

February 1, 2017

Re: Summer School Registration

To Whom It May Concern:

Summer School enrollment and registration is now available. In order to enroll for JCHS 2017 Summer School, a student that is not currently attending Jefferson City Public Schools must go to the Welcome Center that is located on the lower level of the Board of Education office at 315 East Dunklin. Please bring with you two proofs of residency in order to complete the enrollment process. Acceptable proofs of residency include:

**Utility bills such as electric, water, JC Utilities, cable, satellite and landline phone *Signed housing contracts or leases *Paycheck stubs *Documents from agencies such as DFS or Social Services.*

Proofs of residency must include a date within the last 45 days along with the parent's name and address.

While at the Welcome Center, you will have the opportunity to fill out enrollment documents in addition to a summer school application.

- For incoming Freshman, a separate application is available for PE and Health. Summer school will be held at either Lewis and Clark or Thomas Jefferson.
- If you are 10-12th grade student who is interested in our E2020 program or enrichment courses, your school counselor must fill out the E2020 application and sign it in order for it to be accepted. This ensures correct placement in courses. This part of the application can be faxed to Jefferson City High School attn.: Carrie Welch. **Please note that failure to have the application reviewed and signed can delay processing.**
- **If you are enrolling in Drivers Education or any other enrichment course, an E2020 application is NOT needed.**
- The summer school application for both JCHS and Thomas Jefferson/Lewis and Clark is also available online at the Jefferson City High School website and can be printed prior to enrolling at the Welcome Center for your convenience. The E2020 application will be available through your school's guidance office or at the Welcome Center location.

Grades and Transcripts will be mailed by July 14, 2017.

If you have any questions, please do not hesitate to contact me.

Thank You,

Carrie Welch
Jefferson City High School
Director of Counseling
carrie.welch@jcschools.us
573-659-3063

Parochial Ninth Grade Summer School Information 2017

Summer School Dates: Classes will begin **Tuesday, May 30** and continue through **Thursday, June 22**.

Location: All classes will be taught at either Lewis and Clark or Thomas Jefferson Middle School. Your student will attend the school based off their address for transportation purposes. Students will have transportation provided during summer school if eligible. The transportation form must be completed if requesting transportation.

Week One: May 30 thru June 2

Week Two: June 5 thru June 8

Week Three: June 12 thru June 15

Week Four: June 19 thru June 22

Attendance Policy: Students missing six (6) hours of class per course taken WILL NOT receive credit. Tardiness counts towards absences and will be calculated in thirty (30) minute increments.

Enrollment: Students new to district or not attending Simonsen during the 2017-2018 school year, must enroll at the Welcome Center for summer school.

Questions: For more information, contact Carrie Welch at JCHS (659-3063).

***Notification of enrollment will be sent home at the end of the second week in May in the form of a letter that will include important information.**

***First Student will contact you directly regarding transportation.**

Important Information:

1. You must enroll at the WELCOME CENTER. Please refer to the letter included for instructions for enrollment.
2. Applications need to be returned by either fax, email, or dropped off at Jefferson City High School counseling office if not completed upon enrollment at the Welcome Center.
3. Select the courses that you are interested in taking. Please remember that a student may only earn one credit during summer school.
4. The summer school schedule is composed of two blocks of time:
Breakfast: 7:00 a.m. to 7:25 a.m. Lunch: 11:15 a.m. to 11:40 a.m.
Block 1: 7:30 a.m. to 11:15 a.m. Block 2: 11:45 a.m. to 3:30 pm.
5. Jefferson City High School will be participating in the Federally Funded Summer Food Service Program. Each student may have breakfast and lunch at NO CHARGE.
6. Only those students residing in the Jefferson City Public School District will be eligible to enroll in Summer School 2017

Students Full Name: _____ Parent's Name: _____

Address: _____ City: _____ Zip Code: _____

Middle School Presently Attending: _____

Please indicate the classes you plan on attending during summer school.

_____ Physical Education (.50 PE credit)

_____ Health (.50 Health credit)

If address, household, relationship and contact information is the same for all children, this form should only be filled out ONCE - not once for each child.



HOUSEHOLD CENSUS INFORMATION

Enrollment for School Year: 2017 - 2018 Today's Date: _____

Household 1

Adult #1

Name _____ Gender M F

Work Phone _____ Cell Phone* _____ Email** _____

Adult #2

Name _____ Gender M F

Work Phone _____ Cell Phone* _____ Email** _____

*Cell phone numbers will receive an option for text messages. Text messages may include information related to school closings, emergencies, event reminders, fundraisers, etc. Check here if you do NOT want to receive text messages. Adult #1 Adult #2

**E-mail addresses will be used for various district communications.

Address _____ City _____ State _____ Zip _____

Main Phone _____ Jefferson City Public Schools provide phone alerts to all families through an automated calling system. The phone number listed here will be the number to receive these calls.

