



Registration Packet

Students must have the following items on file before enrolling:

- Proof of Residency Form signed and proof verified
- Up to date immunizations record
- Copy of Social Security Card or number given on paperwork
- Proof of age verified by birth certificate, hospital record
- Discipline clearance by phone from previous school principal
- Foster care or court ordered guardianship paperwork signed

Proof of residency will be verified by providing one of the following: current unpaid utility bill, personal property tax receipt or rental agreement. Proof must show name and address of resident living within the district.

Proof of residency if student and parent/legal guardian are living with another family: a notarized statement by the family they are living with explaining the student and parent or legal guardian are living in their home. The family that has residence in the district must show proof of residency.

Procedure for enrollment: student information is given to the principal who then calls the previous school's principal concerning any discipline problems. If the student is eligible to attend the previous school, the student will be admitted.

Procedure for special education students: student information is given to the special education department who will then call previous school concerning the IEP. The student will not receive special services until the paperwork from the previous school is received.



COLE COUNTY R-1 SCHOOL DISTRICT
HOUSEHOLD CENSUS INFORMATION FORM

Cole County R-1 Elementary School
 13111 Park St., Russellville MO 65074

Cole County R-1 Jr./Sr. High School
 13600 Rt. C., Russellville, MO 65074

	STUDENT'S LAST NAME	STUDENT'S FIRST NAME
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HOUSEHOLD ONE

NAME – ADULT 1		NAME – ADULT 2	
RELATIONSHIP TO STUDENT		RELATIONSHIP TO STUDENT	
CELL PHONE		CELL PHONE	
PERSONAL EMAIL		PERSONAL EMAIL	
EMPLOYER		EMPLOYER	
WORK PHONE		WORK PHONE	
WORK EMAIL		WORK EMAIL	
HOME ADDRESS			CITY
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER WITH AREA CODE

HOUSEHOLD TWO

NAME – ADULT 1		NAME – ADULT 2	
RELATIONSHIP TO STUDENT		RELATIONSHIP TO STUDENT	
CELL PHONE		CELL PHONE	
PERSONAL EMAIL		PERSONAL EMAIL	
EMPLOYER		EMPLOYER	
WORK PHONE		WORK PHONE	
WORK EMAIL		WORK EMAIL	
HOME ADDRESS			CITY
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER WITH AREA CODE

FAMILY MILITARY INFORMATION

FAMILY MEMBER NAME	<input type="checkbox"/> Not Military <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Active Duty
FAMILY MEMBER NAME	<input type="checkbox"/> Not Military <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Active Duty
FAMILY MEMBER NAME	<input type="checkbox"/> Not Military <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Active Duty

EMERGENCY CONTACTS OTHER THAN PARENTS – LIST ONE NAME PER LINE

Please provide contact information for two individuals to whom the student may be released from school and who can make emergency decisions if a situation arises and the parents/guardians cannot be reached. List them in the order you would like them to be contacted.

NAME		RELATIONSHIP TO STUDENT
HOME PHONE	CELL PHONE	WORK PHONE
NAME		RELATIONSHIP TO STUDENT
HOME PHONE	CELL PHONE	WORK PHONE

SIGNATURE OF PARENT / GUARDIAN



**COLE COUNTY R-1 SCHOOL DISTRICT
STUDENT INFORMATION FORM**

Cole County R-1 Elementary School
13111 Park St., Russellville MO 65074

Cole County R-1 Jr./Sr. High School
13600 Rt. C., Russellville, MO 65074

STUDENT'S LEGAL NAME		
LAST NAME	FIRST NAME	MIDDLE NAME
GRADE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
DATE OF BIRTH (MM/DD/YY)	COUNTRY OF BIRTH <input type="checkbox"/> US <input type="checkbox"/> Other _____	
IF OTHER, DATE ENTERED THE UNITED STATES	DATE ENTERED FIRST US SCHOOL	
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBERS MAY BE REQUESTED TO DETERMINE STUDENT PARTICIPATION IN THE NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAM, TO DETERMINE MEDICAID ELIGIBILITY FOR PURPOSES OF THE DISTRICT REIMBURSEMENT FOR SERVICES AND HIGH SCHOOL A+ ELIGIBILITY.	

