

## 2020-2021 School Year

### Kindergarten Packet

#### Jefferson City School District

### Enrollment Checklist

#### Items to bring to Enroll:

- Completed Enrollment Forms (**see below**)
- Student's birth certificate (**State issued 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:

- Household Census Information (**1 per Household**)
- Student Information Form
- New Student Health Registration Form
- Technology Usage Agreement Form
- Children's Online Privacy Protection Act Privacy Notice and Opt Out Form
- PBIS Notice & SAEBRS Opt Out Form
- Option to Withhold Information and Media Release Form
- Transportation Form

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: 2020 - 2021 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 School District provides 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 JC Schools and living in household	JC Schools Building	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 School District provides 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 JC Schools and living in household	JC Schools Building	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 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 School District. I hereby affirm that the student(s) and a parent/legal guardian reside within the boundaries of Jefferson City School District.

\_\_\_\_\_  
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



# Student Information Form

## Student's Legal Name

\_\_\_\_\_  
Last    Suffix    First    Middle

Grade: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## LANGUAGE USE SURVEY – TIER I: LANGUAGE BACKGROUND

What was your child's first language?  English  Other: \_\_\_\_\_

Which language(s) does your child hear at home and understand?  English  Other: \_\_\_\_\_

Which language(s) does your child use (speak) at home and with others?  English  Other: \_\_\_\_\_

Has your child ever received English as a Second Language (ESL/ELL) services?  Yes  No

## 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 in Jefferson City School District before?  Yes  No If Yes: When? \_\_\_\_\_ School? \_\_\_\_\_

## EDUCATIONAL SERVICES AND PROGRAMS

Does this student currently receive special education services or services outlined in an Individual Education Plan (IEP) such as:

- Resource Room  Yes  No  Unknown  
Self-contained Classroom  Yes  No  Unknown  
Speech or Language Therapy  Yes  No  Unknown

Has this student ever received the above services in the past?  Yes  No  Unknown

If Yes Explain: \_\_\_\_\_  
\_\_\_\_\_

Does this student currently receive any other services such as:

- Title 1 Services (Remedial Reading Services)  Yes  No  Unknown  
Section 504 Accommodation Plan  Yes  No  Unknown  
Formal Gifted Program  Yes  No  Unknown

Has this student ever received the above services in the past?  Yes  No  Unknown

If Yes Explain: \_\_\_\_\_  
\_\_\_\_\_

Does this student require bus accommodations (e.g. wheelchair lift, safety harness, etc.)?  Yes  No

If Yes Explain: \_\_\_\_\_

**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. Is this student sharing the housing of other persons due to loss of housing, economic hardship, or similar reason?  YES  NO  
If you answered yes, please explain: \_\_\_\_\_
- 2. Is this student currently residing at a motel, hotel, or camping grounds due to the lack of alternative adequate accommodations?  YES  NO
- 3. Is this student currently residing in an emergency or transitional shelter?  YES  NO
- 4. Has this student been abandoned in a hospital?  YES  NO
- 5. Is this student's primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings?  YES  NO
- 6. Is this student currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting?  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

**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**

Does this student have a parent or guardian that is a member of the Armed Forces on active duty or on full-time National Guard duty?  YES  NO

If you answered yes, please select one:  Active Duty  National Guard or Reserve

**SAFE SCHOOLS ACT**

The undersigned hereby certify and represent to the Jefferson City 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 School District for the purpose of enrolling a student in the Jefferson City 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 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 School District. I hereby affirm that the student and a parent/legal guardian reside within the boundaries of Jefferson City School District.

