

Additional Parent Information if needed (second set of parents)

Parent3 Name: _____

Parent4 Name: _____

Relationship: _____

Relationship: _____

Parent3 Cell #: _____

Parent4 Cell #: _____

Birth Date: _____

Birth Date: _____

Maiden Name: _____

Maiden Name: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

In case of emergency, please list the name, address, and phone number of people who will be willing to pick up your child(ren) if you cannot be reached:

Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Phone: _____ Cell Phone _____

Phone: _____ Cell Phone _____

Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Phone: _____ Cell Phone _____

Phone: _____ Cell Phone _____

Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Phone: _____ Cell Phone _____

Phone: _____ Cell Phone _____

List all additional persons allowed to pick up your child(ren) not listed above (*siblings, etc*)

Additional Comments or Notes:

Additional Student Information

Student Name: _____

Bus Information:

Will your child be riding the bus? _____ Yes _____ No

Address student comes to school from: _____

Address student goes home to: _____

If student comes from a babysitter's home or goes to the sitters home after school, please give name and phone number of babysitter: _____

PLEASE CIRCLE "YES" OR "NO" IN ANSWER TO THE FOLLOWING QUESTIONS:

YES NO

1. Has either the parent or guardian, or the child or child's sibling, been employed in some form of temporary or seasonal agricultural or agricultural related work such as:
 - Planting or harvesting crops (vegetables, fruit, cotton, etc.)
 - Transporting farm products to market
 - Feeding or processing poultry, beef, hogs
 - Gathering eggs or working in hatcheries
 - Working on a dairy farm or a catfish farm
 - Cutting firewood or logs to sell

YES NO

2. Does the student speak a language other than English?

YES NO

3. Is a language other than English spoken in the home?

YES NO

4. Do you currently reside with another family or a person other than family, or in a temporary housing facility?

Language Survey

I give permission for my child to be administered a language survey by qualified school personnel to determine if he/she may have English as Second Language difficulties. _____ Yes _____ No

Parent Signature

Date

Student Name _____

Grade _____

Student Technology Usage Form

The reason to use the Internet at school is to promote educational excellence. The Board of Education recognizes that it is important for students to have access to electronic-based research tools and to master skills for their application to learning, problem solving, production of work, and presentation of information. It is the purpose of District policy and regulations to outline acceptable student and employee behavior with respect to use of District technology and electronic resources. The use of the District technology and electronic resources is a privilege, which may be revoked at any time.

Computer/Technology Usage Policy:

I understand that a copy of the district technology usage policy is available on the District website (http://www.eagles.k12.mo.us/sullivan/co/boardpolicies/regulations/6000_reg_Instruction/R6320.doc) 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.

I understand that my student's technology usage is not private and that the school district will monitor my student'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 communication sent, received, or stored by my student using the district technology resources, pursuant to state and federal law, even if the district technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs rising from and any damages incurred by my student's use of the district technology resources.

I understand that violations of these provisions may result in disciplinary action taken against my student, including but not limited to a failing grade for an assignment, referral to the principal for disciplinary action, suspension or revocation of my student's access to district technology, and suspension or expulsions from school.

_____ Yes, my student can use the computers on the Sullivan Public Schools network.

_____ No, my student cannot use the computers on the Sullivan Public Schools network.

Sullivan Public Schools Website:

I understand that my student may create projects, earn recognitions, and/or be in group photographs which would be suitable for publication on the Internet. I know that every student cannot have his or her work published and that is an honor to have my student's work included as an educational resource for others. I further understand that the work will appear in an educational context on web pages with a copyright notice prohibiting the copying of such work without express written permission.

I consent to my student's photograph, picture, and/or project to be published on the school website. I understand that my child's last name will NOT be used.

_____ Yes

_____ No

Verification:

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student.

X _____
SIGNATURE of Parent/Guardian

_____ PRINT Name of Parent

_____ Date

X _____
SIGNATURE of Student

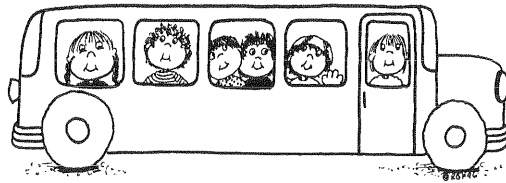
_____ Date

Sullivan Primary School Permission Form 2011/2012

Student Name _____

Field Trips: I give permission for my child to go on all field trips that will be taken at the Primary School of the Sullivan School District. I am aware this permission covers the whole school year of 2011-2012. **Parents will be notified in advance of each trip that will be taken.**

_____ Yes _____ No



Photographs: I give permission for Primary School of the Sullivan School District to photograph or videotape my child during the 2011-2012 school year for educational and promotional purposes.

