

JEFFERSON CITY PUBLIC SCHOOLS

ESTABLISHED IN 1838

315 EAST DUNKLIN STREET
JEFFERSON CITY, MISSOURI 65101

OFFICE OF THE
SUPERINTENDENT OF SCHOOLS

BRIAN MITCHELL, Ed.D.

Dear Parents and Students,

Welcome to the Jefferson City Public Schools!
¡Bienvenidos a las Escuelas Públicas de Jefferson City!

We're happy to have you as part of our school family and encourage you to get involved in the many educational and extracurricular opportunities our district has to offer.

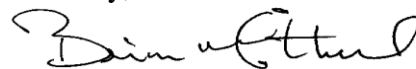
The information in this packet will help you in the enrollment process. Please bring it with you when you visit the Welcome Center. By having the information and necessary documents in hand, you will ease the enrollment process for you and your child.

To learn more about the Jefferson City Public School District, please visit www.jcschools.us. Information regarding each school building can be found under the "Schools" link toward the top of the page. Registration information can be found under the "Parents" link toward the top of the page and then by clicking "Registration Information."

Should you have questions about the forms, please do not hesitate to contact us for assistance:

- Welcome Center (Centro de Bienvenida): 573-659-3043
- English for Speakers of Other Languages (Inglés para Hablantes de Otros Idiomas): 573-659-3122

Sincerely,



Brian Mitchell
Superintendent

"Inspiring Possibilities . . . Defining Success"

Jefferson City Public Schools

New-to-District Students Enrollment Checklist

Items to bring to Enroll:

- Completed Enrollment Forms (**see below**)
- Student's birth certificate (**Original for Kindergarten, copy sufficient for other grades**)
- Copy of Student's Immunizations
- Parent/Guardian Photo ID
- Two Proofs of Residency
 - Current utility bills (excluding water bill)
 - Fully executed real estate contract (**date on document**)
 - Fully executed rental contract (**date on document**)
 - Fully executed lease agreement (**date on document**)
 - Current Bank Statement (**date on document**)
- IEP/Evaluation/504 Plan (if applicable)
- Legal 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 & Media Release Form

Additional Forms – Elementary Schools (Grades K – 5):

- Missouri Eye Examination Form for School (**Kindergarten and 1st grade students who have NEVER attended school before**)
- Elementary Transportation Form

Additional Forms – Middle Schools (Grades 6 – 8):

****No additional forms****

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

- Option to Withhold Student Directory Information
- Option to Withhold Information from Military Recruiters



Request for Student Records

Jefferson City Public Schools
Welcome Center
315 East Dunklin, Jefferson City MO 65101
Phone: (573) 659-3043

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 a transcript of all academic, discipline, test and health records, including special education diagnostic summary and IEP, concerning my student to the Jefferson City Public School listed below.

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: 573-659-7362
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

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 JUNE 10, 2010

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: 20__ - __ Today's Date: _____

Primary Household

Adult #1
Name _____ Gender M F Work Phone _____ Cell/Pager _____

Adult #2
Name _____ Gender M F Work Phone _____ Cell/Pager _____

Home Phone _____ Adult #1 Email _____ Adult #2 Email _____

Address _____ City _____ State _____ Zip _____

Student Relationship to Adults in Primary Household

FULL NAME of students who are currently enrolled in school and living in household	JCPS School	Birth Date mm/dd/yy	Adult #1 Relationship to Student					Adult #2 Relationship to Student						
			Father	Mother	Step Father	Step Mother	Guardian	Father	Mother	Step Father	Step Mother	Guardian		
_____ School _____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ School _____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ School _____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ School _____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary Household

Adult #3
Name _____ Gender M F Work Phone _____ Cell/Pager _____

Adult #4
Name _____ Gender M F Work Phone _____ Cell/Pager _____

Home Phone _____ Adult #3 Email _____ Adult #4 Email _____

Address _____ City _____ State _____ Zip _____

Student Relationship to Adults in Secondary Household

FULL NAME of students who are currently enrolled in school and living in household	JCPS School	Birth Date mm/dd/yy	Adult #3 Relationship to Student					Adult #4 Relationship to Student						
			Father	Mother	Step Father	Step Mother	Guardian	Father	Mother	Step Father	Step Mother	Guardian		
_____ School _____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ School _____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ School _____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ School _____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACTS - Other Than Parents

In the event the parents cannot be reached, please provide contact information for up to 3 individuals to whom the student(s) may be released.

