



## Renick R-V School District

P.O. Box 37  
101 Middle Street  
Renick, MO 65278  
Phone: 660-263-4886

### STUDENT RECORDS REQUEST

Date of Request \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

#### RECORDS TO BE RELEASED FROM:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This student has special education records.

\_\_\_\_ IEP  
\_\_\_\_ 504 Plan

This child receives services for:

\_\_\_\_ Speech \_\_\_\_\_ Title 1 Reading  
\_\_\_\_ Physical Therapy \_\_\_\_\_ Title 1 Math  
\_\_\_\_ Occupational Therapy

Please send the following records to:

Email: Molly Wyatt [mwyatt@renick.k12.mo.us](mailto:mwyatt@renick.k12.mo.us)

Fax: (660) 263-4249

Mail: Renick R-V School, P.O. Box 37, Renick, MO 65278

- ❖ Birth Certificate
- ❖ Immunization Records/Health Records
- ❖ Withdrawal Grades
- ❖ Attendance Records
- ❖ Legal Documents Regarding Custody
- ❖ Official Transcript
- ❖ Standardized Test Scores/EOC Scores
- ❖ Special Education Records: IEP/504
- ❖ Special Education Records: Evaluation Report/Diagnostic Summary
- ❖ Discipline Records
- ❖ Behavior Plans/Records
- ❖ Behavior Threat Assessment Involvements

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



## Renick R-V School District

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Renick, MO 65278  
Phone: 660-263-4886  
Fax: 660-263-4249

Today's Date : \_\_\_\_\_

Gender: Male or Female

Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(first) (middle) (last)

Physical Address \_\_\_\_\_

Mailing Address (if different from physical address) \_\_\_\_\_

With whom is student living? \_\_\_\_\_ Relationship \_\_\_\_\_

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

Signature of Parent, Guardian, Person Acting As a Parent, or Student if Applicable \_\_\_\_\_ Date: \_\_\_\_\_

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area. FILE: JEC-AF1 Critical © 2005, Missouri School Boards' Association, Registered in U.S. Copyright Office Adopted by Renick R-V School District June 20, 2005

Father's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian / Step-Parent Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, and you cannot be reached, who may we contact? Please list at least 2 names, relationship to student and phone numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of children in family \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Their names and birthdates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Student Records

(Ethnicity and Race Student Self-Identification Form – JO-AF9.2A)

The district is requesting that this form be completed by the student or the student's parent (as defined in (JO-AP)). Completion of this form is voluntary. The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this form is not completed, the district will be forced to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation.

Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

School: Renick R-V School District

### **Please answer both questions**

#### **1. Ethnicity (Choose only one):**

Is the student Hispanic or Latino?

- \_\_\_\_\_ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South American, Central American or other Spanish culture or origin, regardless of race)
- \_\_\_\_\_ No, not Hispanic or Latino

#### **2. Race (Choose one or more):**

What is the student's race?

- \_\_\_\_\_ American Indian or Alaska Native (a person having origins in any of the original peoples of North America or South America, including Central America, and who maintains tribal affiliation or community attachment)
- \_\_\_\_\_ Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- \_\_\_\_\_ Black or African American (a person having origins in any of the black racial groups or Africa)
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands)
- \_\_\_\_\_ White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

## Student Home Language Survey

Circle the best answer to each question and provide additional information:

1. **Was the first language you learned English?** No Yes
2. **Can you speak a language other than English?** No Yes
3. **Is any language other than English used at home?** No Yes
4. **Which language do you use most often with friends?** English Other: \_\_\_\_\_
5. **Which language do you use most often with your parents?** English Other: \_\_\_\_\_
6. **Which language do you use most often with other relatives?** English Other: \_\_\_\_\_
7. **Have you attended school in a country other than the U.S.?** No Yes (How long/what grades: \_\_\_\_\_)
8. **Have you attended another school in the U.S.?** No Yes (Where and How Long: \_\_\_\_\_)
9. **Have you attended another school in Missouri?** No Yes (Where and How Long: \_\_\_\_\_)
10. **Please provide any other related information that would help the school** (for example, referral to Gifted or Special Education programs in prior schools, etc.):

**Note to school staff:** This form should be given to all new and enrolling students. Any student that indicates use of a language other than English should be assessed as to English language proficiency. Elaboration on any above answers may be useful before administering detailed tests.

## SCHOOL ADMISSIONS

(Proof of Residency Form)

In order to satisfy the district's residency requirements, the student, parent, military guardian, court-appointed legal guardian or person acting as a parent must provide one (1) or more of the following items as proof of residency:

- ☐ 1. Property tax statement    ☐ 2. Legal property description    ☐ 3. Utility bill/agreement    ☐ 4. Rental agreement
- ☐ 5. Real estate contract    ☐ 6. Driver's License    ☐ 7. Other: \_\_\_\_\_

## SCHOOL ADMISSIONS

### (Statement of Student Discipline)

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

Parent, Court-Appointed Legal Guardian, Military Guardian or person enrolling the student:

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Is the student presently under suspension or expulsion from another school district? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts? ☐ Yes ☐ No

If yes, indicate which crime(s):

- ☐ First degree murder under § 565.020, RSMo.
- ☐ Second degree murder under § 565.021, RSMo.
- ☐ First degree assault under § 565.021, RSMo.
- ☐ Forcible rape under § 566.030, RSMo.
- ☐ Forcible sodomy under § 566.060, RSMo.
- ☐ Statutory rape under § 566.032, RSMo.