RACE / ETHNIC ORIGIN

THE U.S. GOVERNMENT REQUIRES ALL SCHOOL DISTRICTS TO REPORT THE FOLLOWING CATERGORIES FOR RACE / ETHNICITY. WHICH OF THE FOLLOWING DESCRIBES YOUR RACE? (CHOOSE ALL THAT APPLY)

White Hispanic or Latino Black or African American Asian

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

HOME LANGUAGE

IS ENGLISH THE PRIMARY LANGUAGE SPOKEN IN THE HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT LANGUAGE?
DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHAT LANGUAGE?

EDUCATIONAL PROGRAMS AND SERVICES

DOES OR DID THIS STUDENT RECEIVE SPECIAL EDUCATION SERVICES OR HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, ARE THEY <input type="checkbox"/> Currently Receiving <input type="checkbox"/> Received in the Past
DOES OR DID THIS STUDENT RECEIVE SPEECH OR LANGUAGE THERAPY IN THE SCHOOL SETTING? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, ARE THEY <input type="checkbox"/> Currently Receiving <input type="checkbox"/> Received in the Past

PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT YOUR CHILD'S KNOW SPECIAL EDUCATION SERVICES THEY CURRENTLY RECEIVE OR HAVE RECEIVED IN THE PAST

DOES OR DID YOUR STUDENT RECEIVE ANY OF THE FOLLOWING SERVICES? (CHECK ALL THAT APPLY)

Gifted Program. If checked, are these services Current Past

Title I – Reading Services. If checked, are these services Current Past

Section 504 Plan. If checked, are these services Current Past

English as a Second Language. If checked, are these services Current Past

Other. If checked, are these services Current Past

Please provide additional information about the Other Services your student received.

McKINNEY-VENTO ACT

These questions cover the definition of homeless that is within the **NO CHILD LEFT BEHIND LAW**. This enrollment form will meet MSIP Standard 8.3.1. for enrollment identification.

- Are you sharing the housing of other persons due to loss of housing, economic hardship or similar reason?
 Yes No
- Are you currently living in a temporary housing arrangement due to economic hardship? Yes No
If you answered yes to either question above, please explain further.
- Are you currently residing at a motel, hotel, in a car or at a campsite because your home has been damaged or due to economic reasons? Yes No
- Are you currently residing in a shelter? Yes No

FEDERAL MIGRATORY WORKER SURVEY

IF YOU HAVE A CHILD 3 THROUGH 21 AND YOU HAVE MOVED FROM ONE SCHOOL DISTRICT TO ANOTHER WITHIN THE PAST THREE YEARS, YOUR CHILD MAY BE ELIGIBLE FOR A SPECIAL PROGRAM OF SUPPLEMENTAL SERVICES. PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP US DETERMINE IF YOUR CHILD IS ELIGIBLE.

1. Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural related work such as planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry; gathering eggs; working in hatcheries; processing poultry, beef, hogs, fruit, vegetables, etc.; working on a daily farm or catfish farm; cutting firewood or logs to sell? Yes No
2. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? Yes No
3. Is either parent (or guardian) now employed in any of the above kinds of work? Yes No
4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural work? Yes No

LEGAL DOCUMENTS

Are there any legal documents pertaining to this student (i.e. guardianship, divorce/parenting plan, juvenile court / juvenile officer, ex parte, etc?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, PLEASE EXPLAIN BELOW

Please Note: A complete, original copy of any legal document / court order pertaining to the student must be presented (i.e. divorce decrees, custody documentation, parenting plan, restraining order, etc.) to be placed into their permanent file.

ELIGIBILITY

In order to comply with Missouri law regarding the eligibility of children to attend public schools, the Cole County R-1 School District is required to compile certain information. Under penalty of perjury and subject to the laws of the State of Missouri making it a crime under Section 575.050 and Section 575.056 to make a false affidavit or fake declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Cole County R-1 School District.

