



Crawford County R-II Data Sheet

Student Full Name: _____ Birth Date: _____ M / F

Grade: _____ Student Social Security # _____

Check all that apply:

- White Black (of African American) Hispanic Asian
- Native Hawaiian (or other Pacific Islander) American Indian (or Alaska Native)

Home Phone _____ Cell Phone _____

Physical Address _____ Email _____

Mailing Address _____

Household Parent _____ Birth date _____ Driver License# _____

Workplace _____ Work # _____ /Spouse work _____ Work # _____

Spouse _____ Birth date _____ Driver License # _____

Non-Resident Parent _____ Spouse _____

Address _____ Phone _____

Allow mailings if requested? Y NAre both parents authorized to pick up student? Y N

****If no, you must provide a court-order stating the non-custodial parent is not allowed to pick up student.**

Are you a military family? No (NM)

Yes, active duty (AD) or National Guard/Reserve (NGR)

The following individuals have permission to pick up my child from school and may be contacted in case of an emergency: *(must be at least 18 years of age)*

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PARENT/GUARDIAN SIGNATURE _____

Cuba Schools
 Crawford County R-II Schools
 #1 Wildcat Pride Drive, Cuba, MO 65453
 573-885-2534

In order to provide a safe and healthy school environment for your child, please provide the following information each school year; as well please contact the school nurse if your child's health condition changes throughout the school year. In order to provide medication during school hours, we must have a healthcare provider's signed order, parent/guardian signature; the parent/guardian must provide and refill the medication throughout the school year. If your child requires medication at school, please contact the school nurse.

Thank you for your time and assistance.

Cindy Breese, LPN
 CES/CMS Nurse, extension 1202

Trice Davis, BS, RN
 CHS Nurse, extension 1104

Student Name _____ Grade _____

Healthcare Provider Name _____ Exam during past 12 months? Yes No

Dentist Name _____ Exam during past 12 months? Yes No

Does your child have private medical insurance? Yes No

Does your child have Missouri Medicaid? Yes No

Please list your child's medical conditions AND name of specialist healthcare provider (i.e., asthma, diabetes, heart condition, food allergies)

Asthma medications-at home?	Yes	No	At school?	Yes	No
Diabetes medication-at home?	Yes	No	At school?	Yes	No
Seizure medications-at home?	Yes	No	At school?	Yes	No
Psychotropic med-at home?	Yes	No	At school?	Yes	No
Antidepressant med-at home?	Yes	No	At school?	Yes	No
Insulin/oral diabetic med-at home?	Yes	No	At school?	Yes	No

Please list name AND time schedule of routine medications that your child takes at home or school



Cuba Middle School

#1 Wildcat Pride Drive
Cuba, Missouri 65453
(573) 885-2534, x 1183
Fax (573) 885-6278
District Code: 028-102
Building Code: 3000

Marie Shoemaker
Principal
Melissa Wright
Assistant Principal
Julie Perkins
Counselor

REQUEST FOR STUDENT RECORDS

The following student has enrolled in the Crawford Co. R-II School District. This is an official request for records concerning this student:

Date of request: _____ Date of enrollment: _____

Student Name _____

Date of Birth _____ Age _____ Grade _____

Previous School Information:

Name of School _____

Address _____

Phone# _____ Fax # _____

Please provide the following information:

School District Code# _____ School Building Code# _____

Student's MOSIS I. D. # _____

_____ Educational (transcripts)	_____ IEP
_____ Discipline Records	_____ Psychological/Diagnostic
_____ Attendance Records	_____ Other _____
_____ Medical	

I hereby authorize the release of the records concerning my child.

Parent/Guardian _____ Date _____

Please release and send records within five (5) working days of this request as per the Safe Schools Act to the address listed above. As per Senate Bill 182- Article 5, Re: Privacy of Pupil Records (section 1904), parent release not required for transfer of school records between as per HB 1301 and 1298. Re: Safe Schools Act.

**PROOF OF RESIDENCY
OR THAT REQUEST FOR WAIVER HAS BEEN SUBMITTED**

I hereby certify as follows:

I, _____, am the parent/guardian of
Parent/Guardian
_____, a student seeking to register in the
Student
_____, and am legally authorized to make educational
School District

decisions for the Student.

I further certify as follows: (Check one category, and provide all additional information requested under the category checked. WARNING: Under Missouri law, any person who knowingly submits false information with respect to the following questions, any subparts thereto, or the documents provided to support the responses to such questions, may be charged with and convicted of a Class A misdemeanor).

The Student is a legal resident of the District as established by the following:

I am a legal resident of the _____ School District.

I reside and am legally domiciled (have my permanent home) at the following address:

street

city, state, zip

STUDENTS

Form 2230.2

Admission and Withdrawal

Affidavit Regarding Prior Discipline

**OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE
TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT**

I, _____ having been duly sworn upon my oath,
Parent/Guardian

or having affirmed that I will tell the truth, do hereby state and depose as follows:

I am the parent/guardian, or other person having custody or charge of

_____, a student seeking to enroll in
Student

_____, and am legally authorized to make
School District

educational decisions for the Student.

I hereby certify as follows: (Check one, and provide all additional information requested.
WARNING: Under Missouri law, the failure to provide true, accurate, and complete information to each and every question and subpart thereto may result in your being charged with and convicted of a Class B misdemeanor.)

_____ The Student has never been suspended or expelled from any school in this state or any other state for any offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

_____ The Student has been suspended and/or expelled from school in this state or another state for one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

For each and every suspension and/or expulsion, provide the following information (request additional information sheets, if necessary):

1. Name and Address of School District.
2. Name of School.
3. Nature of Offense.
4. Date of Offense.
5. Date Suspension/Expulsion Began.
6. Date Suspension/Expulsion Ended/Is Scheduled to End.

I hereby certify that I have provided true, complete, and accurate information for each and every suspension and/or expulsion imposed upon the Student for each and every offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

I hereby swear or affirm that all information I have provided in this document is true, accurate, and complete to the best of my knowledge.

I understand that if I have provided any false information in this document that I may be charged with and convicted of a Class B misdemeanor.

I also understand that this registration document will be maintained as part of the Student's permanent scholastic record.

Signature of Parent/Guardian

Date

Crawford County R-11 Schools

#1 Wildcat Pride Dr.

Cuba, Mo. 65453

(573) 885-2534

Admission Restrictions

In accordance with 167.171.RSMO, no student may be readmitted or enrolled in the Crawford County R-11 School District who has been convicted of or charged with an act which if committed by an adult would be one of the following:

1. First Degree Murder (565.020 RSMo)
2. Second Degree Murder (565.021 RSMo)
3. First Degree Assault (565.050 RSMo)
4. Forcible Rape (566.060 RSMo)
5. Robbery in the First Degree (569.020 RSMo)
6. Distribution of Drugs to a minor (195.212 RSMo)
7. Arson in the First Degree (569.040 RSMO)
8. Kidnapping (when classified as a class A Felony – 565.110 RSMo)
9. Statutory Rape (167.171.3 RSMo)
10. Statutory Sodomy (167.171.3 RSMo)

According to the Safe Schools Act (HB 1301/1298), no student may be admitted in another district during the time that they are suspended or expelled in another district.

As a parent/legal guardian, I certify that none of the above suspensions, expulsions, or convictions exist that apply to my student.

Parent Signature _____

Date _____

Crawford County R-II School District

#1 Wildcat Pride Drive

Cuba, MO 65453

Special Services Form

Student _____ Grade _____

Dear Parent,

Was your child in any of the following classes in his/her previous school?