_____ Name	_____ Relationship	M <input type="checkbox"/> F <input type="checkbox"/> Gender	_____ Work Phone	_____ Home Phone	_____ Cell Phone
_____ Name	_____ Relationship	M <input type="checkbox"/> F <input type="checkbox"/> Gender	_____ Work Phone	_____ Home Phone	_____ Cell Phone
_____ Name	_____ Relationship	M <input type="checkbox"/> F <input type="checkbox"/> Gender	_____ Work Phone	_____ Home Phone	_____ Cell Phone

ELIGIBILITY

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.

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

All Information Remains Confidential

Proof of Residence (Two Forms)		FOR OFFICE USE ONLY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deed	Sales Contract	Lease/Rent Contract	Real Estate Tax Receipt (current)	Utility Bill (unpaid)
_____ Registrar or Lead Secretary		_____ Date		



Student Information Form

**BUS ELIGIBLE
Y / N**

Please Print or type

Today's Date: _____

Grade: _____ Gender: Male Female

Date of Birth: ____/____/____

Office use:
School Year _____
School: _____
Grade: _____

Student's Legal Name

Last First Middle

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).

Race/Ethnic Origin

The U.S. Government requires the schools to make reports using the following Race/Ethnic categories:

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

Day Care Information (IF APPLICABLE):

If your student attends a day care, please complete the following information:

Name of Facility Address Phone Number

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.)

HOME LANGUAGE

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: _____

Does or has the student received ESL Services? Yes No Date entered the United States: _____

Country of birth? _____

STUDENT EDUCATIONAL INFORMATION

Has this student ever attended a Jefferson City Public School before? Yes No If Yes: When? _____ School? _____

Please list the last school attended:

Grade District School

Address City State

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

Does this student currently receive any other services such as:

Resource Room Yes No

Title I Services; Remedial Reading Services Yes No

Self-contained Classroom Yes No

Section 504 Accommodation Plan Yes No

Speech or Language Therapy Yes No

Formal Gifted Program Yes No

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

If yes, please explain: _____

Has this student ever been retained? Yes No If yes, what grade? _____

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
 Explain if it is a similar reason: _____
- 2. Are you currently residing at a motel, hotel, in a car, or at a campsite because our home has been damaged because of economic reasons? YES NO
- 3. Are you currently residing in a shelter? YES NO
- 4. Are you currently living in a temporary housing arrangement due to economic hardship? 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 six 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 or seasonal agricultural or 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? YES NO

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; or
 This student is currently suspended or expelled from another school district by the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district (copy of determination must be attached).
- 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.

ELIGIBILITY

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.

Signature
(Student may sign if 18 years of age and not living with parents)

Relationship to Student

Date

JCPS New Student Health Registration Form

Jefferson City Public Schools

Jefferson City, MO

Student Name:	Birth Date:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date:
School:	Grade:	Contact #:	
Physician:	Hospital Preference:		

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

- ADD ADHD: Medication/Treatment: _____
- Diagnosed Allergies (food, medication or other): _____
 Medication/Treatment: _____ Epi Pen (Parent must provide)
- Insect Sting Reactor: Type: _____ Reaction: _____
 Medication/Treatment: _____ Epi Pen (Parent must provide)
- Asthma: _____ Inhaler required at school (Parent must provide)
- Diabetes: Insulin Pump Injections – Doctor’s orders **REQUIRED**; *contact school nurse*
- Diagnosed Seizure Disorder: Type: _____ Date of last Seizure: _____
 Medication/Treatment: _____
- Diagnosed Psychological/Emotional/Behavioral Disorder (ex: Bipolar, OCD, Mood Disorder, PTSD, ODD, Depression, Anxiety): *Specify Type*: _____

 Medication/Treatment: _____
- Autism PDD Asperger’s: Medication/Treatment: _____
- Hearing Impaired: Device Required: *Specify Type*: _____
- Glasses Contacts Other Vision Impairment: *Specify Type*: _____
- Other **SERIOUS** Health Concerns/Surgeries (ex. Heart Condition, Crohn’s, Sickle Cell, Cancer, Bone/Joint/Muscle, Diagnosed Migraines, etc.): *Specify Type*: _____

 Medication/Treatment: _____
- Student takes other medication on a regular basis (*please list Type, Amount, and Reason*):

JCPS Medication Policy

JCPS Health Room Staff or Designee will 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).**

I attest that the information provided above is accurate, to the best of my knowledge. I have read and agree to the medicine policy above.

Parent/Guardian Signature

Date

If financial assistance is needed for dental or eye care, contact your school nurse.

PLEASE SEE REVERSE SIDE OF FORM FOR IMPORTANT SCREENING INFORMATION

JCPS Routine Screening Information

As a service to our students, JCPS provides the following screenings each year at the grade levels indicated. The goal of these screenings is early detection. If you do not wish for your child to participate in any of these screenings, please contact your child's school nurse as soon as possible.

HEARING:

Kindergarten

1st Grade

2nd Grade

3rd Grade

Any students who are new to the JCPS District

Any student referred by parent and/or teacher

VISION:

Kindergarten

1st Grade

3rd Grade

5th Grade

7th Grade

Any students who are new to the JCPS District

Any student referred by parent and/or teacher

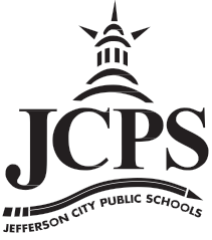
SCOLIOSIS:

6th Grade - GIRLS

8th Grade - GIRLS & BOYS

I have read and understand the screening information provided.

Parent/Guardian Initials



Jefferson City Public Schools Technology Usage Agreement & Media Release Form

Student Name: _____

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 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. View under Parents/Registration Information/Returning Student Information or under Board Policy: www.jcschools.us.

I give permission for my child or ward to utilize the school district's technology resources.

I DO NOT give permission for my child or ward to utilize the school district's technology resources.

MEDIA RELEASE FORM STUDENT INTERVIEWS AND IMAGES

I give my permission for my child to interact with the media in the following circumstances:

- ▣ Local News Media (Print) (This includes achievement lists and sports information and photos)
- ▣ Public School Internet Web Page (No name will be used without special permission)
School Publications
- ▣ Television or Radio Interviews

**Students will not be interviewed for sensitive subject matter without receiving parental/guardian permission.*

Yes

No

Parent/Guardian Signature: _____

Relationship to student: _____

Date: _____



Family Educational Rights and Privacy Act
(FERPA)

**Option to Withhold
Student Directory Information**

Secondary School 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.

Examples of situations where information would be withheld include:

- Honor rolls published in the newspaper
- Names, pictures, height and weight in sports program (or newspaper)
- Results of any sports contest or special school activity
- Graduation pictures
- Awards and photographs for any honor.

Note: the school yearbook is exempt from this agreement.

Directory information includes the following:

- Student’s name
- Student’s address
- Student’s telephone listing
- Listed email addresses
- Date and place of birth
- Grade level
- Enrollment status
- Participation in activities and sports
- Height and weight of members of athletic teams
- Dates of attendance
- Honors and awards received
- Schools attended (in the Jefferson City Public Schools District)

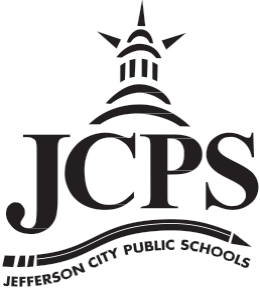
OPTION TO WITHHOLD STUDENT DIRECTORY INFORMATION

I, _____ (PRINT FULL NAME) request that the
Jefferson City Public Schools withhold directory information of my child:

_____ (PRINT FULL NAME OF STUDENT).

Signed: _____ (SIGNATURE OF PARENT)

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 Tuesday, September 4, 2012.

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

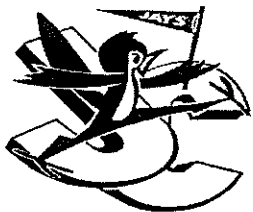
WITHHOLD STUDENT INFORMATION FROM MILITARY RECRUITERS

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

Signed: _____(SIGNATURE OF PARENT)

DATE: _____

Revised: June 2012



Jefferson City High School
 Activities Director –Mike McGurk/ Administrative Asst. – Jenny Pearson
 609 Union Street Jefferson City, MO 65101
 School Phone: 573-659-3050 Activities Phone: 573-659-3047 Fax: 573-659-3153
 e-mail: mike.mcgurk@jcps.k12.mo.us or jenny.pearson@jcps.k12.mo.us

NEW STUDENT / ACTIVITIES INFORMATION

PLEASE COMPLETE IF YOU ARE INTERESTED IN PARTICIPATING IN ANY ACTIVITIES (see list bottom of page)

Today's Date _____ Student's Name: _____ Date of Birth _____

Male / Female (please circle one) Hm. Phone #: _____ Mobile Ph. #: _____

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 Jefferson City Public Schools? 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

Please CIRCLE the following Activities you are interested in:

Vocal Music Instrumental Music Speech & Debate Cheerleading

Sports (Please specify) _____

*** I certify that this information is legally accurate : _____ ***
 (we must have signature, and date, of parent/guardian to process) (signature & date of parent/guardian)

Office Use Only: Rec. _____ Reg. _____ Filed MSHSAA _____ Dec. _____

Jefferson City Public Schools Secondary Transportation Form School Year _____ - _____

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

If your student will ***routinely*** 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 #

Parent/Guardian Name (Please Print) _____

Signature _____ Date _____

For Office Use Only – NOTES:

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 _____

JEFFERSON CITY PUBLIC SCHOOLS

ANTI-BULLYING POLICY

Jefferson City Public Schools is committed to maintaining a climate that will not accept any form of bullying.

In most cases, bullying is an intentional action to show an imbalance of power or strength. It can be done once or repeatedly. Bullying can be written, verbal, or in physical form. It can occur in person, through notes/messages, and/or electronically (e.g., emails, text messages).

FOUR ANTI-BULLYING EXPECTATIONS:

1. I will not bully others.
2. I will try to help students who are bullied.
3. I will make it a point to include students who are easily left out.
4. If I know that someone is bullied, I will tell an adult at school and/or home.

Examples of bullying include, but are not limited to....

- Teasing/Verbal Taunts
- Name Calling/Put Downs
- Giving Dirty Looks
- Spreading Rumors
- Gossiping
- Intimidating/Threatening Actions
- Physical Violence
- Defacing/Damaging Property
- Intentionally Leaving Others Out
- Extortion/Theft
- Online threats, attacks or intimidation

Consequences for bullying will follow the discipline policy approved for Jefferson City secondary schools, and may lead to exclusion from school trips and activities.

Bullying (see board policy JFCF): Repeated and systematic intimidation, harassment, and attacks on a student or multiple students perpetuated by individuals or groups.

First Offense: Principal/Student conference, detention, in-school suspension, or 1-180 days out-of-school suspension.

Subsequent Offense: 1-180 days out-of-school suspension or expulsion.

2012-2013 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

In progress does not apply to the Tdap or Td booster.

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Doses Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4	4	4
Tdap ²									1	1	1	Tdap or Td required 10 years after last DTaP, DTP or DT.	
IPV (Polio) ³	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR	2	2	2	2	2	2	2	2	2	2	2 measles, 1 mumps, 1 rubella required, however 2 MMRs are highly recommended.		
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁴	2	2	2	1	1	1	1	1	No doses required, however vaccination is highly recommended.				

- Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. **Maximum needed:** six doses.
- Tdap, which contains pertussis vaccine, is required for students enrolled in the eighth, ninth and tenth grade who have completed the recommended childhood DTaP/DTP vaccination series and have not received a Td booster dose within the past two years. **If a student received a Tdap booster the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.** For 11-12 grades, a Tdap or Td booster is required 10 years after the last dose of DTaP, DTP or DT. In the event of a pertussis outbreak situation, Tdap may be given at intervals less than 10 years.
- Kindergarten-2 Grade:** Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
3-12 Grades: Last dose on or after the fourth birthday. If all four doses are administered appropriately and received prior to the fourth birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by four-years of age constitutes a complete series. **Maximum needed:** four doses.
- Kindergarten-2 Grade:** As satisfactory evidence of disease, an MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.
3-7 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.



JEFFERSON CITY PUBLIC SCHOOLS
Jefferson City, Missouri
Division of Health Services
2012-2013

Dear Parent:

The goal of **Health Services** is to help a child maintain optimal physical and emotional health so he can obtain the most from the education provided. This school district supports that goal by providing health services to the families in our schools. The **Division of Health Services** welcomes your family to the **Jefferson City Public Schools** and offers assistance in many ways to help your student have a meaningful and happy experience.

Our community is very responsive to the needs of its children. Our school nurses have many resources that can assist parents and children needing assistance.

Certain health requirements are set by **Missouri Law**. The Board of Education of this district has made additional recommendations for your child's benefit. They are as follows:

Required by Law:

- 1) State **birth registration certificate** - to be shown at registration.
- 2) **Immunizations** – Missouri School Immunization Requirements for 2012-2013 are attached. **Proof of immunizations, complete with dates (month, day and year), must be on file upon entering school.**

When completing forms requiring this information, provide complete and accurate information, such as the month, day and year of immunization; or month and year when the child had the disease. (Note: Proof of varicella (chickenpox) for kindergarten children must be from an MD or DO; for grades 1-5 may be from parent/guardian or MD or DO.)

If parent/guardian objects to immunization requirements for medical or religious reasons, a completed and signed medical or religious exemption card must be provided to the school nurse. (NOTE: Medical exemption cards **MUST** be signed by a physician.) Exemption cards are available at the Cole County and Callaway County Health Departments.

All required immunizations should be obtained through your family physician, but immunizations are available (by appointment) at the Cole and Callaway County Health Departments for those with no insurance, Medicaid or have a significant barrier to receiving vaccines elsewhere.

- Cole County Health Department, 1616 Industrial Drive, Jefferson City -- 573-636-2181
- Callaway County Health Department, Fulton -- 573-642-6881

Please take current immunization records with you.

- 3) **Children's Vision Law** – says:
 - *Beginning July 1, 2008, every child enrolling for the first time in kindergarten or first grade in a public elementary school in this state shall receive one comprehensive vision examination performed by a state-licensed optometrist or physician.*
 - *The law allows a parent or legal guardian to have a child excused from the comprehensive vision examination requirement and/or the vision screening upon submission of a written request to the school administrator.*

A copy of this exam or a written request to "opt out" must be provided to the School Nurse.

 - *Beginning July 1, 2008, all public school districts shall conduct an eye screening for each student once before the completion of first grade and again before the completion of third grade.*

School Board Policy:

- A complete physical examination by a child's physician is recommended prior to admission of all kindergarten and new students. Reevaluation is advised at third, sixth and ninth grade. **Any child participating in interscholastic sports is required to have a complete physical prior to participation according to Missouri State Athletic Association guidelines dated after June 1.** Local physicians have the examination forms in their offices. After completion of the physical the student must bring the physical examination form and parental written consent to the coach of the sport. Annual dental examination and treatment is recommended.
- Nurses may give treatment or medication to individual students under their private doctor's order. If you would like to inquire about these services, please call, or have your doctor call the nurse at your child's school.

GENERAL HEALTH INFORMATION

The following information is provided to help parents regarding certain conditions that require exclusion from school.

Students will be excluded from school for:

- *Fever of 100 degrees or over
- *Vomiting
- *Diarrhea
- Red, inflamed eyes (pink eye) – excluded until diagnosed and treated for 24 hours with antibiotic drops
- Impetigo (a contagious skin condition, with crusty areas especially about the nose and mouth)
- Head Lice (excluded, until proper medicated treatment has been initiated, and **all** nits removed)
- Scabies (excluded until appropriate medical treatment)
- Common childhood diseases - **State Regulations**
- Chicken pox (**excluded for seven (7) days** from onset of rash & rash must be crusted over)
- Strep Throat (following a positive throat culture the child must be on antibiotics and without fever for 24 hours before returning to school)
- Ringworm
- Undiagnosed rashes

***Students sent home ill, with elevated temperatures, vomiting, or diarrhea, are asked to be kept at home until they are symptom-free for twenty-four (24) hours without the use of fever reducing agents.** Many students are sent home ill one day, return the next, and need to be sent home again because they have not recovered.

We appreciate parents sharing the diagnosis and treatment of students sent to physicians so we can be alert to possible problems in other children (pink eye, head lice, strep throat, worms, etc.).

MEDICINE POLICY

In an effort to help ensure good health and safety for the students of our school, we have established the following guidelines:

1. Do not send medicine to school unless it is absolutely necessary.
2. Medications prescribed (or given) **three times a day** should be given at home: before school - after school - at bedtime.
3. **All** medications (prescribed and over-the-counter) must be presented to the school nurse/office staff in the **original container** that is properly labeled with child's name, doctor's name, date, dose, and time of administration.
4. Medications **must** be accompanied by a **signed** consent from the parent for staff to administer. This consent must include **instructions** (dose, time, frequency) which concur with prescription/medication label.
5. We prefer an adult bring the medication to school. If not possible, we request a phone call to alert us your child is bringing medication.
6. A separate form must be completed for children with long-term health conditions requiring daily or frequent medications. **Please contact your school nurse.**

MEDICATIONS THAT FAIL TO MEET THIS CRITERIA WILL NOT BE GIVEN