SIGNATURE OF PARENT / GUARDIAN	RELATIONSHIP TO STUDENT	DATE
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RETURN THIS FORM BY MAILING TO

This form includes personal and confidential information. Therefore, it must be mailed to the school district rather than email.

Mail completed copy to:

COLE COUNTY R-1 SCHOOL DISTRICT
ELEMENTARY SCHOOL
13111 PARK STREET
RUSSELLVILLE, MO 65074

COLE COUNTY R-1 SCHOOL DISTRICT
JR/SENIOR HIGH SCHOOL
13600 RT. C
RUSSELLVILLE, MO 65074



**COLE COUNTY R-1 SCHOOL DISTRICT
REQUEST FOR STUDENT RECORDS**

Cole County R-1 Elementary School
13111 Park St., Russellville MO 65074

Cole County R-1 Jr./Sr. High School
13600 Rt. C., Russellville, MO 65074

STUDENT INFORMATION			
STUDENT LAST NAME		STUDENT FIRST NAME	
		STUDENT MIDDLE NAME	
CURRENT GRADE	STUDENT DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
STUDENT EDUCATIONAL INFORMATION			
NAME OF LAST SCHOOL ATTENDED		DISTRICT NAME	
SCHOOL ADDRESS		CITY	
STATE	ZIP CODE	SCHOOL PHONE NUMBER	SCHOOL FAX NUMBER
HAS THIS STUDENT EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHAT GRADE?	
HAS THIS STUDENT EVER ATTENDED A COLE COUNTY R-1 SCHOOL BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHAT YEAR AND WHAT GRADE?	
PARENTAL AUTHORITY			
SIGNATURE OF PARENT / GUARDIAN		RELATIONSHIP TO STUDENT	DATE
OFFICE USE ONLY			
TO: BUILDING ADMINISTRATOR FROM: COLE COUNTY R-1 SCHOOL DISTRICT			DATE
<p>The Cole County R-1 School District request the following information on the student named above. Please mail or fax the listed items to the following selected school. Thank you.</p>			
<input type="checkbox"/>	Cole County R-1 Elementary School 13111 Park Street Russellville, MO 65074 Phone: 573-782-4814 Fax Number: 573-782-3435	<ul style="list-style-type: none"> • Grade records • Special education records (if applicable) • Health records • Attendance information • Disciplinary records • MAP test scores (grades 3-8) 	
<input type="checkbox"/>	Cole County R-1 Jr/Sr High School 13600 Rt. C Russellville, MO 65074 Phone: 573-782-3313 Fax Number: 573-782-3262	<ul style="list-style-type: none"> • Transcript of all grades and credits earned • Current withdrawal grades • Special education records (if applicable) • Health records • Attendance information • Disciplinary records • EOC and other standardized test scores including test scores includes ACT, ASVAB, etc. • Missouri Constitution Test Passed <input type="checkbox"/> Yes <input type="checkbox"/> No • US Constitution Test Passed <input type="checkbox"/> Yes <input type="checkbox"/> No • MAP test scores (grades 7-8) 	

(05-23)



COLE COUNTY R-1 SCHOOL DISTRICT
**ENROLLMENT AFFIRMATION FOR PARENT OR
 COURT-APPOINTED GUARDIAN**
(Proof of Residency and Discipline Form)

Cole County R-1 Elementary School
 13111 Park St., Russellville MO 65074
 Cole County R-1 Jr./Sr. High School
 13600 Rt. C., Russellville, MO 65074

The laws of Missouri, specifically the Safe Schools Act (HB 1301 and 1298), require that prior to registration of a student, the parent or legal guardian must establish proof of residency.

“Residency shall mean that a person both physically resides within the school district and is domiciled within the district. The domicile of a minor child shall be the domicile of the parent or court-appointed guardian.”

In order to satisfy the district’s residency requirements, the student, parent, court-appointed legal guardian or person acting as a parent must provide one of the following items as proof of residency.

- Property tax statement
- Utility bill / agreement
- Real estate contract
- Legal property description
- Rental agreement / receipt
- Home telephone, electric bill

Under penalty of law, I,	NAME OF PARENT / GUARDIAN (PRINT)
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affirm that I am the parent or court-appointed legal guardian of the minor student,	STUDENT NAME
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And that I reside within the boundaries of the Cole County R-1 School District at the following address.

