

2017-2018 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 Consent
- 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: 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

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

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

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

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

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

JCPS Medication Policy

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

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

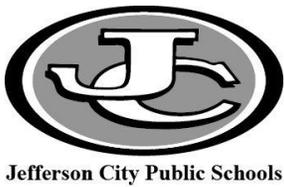
Screenings

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

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

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

_____ Parent/Guardian Signature	_____ Date
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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
Children's Online Privacy Protection Act (COPPA)
Privacy Notice and Consent

The Jefferson City Public Schools is committed to providing your student with the most effective web-based 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 under age 13. 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 with parent permission.

The school district provides your student with effective web-based tools and applications for learning and uses several computer software applications and web-based services operated by third-party service providers. The district will be piloting the G suite for Education (Google) in your child's classroom. In order for students to use these programs and services, certain personal information must be provided. This information may include, but is not necessarily limited to, the following information being provided to the website operator: the student's name, teacher's name, grade, birth date, and email address/login. The District will provide only the minimum information required to access the educational materials and applications.

Commercial websites are required to provide parental notification and to obtain parental consent before collecting personal information from children under age 13. The law permits schools to consent to the collection of this information for all students, thereby eliminating the need for individual parental consent to the website provider.

Please complete and return this consent form to ensure that your child is allowed to access the referenced applications. By completing this form, you acknowledge that you understand that consent is required in accordance with the Children's Online Privacy Protection Act (COPPA) and you hereby provide such consent and agree to the release of personally identifiable information regarding your child. You further understand that you may revoke this consent at any time, upon providing written notice to the school district. Lastly, you understand that this consent shall remain in effect until revoked in writing.

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_privacy.html

<https://support.google.com/a/answer/6356441>



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 2017-2018**

Date: _____ Student Name: _____

Address: _____

School: _____ Grade: _____

Does your student plan to use JCPS bus services throughout the year? Yes No

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

Before School:

- Bus
- On-Site Care _____
- Walk
- Car Rider with _____
- Transportation Provided by Daycare*

*Daycare Name & Address:

Phone: _____

After School:

- Bus
- On-Site Care _____
- Walk
- Car Rider with _____
- Transportation Provided by Daycare*

*Daycare Name & Address:

Phone: _____

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

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

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

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

Name Phone #

*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:

