Independence School District Student Data Sheet 2009-10

School_____ MOSIS#_____ Today's Date_____

Student's Legal Name _____ SS#_____
Last First Middle

Birth Date ____/____/____ Gender: ☐ Male ☐ Female Birth Certificate #_____ State of Birth _____

Ethnicity/Race: ☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian ☐ Pacific Islander ☐ American Indian or Alaskan Native

Residence Address_____ City/State: _____ Zip:_____

Mailing Address (if different from residence address): _____ Student Will Attend Grade:_____

Does parent need a Language Interpreter? ☐ Yes ☐ No

Is there any language other than English spoken in the home? ☐ Yes ☐ No If yes, what language? _____

Student's Country of Birth: _____ US Entry Date _____ Total years living in the U.S.? ___ In Missouri? ____

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION

List ONE person per box. Include biological parents (even those not in the home) and all parents/step-parents/guardians in the home.

First listed contact is designated as PRIMARY, Circle (1) either HOME or CELL phone number for District wide Emergency calls

Name_____ Relationship_____ Home Phone_____
Last First Middle

Address _____ City/State_____ Zip_____ Cell Phone_____

Employer_____ Work Phone_____ Email_____

Student lives with you? ☐Yes ☐No Legal custody? ☐Yes ☐No Access to student records? ☐Yes ☐No Allow to pick up student? ☐Yes ☐No

Name_____ Relationship_____ Home Phone_____
Last First Middle

Address _____ City/State_____ Zip_____ Cell Phone_____

Employer_____ Work Phone_____ Email_____

Student lives with you? ☐Yes ☐No Legal custody? ☐Yes ☐No Access to student records? ☐Yes ☐No Allow to pick up student? ☐Yes ☐No

Name_____ Relationship_____ Home Phone_____
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Name_____ Relationship_____ Home Phone_____
Last First Middle

Address _____ City/State_____ Zip_____ Cell Phone_____

Employer_____ Work Phone_____ Email_____

Student lives with you? ☐Yes ☐No Legal custody? ☐Yes ☐No Access to student records? ☐Yes ☐No Allow to pick up student? ☐Yes ☐No

Name _____ Relationship_____ Home Phone_____
Last First Middle

Address _____ City/State_____ Zip_____ Cell Phone_____

Employer_____ Work Phone_____ Email_____

Student lives with you? ☐Yes ☐No Legal custody? ☐Yes ☐No Access to student records? ☐Yes ☐No Allow to pick up student? ☐Yes ☐No

Attach a copy of any court order related to any of the above questions checked YES. A copy must be on file in the school's office.

Is this student a foster care placement? ☐ No ☐ Yes (If YES, please complete this section)

Biological Parent Name_____ Bio Parent Address_____

Bio Parent School District _____ Caseworker Name _____ Caseworker Phone_____

SIBLINGS (Children under the age 20 residing in home/Independence School District-list additional on separate sheet)

Name _____ School _____ Grade_____ Birth Date _____
Last First Middle

Name _____ School _____ Grade_____ Birth Date _____
Last First Middle

Name _____ School _____ Grade_____ Birth Date _____
Last First Middle

Revised 3/23/09

SCHOOL(S) PREVIOUSLY ATTENDED

Has your child previously attended a school within the Independence School District? ☐ NO ☐ YES (School)_____

All School(s) attended in previous 24 months (List additional schools on separate sheet):

1. School:_____ City/State:_____ School Years attended:_____
2. School:_____ City/State:_____ School Years attended:_____
3. School:_____ City/State:_____ School Years attended:_____

Please indicate the programs attended in previous school:

☐ Gifted & Talented ☐ Special Reading ☐ Speech ☐ Special Education ☐ 504 ☐ ELL ☐ Other (List)_____

Is there a current IEP, 504 plan, or ELL accommodation plan on file at a previous school? ☐ NO ☐ YES (School) _____

OTHER REQUIRED INFORMATION

1) Are you sharing the housing of other persons due to economic hardship or similar reasons? ☐YES ☐NO

2) Do you currently reside at a motel/hotel, in a car, or at a campsite because your home has been damaged or due to economic reasons? ☐YES ☐NO

3) Are you currently residing in an emergency or transitional shelter? ☐YES ☐NO

4) Are you currently living in a temporary housing due to economic hardship? ☐YES ☐NO

5) Has the student ever been suspended for 10 or more days? ☐YES ☐NO

6) Has the student ever been expelled from school? ☐YES ☐NO

7) Have you moved in the last 3 years to seek/obtain temporary or seasonal work in farm related jobs such as planting/harvesting crops, feeding or processing poultry, beef, hogs, & dairy products, or fishing? ☐YES ☐NO

8) Do you want to register to vote? ☐YES ☐NO ☐REGISTERED

A) I authorize my student to go on trips to other locations and school sponsored field trips (I.E. art gallery, museum, concerts, etc.), with supervision, that may necessitate leaving the school grounds during the time they are enrolled at this school. ☐YES ☐NO

B) I consent to have my student's name, address and telephone number listed in the school-wide directory. ☐YES ☐NO

C) My student's name, address and telephone number may be released to military recruiters (high school only). ☐YES ☐NO

D) **I authorize the Independence School District to make photographs, films, or sounds recordings for use in:**

- Web sites, television stations or other electronic formats in news stories/promotional materials about/for the ISD (This will also allow my child to have photos/art projects displayed in school buildings, businesses, contests or for academic publicity) ☐YES ☐NO
- Yearbooks or school publications ☐YES ☐NO
- District Publications and honor roll recognition in newspapers ☐YES ☐NO

The above consents only apply to non-profit and non-commercial purposes by the Independence School District, or news organizations or agencies. This consent will remain in effect for the current school year until revoked in writing.

E) **Computer/Technology Usage Policy:**

I understand that a copy of the district technology usage policy is available on the District Website (www.indep.k12.mo.us) or in the school handbook. I have read and discussed this policy with my student regarding safe and responsible technology usage. My student has agreed to abide by the district technology usage policy. ☐YES ☐NO

Do you have a computer at Home? ☐YES ☐NO Do you have internet access at Home? ☐YES ☐NO

I would like to have access to see my child's grades online ☐YES ☐NO ☐ **ALREADY HAVE**

I grant permission for the items above checked YES and I certify that I am the legal parent/guardian of the student being enrolled and that the information listed on the student data sheet is current and accurate. Pursuant to RSMo Sec. 167.020, submitting false statements or information relating to residency is defined as a class A misdemeanor. In addition, the District may seek to recover the cost of school attendance for any pupil who it enrolled pursuant to false information received from a parent or legal guardian regarding residency.

Student Signature_____ **Date**_____

Parent/Legal Guardian Signature_____ **Date**_____

FOR SCHOOL OFFICE USE ONLY

☐ Immunization Record
☐ Birth Certificate
☐ Proof of Residency
☐ Current IEP, if applicable
☐ Copy of court ordered custody, if applicable
☐ 504 Plan, if applicable
☐ Social Security # or card
☐ Safe Schools Form
☐ Handbook Form

Home Room Assignment_____ **Locker Number**_____

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STUDENT HEALTH INFORMATION 2009-10

COMPLETE ALL BOXES THAT APPLY. Parent/Legal Guardian is responsible for providing the school any medication, special food or equipment that the student requires at school. Contact the School Nurse to obtain medication and procedure forms.

Student Name:_____ **Date of Birth:**_____ **Grade:** _____

☐ **Private Insurance** **Health Card #:** _____ **Health Carrier (company):**_____ **Carrier Phone:**_____
☐ **Medicaid Insurance** **Medicaid #:** _____ **MC+ Provider:**_____ **Provider Phone:**_____

Name of Doctor:_____ **Phone:**_____ **School:** _____

SECTION I: ALLERGIES ☐YES (IF YES, COMPLETE THIS SECTION) ☐NO

Allergy Type: ☐Drug Allergy (List):_____
☐Food (List):_____
☐Bee Sting
☐Others (List):_____

Describe Reactions:
☐Coughing ☐Hives ☐Rash ☐Difficulty Breathing ☐Generalized Swelling ☐Nausea ☐Wheezing ☐Local Swelling
☐Other_____

Prescribed treatments to be used IN SCHOOL:
☐Oral Antihistamine (Benadryl, etc.) ☐EpiPen ☐Other_____

SECTION II: ASTHMA ☐YES (IF YES, COMPLETE THIS SECTION) ☐NO

Triggers: ☐Exercise ☐Environmental ☐Other (list) _____

Physical Education Restrictions: ☐None ☐Self Limits ☐Other (list on separate sheet)

Symptoms or Reactions:
☐ Chest Tightness/Discomfort/Pain ☐Difficulty Breathing ☐Throat Itch, Tightness or Soreness ☐Coughing ☐Hoarseness ☐Wheezing
☐ Other (list)_____

Currently prescribed treatments to be used IN SCHOOL:
☐ Inhalers ☐ Oral Antihistamines ☐ Oral Steroids
☐ Nebulization ☐ Oral Bronchodilator ☐ Peak Flow Monitoring
Date of last hospitalization for asthma_____ High School/Middle School Only: Asthma Form to carry inhaler given _____ Form returned_____