ADDRESS WHERE STUDENT IS LIVING

And the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof as residency is true and correct to the best of my knowledge, information and belief. I further affirm that the student, (named below) has not been expelled from school attendance at any other school in the state or in any other state for an offense in violation of school policies related to weapons, alcohol or drugs, or the willful infliction of injury to another person, and that the other information I have provided to the school district is true and correct to the best of my knowledge, information and belief. I understand this statement will be maintained as part of the student’s scholastic record.

STUDENT NAME

I understand that it is a Class A Misdemeanor criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file a civil action against me to recover cost of education the student.

SIGNATURE OF PARENT OR GUARDIAN



COLE COUNTY R-1 SCHOOL DISTRICT
ENROLLMENT AFFIDAVIT OF RESIDENT LANDLORD

Cole County R-1 Elementary School
13111 Park St., Russellville MO 65074
Cole County R-1 Jr./Sr. High School
13600 Rt. C., Russellville, MO 65074

1. I hereby certify that I, _____ (Landlord's Name) own the property at the following address, which is located within the Cole. County R-1 School District.

RENTAL PROPERTY ADDRESS

2. I personally know the following Parent/Guardian

PARENT/GUARDIAN NAME

And I am aware the following student is seeking to enroll in the Cole County R-1 School District.

STUDENT'S NAME

3. I further certify that the following Parent/Guardian is a legal resident of, and domiciled in the Cole County R-1 School District.

PARENT/GUARDIAN NAME

The following address is his/her permanent address.

RENTAL PROPERTY ADDRESS

4. I hereby certify that all information in this Affidavit is true, accurate and complete to the best of my knowledge.
5. I understand that if I have provided any false information in this Affidavit or in the documents submitted in support of this Affidavit, that I may be charged with and convicted of a Class A Misdemeanor.
6. I further understand that falsely swearing or affirming upon an oath constitutes perjury, which is a felony under the criminal laws of the State of Missouri.
7. In the event that the representations in the Affidavit of the following Parent/Guardian

PARENT/GUARDIAN NAME

Or if this Affidavit is false, I agree to be jointly and severally liable to the Cole County R-1 School District for the full amount of tuition established by the Board of Education for the period of time in which the student is enrolled.

SIGNATURE OF RESIDENT LANDLORD

******* LANDLORD NEEDS TO SHOW PROOF OF RESIDENCY – I.E. LEASE / RENTAL AGREEMENT *******



COLE COUNTY R-1 SCHOOL DISTRICT
TRANSPORTATION INFORMATION FORM

Cole County R-1 Elementary School
 13111 Park St., Russellville MO 65074

Cole County R-1 Jr./Sr. High School
 13600 Rt. C., Russellville, MO 65074

THIS SECTION IS USED FOR OFFICIAL USE ONLY
 Yes No

Parent/Guardian

By state law, all bus drivers must carry with them a roster of all students riding their bus. Please fill out the information below so that your student(s) will be included on the roster. It is the Parent/Guardian's responsibility to have your child at the designated bus stop at least 5 minutes before the morning pick-up time and drop-off time in the afternoon. This allows extra time for a safe pick-up and drop-off in case of unforeseen circumstances, road conditions, inclement weather, substitute drivers or mechanical problems.

STUDENT'S NAME	GRADE
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SIBLINGS

PARENT/GUARDIAN NAME

ADDRESS

CITY	STATE	ZIP-CODE
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HOME PHONE	CELL PHONE	WORK PHONE
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Does your student plan to use Cole County R-1 School District bus services throughout the year? Yes No

If yes, Cole County R-1 School District bus services will be used for the purpose of Pick up Drop Off Both

Before school my child will

Ride the bus from the following address ADDRESS

Car rider with the following person NAME OF PERSON STUDENT WILL RIDE TO SCHOOL WITH

Walk

After school my child will

Ride the bus to the following address ADDRESS

Car rider with the following person NAME OF PERSON STUDENT WILL RIDE TO SCHOOL WITH

Walk

ALTERNATE ROUTE

Students will only be allowed to ride one bus to one destination, either home or to an alternate site. We realize on occasion there will be a need for your child to ride a different bus or be dropped off at an alternate location. We ask that you attempt to keep this to a minimum. On the day that your child does need to be dropped off at a spot other than your home/babysitter, we ask that you inform the office as early as possible so personnel can prepare the bus pass. Building offices are very busy at the end of the day and waiting until then will cause delays in buses being able to depart from school. The alternate stop must be on an established route.

