COLE•R1 SCHOOL DISTRICT

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

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	☐ Not Military ☐ National Guard or Reserve ☐ Active Duty
FAMILY MEMBER NAME	☐ Not Military ☐ National Guard or Reserve ☐ Active Duty
FAMILY MEMBER NAME	☐ Not Military ☐ National Guard or Reserve ☐ 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

(05-23)

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 ☐ Female ☐ Male ☐ Other
DATE OF BIRTH (MM/DD/YY)	COUNTRY OF BIRTH ☐ US ☐ 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 ELIGIBILTY FOR PURPOSES OF THE DISTRICT REIMBURSEMENT FOR SERVICES AND HIGH SCHOOL A+ ELIGIBILTY.

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?	IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME?	IF YES, WHAT LANGUAGE?
☐ Yes ☐ No	☐ Yes ☐ No	

DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH?	IF YES, WHAT LANGUAGE?
☐ Yes ☐ No	

EDUCATIONAL PROGRAMS AND SERVICES

DOES OR DID THIS STUDENT RECEIVE SPECIAL EDUCATION SERVICES OR HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)? ☐ Yes ☐ No	IF YES, ARE THEY ☐ Currently Receiving ☐ Received in the Past
DOES OR DID THIS STUDENT RECEIVE SPEECH OR LANGUAGE THERAPY IN THE SCHOOL SETTING? ☐ Yes ☐ No	IF YES, ARE THEY ☐ Currently Receiving ☐ 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.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship or similar reason? ☐ Yes ☐ No
2. 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.

3. 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
4. Are you currently residing in a shelter? ☐ Yes ☐ No

(05-23)

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?)	☐ Yes ☐ No

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

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

(05-23)

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
		☐ Female ☐ Male ☐ 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?	IF YES, WHAT GRADE?
☐ Yes ☐ No	

HAS THIS STUDENT EVER ATTENDED A COLE COUNTY R-1 SCHOOL BEFORE?	IF YES, WHAT YEAR AND WHAT GRADE?
☐ Yes ☐ No	

PARENTAL AUTHORITY

SIGNATURE OF PARENT / GUARDIAN	RELATIONSHIP TO STUDENT	DATE

OFFICE USE ONLY

TO: BUILDING ADMINISTRATOR FROM: COLE COUNTY R-1 SCHOOL DISTRICT	DATE

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.

☐	Cole County R-1 Elementary School 13111 Park Street Russellville, MO 65074 Phone: 573-782-4814 Fax Number: 573-782-3435	• Grade records • Special education records (if applicable) • Health records • Attendance information • Disciplinary records • MAP test scores (grades 3-8)
☐	Cole County R-1 Jr/Sr High School 13600 Rt. C Russellville, MO 65074 Phone: 573-782-3313 Fax Number: 573-782-3262	• 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 ☐ Yes ☐ No • US Constitution Test Passed ☐ Yes ☐ 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)
affirm that I am the parent or court-appointed legal guardian of the minor student,	STUDENT NAME

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

(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

ENROLLMENT AFFIDAVIT OF RESIDENT LANDLORD

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 **********

(05-23)

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

SIBLINGS

PARENT/GUARDIAN NAME

ADDRESS

CITY	STATE	ZIP-CODE

HOME PHONE	CELL PHONE	WORK PHONE

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

ADDRESS	CITY

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

OFFICE USE ONLY

AM BUS #	AM PICKUP TIME	DRIVER
PM BUS #	PM DROP OFF TIME	DRIVER

(05-23)

COLE•R1 SCHOOL DISTRICT

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

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

(05-23)

DAILY MEDICATIONS		
At Home?	☐ Yes ☐ No	Name of Medication: Dosage Time:
At School?	☐ Yes ☐ No	Name of Medication: Dosage Time:
Emergency Only?	☐ Yes ☐ No	Name of Medication: Dosage Time:

DIETARY NEEDS		
Special Diet:		
Will your child require food substitutions?	☐ Yes ☐ 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 ☐ Glasses ☐ Reading ☐ Distance ☐ Contacts ☐ Crossed ☐ Lazy Eye
☐ Difficulty Seeing ☐ Headaches

Ears ☐ Frequent Infections ☐ Tubes ☐ Hearing Difficulty ☐ History of Hearing Problems in the Family
☐ Talks Loudly ☐ Hearing Aid - ☐ Left ☐ Right ☐ Both ☐ Wears Hearing Aid at School - ☐ Yes ☐ No

Other Concerns ☐ Nosebleeds ☐ Bowel ☐ Bladder ☐ Diapers ☐ Catherization ☐ Bedwetting
☐ Headaches ☐ Lungs ☐ Skin ☐ ADD/ADHD ☐ Neurological ☐ Blood Disorder
☐ Blood Pressure ☐ Menstruation

Childhood diseases, serious illnesses and injuries:

Surgeries:

Low Birth Weight: ☐ Yes ☐ 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.

☐ Acetaminophen (Tylenol) ☐ Ibuprofen ☐ Aleve ☐ Antacids (Tums) ☐ 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
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 ☐ Female ☐ 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	

(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

STUDENT TECHNOLOGY USE AGREEMENT FORM

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

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

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

(05-23)