**WE WILL NEED COPIES OF THE FOLLOWING**

|  |  |
| --- | --- |
| **PROOF OF RESIDENCY:** | UTILITY BILL OR RENTAL AGREEMENT |

|  |  |
| --- | --- |
| **CHILD’S:** | BIRTH CERTIFICATE |
| SHOT RECORDS |
| SOCIAL SECURITY CARD |



Proud Past – Bright Future

**Dr. Jerrod Wheeler**, Superintendent

**Mr. Michael Cohron**, Assistant Superintendent

**Dr. Angela Rolofson**, Director, Student Services

Knob Noster R-VIII

School District

401 E. Wimer, Knob Noster, MO 65336

Office: (660) 563-3186

Fax: (660) 563-3026

Student Services: (660) 563-5597

***TRANSCRIPT/RECORDS REQUEST***

Subject: Authorization For Release of School Records and Other Reports

|  |  |  |
| --- | --- | --- |
| Previous School Name & Address: |  | Phone #: |
|  |  |  |
|  |  | Fax #: |
|  |  |  |

*We Request You Forward All the Following Information:*

|  |  |  |
| --- | --- | --- |
| Academic/Grade Records | Achievement/Intelligence Tests | Attendance Records |
| Records from other districts | Copy of most recent I.E.P. | Special Ed. Testing/Placement info. |
| Birth Certificate | Clinical/Medical Reports | Immunization |
| Behavior Records that regard In-School Suspension, Out-of-School Suspension, or Expulsion | | |

The Missouri SAFE SCHOOLS ACT OF 1996 requires that disciplinary files from the student’s previous school be reviewed prior to finalizing enrollment at our school. Therefore, we request you include a summary of the student’s records which involve any type of suspension or expulsion.

Student:

Last Name First Middle

Grade entering: Birth Date:

Date of Enrollment:

Send Records To: *(Circle One)*

|  |  |  |  |
| --- | --- | --- | --- |
| Whiteman Air Force Base Elementary | Knob Noster  Elementary | Knob Noster  Middle School | Knob Noster  High School |
| Houx Drive,  Building 3015 | 405 E. Wimer St. | 211 E. Wimer St. | 504 S. Washington St. |
| Whiteman AFB, MO 65305 | Knob Noster, MO 65336 | Knob Noster, MO 65336 | Knob Noster, MO 65336 |
| Phone (660) 563-3028 | Phone (660) 563-3019 | Phone (660) 563-2260 | Phone (660) 563-2283 |
| Fax (660) 563-3443 | Fax (660) 563-3781 | Fax (660) 563-3274 | Fax (660) 563-3384 |

Comments:

Principal’s Signature:

**I authorize the release of the above information:**

**Signature of Parent/Guardian Date**

**Knob Noster R-VIII School District**

Student Registration Forms

ENROLLMENT CAN NOT BE COMPLETED UNTIL A COPY OF IMMUNIZATION RECORDS FOR THE CHILD IS FURNISHED. PLEASE PRINT LEGIBLY.

1. Student Name

Legal Last Name First Middle

1. Grade Birth Date Social Security #

Gender

1. Please list the names and addresses of all schools attended in the last 12 months:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
|  |  |  |  |
|  |  |  |  |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
|  |  |  |  |
|  |  |  |  |

1. Has your child been receiving special services? Yes No If yes, check all the programs that apply:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Early Childhood Spec. Ed. |  | IEP Emotional Disturbance |
|  | Title 1 Reading |  | IEP Learning Disability |
|  | Title 1 Math |  | IEP Speech/Language |
|  | English as a Second Language |  | IEP Intellectual Disability |
|  | Gifted |  | 504 Plan |
|  | Counseling |  |  |

1. Person(s) with whom student is living:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | |  |
| Last Name | First | Last Name | First | |
|  |  |  |  | |
| Address |  | Home telephone |  | |
|  |  |  |  | |
| Cell phone (dad) |  | Cell phone (mom) |  | |
| Work number (dad) |  | Work number (mom) |  | |

1. E-mail address:

|  |  |  |  |
| --- | --- | --- | --- |
| Dad- home |  | work |  |
| Mom- home |  | work |  |

1. If you are a divorced parent or guardian, do you have a court order giving you legal custody of the student? Yes No Do you have joint custody? Yes No

By law, non-custodial parents have equal access to the records of their child unless legal restrictions exist. Do such legal restrictions exist? Yes No

If yes, a copy of the restrictions must be placed in the student’s permanent record.

