

STRASBURG C-3 STUDENT ENROLLMENT FORM

STUDENT #1

Name _____ DOB _____ Grade _____ Gender F M
SS# _____

STUDENT #2

Name _____ DOB _____ Grade _____ Gender F M
SS# _____

STUDENT #3

Name _____ DOB _____ Grade _____ Gender F M
SS# _____

STUDENT #4

Name _____ DOB _____ Grade _____ Gender F M
SS# _____

Please list names and birth dates of any additional children living in household which are not yet school age:

Name _____ DOB _____ Gender F M
Name _____ DOB _____ Gender F M

Student(s) lives with:

_____ Biological parent(s) _____ Grandparents _____ Guardian _____ Foster Family
_____ Other (Please explain) _____

Mailing name and address where student lives: _____

Address verification of parent/legal guardian

The following verification method must be provided per the MO Safe Schools Act of 1996:
_____ Utility Bill (electric, water, land line phone bill) we only need one of these.

Father's name: _____ Mark if student lives with father _____
Address: _____
Phone number (home) _____ (cell) _____ (work) _____
E-mail address _____ Place of employment _____

Mother's name: _____ Mark if student lives with mother _____
Address: _____
Phone number (home) _____ (cell) _____ (work) _____
E-mail address _____ Place of employment _____

Alternative (step) parent(s) name: _____
Address: _____
Phone number (home) _____ (cell) _____ (work) _____
E-mail address _____ Place of employment _____
Mark if student lives with Alternative (step) parents _____

PLEASE COMPLETE BACK OF PAGE

The district is requesting that this form be completed by the student's guardian. Completion of this section is voluntary. The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this form is not completed, the district will be forced to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation. Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

Student #1 Ethnicity (choose one)

Non-Hispanic or Latino of any race Hispanic or Latino of any race Student's race: (mark all that apply) Asian
 Black or African American White Hispanic/Latino American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Student #2 Ethnicity (choose one)

Non-Hispanic or Latino of any race Hispanic or Latino of any race
Student's race: (mark all that apply)
 Asian Black or African American White Hispanic/Latino
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Student #3 Ethnicity (choose one)

Non-Hispanic or Latino of any race Hispanic or Latino of any race
Student's race: (mark all that apply)
 Asian Black or African American White Hispanic/Latino
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Student #4 Ethnicity (choose one)

Non-Hispanic or Latino of any race Hispanic or Latino of any race
Student's race: (mark all that apply)
 Asian Black or African American White Hispanic/Latino
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander

EMERGENCY CONTACT

NAME _____
PHONE NUMBER _____
RELATIONSHIP TO STUDENT _____

NAME _____
PHONE NUMBER _____
RELATIONSHIP TO STUDENT _____

NAME _____
PHONE NUMBER _____
RELATIONSHIP TO STUDENT _____

According to 167.020 RSMo, any person who knowingly submits false information to satisfy the school district's residency requirements shall be subject to Class A misdemeanor charges and may be civilly liable for expenses incurred while the student(s) were enrolled in the Strasburg C-3 School District.

By signing this form, the parent/legal guardian verifies that he/she has read the above information and understands that the Strasburg C-3 School District can and will take all reasonable steps to verify the accuracy of the information provided on this form.

Parent/Guardian Signature

Date

RESIDENCY VERIFICATION

Basis for admission of student(s) to the Strasburg C-3 District (167.02 RSMo):

_____ Temporarily living with family member or friend who resides in the school district.

_____ Resides with parent(s) in the school district.

_____ Resides with legal guardian in the school district.
(Copy of court-ordered guardianship must be attached)

_____ Foster child-List parent's school district of residence _____

_____ Other-Specify _____

Address verification of parent/legal guardian

The following verification method must be provided per the MO Safe Schools Act of 1996:

_____ Utility Bill(electric, water, land line phone bill) we only need one of these.

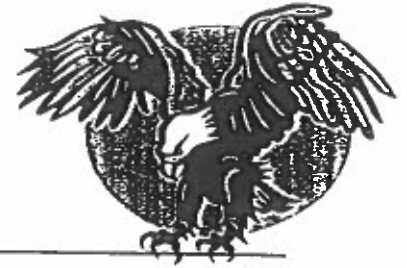
<u>Legal name of student</u>	<u>DOB</u>	<u>Legal Name of Parents or Legal Guardian</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

According to 167.020 RSMo, any person who knowingly submits false information to satisfy the school district's residency requirements shall be subject to Class a misdemeanor charges and may be civilly liable for expenses incurred while the student(s) were enrolled in the Strasburg C-3 School District.