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

# Jefferson City School District 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		

## **MEDICAL HISTORY**

*Have you ever been told by a physician or health care professional that your child has any of the following? Check all that apply.*

_____ Asthma	_____ Seizure disorder	_____ Skin condition
_____ Diabetes	_____ Bone/muscle disease	_____ ADD/ADHD
_____ Heart condition	_____ Bleeding disorder	_____ Learning disability
_____ Mental health condition (i.e. depression, anxiety, eating disorder)	_____ Other _____	

*Does your child experience any of the following?*

_____ Nose bleeds	_____ Frequent ear aches	_____ Frequent headaches
_____ Poor appetite	_____ Frequent stomach aches	_____ Underweight for age
_____ Tires easily	_____ Emotional concerns	_____ Physical disability
_____ Fainting spells	_____ Other _____	

Do any of the above condition(s) limit/effect your child at school? \_\_\_\_\_

## **LIFE-THREATENING CONDITIONS**

Does your child have a life-threatening health condition? Yes\_\_\_ No\_\_\_ Describe: \_\_\_\_\_

## **ALLERGIES**

Plants\_\_\_ Animals\_\_\_ Food\_\_\_ Molds\_\_\_ Drugs\_\_\_ Sting\_\_\_ Other\_\_\_\_\_

Please describe the allergic reaction and the treatment for **each** checked allergy: \_\_\_\_\_

## **MEDICATIONS**

List medications taken at home: \_\_\_\_\_

List medications taken at school: \_\_\_\_\_

### **JC Schools Medication Policy**

- JC Schools 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 and accompanied by a signed medication permission form from the parent/guardian (forms are available in the health room).
  - \*All medications must be delivered to the school nurse in a properly labeled container from the pharmacy or in the manufacturer's original packaging.
  - \*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.
  - \*All doctor's orders need to be updated on a yearly basis.

**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 School District  
Children's Online Privacy Protection Act (COPPA)  
Privacy Notice and **OPT OUT FORM****

The Jefferson City School District is committed to providing your student with the most effective web-based assessments, instructional tools and applications for learning. The Children's Online Privacy Protection Act (COPPA) requires parental notification and consent for student use of district approved online resources for students. The law permits school to act as the parent's agent and to consent to the collection of student information on the parent's behalf.

The district utilizes a variety of online assessment and instructional programs to meet your child's needs. Examples include iReady, GoMath and the G suite for Education (Google) in your child's classroom. For a complete listing of Jefferson City School District instructional programs, please visit <https://www.jcschools.us/domain/35> and select COPPA Online Resource List in the Technology section.

In order for students to use these programs and services, certain personal information must be provided to the website operator(s). This information may include, but is not necessarily limited to, the student's name, teacher's name, grade, birth date, and district issued email address/login. The District will provide only the minimum information required to access the educational materials and applications.

**\*\*\*Only fill out this form if you wish to opt out of COPPA\*\*\***

**PLEASE NOTE: If you sign and complete this **OPT OUT FORM**, you are not allowing your student access to online assessments and instructional educational tools related to necessary coursework. As a result, your student will be assigned alternative assignments when necessary. **DO NOT complete this form if you want your student to have access to online assessments and instructional tools.****

**Name of Student:** \_\_\_\_\_

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

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

For additional information on COPPA, please visit <https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>

For additional information regarding Google for Education, please see [https://gsuite.google.com/terms/education\\_terms.html](https://gsuite.google.com/terms/education_terms.html)  
[https://gsuite.google.com/terms/education\\_privacy.html](https://gsuite.google.com/terms/education_privacy.html)  
<https://support.google.com/a/answer/6356441>



## Positive Behavioral Interventions and Supports (PBIS) Notice and SAEBRS OPT OUT FORM

Your child's school participates in Positive Behavioral Interventions and Supports (PBIS), a program that helps to teach and reinforce positive student behaviors. The overall goal of this program is to support the social-emotional and behavioral health of our students. At Jefferson City Elementary Schools, we are continuing to find ways to enhance our PBIS efforts. As we've done in previous years, all teachers will complete a checklist for each student in their class. The SAEBRS checklist asks teachers to rate each student on their social interactions, emotions, and work in the classroom. Results of these checklists will be used to guide prevention efforts in your child's school. For instance, checklist results can be used to identify which students need additional support within the classroom to be successful.