Student Relationship to Adults in Household 1

| FULL NAME of students who are currently enrolling or enrolled in JCPS and living in household | JCPS School | Birth Date mm/dd/yy | Adult #1 Relationship to Student | Adult #2 Relationship to Student |
|---|-------------|---------------------|----------------------------------|----------------------------------|
| _____ | _____ | __/__/__ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ |

Household 2

Adult #3

Name _____ Gender M F

Work Phone _____ Cell/Pager* _____ Email** _____

Adult #4

Name _____ Gender M F

Work Phone _____ Cell/Pager* _____ Email** _____

*Cell phone numbers will receive an option for text messages. Text messages may include information related to school closings, emergencies, event reminders, fundraisers, etc. Check here if you do NOT want to receive text messages. Adult #3 Adult #4

**E-mail addresses will be used for various district communications.

Address _____ City _____ State _____ Zip _____

Main Phone _____ Jefferson City Public Schools provide phone alerts to all families through an automated calling system. The phone number listed here will be the number to receive these calls.

Student Relationship to Adults in Household 2

| FULL NAME of students who are currently enrolling or enrolled in JCPS and living in household | JCPS School | Birth Date mm/dd/yy | Adult #3 Relationship to Student | Adult #4 Relationship to Student |
|---|-------------|---------------------|----------------------------------|----------------------------------|
| _____ | _____ | __/__/__ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ |
| _____ | _____ | __/__/__ | _____ | _____ |

EMERGENCY CONTACTS - Other Than Parents - Please list one name per line.

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

| | | | |
|----|------------|----------------------------|---|
| 1. | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Name | Relationship to student(s) | Gender |
| | _____ | _____ | _____ |
| | Work Phone | Cell Phone | Other Phone |
| 2. | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Name | Relationship to student(s) | Gender |
| | _____ | _____ | _____ |
| | Work Phone | Cell Phone | Other Phone |
| 3. | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Name | Relationship to student(s) | Gender |
| | _____ | _____ | _____ |
| | Work Phone | Cell Phone | Other Phone |

DECLARATION OF STUDENT RESIDENCY

In order to comply with Missouri law regarding the eligibility of children to attend the public schools, the Jefferson City Public 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 false declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Jefferson City Public School District. I hereby affirm that the student(s) and a parent/legal guardian reside within the boundaries of Jefferson City Public Schools.

Signature of Parent/Legal Guardian
(Student may sign if 18 yrs. of age and not living with parents)

Date

Signature of person with whom student is residing

Date



Today's Date:

Student Information Form

Please print or type

Student's Legal Name

Last _____ Suffix _____ First _____ Middle _____

Grade: _____ Gender: Male Female Date of Birth: _____/_____/_____

Student's Social Security Number _____ - _____ - _____
(Optional - social security numbers are used to confirm student participation in the National School Lunch and Breakfast Program, to determine Medicaid eligibility for purposes of district reimbursement for services, and to track student progress in Project Lead the Way and Community College).

Country of birth? United States Other: _____ If other, date entered the United States: _____
If other, date entered first U.S. School: _____

RACE/ETHNIC ORIGIN

The U.S. Government requires the schools to make reports using the following categories for Race/Ethnicity:

Are you Hispanic or Latino? Yes No

Which of the following describes your Race? (choose all that apply):

White 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? Yes No

Is a language other than English spoken in the home? Yes No If Yes, language spoken: _____

Does the student speak a language other than English? Yes No If Yes, language spoken: _____

STUDENT EDUCATIONAL INFORMATION

Please list the last school attended:

Grade _____ District _____ School _____

Address _____ City _____ State _____

Has this student ever been retained? Yes No If yes, what grade? _____

Has this student ever attended a Jefferson City Public School before? Yes No If Yes: When? _____ School? _____

EDUCATIONAL SERVICES AND PROGRAMS

Does/Did this student receive special education services (have an Individual Education Plan (IEP))? Yes No
If Yes: Currently Receiving Received in the Past

Does/Did this student receive speech or language therapy in the school setting? Yes No
If Yes: Currently Receiving Received in the Past

If information about the specific special education services the student receives/received are known, please list here:

Does/Did this student receive any of the services below?

