

2015-2016 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 Recently-Dated Proofs of Residency
 - 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 _____

☐ Jefferson City High School
609 Union St., JC MO 65101
Fax: 573-659-3207
Phone: 573-659-3070

☐ Nichols Career Center
605 Union St., JC MO 65101
Fax: 573-659-3154
Phone: 573-659-3100

☐ Jefferson City Academic Center
501 Madison, JC MO 65101
Fax: 573-659-2516
Phone: 573-659-2510

☐ Simonsen 9th Grade Center
501 East Miller St, JC MO 65101
Fax: 573-659-2394
Phone: 573-659-3130

☐ Lewis and Clark Middle School
325 Lewis and Clark Dr., JC MO 65101
Fax: 573-659-8396
Phone: 573-659-3224

☐ Thomas Jefferson Middle School
1201 Fairgrounds Rd., JC MO 65109
Fax: 573-659-3281
Phone: 573-659-3268

☐ Belair Elementary
701 Belair, JC MO 65109
Fax: 573-632-3492
Phone: 573-659-3155

☐ Callaway Hills Elementary
2715 State Rd AA, Holts Summit MO 65043
Fax: 573-896-4054
Phone: 573-896-5051

☐ Cedar Hill Elementary
1510 Vieth Dr., JC MO 65109
Fax: 573-632-3493
Phone: 573-659-3160

☐ East Elementary
1229 E McCarty, JC MO 65101
Fax: 573-632-3489
Phone: 573-659-3165

☐ Lawson Elementary
1105 Fairgrounds Rd, JC MO 65109
Fax: 573-632-3487
Phone: 573-659-3175

☐ Moreau Heights Elementary
1410 Hough Park, JC MO 65101
Fax: 573-632-3495
Phone: 573-659-3180

☐ North Elementary
285 S Summit, Holts Summit MO 65043
Fax: 573-896-4018
Phone: 573-896-8304

☐ Pioneer Trail Elementary
301 Pioneer Trail, JC MO 65109
Fax: 573-632-3420
Phone: 573-632-3400

☐ South Elementary
707 Linden Dr., JC MO 65101
Fax: 573-632-3497
Phone: 573-659-3185

☐ Thorpe Gordon Elementary
1101 Jackson St., JC MO 65101
Fax: 573-659-3514
Phone: 573-659-3170

☐ West Elementary
100 Dix Rd., JC MO 65109
Fax: 573-632-3496
Phone: 573-659-3195

☐ JCPS Welcome Center
315 E Dunklin, JC MO 65101
Fax: 573-659-3028
Phone: 573-659-3043

****Please fax _____
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 2015



Student Information Form

Today's Date: _____

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 No Child Left Behind Law. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or 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. 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. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? ☐ YES ☐ NO
3. Is either parent (or guardian) now employed in any of the above kinds of work? ☐ YES ☐ NO
4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural work? ☐ YES ☐ NO

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: _____

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

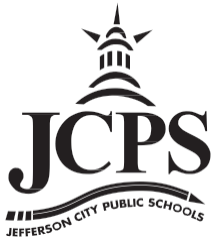
Routine vision screenings will be conducted for students in grades K, 1, 3, 5, and 7. Routine hearing screenings will be conducted for students in grades K, 1, 2, and 3. Scoliosis screenings are conducted late winter/early spring for all 6th grade girls, and 8th grade girls and boys. Vision or hearing 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 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.*

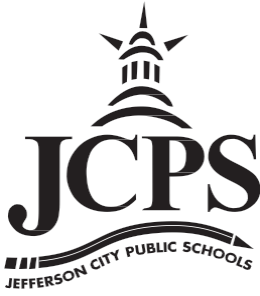
☐ Yes, I give permission.

☐ No, I do not give permission.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____



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/fpc/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 2013



**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 or jenny.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

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) 7th 8th 9th 10th 11th 12th

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. _____

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

If yes, JCPSS bus services will be used for the purpose of ☐ Pick Up ☐ Drop Off

****Please note – the alternate address can only be that of a guardian/daycare and must also be bus eligible****

Name	Phone #
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Signature _____ Date _____

Revised July 2012

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_____