By signing this form, the parent/legal guardian verifies that he/she has read the above information and understands that the Strasburg C-3 School District can and will take all reasonable steps to verify the accuracy of the information provided on this form.

Parent/Guardian Signature _____ *Date*

STRASBURG C-3 SCHOOL DISTRICT



600 WEST STATE RT E
P.O. BOX 244
STRASBURG MO 64090

Larry M. Arnone, Superintendent

Telephone (816) 680-3333

Fax (816) 865-3349

larnone@strasburg.k12.mo.us

Dear Parent(s) and/or Guardian(s):

The Strasburg C-3 School District currently utilizes "One Call Now" as a means of notifying parents and community members of important messages and information. Calls can be sent to communicate changes, updates, school closings, or announcements in two different methods. The first is in the form of a computerized voice messaging and the second method can be sent to your phone as a text message.

Student Name(s) _____

1. If you wish to receive the computerized voice messaging, please list the phone numbers below. This method is of no cost to you.

Phone #1 () _____ - _____

Phone #2 () _____ - _____

Phone #3 () _____ - _____

2. If you would like to receive text message notifications, text the word, alert, to 22300 or visit the One Call Now website at www.OneCallNow.com/TextAlerts. If you have a text message plan, these messages will be included in that plan; otherwise, standard text message charges apply.

STRASBURG C-3 SCHOOL

Dear Parent/or Guardians,

We would like to utilize the Pleasant Hill newspaper for student recognition. Please fill out and sign the bottom of this letter and send it back to school with your child.

There are 3 options:

_____ Permission to print both a photo and student's name

_____ Permission to print a photo only (no name)

_____ Do not give permission to print a photo or student's name

Student name: _____

Parent signature: _____

2021-2022 Strasburg C-3 Student Handbook Confirmation

Parents/Guardians:

After reviewing the 2021-2022 Strasburg C-3 Student Handbook (found on the district website) with your child, please complete and sign the below Student Handbook Acknowledgment. Once signed, please return this page to your child's classroom teacher or to the office.

STUDENT HANDBOOK ACKNOWLEDGMENT

My Child's Name: _____

Parent/Guardian's Name: _____

Classroom Teacher: _____

By signing below, I acknowledge that I have received (or been given access to) the 2021-2022 Strasburg C-3 Student Handbook and that I have reviewed it with my child.

Parent/Guardian Signature

Date

Parent Authorization for Over the Counter (OTC) Medication Administration

Student Name _____ Date of Birth _____

Parent/Guardian Name _____

Telephone Number _____ Work Number _____

I am requesting the School Nurse or designated school personnel to administer the following OTC (over the counter) medication such as:

Acetaminophen-Tylenol

PLEASE CIRCLE ONE OR BOTH

Ibuprofen

I give my permission:

Yes

No

Circle one

If your child requests these meds on regular bases you may be asked to supply his or her own pain reliever.

Parent/Guardian Signature: _____



Technology Acceptable Use Agreement

Student Signature of Agreement: Parent/guardian is responsible to read and review this information with their student. Rules of conduct are described in this "Student Acceptable Use Agreement for the Strasburg C-3 School District" and apply when the electronic information system is in use. I understand any violation of the above provisions will result in the loss of my user account and may result in further disciplinary and/or legal action, including but not limited to suspension or expulsion, or referral to legal authorities. I therefore agree to maintain acceptable standards and to report any misuse of the system to the appropriate teacher or administrator. Also, should I choose to "publish" on the internet, I will work under the guidance of a content sponsoring teacher. Misuse or violation of this agreement comes in many forms, but can be viewed as any messages, information or sexism, harassment, in appropriate language, and/or other listings previously described in this used agreement. I agree to report any misuse of the electronic information resources to my principal, teacher/supervisor or systems administrator.