Gifted Program Yes No
If Yes: Currently Receiving Received in the Past

Title I Services; Reading Services Yes No
If Yes: Currently Receiving Received in the Past

Section 504 Plan Yes No
If Yes: Currently Receiving Received in the Past

English as a Second Language Yes No
If Yes: Currently Receiving Received in the Past

Other: _____
 Currently Receiving Received in the Past

A complete original copy of any legal documents/court orders pertaining to the student must be presented.(i.e. divorce decrees, custody, parenting plan, restraining order, etc.)

MCKINNEY-VENTO ACT

These questions cover the definition of homeless that is within the McKinney-Vento Homeless Assistance Act.

- 1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a 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: _____

- 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

FEDERAL MIGRATORY WORKER SURVEY

If you have a child age 3 through 21 and 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.

- 1. Have you moved from one school district to another during the past three years and 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 dairy farm or a catfish farm; cutting firewood or logs to sell? YES NO
- 2. Have you moved from one school district to another during the past three years 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

POSSIBLE DAYCARE FOR CHILDREN OF JCPS STUDENTS

JCPS offers infant/toddler daycare opportunities on a limited basis for JCPS students with children. Would you be interested in learning more information about this service? YES NO

LEGAL DOCUMENTS

Are there any legal documents pertaining to this student, e.g., guardianship, divorce/parenting plan, juvenile court/juvenile officer, ex parte, etc? YES NO

If yes, please provide a copy and describe: _____

MILITARY

Is this student residing in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces? YES NO

Is this student living with a family member due to parents being deployed? YES NO

If you answered yes to either question above, please select one: Active Duty National Guard or Reserve

SAFE SCHOOLS ACT

The undersigned hereby certify and represent to the Jefferson City Public School District, for the purposes of the Missouri Safe Schools Act, that:

- 1. This student is not currently suspended or expelled from any other school district.
- 2. This student has not been convicted or indicted of any of the following offenses and no information or petition alleging such offense has been filed:
 - a. first degree murder under Section 565.020, RSMo
 - b. second degree murder under Section 565.021, RSMo
 - c. first degree assault under Section 565.050, RSMo
 - d. forcible rape under Section 566.030, RSM.
 - e. forcible sodomy under Section 566.060, RSMo
 - f. statutory rape under Section 566.032, RSMo
 - g. statutory sodomy under Section 566.062, RSMo
 - h. robbery in the first degree under Section 569.020, RSMo
 - i. distribution of drugs to a minor under Section 195.212, RSMo
 - j. arson in the first degree under Section 569.040, RSMo
 - k. kidnapping, when classified as a Class A felony, under Section 565-100, RSMo

The undersigned, being first duly sworn on his/her/their oath, states that he/she/they provided the above information to the Jefferson City Public School District for the purpose of enrolling a student in the Jefferson City Public School District and states that such information is true and correct to the best of his/her/their information, knowledge and belief.

DECLARATION OF STUDENT RESIDENCY

In order to comply with Missouri Law regarding the eligibility of children to attend the public schools, the Jefferson City Public 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 false declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Jefferson City Public School District. I hereby affirm that the student and a parent/legal guardian reside within the boundaries of Jefferson City Public Schools.

Signature _____ Relationship to Student _____ Date _____
 (Student may sign if 18 years of age and not living with parents)

Jefferson City Public Schools New Student Health Registration Form

| | | | |
|---------------|-------------|---|-------|
| Student Name: | Birth Date: | Male <input type="checkbox"/> Female <input type="checkbox"/> | Date: |
| School: | Grade: | Parent/Legal Guardian Contact# | |
| Doctor: | | Hospital Preference In Case of Emergency: <input type="checkbox"/> Capital Region Medical Center <input type="checkbox"/> St. Mary's Health Center | |

Does student have any current health concerns? Check all that apply (use back if needed).

- ADD ADHD
 Diagnosed Allergies (*ex: food, medication, sting or other; do not include seasonal*) **Please Complete Allergy Assessment Tool**
 Asthma **Please Complete Asthma Assessment Tool**
 Diabetes **DOCTOR'S ORDERS REQUIRED; CONTACT SCHOOL NURSE**
 Diagnosed Seizure Disorder **Please Complete Seizure Assessment Tool**
 Diagnosed Psychological/ Emotional/ Behavioral Disorder (*ex: Bipolar, OCD, Mood Disorder, PTSD, ODD, Depression, Anxiety*): **Specify Type:** _____

 Autism PDD
 Hearing Impaired Device required **Specify Type:** _____
 Glasses Contacts Other Vision Impairment **Specify Type:** _____
 Other **SERIOUS** Health Concerns or Recent Surgeries (*ex. Heart Condition, Crohn's, Sickle Cell, Cancer, Bone/Joint/Muscle, Diagnosed Migraines, etc*) **Specify Type:** _____