_____ Yes _____ No



Parent Signature

Date

SULLIVAN SCHOOL DISTRICT PARENT PORTAL CONTRACT

Student Name: _____

PARENT PORTAL is a web-based system that will enable you to view your child's attendance history, lunch account, grades and class schedule.

Information for your child is available only with a password. All passwords are distributed through email by the district's technology coordinator. It will be your responsibility to keep this password private. We cannot issue any passwords via phone conversation. You must have an email address to view your child's records in PARENT PORTAL.

Please provide the email address that you would like used for student information notifications.

____ *I would like to be able to access my student's information over the Internet by using a password.*

Father's Name: _____

Email: _____

Mother's Name: _____

Email: _____

I understand that it is my responsibility to protect my PARENT PORTAL password. I should not share my password with my children. I understand that the PARENT PORTAL system may not be available 24 hours a day due to maintenance on the school network, weather related interruptions, etc.

Parent Signature

Date

Please return this letter to the school office. If you have any questions, please contact us.

RESIDENCY ENROLLMENT CHECKLIST

Name of Parent/Guardian _____

Address _____

City/State _____ Zip _____

Telephone Number: Home _____ Work _____

Name of Student _____

Address _____

City/State _____ Zip _____

Telephone Number: Home _____ Work _____

Address Verification (Parent/Legal Guardian) (Attach copy of document)

___ Rental contract

___ Real Estate Contract signed by all parties

___ Utilities Bill/Deposit Receipt

___ Other, such as payroll check, driver's license, W-4, employment documents

BASIS FOR ADMISSION OF STUDENT (Section 167.020 RSMo)

___ Resides with parent in the School District

___ Resides with legal guardian in the School District (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration (SB944).)

___ Resides with a military guardian in the School District (SB944).

___ Homeless child (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence). These questions cover the definition of homeless that is within the No Child Left Behind.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ___yes ___no
2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or 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

Give address or directions _____

___ Special circumstances (Section 167.151, RSMo)

- a. ___ an orphan
- b. ___ one parent living
- c. ___ parents do not contribute to the student's support
- d. ___ agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parent's residence is on the real estate, at least 35% of the real estate is in the District, parent notified District on or before June 30 that student would be attending)

___ Parent is a teacher under contract with the District (Board policy required-Section 167.151 168.151, RSMo)

___ Parent is a regular employee with the District (Board policy required-Section 163.011, RSMo)

Other exemptions to the residency requirements (Section 167.020.6, RSMo)

___ Attending school not in the pupil's district of residence as a participant in an interdistrict transfer program established under a court-ordered desegregation program

___ A ward of the state and has been placed in a residential care facility by state officials*

___ Has been placed in a residential care facility due to a mental illness or developmental disability*

___ Has been placed in a residential facility by a juvenile court*

___ Has a disability identified under state eligibility criteria if the student is in the District for reason other than accessing the District's educational program

___ Has transferred from an unaccredited school

*The district of residence will be billed for the local tax effort for the student(s) attending under these circumstances.

Date of Student Admission _____

___ Student denied admission. Date of denial _____

___ Waiver requested. Date of request _____

I understand that a child cannot attend school in this district unless he/she resides in the Sullivan School District and hereby attest that my child and I reside in the Sullivan School District at the following address:

To establish or confirm residency a parent or guardian, upon request, must produce a valid driver's license, a voter registration card, utility bill, property tax receipt, mortgage papers, deed, or lease; verification of change of address from post office, rental receipt, a homeowner's/renter's insurance policy or such other proof that may be required by the Sullivan Board of Education.