I have read this Acceptable Use Agreement and understand that internet sites are filtered and that internet use on my district computer may be monitored. I hereby agree to comply with the above described conditions of acceptable use.

PARENT/GUARDIAN: I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely. As the parent or guardian of the student, I have read this Acceptable Use Agreement and understand that internet sites are filtered and that electronic information resource accounts may be monitored. I understand my child may be disciplined for inappropriate or unacceptable use of electronic information resources. I further understand that student use of the electronic information resource system is designed for educational purposes. I understand that it is impossible for the Strasburg C-3 School District to filter or restrict access to all inappropriate materials. I will not hold the Strasburg C-3 School District responsible for inappropriate or unacceptable materials my child may acquire on the network system.

I hereby give my permission and approve the issuance of an electronic account for my child.

PARENT/GUARDIAN: _____

I have read this Acceptable Use Agreement and understand that internet sites are filtered and that electronic information resource accounts may be monitored.

I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school. I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely. I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages incurred by my child.

I further understand that student use of the electronic information resource system is designed for educational purposes.

I recognize that the district has initiated reasonable safeguards to filter and monitor inappropriate materials. I understand that it is impossible for the Strasburg C-3 School District to filter or restrict access to all inappropriate materials. I will not hold the Strasburg C-3 School District responsible for inappropriate or unacceptable materials my child may acquire on the network system.

Student's Printed Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

STRASBURG C-3 EMERGENCY FORM

STUDENT #1 _____ GRADE _____

IS YOUR CHILD ON PRESCRIPTION MEDICATION REGULARLY? YES NO

IF YOU, LIST MEDICATIONS _____

ALLERGIES _____

CHRONIC ILLNESSES _____

STUDENT'S PHYSICIAN _____ PHONE _____

IF NECESSARY MAY AN AMBULANCE BE CALLED? YES NO

IF HOSPITALIZATION IS REQUIRED, WHICH OF THE TWO NEAREST HOSPITALS DO YOU PREFER? CASS LEE'S SUMMIT

If your child has asthma or dietetics the school must have an Individualized Health Care Action Plan filled out by the physician on file.

STUDENT #2 _____ GRADE _____

IS YOUR CHILD ON PRESCRIPTION MEDICATION REGULARLY? YES NO

IF YOU, LIST MEDICATIONS _____

ALLERGIES _____

CHRONIC ILLNESSES _____

STUDENT'S PHYSICIAN _____ PHONE _____

IF NECESSARY MAY AN AMBULANCE BE CALLED? YES NO

IF HOSPITALIZATION IS REQUIRED, WHICH OF THE TWO NEAREST HOSPITALS DO YOU PREFER? CASS LEE'S SUMMIT

If your child has asthma the school must have an Individualized Health Care Action Plan filled out by the physician on file.

STUDENT #3 _____ GRADE _____

IS YOUR CHILD ON PRESCRIPTION MEDICATION REGULARLY? YES NO

IF YOU, LIST MEDICATIONS _____

ALLERGIES _____

CHRONIC ILLNESSES _____

STUDENT'S PHYSICIAN _____ PHONE _____

IF NECESSARY MAY AN AMBULANCE BE CALLED? YES NO

IF HOSPITALIZATION IS REQUIRED, WHICH OF THE TWO NEAREST
HOSPITALS DO YOU PREFER? CASS LEE'S SUMMIT

**If your child has asthma the school must have an Individualized Health Care Action
Plan filled out by the physician on file.**

STUDENT #4 _____ GRADE _____

IS YOUR CHILD ON PRESCRIPTION MEDICATION REGULARLY? YES NO

IF YOU, LIST MEDICATIONS _____

ALLERGIES _____

CHRONIC ILLNESSES _____

STUDENT'S PHYSICIAN _____ PHONE _____

IF NECESSARY MAY AN AMBULANCE BE CALLED? YES NO

IF HOSPITALIZATION IS REQUIRED, WHICH OF THE TWO NEAREST
HOSPITALS DO YOU PREFER? CASS LEE'S SUMMIT

**If your child has asthma the school must have an Individualized Health Care Action
Plan filled out by the physician on file.**

Parent/Guardian Signature
Updated 6-14-12

Date

Parent Authorization for Over the Counter (OTC) Medication Administration

Student Name _____ Date of Birth _____

Parent/Guardian Name _____

Telephone Number _____ Work Number _____

I am requesting the School Nurse or designated school personnel to administer the following OTC (over the counter) medication such as:

Acetaminophen-Tylenol

PLEASE CIRCLE ONE OR BOTH

Ibuprofen

I give my permission:

Yes

No

Circle one

If your child requests these meds on regular bases you may be asked to supply his or her own pain reliever.

Parent/Guardian Signature: _____

STUDENT WITH SPECIAL HEALTH CARE NEEDS
PLEASE CIRCLE ANY OF THESE THAT A DOCTOR HAS DIAGNOSED
AND PUT PAST OR PRESENT. I NEED ONE FOR EACH CHILD

- Allergies-life threatening -Food
- Allergies-life threatening-Insect
- Allergies-life threatening-Latex
- Asthma-on medication at home or school
- Blood Sugar Check
- Chronic infection (eg., Hepatitis, ect)
- Cleft lip and palate
- Cystic Fibrosis
- Diabetes Type 1 Type 2
- Eating disorder (anorexia, bulimia)
- Gastrointestinal Disorder (irritable bowe syndrome)
- Crohn's Disease
- Ulcers
- Bowel/Bladder Incontinece
- Chromosomal Abnormalities (down syndrome, neurofibromatosis)
- Sickle Cell Disease
- Heart Disease with activity restrictions
- Hemophilia/bleeding disorder
- Hydrocephalus with shunt
- Kidney disease
- MENTAL HEALTH**
- ADD/ADHA
- Anxiety
- Asperger's Syndrome
- Autism
- Bi-polar
- Depression
- Obsessive Compulsive Disorder
- Oppositional Defiance Disorder
- Post-Traumatic Stress Syndrome
- Tourette's syndrome
- Migraine headaches
- Scoliosis requiring treatment
- Rheumatoid Arthritis
- Autoimmune disease (lupus, etc)
- Routine medicat'ons at school
- Seizure disorder
- Traumatic Brain Injury
- 504 Plan

Durham School Services Bus Information Form

Student Name _____

Grade _____ Birthdate _____

Address _____

Phone # _____

Emergency Contact _____

Emerg. # _____

Medical Problems/ Allergies _____

(This information will be kept confidential)

Parent(s) Name(s) _____

Parent's Place of Employment _____

Work # _____

Bus # _____

Pick-up Address _____

Bus # _____

Drop-off Address _____

Parent Signature _____

Date _____

PLEASE COMPLETE FORM AND RETURN TO DURHAM SCHOOL SERVICES.

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 IV, Title IV-A, Title V
² In compliance with ESSA Title VII-Part C, Sec. 1204(a)(1)(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.

These questions cover the definition of homeless that is within the Every Student Succeeds Act (ESSA) and will meet MSIP 5 Resource and Process Standards for G-5¹.

1. 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: _____

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

¹ MSIP 5 Resource and Process Standards --April 2013

Governance G-5--the district complies with all provisions, regulations, and administrative rules applicable to each state and/or federal program implemented.

https://dese.mo.gov/sites/default/files/MSIP_5_Resource_and_Process_Standards.pdf

5. Have you moved in the past 3 years to seek or obtain work? Yes _____ No _____

6. Does the work fall into any of the following categories? Yes _____ No _____

If yes, please circle which ones: planting or harvesting crops, feeding poultry, gathering eggs, working in a hatchery, processing meat, poultry, fruit or vegetables, dairy products, or commercial fishing or working on a fish farm.

Please describe the work you do: _____

7. Does the student use a language other than English? Yes _____ No _____

8. Is a language other than English used in the home? Yes _____ No _____

If no, what is the primary language spoken in the home? _____

