

**2017-2018 School Year**

**High School (9-12) Packet**

**Jefferson City Public Schools**

**Enrollment Checklist**

**Items to bring to Enroll:**

- Completed Enrollment Forms (**see below**)
- Student's birth certificate (**Original for Kindergarten, copy sufficient for other grades**)
- Copy of Student's Immunizations
- Parent/Guardian Photo ID
- Two Proofs of Residency dated within the last 45 days
  - Acceptable Documents** •Section 8 Housing Contract •Fully executed real estate contract
  - Electric Bill •Water Bill •Cable/Satellite Bill •JC Utility Bill •Land Line Phone Bill •DFS Document •Social Services Document •Social Security Administration Document •Paycheck Stub
- IEP/Evaluation/504 Plan (if applicable)
- Legal/Custody/Parenting Plan Documents (if applicable)

**Enrollment Forms:**

- Release of Student Records Form
- Household Census Information (**1 per Household**)
- Student Information Form
- New Student Health Registration Form
- Technology Usage Agreement Form
- Option to Withhold Information and Media Release Form
- Transportation Form
- Transportation Character Commitment Contract
- Parent Portal Request Form (**1 per Household**)

**Additional Forms – High School (Grades 9 – 12):**

- Military Recruitment Release of Student Information
- New Student/Activities Information (Grades 7-12)



Jefferson City Public Schools  
Jefferson City, MO  
Request for Student Records

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

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

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

School Phone (\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_) \_\_\_\_\_

I hereby request and authorize the official person of the above named school to send the following information concerning my student to the Jefferson City Public School listed below: a transcript of all academic, discipline, test and health records; special education diagnostic summary and IEP; legal documents; ELL testing results.

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

Former School: Please fill in and return with transcript:

Missouri Constitution year passed \_\_\_\_\_ not taken \_\_\_\_\_

US Constitution year passed \_\_\_\_\_ not taken \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <p><input type="checkbox"/> Jefferson City High School<br/>609 Union St., JC MO 65101<br/>JCHS.registrar@jcschools.us<br/>Fax: 573-659-3207<br/>Phone: 573-659-3070</p> <p><input type="checkbox"/> Nichols Career Center<br/>605 Union St., JC MO 65101<br/>NCC.registrar@jcschools.us<br/>Fax: 573-659-3154<br/>Phone: 573-659-3100</p> <p><input type="checkbox"/> Jefferson City Academic Center<br/>501 Madison, JC MO 65101<br/>JCAC.registrar@jcschools.us<br/>Fax: 573-659-2516<br/>Phone: 573-659-2510</p> <p><input type="checkbox"/> Simonsen 9th Grade Center<br/>501 East Miller St., JC MO 65101<br/>simonsen.registrar@jcschools.us<br/>Fax: 573-659-2394<br/>Phone: 573-659-3130</p> <p><input type="checkbox"/> Lewis and Clark Middle School<br/>325 Lewis and Clark Dr., JC MO 65101<br/>LCMS.registrar@jcschools.us<br/>Fax: 573-659-8396<br/>Phone: 573-659-3224</p> <p><input type="checkbox"/> Thomas Jefferson Middle School<br/>1201 Fairgrounds Rd., JC MO 65109<br/>TJMS.registrar@jcschools.us<br/>Fax: 573-659-3281<br/>Phone: 573-659-3268</p> | <p><input type="checkbox"/> Belair Elementary<br/>701 Belair, JC MO 65109<br/>belair.registrar@jcschools.us<br/>Fax: 573-632-3492<br/>Phone: 573-659-3155</p> <p><input type="checkbox"/> Callaway Hills Elementary<br/>2715 State Rd AA, Holts Summit MO 65043<br/>callawayhills.registrar@jcschools.us<br/>Fax: 573-896-4054<br/>Phone: 573-896-5051</p> <p><input type="checkbox"/> Cedar Hill Elementary<br/>1510 Vieth Dr., JC MO 65109<br/>cedarhill.registrar@jcschools.us<br/>Fax: 573-632-3493<br/>Phone: 573-659-3160</p> <p><input type="checkbox"/> East Elementary<br/>1229 E McCarty, JC MO 65101<br/>east.registrar@jcschools.us<br/>Fax: 573-632-3489<br/>Phone: 573-659-3165</p> <p><input type="checkbox"/> Lawson Elementary<br/>1105 Fairgrounds Rd., JC MO 65109<br/>lawson.registrar@jcschools.us<br/>Fax: 573-632-3487<br/>Phone: 573-659-3175</p> <p><input type="checkbox"/> Moreau Heights Elementary<br/>1410 Hough Park, JC MO 65101<br/>moreauheights.registrar@jcschools.us<br/>Fax: 573-632-3495<br/>Phone: 573-659-3180</p> | <p><input type="checkbox"/> North Elementary<br/>285 S Summit, Holts Summit MO 65043<br/>north.registrar@jcschools.us<br/>Fax: 573-896-4018<br/>Phone: 573-896-8304</p> <p><input type="checkbox"/> Pioneer Trail Elementary<br/>301 Pioneer Trail, JC MO 65109<br/>pioneertrail.registrar@jcschools.us<br/>Fax: 573-632-3420<br/>Phone: 573-632-3400</p> <p><input type="checkbox"/> South Elementary<br/>707 Linden Dr., JC MO 65101<br/>south.registrar@jcschools.us<br/>Fax: 573-632-3497<br/>Phone: 573-659-3185</p> <p><input type="checkbox"/> Thorpe Gordon Elementary<br/>1101 Jackson St., JC MO 65101<br/>thorpegordon.registrar@jcschools.us<br/>Fax: 573-659-3514<br/>Phone: 573-659-3170</p> <p><input type="checkbox"/> West Elementary<br/>100 Dix Rd., JC MO 65109<br/>west.registrar@jcschools.us<br/>Fax: 573-632-3496<br/>Phone: 573-659-3195</p> <p><input type="checkbox"/> JCPS Welcome Center<br/>315 E Dunklin, JC MO 65101<br/>welcomecenter@jcschools.us<br/>Fax: 573-659-3028<br/>Phone: 573-659-3043</p> |
|--|---|---|