NAME	HOME PHONE	CELL PHONE
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ADDRESS	CITY
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This alternate address will be used for the purpose of Pick Up Drop Off

Each day your child will be sent home as you have indicated above. Please notify the school office with any changes that may occur in transportation and/or contact information.

PARENT/GUARDIAN SIGNATURE	DATE
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OFFICE USE ONLY

AM BUS #	AM PICKUP TIME	DRIVER
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PM BUS #	PM DROP OFF TIME	DRIVER
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Student Health Information

STUDENT INFORMATION

Your child's learning depends upon good health. Please complete the following information to assist in providing health services at school. This form **MUST** be completed each year to ensure the district has the most recent information.

STUDENT LAST NAME		STUDENT FIRST NAME		STUDENT MIDDLE NAME
CURRENT GRADE	STUDENT DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		
TEACHER'S NAME (LEAVE BLANK IF NEW STUDENT ENROLLMENT)				
PARENT/GUARDIAN			HOME PHONE	
FATHER'S EMPLOYER			MOTHER'S EMPLOYER	
FATHER'S WORK PHONE			MOTHER'S WORK PHONE	
FATHER'S CELL PHONE			MOTHER'S CELL PHONE	

EMERGENCY CONTACT INFORMATION – Other than Parents

NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER
NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER

MEDICAL INFORMATION

DOCTOR'S NAME	PHONE NUMBER
DENTIST'S NAME	PHONE NUMBER

Hospital Preference Capital Region Medical Center St. Mary's Hospital

Does your child have any of the following:

Allergies (food, drug, latex)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: Has the allergy required emergency action in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Bee Sting Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Reaction: Any difficulty breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No Need Emergency Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Triggered by: Treatment: Diagnosed by Doctor (Name): Date Diagnosed:
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Takes Insulin: Date Diagnosed:
Epilepsy/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Seizure: Date of Last Seizure: Medication:
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Condition: Physical Restrictions:
Bone or Joint Problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: Physical Restrictions:
Emotional/Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis or Description: Treatment (Doctor, Counselor):

DAILY MEDICATIONS		
At Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Medication: Dosage Time:
At School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Medication: Dosage Time:
Emergency Only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Medication: Dosage Time:
DIETARY NEEDS		
Special Diet:		
Will your child require food substitutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NOTE: A specific form signed by a licensed physician is required before allowing meal or drink substitutions at school. This form can be obtained in the nurse's office or on the school website.
ADDITIONAL INFORMATION		
Eyes <input type="checkbox"/> Glasses <input type="checkbox"/> Reading <input type="checkbox"/> Distance <input type="checkbox"/> Contacts <input type="checkbox"/> Crossed <input type="checkbox"/> Lazy Eye <input type="checkbox"/> Difficulty Seeing <input type="checkbox"/> Headaches		
Ears <input type="checkbox"/> Frequent Infections <input type="checkbox"/> Tubes <input type="checkbox"/> Hearing Difficulty <input type="checkbox"/> History of Hearing Problems in the Family <input type="checkbox"/> Talks Loudly <input type="checkbox"/> Hearing Aid - <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Wears Hearing Aid at School - <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Concerns <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Bowel <input type="checkbox"/> Bladder <input type="checkbox"/> Diapers <input type="checkbox"/> Catherization <input type="checkbox"/> Bedwetting <input type="checkbox"/> Headaches <input type="checkbox"/> Lungs <input type="checkbox"/> Skin <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Neurological <input type="checkbox"/> Blood Disorder <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Menstruation		
Childhood diseases, serious illnesses and injuries:		
Surgeries:		
Low Birth Weight: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any condition(s) that prevent the student from participating in PE?		
Requires special health care (explain):		
Other health information or concerns:		
Special procedures required:		
If the school nurse is expected to administer medication (Prescription or Non-prescription) to your child, a MEDICATION FORM must be completed and on file (see school website). When the medication is changed, a new form must be submitted. Medications MUST BE in the original bottle and brought in by the Parent .		
Please mark ALL medicines the Cole County R-1 School District has your permissions to give to your student.		
<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Aleve <input type="checkbox"/> Antacids (Tums) <input type="checkbox"/> Cough Drops		
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT		
I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transportation or emergency medical services rendered.		
PARENT/GUARDIAN		DATE