SECTION III: DIABETES ☐YES (IF YES, COMPLETE THIS SECTION) ☐NO

Currently prescribed treatments to be used IN SCHOOL:

☐Insulin ☐Syringe ☐Pen ☐Pump ☐Blood Sugar Testing ☐Glucagon ☐Oral Medication(s)
List Medication(s)_____

SECTION IV: SEIZURE DISORDERS ☐YES (IF YES, COMPLETE THIS SECTION) ☐NO

☐Absence (staring/unresponsive) ☐Complex Partial ☐Generalized Tonic-Clonic (Grand mal/Convulsive) ☐Other (explain on separate sheet)
Physical Education Restrictions: ☐YES (List Restrictions) _____ ☐NO
Medications needed IN SCHOOL: ☐YES (List Instructions) _____ ☐NO
Date of last seizure_____ Type & Length of seizure_____

SECTION V: OTHER CONDITIONS ☐YES (IF YES, COMPLETE THIS SECTION) ☐NO

☐ADD/ADHD ☐AIDS/HIV ☐Bladder/Bowel Problem ☐Cancer ☐Emotional Problems ☐Heart Condition ☐Scoliosis
☐ Physical Disability ☐Other _____

Physical Education Restrictions: ☐NO ☐YES (Explain) _____

SECTION VI: PRESCRIBED MEDICATIONS ☐YES (IF YES, COMPLETE THIS SECTION) ☐NO

Medication:_____ Given during the school day? ☐YES (List Instructions) _____ ☐NO
Medication:_____ Given during the school day? ☐YES (List Instructions) _____ ☐NO
Medication:_____ Given during the school day? ☐YES (List Instructions) _____ ☐NO

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Medications to be administered at school must be delivered and signed in by a parent/legal guardian or designated adult.

Special procedures (e.g.: catherization, cardiac monitor, etc.) required IN SCHOOL: ☐ YES ☐ NO (If YES explain)_____

List all hospitalizations, surgeries or other health conditions:_____

Has your student had chicken pox? YES☐ NO☐ If yes, give date (month/year) _____/_____

VII: VISION CONDITION YES☐ (If YES, complete) NO☐

☐Contacts ☐Glasses ☐Other_____

Does your student need special seating in class? Yes ☐ No ☐

VIII: HEARING CONDITIONS YES☐ (If YES, complete) NO☐

☐Hearing Aid(s) ☐Other_____

Does your student need special seating in class? Yes ☐ No ☐

I understand and agree that in the event that a parent or guardian cannot be reached, school personnel may need to share pertinent medical information with those listed as an emergency contact, if no one listed here can be reached and there is a medical emergency, my student will be transported to the nearest hospital for care, and health information provided here may be shared with school staff who have a need to know, as determined by the Administrator or School Nurse.

Parent/Legal Guardian Signature_____Date_____

IMMUNIZATIONS REQUIRED BY MISSOURI LAW

According to Missouri State Law 19 CSR 20-28.010, IMMUNIZATION REQUIREMENTS FOR SCHOOL CHILDREN, the parent/guardian must furnish the school satisfactory evidence of immunizations against diphtheria, pertussis, tetanus, polio, measles, rubella and mumps, 1993, Hepatitis B, 1997, 1999, varicella 2005 (entering kindergarteners who have not had chickenpox disease).

ITEMS NEEDED FOR ENROLLMENT

(Please bring all of these items with you when you enroll)

NEW ENROLLMENTS

1. *IMMUNIZATION RECORD, and*
2. *BIRTH CERTIFICATE, and*
3. *SOCIAL SECURITY NUMBER/CARD, and*
4. *ELECTRIC or GAS UTILITY BILL, and*
5. *ONE OF THE FOLLOWING:*
   - *a. COPY OF DEED OF TRUST, or*
   - *b. COPY OF RENTAL AGREEMENT, or*
   - *c. COPY OF LEASE AGREEMENT, or*
   - *d. COPY OF JACKSON COUNTY PAID (Personal) PROPERTY TAX RECEIPT*

RE-ENROLLMENTS

(Your student ended school last year in the Independence School District.)

1. *ELECTRIC or GAS UTILITY BILL, and*
2. *ONE OF THE FOLLOWING:*
   - *a. COPY OF DEED OF TRUST, or*
   - *b. COPY OF RENTAL AGREEMENT, or*
   - *c. COPY OF LEASE AGREEMENT, or*
   - *d. COPY OF JACKSON COUNTY PAID (Personal) PROPERTY TAX RECEIPT*

Legal guardians must provide a notarized copy of guardianship documents.