**\*\*Please fax/email \_\_\_\_\_  
to the Welcome Center. All other student  
records should be faxed to the school indicated.**

**PLEASE CHECK BOX TO THE SCHOOL WHO WILL RECEIVE RECORDS.**

*Federal Law 99.21 states "No Parent Signature Required for Educational Records Sent to Another Educational Agency."*

**REVISED January 2017**

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



**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 \_\_\_\_\_  
(Student may sign if 18 years of age and not living with parents)

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

# Jefferson City Public Schools New Student Health Registration Form

Jefferson City, MO

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 request 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

**Screenings**

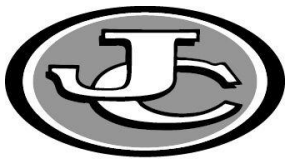
Routine vision screenings will be conducted for students in grades K, 1, 3, 5, and 7. Routine hearing screenings will be conducted for students in grades K, 1, 2, and 3. Vision or hearing screenings may be conducted as necessary or by request of parent or teacher. **Please check one:**

- 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, hearing, and scoliosis 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 3<sup>rd</sup> 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](http://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.*

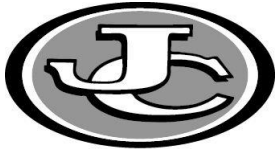
Yes, I give permission.

No, I do not give permission.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_



Jefferson City Public Schools

## Military Recruitment Release of Student Information (9-12 grades only)

The No Child Left Behind Act of 2001 (Public Law 107-110) requires high schools to provide to military recruiters, upon request, access to names, addresses, and phone numbers of high school students.

If you do not want the Jefferson City Public School District to disclose the information listed above, please provide this signed form to the school principal by the end of the second week of school.

A list of the guidelines on military recruiters' access to information can be found at the following web site: <http://www.ed.gov/policy/gen/guid/fpco/hottopics/ht-10-09-02a.html>. If you have any questions, please do not hesitate to contact your child's guidance counselor.

---

### WITHHOLD STUDENT INFORMATION FROM MILITARY RECRUITERS

I, \_\_\_\_\_, (PRINT FULL NAME) request that the Jefferson City Public Schools withhold directory information of my child from military recruiters. \_\_\_\_\_ (PRINT FULL NAME OF STUDENT).