(05-23)



COLE COUNTY R-1 SCHOOL DISTRICT
OPTION TO WITHHOLD INFORMATION
MEDIA RELEASE AND FIELD TRIP PERMISSION FORM

Cole County R-1 Elementary School
 Cole County R-1 Elementary School
 13111 Park St., Russellville MO 65074
 Cole County R-1 Jr./Sr. High School
 13600 Rt. C., Russellville, MO 65074

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Option to Withhold Student Directory Information

Parents who wish the school to withhold student directory information are required to submit notice to the building principal each year. The "opt out" only applies to the school year for which it is signed. By "opting out" parents understand that NO information can be release.

General Directory Information

The following information the district maintains about a personally identifiable student may be disclosed by the district to the school community through, for example, district publications, or to any person within first obtaining written consent from a parent or eligible student:

- Student's name; date and place of birth; parents' names; grade level; enrollment status (i.e. full-time or part-time); student identification number; user identification or other unique personal identifier used by the student for the purposes of accessing or communicating in electronic systems as long as that information alone cannot be used to access protected educational records; participation in district-sponsored or district-recognized activities and sports; weight and height of members of athletic teams; dates of attendance; degrees, honors and awards received; artwork or course work displayed by the district; schools or school districts previously attended; and photographs, videotapes, digital images and recorded sound unless such records would be considered harmful or an invasion of privacy.

Limited Directory Information

In addition to general directory information, the district maintains the following information about a personally identifiable student may be disclosed to: school officials with a legitimate educational interest; parent groups or booster clubs that are recognized by the Board of Education and are created solely to work with the district, its staff, students and parents and to raise funds for district activities; government entities including, but not limited to, law enforcement, the juvenile office and the Department of Social Services' Children's Division.

- Student's address, telephone number and email address and the parents' addresses, telephone numbers and email addresses.

Examples of situations where information would be withheld include:

- Honor rolls published in the newspaper
- Yearbook pictures, class and graduation photos
- Awards and photographs for any honors
- Results of any sports contest of special school activity
- Names, pictures, height and weight in sports programs or newspapers
- Any district/school media or publications (i.e. classroom webpages, building newsletters and district social media.)

Please WITHHOLD my student's directory information

STUDENT LAST NAME		STUDENT FIRST NAME	STUDENT MIDDLE NAME
CURRENT GRADE	STUDENT DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	

MEDIA RELEASE FORM STUDENT INTERVIEWS AND IMAGES

I give my permission for my child to be a part of the following media-related situations:

- Use of photographic image and/or interviews with local media (print, radio, TV)

* Students will not be interviewed for sensitive subject matter without parental/guardian permission.

Yes, I give permission No, I do not give permission

FIELD TRIP PERMISSION FORM

The Cole County R-1 School District supports classroom organized field trips throughout the school year to enhance student learning. Parents will be provided necessary information by the classroom teacher prior to the scheduled field trip. I give permission for my child to participate in classroom organized field trips.

Yes, I give permission No, I do not give permission

STUDENT LAST NAME	FIRST NAME	GRADE
PARENT/GUARDIAN SIGNATURE		
RELATIONSHIP TO STUDENT	DATE	



COLE COUNTY R-1 SCHOOL DISTRICT
STUDENT TECHNOLOGY USE AGREEMENT FORM

Cole County R-1 Elementary School
 13111 Park St., Russellville MO 65074
 Cole County R-1 Jr./Sr. High School
 13600 Rt. C., Russellville, MO 65074

Access is a privilege that entails responsibility. Individual users of the district's computer network are responsible for their own behavior and communications over the network. The district shall not be responsible for any information that may be lost, damaged or unavailable when using the network or for any information retrieved via the internet.