If no, please furnish the name and address of the non- custodial parent:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Address |  |
| Last Name | First |  |  |
|  |  |  |  |

1. In case of emergency, if parents cannot be contacted, list in order of preference those persons to be contacted (**local numbers preferred**). Please indicate relationship by which your **child** knows this person (relative, friend, neighbor, day care, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |  | phone # |  | relationship |  |
| 2. |  | phone # |  | relationship |  |

1. Race: White Black Asian Hispanic

Native Hawaiian or other Pacific Islander American Indian or Alaska Native

1. Do you use a language other than English? Yes No

Is a language other than English used in your home? Yes No

Have you moved within the past three years to see or obtain work? Yes No

Does the work fall into any of the following categories? Yes No

If yes, mark those that apply:

|  |  |
| --- | --- |
|  | Planting or harvesting crops |
|  | Feeding poultry, gathering eggs, working in a hatchery |
|  | Processing meat, poultry, fruit or vegetables, dairy products |
|  | Commercial fishing or working on a fish farm |

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:

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

Are you currently residing in a shelter? Yes No

Are you currently living in a temporary housing arrangement due to economic hardship?

Yes No

1. **Behavior Affirmation Statement**

Missouri law provides that prior to admission the Knob Noster School District Board may require the parent, guardian, or other person having control or charge of a child of school age to provide upon enrollment, a sworn statement or affirmation indicating whether the student has been suspended or expelled from school attendance at any school in this state or in any state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a false statement or affirmation shall be guilty upon conviction of a Class B misdemeanor. The registration document shall be maintained as part of the student’s scholastic record.

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

I, (parent/guardian) , affirm that (student)

Has **not** Has

been suspended or expelled from school attendance at a private school or public school in Missouri or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Parent/Guardian Signature Date

1. Please share with us any information that would insure a successful transition to our school:

In order to register the student the parent or guardian must provide either (1) proof of residency (the term residency means that a person both physically resides within a school district and is domiciled with that district) or (2) proof that a request for waiver of residency requirement has been submitted to the district superintendent within the past forty-five days. NOTE: A copy of the court document awarding guardianship must be presented if student is living with a legal guardian—a power of attorney is no longer acceptable because of THE SAFE SCHOOL ACT OF 1996.

NOTICE: Missouri law provides that Knob Noster School District may file a civil action against a parent or guardian to recover the costs of school attendance for any pupil enrolled at Knob Noster School District whose parent or legal guardian provides false information on this form. Missouri law also provides that any person who knowingly submits false information on this form is guilty of a Class A misdemeanor.

“AFFIDAVIT OF RESIDENCE”

|  |  |
| --- | --- |
| Full legal name of child: |  |
| Full legal name of father: | (print) |
| Full legal name of mother: | (print) |
| Full legal name of legal guardian: | (print) |
|  | (print) |

Is this student living in a foster care family? Yes No

If yes, please provide the name and address of the student’s parents:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
|  |  |  |  |
|  |  |  |  |

The parents/guardians, , hereby declare that

(student) is living with them in the Knob Noster School District and the child is under the care, custody, and control of said parents/guardians who is a district resident.

**The undersigned parents understand that the child listed above must reside and is residing in the Knob Noster School District in order to attend Knob Noster Schools.**

The parents/guardians agree that the District can and will take all reasonable steps to verify the accuracy of the information in this affidavit.