Signed: \_\_\_\_\_ (SIGNATURE OF PARENT)

DATE: \_\_\_\_\_

*Revised: January 2017*



**JEFFERSON CITY PUBLIC SCHOOLS  
NEW STUDENT ACTIVITIES INFORMATION**

**Jefferson City High School**

Activities Director: Mark Caballero  
Assistant Activities Director: Lou Mazzocco  
Administrative Assistant: Jenny Pearson  
Phone: 573-659-3047 Fax: 573-632-3449  
Email: [mark.caballero@jcschools.us](mailto:mark.caballero@jcschools.us) or [jenn.pearson@jcschools.us](mailto:jenn.pearson@jcschools.us)

**Jefferson City Middle Schools**

Assistant Activities Director: Dan Ridgeway  
Lewis and Clark Middle: 573-659-2377 fax: 573-659-3209  
Thomas Jefferson Middle: 573-659-2372 fax: 573-659-3259  
email: [dan.ridgeway@jcschools.us](mailto:dan.ridgeway@jcschools.us)

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Male / Female (please circle one)** **Home Phone** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Parent (s) Guardian Name:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

- 1) Has the entire family had a complete change of residence? (By-law 238) \_\_\_ Yes \_\_\_ No  
(everyone living in the household at the previous address moved to the new address)

Date you moved to the new address: \_\_\_\_\_

- 2) Is your address within the geographic attendance area of the respective school? \_\_\_ Yes \_\_\_ NO

- 3) Name of previous school: \_\_\_\_\_ School phone: \_\_\_\_\_

School address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates you attended this school: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**\*\*If you were in this school less than 1 full year (365 days) list any additional schools attended below.\*\***

Name of additional school: \_\_\_\_\_ School phone: \_\_\_\_\_

School address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates you attended this school: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Current Grade in School (please circle one)** 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

**Student plans to participate in MSHSAA Activities?** \_\_\_ Yes \_\_\_ No

**Please Circle/List Activities you are interested in:**

**Vocal Music Orchestra Band Speech & Debate Quiz Bowl Cheerleading Dance**

**Sports (Please specify)** \_\_\_\_\_

**I certify that this information is legally accurate.**

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

\_\_\_\_\_  
**Date**

**Office Use Only:** Rec. \_\_\_\_\_ Reg. \_\_\_\_\_ Filed MSHSAA \_\_\_\_\_ Dec. \_\_\_\_\_



**Board Policy: Student Transportation**

Students, parents/guardians, bus drivers and school officials must work together to provide for the safe transportation of students. The school buses, bus stops, and all other forms of transportation provided by the district or provided incidental to a school activity are considered school property. Students are subject to district authority and discipline while waiting for, entering and riding district transportation. The superintendent or designee will create and enforce administrative procedures detailing the conduct expected of students and will make that information available to students and parents.

Students who fail to observe district rules or fail to contribute to a safe transportation environment will be subject to disciplinary action including, but not limited to, suspension of the privilege of riding the bus. Students with disabilities will be disciplined in accordance with their Individualized Education Program (IEP) or applicable law. The bus driver or other authorized personnel shall report all misbehavior situations to the principal as soon as possible. The bus driver shall report all dangerous situations to the principal immediately.

**Character Commitment Contract**

I understand that my behavior on the bus is my responsibility. I also understand that bullies have no seat on my bus! In order to keep myself, and others safe, I will follow the Character Code of Conduct.

**Code of Conduct:**

***I will treat the driver and other riders with respect while on the bus, just as I do in the classroom.***

- My words will be respectful while on the bus.
- My language will be appropriate and polite while on the bus.
- My actions will be respectful while on the bus.

***I will use responsible behavior while on the bus, just as I do in the classroom.***

- I will keep my head and hands and objects to myself and inside the bus at all times.
- I will stay in my seat while on the bus.
- I will not bully others—physically or verbally
- I will respect school property and keep the bus clean.
- I will report cases of bullying to my driver or another adult.
- I will maintain an appropriate volume using an inside voice on the bus.
- I will not eat, drink on the bus.
- I will not use or carry drugs, alcohol, tobacco or weapons on the bus.

Student Signature \_\_\_\_\_ bus no. \_\_\_\_\_

Printed Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_



## INFINITE CAMPUS

### Parent/Guardian Portal Request Form

I am requesting access to my child/children's student information on the Jefferson City School District's Parent Portal website. Access to Parent Portal includes Messenger functionality between teachers and parents/guardians. If utilized, messages will be sent to both the portal account and the email address listed. I have read the *Jefferson City Public Schools Parent/Guardian Portal Acceptable Use Agreement* and agree to abide by and support the expectations. In order to protect the confidentiality of the student records, all parent/guardians who want to use this service are required to fill out this form and return it **in person** to any one of your students' schools. Please bring a **photo ID** with you when you return the form.