Violation of any of the items listed below will result in disciplinary action as outlined in the Cole County R-1 High School Student Handbook. Further, serious violations may be punishable under Missouri criminal statutes covering unlawful access, altering or damaging any computer system, network, software or database, with the intent to interrupt the normal functional of any organization.

1. All network and computing resources of the Cole County R-1 School District and access to the internet exist to support the instructional and educational needs of the district and use of the network for non-school related work is prohibited.
2. The district network is not for private or commercial business use, political or religious purposes.
3. Students are prohibited from changing or, in any way, altering a network device, a device or peripheral name, file and/or folder names.
4. Network resources, including hardware, peripherals and software may not be used for personal entertainment (games) and/or any private activities.
5. District computers may not be used illegally to duplicate copyrighted software.
6. No student will use district owned computers, peripherals or the internet to deliberately access obscene, pornographic or otherwise non-educational material or show others how to do the same.
7. No student will deliberately or willfully cause damage to computer equipment or software or assist others in doing the same.
8. Sending material likely to be offensive, objectionable or harassing is strictly prohibited.
9. Any use of the district network, which accesses outside resources must conform to this Student Technology Usage Agreement.
10. Students are responsible to take precautions to prevent a virus infection on the equipment of the Cole County R-1 School District and immediately report to an instructor if a virus is detected.

DISCLAIMER: The Cole County R-1 School District will not be responsible for any virus transferred from district operated equipment to systems outside the district. It is highly recommended that any data obtained through the use of district operated equipment should be thoroughly checked for viruses before use outside the district.

SIGNATURES

Please complete all items below and return to your Principal's Office as soon as possible.

STUDENT LAST NAME	FIRST NAME	GRADE
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Parent or Guardian

Please sign below indicating you allow your student to be assigned a district network account, have content filtered internet access and to use various Web 2.0 tools as deemed necessary and appropriate by classroom instructors. If you grant permission and find it necessary to withdraw permission at a later date, please contact the district.

PARENT/GUARDIAN'S NAME (PLEASE PRINT)

SIGNATURE	DATE
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Student

Please read and/or discuss the Student Technology Usage Agreement with your parents/guardian. In accepting a district network account, you accept the responsibility of using the network and accessing the internet in a responsible and appropriate manner. It is important that you understand your responsibilities as well. Your signature, including that you have read and agree with the guidelines stated in the Agreement, is required before an account will be issued.

I have read and understand the Student Technology Usage Agreement as it applies to my use of computers and internet access. I agree to abide by all rules stated in this agreement. I also understand there may be consequences for violating these which could include termination of my privileges.

STUDENT'S NAME (PLEASE PRINT)

SIGNATURE	DATE
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COLE COUNTY R-1 SCHOOL DISTRICT
SIS PARENT PORTAL APPLICATION FORM

Cole County R-1 Elementary School
13111 Park St., Russellville MO 65074
Cole County R-1 Jr./Sr. High School
13600 Rt. C., Russellville, MO 65074

Please complete the following information, we will be sending GRADE CARDS, announcements and other important information by email.

STUDENT LAST NAME	FIRST NAME	GRADE
PARENT/GUARDIAN NAME		
PARENT/GUARDIAN EMAIL ADDRESS		
PARENT/GUARDIAN NAME		
PARENT/GUARDIAN EMAIL ADDRESS		
PARENT/GUARDIAN SIGNATURE	DATE	

The district believes communication is critical for the student, parents and staff. This form will be used for my student's entire enrollment at Cole County R-1 School District. If any of the above information changes, I will contact the office as soon as possible.

(05-23)



Cole County R-1 Elementary School
13111 Park St., Russellville MO 65074
Cole County R-1 Jr./Sr. High School
13600 Rt. C., Russellville, MO 65074

COLE COUNTY R-1 SCHOOL DISTRICT
PERSONAL WIRELESS ELECTRONIC DEVICE POLICY

For High School Students Only

The Cole County R-1 School District recognizes the value technology devices add to the educational experience of all students as well as aid in improving communication with parents. Therefore, the use of personally-owned wireless electronic devices including laptops, netbooks, ipods, cell phones and others are permitted for students and staff.