By signing this affidavit, the parents/guardians agree to be liable for the full amount of per pupil expenditure cost for the Knob Noster School District in the event the facts in the affidavit are false. It is also understood that knowingly providing false information in the affidavit is a Class A misdemeanor and that falsely swearing or affirming on oath constitutes perjury, which is a felony under the criminal laws of the State of Missouri.

Parent/Guardian Signature Date

**Knob Noster R-VIII School District**

The information required on this form will be used to verify claims for federal impact aid to the Knob Noster School District. This information is available only to authorized school district and/or federal government officials and is not prohibited under the privacy act.

1. Is a parent or guardian (where student resides) on active duty in a branch of the uniformed military service? Yes No
2. As active military, where do you live? on base off base
3. Name of parent(s)/guardian(s) on active duty:
4. Branch of service: (circle one) Air Force Navy Army National Guard

other:

1. Rank: (circle one) AF(Air Force)= E1 E2 E3 E4 SSGT(E5) TSGT(E6) MSGT(E7) SMSGT(E8) CMSGT(E9) 1LT 2LT CPT MAJ LTCL COL

ANG (Army National Guard)= CAPT(03) MAJ(04) E1 E2 E3 E4 E5 E6 E7 E8 E9 CW1 CW3 CW4

Other—branch Rank

1. If living with civilian parent(s)/guardian(s), does either parent/guardian work on federal property?

Yes No

If yes, please complete the following questions:

Name of parent(s)/guardian(s) working on federal property:

Does the civilian parent/guardian work on Whiteman Air Force Base? Yes No

Does the civilian parent/guardian work on any other federal properties? Yes No

Federal Employment Site: (circle any that apply)

Lake City Army Am. Depot. Independence, MO

Bendix Plant, Kansas City, MO

Federal Building, Bannister Road, Kansas City, MO

Federal Building, Ward Parkway, Kansas City, MO

Navy Reserve Training Center E. 47th Street, Kansas City, MO

**KNOB NOSTER R-VIII HEALTH ASSESMENT FORM**

Student’s Name: Grade:

Date of Birth: Age: Gender:

The following information will allow the school staff to identify and care for your child’s individual heath care needs while at school. If your child does not have any special health care needs, please complete this form by marking “My child has no special health care needs” and sign and date at bottom of the form.

**My child has no special health care needs**

Please indicate if any of the following are relevant to your child. Provide additional information for the following conditions in the space provided.

ASTHMA? YES Diagnosed by a doctor? Yes No Date?

Triggered by Treatment

ALLERGIES? YES To medication, food, insects, pollen? Please list:

Has this required emergency action in the past? Yes No

Is medication required at home? Yes No At school? Yes No

STING YES Need emergency medication? Yes No List:

ALLERGY?

DIABETES? YES Takes insulin? Yes No Date/age diagnosed

Daily testing at school? Yes No Daily snacks? Yes No

SEIZURES? YES Age of onset Describe seizures

Date of last seizure

BONE/JOINT YES Describe

CONDITION? Any physical restriction? Yes No Describe

OTHER ILLNESS/ YES Describe

INJURY

\*\**If you answered YES to any of the above questions, please meet with the school nurse to set up an Emergency Action Plan or to set up meeting to arrange for an Individualized Health Care Plan.*

Emotional/Behavioral Disorder? Yes No Describe

ADHD Autism Spectrum Bipolar Depression OCD ODD

Other

Takes daily medication? Yes No At home? Yes No At school? Yes No

Emergency Only? Yes No

Name of medication Dosage

Reason

*If a student requires medication at school, please obtain the appropriate form in the school health office. Parents must deliver all medication to the school in a properly labeled pharmacy bottle with a signed request for administration.*

HEARING: Does your child: require preferential seating? Yes No wear a hearing aid? Yes No

VISION: Does your child: wear glasses? Yes No wear contacts? Yes No

I know of no health reason(s), other than the information indicated on this form, why my child should not participate in any school activity. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature Date