

Welcome!

We would like to take this opportunity to welcome you to Lathrop Elementary School. Attached is the new student packet, which must be completed before enrolling in classes. Please note the following information **MUST** be received and reviewed before students will be permitted to register for classes. Thank you for your cooperation!

WE MUST HAVE THE FOLLOWING INFORMATION ON FILE:

1. COMPLETE TRANSCRIPTS FROM THE TRANSFERING SCHOOL (including recent IEP, Evaluation or 504 PLAN)
2. SHOT RECORDS (must be reviewed by our school nurse before starting classes)
3. DISCIPLINE RECORDS FROM TRANSFERING SCHOOL (or a statement from a school official stating there are no severe or unresolved disciplinary issues. This is required as part of the Missouri Safe Schools Act)
4. PROOF OF RESIDENCY (please see form as proof of residency must be provided)
5. LATHROP ELEMENTARY SCHOOL INFORMATION SHEET AND MEDICATION FORMS
6. SIGNED RELEASE REQUEST FOR RECORDS

Again, according to district policy, no student shall begin classes until this information has been received and reviewed by the principal. Thank you and we look forward to working with you!

Lathrop Elementary School Staff

LATHROP R-II SCHOOL DISTRICT

Lathrop Elementary School

700 Center Street

Lathrop, MO 64465

Chauncey Rardon, Principal

Phone: 816-528-7700

Fax: 816-528-7759

e-mail: chauncey.rardon@lathropschools.com

www.lathropschools.com

Consent for Transfer of Records

Date _____

Student's Name _____

Date of Birth _____

Student's Name _____

Date of Birth _____

From Previous School:

Name _____

Address _____

Phone _____ Fax _____

Please send the following information:

- Cumulative permanent school records
- Special Education Records (IEP, Eval, 504 Plan)
- Psychological reports
- Health Records
- Discipline Records
- Attendance Records
- Other: _____

Please send information to:
Lathrop Elementary School
700 Center Street
Lathrop, MO 64465
Phone: 816-528-7700
Fax: 816-528-7759

Parent/Guardian Signature _____ Date _____

Parent Phone Number _____

Federal Law 99.21 states, "No parent signature is required for education records sent to another educational agency."

According to the Missouri Safe Schools Act Section 176.020.7 RsMo., any school district receiving a request for records must respond within 5 business days of the receipt of request and must include discipline records.

LATHROP ELEMENTARY SCHOOL

I. Student Demographics

Present Grade Level _____ Date Enrolled _____
Student's Legal Name _____ Male _____ Female _____
Address _____ County _____
City _____ State _____ Zip Code _____
Home Telephone (____) ____-____ Cell Telephone (____) ____-____
Social Security # _____-____-____ Date of Birth ____/____/____

IMPORTANT INFORMATION-Please check all that apply.

____ IEP (Individual Education Plan) ____ 504 Plan ____ Title I Reading
____ Gifted/Talented ____ Division of Family Services ____ Health Plan (asthma, diabetes, etc.)
____ Other (please specify) _____

LIVES WITH:

Name _____ Father _____ Mother _____ Guardian _____

Employer _____ Work Phone (____) ____-____

Cell Phone (____) ____-____ e-mail _____

Name _____ Mother _____ Step-parent _____ Guardian _____

Employer _____ Work Phone (____) ____-____

Cell Phone (____) ____-____ e-mail _____

IF THIS STUDENT DOES NOT LIVE WITH THE PARENT OR GUARDIAN, WITH WHOM DOES STUDENT RESIDE:

Name _____ Relationship _____

Please indicate other siblings in the home:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

II. SCHOOL INFORMATION

Name of schools attended within the previous twelve months:

School _____ Address _____ Date _____
School _____ Address _____ Date _____

School _____ Address _____ Date _____

III. EMERGENCY INFORMATION

Please provide two persons who you authorize to pick up your child or notify in an emergency situation.

Name _____ Relationship to student _____

Telephone # (____) _____ - _____

Name _____ Relationship to student _____

Telephone # (____) _____ - _____

Physician's Name _____ Telephone # (____) _____ - _____

I affirm that I am the parent or legal guardian of the above named student and that both of us reside at the address listed on this enrollment form. In case of accident or serious illness, I request the school to contact me, if the school is unable to reach me; I hereby authorize the school to call the physician indicated above and to follow his instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.