 MEDICATIONS - Does student take medication on a regular basis? (**Please list Type, Amount, Reason and if they will be taking it at school**): _____

JCPS Medication Policy

JCPS Health Room Staff or Designee may administer medication to students when the following criteria are met:

- ***All medication must be provided by the parent/guardian.**
- ***All medications must be delivered to the school nurse in a properly labeled container from the pharmacy or in the manufacturer's original packaging.**
- ***All medication must be accompanied by a signed medication permission form from the parent/guardian (forms are available in the health room).**
- * **Medication for students under the age of 12 MUST be children's strength unless student has a current doctor's order for adult strength.**
- * **Aspirin containing medications will NOT be given unless student has a current doctor's order.**
- * **Nurses must follow medication label instructions unless a written notice is received from a physician indicating a dosage change.**

Screenings

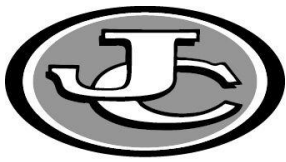
Routine vision screenings will be conducted for students in grades K, 1, 3, 5, and 7. Routine hearing screenings will be conducted for students in grades K, 1, 2, and 3. Vision or hearing screenings may be conducted as necessary or by request of parent or teacher. **Please check one:**

- I DO want my child to participate in routine screenings.**
 I DO NOT want my child to participate in routine screenings.

I attest that the above information is accurate to the best of my knowledge. I have read and agree to the medicine policy above. I have designated above my choice concerning vision and hearing screening.

Parent/Guardian Signature

Date



Jefferson City Public Schools

Jefferson City Public Schools Technology Usage Agreement

TECHNOLOGY USAGE AGREEMENT

I have read the school district's Technology Usage policy, administrative regulations, and netiquette guidelines. I understand that violation of these provisions may result in disciplinary action taken against my child, ward or child within my care, including but not limited to suspension or revocation of my child's or ward's access to district technology and suspension or expulsion from school.

I understand that my child's or ward's technology usage is not private and that the school district will monitor my child's or ward's use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to district interception of, or access to all communications sent, received or stored by my child or ward using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely. I understand that any district device assigned to my child or ward, as part of our 1:World program or through an assistive technology assignment, is property of the district and all information on that device can be monitored, reviewed, or given to 3rd parties for administrative purposes.

I agree to be responsible for any unauthorized costs arising from my child's, ward's or child within my care's use of the district's technology resources. I agree to be responsible for any damages incurred by my child, ward or child within my care.

Note: Technology Usage Policy EHB and EHB-R may be found on the District website, www.jcschools.us. View by selecting on the top bar: School Board/Board of Education/ and then selecting the Board Policies link on the left hand side. Select E – Support Services and then select either EHB or EHB-R policy.

I have read and understand the district's Technology Usage policy, administrative regulations, and netiquette guidelines.

Student Name: _____ **Grade:** _____

Parent/Guardian Signature: _____

Relationship to student: _____

Date: _____



Jefferson City Public Schools Option to Withhold Information and Media Release Form

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 released.

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 without first obtaining written consent from a parent or eligible student:

Student's name; date and place of birth; parents' names; grade level; enrollment status (e.g., 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 following information the district maintains 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 and are created solely to work with the district, its staff, students and parents and to raise funds for district activities; governmental entities including, but not limited to, law enforcement, the juvenile office and the Children's Division (CD) of the Department of Social Services:

The student's address, telephone number and e-mail address and the parents' addresses, telephone numbers and e-mail addresses.

Examples of situations where information would be withheld include:

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

WITHHOLD my student's directory information.

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 receiving parental/guardian permission.*

Yes, I give permission.

No, I do not give permission.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____

**Jefferson City Public Schools
Secondary Transportation Form
2017 Summer School**

Date: _____ Student Name: _____
Address: _____
School: _____ Grade: _____

Does your student plan to use JCPS bus services for summer school? Yes No
If yes, JCPS bus services will be used for the purpose of Pick Up Drop Off

If your student will ***routinely*** ride a JCPS bus to an address other than the primary address, please list it below:
Please note – the alternate address can only be that of a guardian/daycare and must also be bus eligible

This alternate address will be used for the purpose of Pick Up Drop Off

Name and phone number of individual(s) that reside at the above address:

| Name | Phone # |
|-------|---------|
| _____ | _____ |

Parent/Guardian Name (Please Print) _____

Signature _____ Date _____

For Office Use Only – NOTES:
