights, Sign, 5 Adult & 5 Student Game Passes
_____ \$250	Gold Level	Voting Rights, Sign, Game Passes Sponsorship of all Home Games
_____ \$500	Cougar Elite Level	Voting Rights, Sign, Game Passes, Sponsorship of all Home Games, Page in Program, Plaque & Special Recognition at Annual Sports Banquet

Name _____

(Please **PRINT** exactly as it is to appear on signs, programs, plaques)

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **E-mail** _____

Phone _____ **E-mail** _____

Date _____ **Amount Paid** _____ **Cash/Check #** _____

Preferred method of communication: _____ **Text** _____ **E-mail** _____ **Phone** _____

Would you be interested in helping with any of the following:

Membership _____ **Fundraising** _____ **Telephoning** _____

Work Where Needed _____ **Others** _____

PUBLIC NOTICE

All responsible public agencies are required to locate, evaluate, and identify children with disabilities who are under the jurisdiction of the agency, regardless of the severity of the disability, including children attending private schools, children who live outside the district but are attending a private school within the district, highly mobile children, such as migrant and homeless children, children who are wards of the state, and children who are suspected of having a disability and in need of special education even though they are advancing from grade to grade. The school district assures that it will provide a free, appropriate public education (FAPE) to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. Disabilities include autism, deaf/blindness, emotional disorders, hearing impairment and deafness, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments, specific learning disabilities, speech or language impairment, traumatic brain injury, visual impairment/blindness and young child with a developmental delay.

The school district assures that it will provide information and referral services necessary to assist the State in the implementation of early intervention services for infants and toddlers eligible for the Missouri First Steps program.

The school district assures that personally identifiable information collected, used, or maintained by the agency for the purposes of identification, evaluation, placement or provision of FAPE of children with disabilities may be inspected and/or reviewed by their parents/guardians. Parents/guardians may request amendment to the educational record if the parent/guardian believes the record is inaccurate, misleading, or violates the privacy or other rights of their child. Parents have the right to file complaints with the U.S. Department of Education or the Missouri Department of Elementary and Secondary Education concerning alleged failures by the district to meet the requirements of the Family Educational Rights and Privacy Act (FERPA).

The school district has developed a Local Compliance Plan for the implementation of State Regulations for the Individuals with Disabilities Education Act (IDEA). This plan contains the agency's policies and procedures regarding storage, disclosure to third parties, retention and destruction of personally identifiable information and the agency's assurances that services are provided in compliance with the General Education Provision Act (GEPA). This plan may be reviewed at the District Special Education Director's office from 8:00 – 3:00, Monday through Friday.

The school district will conduct meetings in September and December to discuss the process for private/parochial/home school students, including referral, evaluation, diagnosis, and service options. Contact the District's Special Education Director for more information.

This notice will be provided in native languages as appropriate.

Climax Springs R-IV, Dallas County R-I, Fair Play R-II, Halfway R-III, Hermitage R-IV, Hickory County R-I, Humansville R-IV, Lakeland R-III, Macks Creek R-V, Marion C. Early R-V, Pleasant Hope R-VI, Stockton R-I, Walnut Grove R-V, Weaubleau R-III, Wheatland R-II

September 2016



Climax Springs R-IV School



571 Climax Avenue, Climax Springs, Missouri 65324-2535
Phone: (573) 347-2351 Fax: (573) 347-9931

8/01/18

Parents/Guardians,

We hope you and your family have enjoyed the summer break. School will soon be starting and it is time again to fill out some forms to get the school year started. Please fill out the included forms and return either before or during the Open House to the school office.

In this packet you will find the 2018-2019 Meal Application Form, MO HealthNet information form, the MSHSAA Athletic Physical form, Health & Student Information Cards, Bus Pass Forms, Fluoride Permission Form, and a copy of the school supply list.

* Camden County Health Department will be here to administer needed Meningococcal Immunizations to 8th & 12th grades students as well as DT Boosters.

*Free physicals will be given from 3:00 PM to 6:00 PM (during Open House) to students who will be participating in 2018-2019 Climax Springs School Athletics

*The Athletic Physical form must be filled out and signed by a parent/guardian before the student arrives for their free athletic physical on Friday, August 17, 2018.

Thank you,
Climax Springs R-IV