Signature _____ Date _____

IV. FAMILY INFORMATION

Home Language Information:

Indicate the language spoken in the home most of the time _____

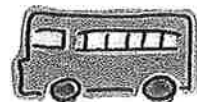
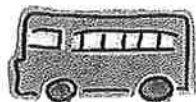
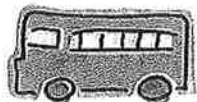
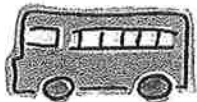
Indicate the language spoken by the student most of the time _____

Ethnicity (check one) Hispanic Non-Hispanic

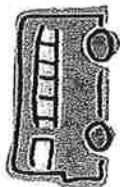
Race (check one) Black (African-American) Hispanic Asian
 American Indian/Alaskan Native White, Non-Hispanic Other: _____

If you have moved from one school district to another school district 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:

- Yes No Before the move, was either parent of student's employed in some form of temporary or seasonal agricultural or agricultural-related works such as planting or harvesting crop (vegetables, fruits, cotton, etc.) transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries; processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell?
- Yes No 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 Is either parent (guardian) now employed in any of the above kinds of work?
- Yes No Have you moved away with your student, or has the student moved away, only during the summer months to engage in crop harvesting or other seasonal agricultural work?



NEW BUS STUDENTS

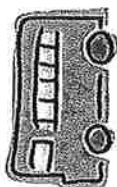


Name of rider _____ Grade _____

Name of rider _____ Grade _____

Name of rider _____ Grade _____

Name of rider _____ Grade _____



Parent or Guardian _____

Mailing address _____

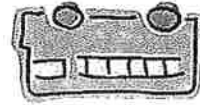
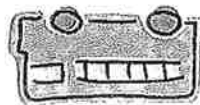
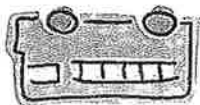
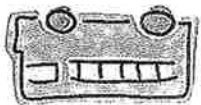
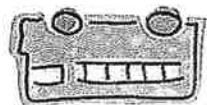
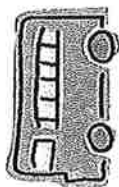
Home Telephone _____

Cell Phone _____

Specific Location of Home and Nearest Neighbors:

Did you have a sibling ride a bus in Lathrop last year? Yes / No

Bus number? _____



Lathrop RII School

Health Registration Form
2016-2017

Students Name: _____ **Grade:** _____ **Sex:** M/F **Date of Birth:** _____

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

MEDICAL:

Does your child have a doctor or nurse practitioner? Yes ___ No ___

Name _____ Phone: _____

In the past 12 months, did you have problems obtaining medical care for your child? Yes ___ No ___

DENTAL:

Does your child have a dentist? Yes ___ No ___ Name of child's dentist _____ Phone: _____

Has your child received a dental exam by a dentist in the last 12 months? Yes ___ No ___

Any Dental Concerns for your child? _____

In the past 12 months, did you have problems obtaining dental care for your child? Yes ___ No ___

INSURANCE:

Does your child have medical insurance coverage? Yes ___ No ___ Provider _____

Does your child have dental insurance coverage? Yes ___ No ___ Provider _____

Does your child have Medicaid (MO Health Net) coverage? Yes ___ No ___

MEDICAL HISTORY:

Have you ever been told by a physician that your child has:

___ Asthma* ___ Seizure Disorder* ___ Bleeding Disorder* ___ Heart Condition (restrictions?)

___ Diabetes* ___ Bone/Muscle disease ___ Skin Condition ___ Learning Disability

___ Scoliosis ___ Vision Impairment ___ Hearing Impairment ___ Migraines

___ ADD/ADHD ___ Frequent Nose Bleeds ___ Mental Health Condition (depression/anxiety/eating disorder)

___ Other (explain) Explain any of the above _____

(*Current School Year Action Plan Required)

ALLERGIES:

Plants ___ Animals ___ Food ___ Mold ___ Drugs ___ Bees ___ Other _____

Please describe the specific allergen, reaction, and treatment for each checked allergen: _____

LIFE THREATENING CONDITIONS:

Does your child have a life-threatening health condition? Yes* ___ No ___ Describe: _____

MEDICATIONS:

Does your child take any prescribed medication? Yes ___ No ___

If Yes, Name of Medication _____ What is this prescribed for? _____

Will medication be needed or administered at school? (Inhalers, oral pills, topical ointments, injections) Yes* ___ No ___

*If the answer to any of these questions is yes, please call to schedule a time to speak with the school nurse

HEARING/VISION/SPEECH

Do you have concerns about your child's hearing? Yes ___ No ___ Does your child wear hearing aids? Yes ___ No ___

Do you have concerns about your child's vision? Yes ___ No ___ Does your child wear glasses/contacts? Yes ___ No ___

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 transport or emergency medical services rendered.

Parent/Guardian Signature _____ Date _____

It is our goal to keep our students healthy and productive while here at school. There may be times when your child is under the weather and may seek treatment in the health room to remain in school. Below are a list of over-the-counter medications that may be administered to your child by trained Health Room Staff per a standing order from the Lathrop School District advising physician. The dosages will be consistent with package instructions. Cross through and initial any medications you DO NOT approve for use for your child this year. You will **not** be contacted unless your child has a fever, is vomiting or is too ill to remain in class. Please indicate if you wish to be contacted when medicines are given to your child:

Stomach Pain/Upset

Generic Tums/Rolaids
Generic Pepto Bismol
Nauzene Chewable
Juice/Crackers

Headaches/Body Aches

Generic Advil (Ibuprofen)
Generic Tylenol (Acetaminophen)
Generic Excedrin (Acetaminophen/Caffeine/Aspirin)
Generic Aleve (Naproxen Sodium)

Cut/Scrapes

Triple Antibiotic Ointment
Hydrogen Peroxide
Lanacaine First Aid Spray

Itch/Insect bite relief/minor burns

Caladryl Topical
Hydrocortisone 1% topical
Aloe Vera with or without Lidocaine Topical (Burn Gel)

Cough/Cold/Allergy Season

Cough drops with menthol/eucalyptus
Generic Robitussin DM
Generic Robitussin CF (cold multi-symptom)
Generic Dimetapp
Generic Robitussin DM with Pseudoephedrine HCL decongestant (non-Drowsy)
Generic Benadryl
Cepacol lozenges/Chloroseptic spray

General Discomfort

Sweet oil for ear discomfort (not used with a history of ear tubes)
Generic Oragel or Oragel peroxide antiseptic mouth rinse (Dental/Braces/Oral discomfort)
Generic Carmex (chapped lips)

EMERGENCY ALLERGIC/ASTHMA REACTION

Epi-Pen 0.3mg/Epi-Pen Jr 0.15mg
Benadryl 25-50mg
Albuterol Nebulized Breathing Treatment 2.5mg/3ml

I give permission to the Health Room Staff to administer the above medications (unless otherwise indicated) per package dosing instructions under a standing prescription order by a Lathrop School District advising physician.
YOUR CHILD WILL NOT BE TREATED IN THE HEALTH ROOM UNLESS SIGNED.

Signature of legal parent/guardian: _____ Date: _____

ACCEPTABLE USE POLICY (AUP) LATHROP SCHOOL DISTRICT

Lathrop School District is pleased to offer students access to a computer network and the Internet. To gain access to the district computers, network and the Internet, all students must obtain parental permission as verified by the signatures below.

What is possible?

Access to the Internet will enable students to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the purposes of the school are to use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. All Internet usage filtered in an attempt to prevent students from accessing harmful and inappropriate materials while at school.

What is expected?

Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with district standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The students are advised never to access, keep, or send anything that they would not want their parents or teachers to see. It is staff members' and parents' responsibility to educate students about appropriate online behavior, including interactions with other individuals on social networking sites/chat rooms, and cyber bullying awareness and response. It is also the responsibility of staff members and parents to monitor students' online activity for appropriate behavior.

What are the rules?

Privacy -- Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity and to insure that students are using the system responsibly.

Storage capacity -- Users are expected to remain within allocated disk space and delete irrelevant material, which take up excessive storage space.

Illegal copying -- Students should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have permission from the instructor or technology staff personnel. Nor should students copy other people's work or intrude into other people's files.

Inappropriate materials or language -- No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send, or access materials, which you would not want your teachers and parents to see. Should students encounter such material by accident, they should report it to their teacher immediately.

Succinct Advice

These are guidelines to follow to prevent the loss of network privileges at School.

1. Do not use a computer to harm other people or their work nor to transmit any materials in violation of federal or state regulations.
2. Do not bring any item into the district that will attach to or be used in a district computer or on the district network.
3. Do not damage the computer or the network in any way.
4. Do not interfere with the operation of the network by installing illegal software, shareware, or freeware.
5. Do not violate copyright laws.
6. Do not view, send, or display offensive messages or pictures.
7. Do not share your password with another person.
8. Do not waste resources such as disk space, paper, ink cartridges, etc.
9. Do not trespass in others' folders, work, or files.
13. Do not share personal information on the internet.
14. BE PREPARED to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.

Revised August 2015

(Parent/Guardian Technology Agreement)

I have read the Lathrop R-II School District Technology usage policy and procedure. 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 communication 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, included 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 give permission of my child to utilize the school district's technology resources.

I give **partial** permission for my child to utilize the school district's technology resources. I do not wish for my child to utilize:

_____.

I **do not** give permission for my child to utilize the school district's technology resources.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

Name of student: _____

Signature of Parent/Guardian **Date**

2007, Missouri School Boards' Association, Registered in U.S. Copyright Office

Parent's Permission for Publications of Student Work/Pictures

I understand that from time to time, the school may wish to publish photographs of students, examples of student projects, sports pictures and/or accomplishments, and other work in the local newspaper, on our school website, and/or an Internet accessible World Wide Web Server. Please choose ONE on the following options.