Such possession or use of these personal wireless devices may not, in any way,

1. Disrupt the educational process in the school district
2. Endanger the health or safety of the student or anyone else
3. Invade the rights of others at school
4. Involve in illegal or prohibited conduct of any kind

In addition, students shall not be allowed any personal use during class time.

In addition to the guidelines outlined in this policy, the Acceptable Use Policy (AUP) of the Cole County R-1 School District applies to personal devices that are brought to school. These guidelines are in effect while the student is on school premises. School premises include any place which is owned, rented, or under the control of the Cole Co R-1 School District.

Possession or use of any personal wireless devices by a student is a privilege, which may be forfeited by any student who fails to abide by the terms of this policy.

Access and Appropriate Use

Access is for educational purposes only. The user experience will vary depending on the device used. Use of personal wireless devices is prohibited in locker rooms, dressing rooms, bathrooms, or other locations that are private in nature.

Technical support will not be provided for personal devices. The student must take full responsibility for setting up and maintaining the device. Students are responsible for ensuring their personal wireless device has virus protection and free of any viruses or other files that may affect the district network.

Terms of Service

The Cole County R-1 School District is providing wireless connectivity as a guest service and offers no guarantees that any use of the wireless connection is in any way secure, or that any privacy can be protected when using this wireless connection. Cole County R-1 School District also does not guarantee that all areas of the district have wireless coverage. Use of the wireless network is entirely at the risk of the user, and the Cole County R-1 School District is not responsible for any loss of any information that may arise from the use of the wireless connection, or for any loss, injury or damages resulting from the use of the wireless connection. Safety and Security Students who

For High School Students Only

bring in electronic wireless devices do so at their own risk. The Cole County R-1 School District shall not be responsible for the safety, security, loss, or damage of personal electronic devices that students choose to bring to school. Investigation by school officials of loss, theft or damage will be minimal unless it can be established that the student adequately secured the device, such as keeping it in a locked locker. The Cole County R-1 School District does not provide personal property insurance for any personally owned wireless communication devices. Such insurance can be obtained by an independent carrier.

Consequences of Appropriate Use

Loss of access to personal wireless devices can occur if the district becomes concerned about its appropriate use. Examples of District concerns include safety, potential for disruption to educational processes, and security issues related to connecting a personal computer to the district network.

When the devices are used on school property, they will be treated as school property. The district may examine the personal electronic devices and search its contents if there is reason to believe that school policies, rules or regulations have been violated. The building administration may involve law enforcement if the device is used for an illegal purpose or for a purpose that causes harm to others.

Permission for student use of personal wireless devices is allowed after the Acceptable Use Policy agreement is signed by the student and a parent/guardian.



COLE COUNTY R-1 SCHOOL DISTRICT
**PERSONAL WIRELESS ELECTRONIC DEVICE
POLICY AGREEMENT FORM**
For High School Students Only

Cole County R-1 Elementary School
13111 Park St., Russellville MO 65074
Cole County R-1 Jr./Sr. High School
13600 Rt. C., Russellville, MO 65074

STUDENT LAST NAME		FIRST NAME		GRADE	
WIRELESS DEVICES BEING REGISTERED TO USE AT SCHOOL					
<input type="checkbox"/> Laptop		MAKE/MODEL			
<input type="checkbox"/> Tablet/eReader (i.e. iPad, Nook, Kindle)		MAKE/MODEL			
<input type="checkbox"/> Cell Phone	MAKE/MODEL		CARRIER		CELL NUMBER
We have read and discussed the Personal Wireless Electronic Device Policy and agree to use the wireless devices listed above according to the guidelines outlined within the policy. We also understand that the information provided in this signed agreement will be used for school data purposes only.					
STUDENT SIGNATURE				DATE	
PARENT/GUIARDIAN SIGNATURE				DATE	

(05-23)