- ☐ Statutory sodomy under § 566.062, 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.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to § 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

Adopted by Renick R-V School District June 20, 2005

Parent/Legal Guardian Signature

Date

### Parental Survey for Agricultural Related Work

If your children have moved from one school district to another school district within the past six (6) years, they may be eligible for a special program of free-educational and medical services.

In order to determine if your children are eligible, please answer the four questions below by checking "yes" or "no". After completing this form, please return it to your school office. Thank you!

☐ Yes ☐ No Have you ever moved with your children to seek or to be employed in some form of temporary or seasonal agricultural-related work such as:

Planting or harvesting crops – vegetables, melons, apples, hay, cotton, etc?

Transporting any farm products to market origin?

Feeding poultry, gathering eggs, working in hatcheries; or working for a grower of poultry?

Processing meat, poultry, fruit or vegetables:

Milking cows on a dairy farm?

Feeding cattle, hogs or poultry?

Cutting firewood or saw logs for sale?

☐ Yes ☐ No Was the move made for the purpose of looking for or obtaining any of the above jobs?

☐ Yes ☐ No Is either parent (or guardian) now employed in any of the above work? (even for a very short time)

☐ Yes ☐ No Have you moved away from this district with your children during the summer months to work in fruit or vegetable harvesting or any other farm work that was only temporary or seasonal?

### Educating Missouri's Homeless Children

*Homeless children* and youths – individuals who lack a fixed, regular and adequate nighttime residence.

☐ Yes ☐ No Is your family sharing the housing of others due to a loss of housing, an economic hardship or a similar reason; living in motels, hotels, trailer parks or campgrounds due to a lack of alternative accommodations; living in emergency or transitional shelter; or abandoned in hospitals?

☐ Yes ☐ No Does your family have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, regular sleeping accommodations for human beings?

☐ Yes ☐ No Does your family live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings?

☐ Yes ☐ No Are your children migratory who qualify as homeless for the purposes of this definition because the children are living in circumstances described in questions 1 through 3?

If the residence is not fixed, regular and adequate, it is considered a homeless situation.

Adaption from McKinney-Vento Homeless Assistance Act of 2001–TitleX, Part C of the No Child Left Behind Act of 2001, Sec 725

## School Medical Data

Student name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian / Step-Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Family Physician \_\_\_\_\_

Family Dentist \_\_\_\_\_

Family Eye Doctor \_\_\_\_\_

**Child allergies** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Medicine allergic reactions** \_\_\_\_\_

\_\_\_\_\_

*\*\* No over the counter medication of any kind can be given at school unless supplied by parents and accompanied by written permission and instructions per packaging. Prescription medications must be in original bottle with pharmacy label or physicians orders. Certain emergency medications are on site if needed.*

In case of emergency with parents unavailable, may we take your child to the nearest physician or hospital?

☐ Yes ☐ No

If no, please give instructions:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any health problems or medication that the nurse / teacher should be aware of? ☐ Yes ☐ No

Explanation and other comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## History of Diseases

Check Appropriate Areas and Explain:

Has child:

ever had mumps? ☐ Yes ☐ No

ever had measles? ☐ Yes ☐ No

ever had chicken pox? ☐ Yes ☐ No

Date of Birth \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Work phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Work phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Work phone: \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Renick R-V School District Screening & Health Concerns

**Medications** – A form titled “Administration of Medications to Students” must be filled out on each medication to be administered at school. No medications will be given at school without parent / guardian consent.

**Chronic Health Conditions** – If your student has a chronic health condition (eg. Asthma, Diabetes, Seizure Disorder or Food Allergies) additional forms are completed by the School Nurse. If your child has Asthma and is followed regularly by a physician, please provide an updated Asthma Action Plan.

**Health Screenings** –Throughout the school year, your child will be screened in several different areas, by the school nurse and others designated, and professionals from the community for certain screenings. Please indicate whether you will allow your child to participate or not. If there are concerns with vision, hearing or scoliosis a referral form will be sent home. These screenings are not a diagnostic process, just a screening to detect possible problems early.

Vision:	Yes	No	Hearing:	Yes	No
Height:	Yes	No	Weight:	Yes	No
Blood Pressure:	Yes	No	Dental:	Yes	No
Spinal Screening:	Yes	No	Fluoride Program:	Yes	No
Speech Services:	Yes	No	Physical Therapy:	Yes	No
Occupational Therapy:	Yes	No			

**Allergies:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_ **Medication:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_ **Medication:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Asthma: Yes No (If yes, additional forms will need to be filled out)

Name of Medication or inhaler used: \_\_\_\_\_

All children that use an inhaler should have an inhaler available during school.

\_\_\_\_\_ My child will keep an inhaler at school in the nurse's office.

\_\_\_\_\_ My child will carry an inhaler with them at all times – (must have an active Asthma Action Plan on file)

Seizures: \_\_\_\_\_ Medication: \_\_\_\_\_

Diabetes / Hypoglycemia: \_\_\_\_\_ Medication: \_\_\_\_\_ Treatment: \_\_\_\_\_

Heart Condition: \_\_\_\_\_ Medication: \_\_\_\_\_ Treatment: \_\_\_\_\_

Hearing Loss: \_\_\_\_\_ Left ear: \_\_\_\_\_ Right ear: \_\_\_\_\_ Glasses: \_\_\_\_\_ Contacts: \_\_\_\_\_

ADD: \_\_\_\_\_ ADHD: \_\_\_\_\_ Medication: \_\_\_\_\_

Other conditions of concern: \_\_\_\_\_

Parent printed name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_