

## 2019-2020 School Year

### Kindergarten Packet

#### Jefferson City Public Schools

### 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

#### Additional Forms – Elementary Schools (Kindergarten):

- Summer School Enrollment Forms

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: 2019 - 2020 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

**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	g. statutory sodomy under Section 566.062, RSMo
b. second degree murder under Section 565.021, RSMo	h. robbery in the first degree under Section 569.020, RSMo
c. first degree assault under Section 565.050, RSMo	i. distribution of drugs to a minor under Section 195.212, RSMo
d. forcible rape under Section 566.030, RSM.	j. arson in the first degree under Section 569.040, RSMo
e. forcible sodomy under Section 566.060, RSMo	k. kidnapping, when classified as a Class A felony, under Section 565-100, RSMo
f. statutory rape under Section 566.032, 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**

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

# Jefferson City Public Schools New Student Health Registration Form

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

## **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.*

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

*Does your child experience any of the following?*

<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Frequent ear aches	<input type="checkbox"/> Frequent headaches
<input type="checkbox"/> Poor appetite	<input type="checkbox"/> Frequent stomach aches	<input type="checkbox"/> Underweight for age
<input type="checkbox"/> Tires easily	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Fainting spells	<input type="checkbox"/> 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: \_\_\_\_\_

### **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 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.

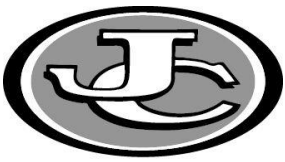
**Screenings:** Routine vision screenings will be conducted for students in grades K, 1, 3, 5, and 7. Routine hearing screenings will be conducted for students in grades K, 1, 2, and 3. Vision or hearing screenings may be conducted as necessary or by request of parent or teacher. **Please check one:**

- 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 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 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 my child, as part of the 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 further understand that additional duties and obligations may be imposed upon my child as part of the 1:World program.

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 EHB 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 EHB policy. 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 regulations, and netiquette guidelines.

<p><b>Student Name:</b> _____ <b>Grade:</b> _____</p> <p><b>Parent/Guardian Signature:</b> _____</p> <p><b>Relationship to student:</b> _____</p> <p><b>Date:</b> _____</p>
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**Jefferson City Public Schools**  
**Children's Online Privacy Protection Act (COPPA)**  
**Privacy Notice and OPT OUT FORM**

The Jefferson City Public Schools 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 JCPS 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.

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Print Child's Name

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Parent's Signature

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Date

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Print Parent's Name



# 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

## Elementary Transportation Form

### School Year 2019-2020

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

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

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

AM:	PM:
PLEASE SELECT THE 1 MAIN MODE OF TRANSPORTATION:	PLEASE SELECT THE 1 MAIN MODE OF TRANSPORTATION:
<input type="checkbox"/> Bus	<input type="checkbox"/> Bus
<input type="checkbox"/> On-Site Care _____	<input type="checkbox"/> On-Site Care _____
<input type="checkbox"/> Walk	<input type="checkbox"/> Walk
<input type="checkbox"/> Car Rider with _____	<input type="checkbox"/> Car Rider with _____
<input type="checkbox"/> Transportation Provided by Daycare	<input type="checkbox"/> Transportation Provided by Daycare
Daycare Name: _____	Daycare Name: _____
Phone: _____	Phone: _____

If your student will **routinely** ride a JCPS bus to an address other than the primary address above, please list it

<p><b>AM:</b> Pick up at <u>Alternate</u> Address**</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of adult residing at the address above: _____</p> <p>_____</p> <p>Phone#: _____</p>	<p><b>PM:</b> Drop off at <u>Alternate</u> Address**</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of adult residing at the address above: _____</p> <p>_____</p> <p>Phone#: _____</p>
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\*\*Please note - Both your primary address and these alternate addresses must be eligible for bus transportation to/from the student's school. \*\*

***Your child will be sent home each day as you have indicated above. Please notify the school office with any changes that may occur in transportation and/or contact information.***

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only – NOTES:

\_\_\_\_\_

\_\_\_\_\_