My child's work & photographs can be published in the local newspaper AND on the internet.

My child's work and photographs can be published ONLY in the local newspaper.

My child's work and photographs can be published ONLY on the internet

My child's work and photographs CAN NOT be published in the local newspaper OR on the internet.

Parent Name (print) _____

Parent Signature (print) _____

Date: _____

Parent Link User Agreement

Please print clearly the information in this section. We need a new form for every year and for each building level in which you have a student. (Multiple students in the same building may be listed on the same form.)

I, _____ would like to have access through
Parent Link, via the Internet to, _____, information.
(Child's name and grade)

The e-mail address I would be using to access this information is:

If there is an additional parent/guardian that has a different e-mail address that would need access to this information, please write their name and e-mail address beside #2 Parent/Guardian.

#2 Parent/Guardian _____

Disclaimer: I understand that access to this information via the internet is password protected and therefore if the information is read/obtained by anyone else I will not hold the Lathrop R-II School District responsible. (A signature must be received from the holders of the e-mail accounts listed above.)

I agree that I wish to have my child's school information available over the Internet for my/our use as the child's parent(s) or legal guardian(s).

Parent/Guardian #1 _____ Date: _____

Parent/Guardian #2 _____ Date: _____

Statement of Student Discipline

Date: _____

In accordance with the Missouri Safe Schools Act of 1996, this district requires that parents provide criminal and school disciplinary information. To implement that law, this district's Board policy JEC requires that parents/legal guardians enrolling students new to the school answer the following questions.

Students Name _____

(Last)

(First)

(mid.)

Date of Birth: _____ Social Security No: _____

Parent/ Legal guardian: _____

1) Is the above student presently under suspension or expulsion from another school district?

_____ No _____ Yes

If yes, please describe: _____

2) Has the above student been convicted or charged with any of the following crimes
(Please indicate offense, if applicable.)

_____ First degree murder under 565.020 RSMo;

_____ Second degree murder under 565.021, RSMo;

_____ First degree assault under 565.050, RSMo;

_____ Forcible rape under 565.030, RSMo;

_____ Forcible sodomy under 566.060, RSMo;

_____ Robbery in the first degree under 569.020, RSMo;

_____ Distribution of drugs to a minor under 195.212 RSMo;

_____ Arson in the first degree under 569.040, RSMo;

_____ Kidnapping, when classified as a Class A felony under 565.110, RSMo;

In accordance with 167.171 RSMo, no student may be readmitted or enrolled in the school that has been convicted of or charged with an act, which if committed by an adult would be one of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above offenses. This section does not apply to a disable student, as identified under state eligibility criteria, which is convicted as a result of an action related to the student's disability.

I attest that all the above information is correct and true.

Parent/ Legal Guardian Signature

Date

LATHROP R-II SCHOOL DISTRICT

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11432(a). Your answers will help administrator determine residency documents necessary for enrollment of your student(s).

Student _____ Parent/Guardian _____

School last attended _____ Phone/Pager _____

Age _____ Grade _____ D.O.B. _____

Address _____

City _____ State _____ Zip Code _____

Is this address Temporary or Permanent? (Circle one)

Please choose which of the following situations the student currently resides in (choose all that apply):

- House or apartment with parent/ guardian
- Motel, car or campsite
- With friends or family members (other than parent/guardian)
- Shelter or other temporary housing

If you are living in shared housing, please check all of the following reasons that apply:

- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- To enable child to attend Lathrop R-II Schools
- Loss of employment
- Parent/guardian is deployed
- Other (please explain)

Are you a student under the age of 18 and living without your parents/guardians? Yes No

Residency and Educational Rights

Students who are in a temporary, inadequate, and homeless living situation have the following rights:

- 1) Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying even if they do not have all of the documents normally required at the time of enrollment;
- 2) Access to free meals and textbooks, Title I and other education programs, and other comparable services including transportation;
- 3) To attend the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situations.

Any questions about these rights can be directed to the local McKinney-Vento Liaison who is the Director of Special Services at 816-528-7725.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

**PARENTS AS TEACHERS
LATHROP RII SCHOOLS**



Parents as Teachers is a program in every school district in the State of Missouri for families with children not yet old enough to enter Kindergarten. We have a very strong program in Lathrop. Parents are eligible to enroll once they are pregnant with a child. Personalized home visits are offered by a certified parent educator trained in child development and eager to help you give your child a great start. Please list the names of your younger children as well as the expected due date of any new babies.

Parent Name: _____

Address: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Due Date if pregnant: _____