**Please Print**

Parent/Guardian  
Name: (one name per form) \_\_\_\_\_  
*(First name, middle initial, last name)*

Parent/Guardian  
Home Address: \_\_\_\_\_  
*(Street address)* *(City)* *(State)* *(Zip)*

Parent/Guardian  
Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_  
*\*Please be advised that student school information may be sent to this address. If this email address is different than what is currently in Infinite Campus, the email address will be updated to reflect the address above.*

I currently have a Parent Portal Account and would like to add the following students:

Please list all students currently enrolled or enrolling in the JCPS District. Student Name	Your Relation to Student (e.g. mother)	Reside with student (Yes or No)	School Building	Grade Level

***I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above. By signing this document I am authorizing JCPS to grant parent portal and messenger for all students for whom I am a parent or guardian.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature & I.D. must be that of the Parent/Guardian shown on the first line* *(mm/dd/yyyy)*

***Important – Once the above information is verified and processed, you will receive your Infinite Campus Activation Key along with directions on how to access the site and create your User Name and Password.***

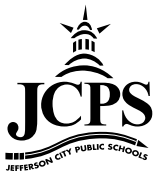
**Please send my Activation Key by:**     Email Listed Above    **OR**     Mailing Address Listed Above

**Office Use Only:**

Date Returned: \_\_\_\_\_     ID Verified    Form & ID Checked By: \_\_\_\_\_

Verify Email     Activation Key Provided     Account Created Manually

Date Key or Manual Account Provided: \_\_\_\_\_    Initials: \_\_\_\_\_



## Jefferson City Public Schools Parent/Legal Guardian Portal Acceptable Use Agreement

### User Expectations

The Jefferson City School District manages student information electronically and will make the student's educational records available for viewing only to authorized parents/legal guardians and students with a secure connection over the Internet. All parents/legal guardians and students must comply with the Internet use regulations and all technology regulations/procedures, as well as all other District policies that may apply.

The Jefferson City School District uses a secure Internet site to enable electronic access to student information; enhancing communication between our parents/legal guardians, students, teachers, principals, and administrators.

This access is a service offered to all current and active parents/legal guardians and students in grades 6-12 of the Jefferson City Public Schools. Access to student information from the Internet is a privilege, not a right. Only after a family has enrolled their child(ren) in Jefferson City Public Schools will a parent/legal guardian and/or student be authorized to activate a web account. Once a student withdraws or graduates from the Jefferson City Public Schools, their access will be deactivated. Once a student turns eighteen years old, they will need to sign a records release form granting parents/legal guardians access to their records. Parents/legal guardians, students, and staff are expected to practice proper and ethical use.

### Use of the System

Parents/legal guardians are required to adhere to the following guidelines:

1. Parents/legal guardians will act in a responsible, ethical, and legal manner.
2. Parents/legal guardians will not attempt to harm/destroy the school or the district's data or networks.
3. Parents/legal guardians will not attempt to access information or any account assigned to another user.
4. Parents/legal guardians will not use this Internet site for any illegal activity, including violation of Federal and State Data Privacy Laws. Anyone found to be in violation of these laws would be subject to civil and /or criminal prosecution.
5. Parents/legal guardians who identify a security problem within the Portal must notify their school immediately without demonstrating the problem to anyone else.
6. Parents/legal guardians will not share their password with anyone, including their own child(ren).
7. Parents/legal guardians will not set their computer to automatically login to the Internet site.
8. Parents/legal guardians identified as a security risk will be denied access to the site.

### Security Features

Infinite Campus offers a highly secure system. Among the safety measures included in the system is the automatic disabling of a user's account that will occur if six unsuccessful login attempts are made on the account. Until District administration has verified the assigned user to the locked account, the account will remain locked. In order to use the account again, the user will need to contact the Student Information, Planning and Assessment Office. For disabled accounts, please email [portalhelp@jcschools.us](mailto:portalhelp@jcschools.us) for an account reset.

**Parents:** Please provide your full name, home address, phone number and student(s) names along with the username and password you are trying to use.

**Students:** Please provide your name, student ID, home address and phone number.

### Limitation of School District Liability

The Jefferson City School District will use reasonable measures to protect student information from unauthorized viewing. The District will not be responsible for financial obligations arising through unauthorized use of the District's system or Internet. The District does not promise any particular level or method of access to the Internet site for viewing student information. The District will not be responsible for actions taken by parent/legal guardian or student that would cause compromise of their student information. The District reserves the right to limit or terminate the Internet site for viewing student information without notice. This is a private network owned and operated by the Jefferson City Public School District. Account activity is electronically recorded.