Your child will not have to do anything as part of this checklist process. He or she will continue to go about their normal day at school. The only thing this checklist process requires is for your child's teacher to think about and rate the behavior of each child in its classroom. If you want your child to participate in this checklist process, you do not have to do anything. Your child will automatically be included. If you **DO NOT** want your child to participate, please sign below. If we receive your returned form, your child's teacher will not rate your child. You can also return the form at any point in the future and we will stop considering your child's ratings.

**\*\*\*Only fill out this form if you wish to opt out of the SAEBRS checklist\*\*\***

**Parental Opt Out:** I have read all of the above information. **I DO NOT give permission for my child to participate in the SAEBRS checklist described above.** I can return this form signed and my child will NOT be rated by his/her teacher using the checklist. I can return it at any point after that and information about my child will not be considered further.

---

Print Child's Name

---

Parent's Signature

---

Date

---

Print Parent's Name





# Jefferson City School District 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 of birth; parents' names; grade level; enrollment status (e.g., full-time or part-time); 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 Technology Usage Agreement

## TECHNOLOGY USAGE AGREEMENT

I have read the school district's [Technology Usage policy](#) (EHB), [administrative procedures](#) (EHB-API), and [netiquette guidelines](#). I understand that violation of these provisions may result in disciplinary action being taken against my child, ward or child within my care ("child"), including but not limited to suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's technology usage is not private and that the school district will monitor my child's use, 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 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 or used by my child, 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.

I agree to release from liability, indemnify, and hold harmless the school district and district personnel from all claims, damages, and costs that may result from my child's use of district technology, including but not limited to any unlawful or improper use of district technology. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

*Note: Technology Usage Policy/Procedures (EHB/API) may be found on the District website, [www.jcschools.us](http://www.jcschools.us). View by selecting on the top bar: About JC Schools/Board of Education/ and then selecting the Board Policies link on the left hand side. Select E – Support Services and then select EHB policy/EHB API. Student Technology Netiquette Guidelines can be found at <https://www.jcschools.us/Page/15430>.*

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

<b>Student Name:</b> _____ <b>Grade:</b> _____
<b>Parent/Guardian Signature:</b> _____
<b>Relationship to student:</b> _____
<b>Date:</b> _____



## Elementary Transportation Form School Year 2020-2021

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

Student's Primary Home Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Please select **ONE** transportation option for both AM and PM. Select the method used most regularly. *If you have special transportation needs, please speak to your school secretary.*

	AM	PM
<b>JC SCHOOLS BUS</b> (see additional information in section below)		
<b>WALK</b>		
<b>CAR RIDER WITH:</b> _____ (Name of individual(s) who will drop off/pick up student)		
<b>ON-SITE CARE AT SCHOOL</b> <small>Enrollment and payment to Child Care provider required (Y-Care or Boys &amp; Girls Club depending on school building)</small>		
<b>DAYCARE PROVIDED TRANSPORTATION:</b> Name of Daycare Provider: _____		

### ADDITIONAL JC SCHOOLS BUS INFORMATION

Will your student ride to an address other than the address listed above?

Yes (complete alternate address information below)     No - **DONE**

\*Please note - Both your primary home address and these addresses must be eligible for bus transportation to/from the student's school.

<p><b>AM:</b> Pick up at <u>Alternate</u> Address*</p> <p><b>Address:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Information for adult residing at this address:</b></p> <p><b>Name:</b> _____</p> <p><b>Phone#:</b> _____</p>	<p><b>PM:</b> Drop off at <u>Alternate</u> Address*</p> <p><b>Address:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Information for adult residing at this address:</b></p> <p><b>Name:</b> _____</p> <p><b>Phone#:</b> _____</p>
---	--

IF alternate addresses are listed above, please indicate which will be the most frequently used bussing address for morning and afternoon.

AM:  Home Address     Alternate Address  
PM:  Home Address     Alternate Address

Per First Student Transportation policy, drop-off for K and 1<sup>st</sup> grade students requires a parent/guardian or a sibling (3<sup>rd</sup> grade or older) be present to receive the student when he/she disembarks the bus. Additionally, some students have an Individualized Education Plan (IEP) which requires an authorized individual to be present when the student disembarks the bus.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_