Parent or Guardian Signature

Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
MISSOURI EYE EXAMINATION FORM FOR SCHOOL

IDENTIFYING INFORMATION		PATIENT/PROVIDER IDENTIFIER	
STUDENT NAME		PROVIDER LAST NAME (First Four Digits)	
DATE OF BIRTH OF STUDENT		SSN (Last four digits of student)	
PARENT / GUARDIAN NAME			

CASE HISTORY

DATE OF EXAM

OCULAR HISTORY: Normal or Positive for:

MEDICAL HISTORY: Normal or Positive for:

DRUG ALLERGIES: NKDA or Allergic to:

FAMILY OCULAR and MEDICAL HISTORY: Amblyopia Strabismus Glaucoma Diabetes
 Other:

OTHER PERTINENT INFORMATION

EXAM

	NORMAL	ABNORMAL	Not Able to Assess
AMBLYOPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRABISMUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERNAL EYE HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERNAL EYE HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISUAL ACUITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BINOCULAR VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OD		OS
Distance Unaided Acuity (20 ft)	20 /		20 /
Distance Best Corrected Acuity (20 ft)	20 /		20 /
Near Unaided Acuity (14 in)	20 / (eq)		20 / (eq)
Near Best Corrected Acuity (14 in)	20 / (eq)		20 / (eq)

REFRACTION

OD				
OS				

DIAGNOSIS

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

OTHER:

TREATMENT RECOMMENDATIONS

1	Glasses Prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No
2	
3	

Spectacles to be worn for:

Constant Wear Distance Vision Only Near Vision Only May be removed for recess/PE

PAYER

<input type="checkbox"/> Insurance	<input type="checkbox"/> MO HealthNet	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Other form of payment	TOTAL COST:
EXAMINER NAME				DATE
				<input type="checkbox"/> OD <input type="checkbox"/> MD/DO

SULLIVAN SCHOOL DISTRICT
Confidential Health Information Sheet
 (will be given to faculty as needed, unless otherwise requested by parent)

Child's Name _____ Birth Date _____ Grade _____

Address _____

Phone # _____ Parent/Guardian _____

Parent/Guardian Work Place _____ Phone # _____

Emergency Phone Numbers: (will be used when we cannot reach you.)

1. Name _____ Relationship _____ Phone # _____ Work # _____

2. Name _____ Relationship _____ Phone # _____ Work# _____

3. Name _____ Relationship _____ Phone # _____ Work # _____

4. Name _____ Relationship _____ Phone# _____ Work# _____

School Illness: When your child gets sick at school and has a fever under 100 degree F, sore throat, headache, toothache, split lip, or anything else that requires over-the-counter medication, please provide the medication to the school marked with your child's name.

I give my permission for over-the-counter medication to be administered to my child. Yes _____ No _____

Parent/Guardian Signature

Prescription Medication: If your child requires prescription medication at school we must have the prescription bottle with the correct name and label. Medication will be administered the way the label is printed.

I give the Sullivan Primary School permission to give my child prescription medication. Yes _____ No _____

Parent/Guardian Signature

Family Doctor _____ Address _____ Phone # _____

Dentist _____ Address _____ Phone # _____

If you cannot be reached your child will be taken to the nearest hospital.

Health Insurance _____ Policy # _____ Medicare ID # _____

List all allergies _____

List all health problems/serious illnesses _____

Asthma _____ Triggered By _____ Treatment _____

Epilepsy/Seizures _____ Date of Last Seizure _____ Medications _____

Heart Conditions _____ Medications _____

Bone or Joint Problem _____ Describe _____

Ear Infections _____ Past Surgeries _____ Does your child wear glasses? _____

Medications your child takes everyday _____ Reason for daily medication _____

Unless your child has a note from the doctor he will be expected to participate in gym.

Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day and year of each immunization before they can attend school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period (meaning 4 or fewer days prior to the recommended interval or age), so students in all grade levels may receive immunizations up to 4 days before they are due.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current ACIP Schedule, including all spacing, (<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>).
- To remain in school, students "in progress" must have an Imm.P.14 form (which includes appointment date for needed immunization(s)) 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. (For example, hep B vaccine series was begun 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 ¹	4+	4+	4+	4+	4+	4+	4+	4+	4	4	4	4	3+
Tdap ²									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 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	1	1	1	1	1	No doses required, however vaccination is highly recommended.						

1. Last dose on or after fourth (4th) birthday and last dose of pediatric pertussis before seventh (7th) birthday. **Maximum needed:** six (6) doses.
2. Tdap, which contains pertussis vaccine, is required for students enrolled in grade eight (8) who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose within the past two (2) years. For grades 9-12, a Tdap or Td booster is required ten (10) years after the last dose of DTaP, DTP or DT. Tdap may be given at any time in the event of a pertussis outbreak situation.
3. Last dose must be administered on or after fourth (4th) birthday.
4. Kindergarten: 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.

Grades 1-5: 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.