Learning Disabilities (LD) Yes ___ Date: _____ No ___

Emotional Disorder (ED) Yes ___ Date: _____ No ___

Self-Contained Special Education Yes ___ Date: _____ No ___

Resource Special Education Yes ___ Date: _____ No ___

Functional/Life Skills Yes ___ Date: _____ No ___

Speech & Language Yes ___ Date: _____ No ___

OT/PT Services Yes ___ Date: _____ No ___

Title Reading Yes ___ Date: _____ No ___

Did your child have a 504 plan at his/her previous school?

Yes ___ Date: _____ No ___

Other Special Program/Considerations

Parent Signature _____ Date _____

Crawford County R-11 School District

Migrant Survey

Student _____ Enrollment Date _____

If you have moved to seek employment in any of the mentioned jobs in this survey your children may be eligible for extra educational benefits. Please complete this survey.

Please circle yes/no:

1. Have you moved to this school district in the past 3 years? Yes ___ No ___
2. In the last 3 years have you worked or are you currently working in any of these areas?
 - Planting/harvesting crops Yes ___ No ___
 - Feeding/processing poultry, beef, hogs Yes ___ No ___
 - Gathering eggs/working in hatcheries Yes ___ No ___
 - Working on a dairy or catfish farm Yes ___ No ___
 - Cutting firewood or logs to sell Yes ___ No ___
 - Landscaping Yes ___ No ___

No to all of the above _____

3. If Yes, did you move to seek or obtain that job? Yes ___ No ___

Parent _____

Address _____

Phone # _____

Time available at home: _____

Student Home Language Survey

Dear Parent/Guardian:

The Crawford County R-II School District has an English as Second Language (ESL) program to help students who may not be proficient in English and who may have a need for additional help with the classes they are enrolled in. To assist us in correctly identifying students who may need additional assist with oral or written English please complete this form and return it to your student's building secretary.

If you have any questions about the ESL program please feel free to call the director of the ESL program at 573-885-2534 x 1194. You may also call the ESL supervisor at 573-885-2534 x1174.

Student: _____ Date: _____

Person Completing the Survey: Mother Father Guardian Other

Is the student's native tongue a language other than English?

Yes No

Is a language other than English spoken in the student's home or environment?

Yes No

Crawford County R-II School District

Homeless Survey

Student Name: _____

The 2001 NCLB McKinney-Vento Act guarantees that homeless children and youth receive an education equal to what they would receive if they were not homeless.

Homeless children and youth are defined as those who lack a fixed, regular and adequate nighttime residence, including the following situations:

1. Sharing the housing of others due to loss of housing or economic hardship.
2. Living in motels, hotels, camper or campgrounds.
3. Living in emergency or transitional shelters.
4. Abandoned in hospitals.
5. Living in a nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation.
6. Living in cars, parks, abandoned building, condemned housing, bus or train stations or similar settings.
7. Unaccompanied youth who are homeless—those who are not in the physical custody of a parent or legal guardian.
8. Awaiting foster-care placement.

____ Yes, we meet one of the above categories. ____ NO, we do not meet one of the above categories

If YES, Please check all categories that apply to your student/family:

- | | |
|--|--|
| ____ Shared housing with another family | ____ Unaccompanied Youth |
| ____ Living in a motel, hotel, camper, campground | ____ Living in emergency or transitional shelter |
| ____ Abandoned in a hospital | ____ Nighttime residence in a public place |
| ____ Awaiting foster care placement | |
| ____ Living in a car park, abandoned bldg., condemned building, bus or train station | |

Parent Signature: _____

CRAWFORD COUNTY R-11 SCHOOL DISTRICT PARENT LINK POLICY

Crawford County R-11 is excited to offer parents and guardians a web-based opportunity to view student information. From the Crawford County R-11 web site parents of guardians will be able to log in to the password-protected, secure site. In order to gain access, please fill out the online form below, print the form, sign the form, and return the form to the school (Any building secretary can accept the form.) Please fill out one form per family.

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN TELEPHONE #:

PARENT/GUARDIAN EMAIL ADDRESS: _____

(An email address is required)

CONFIRM YOUR EMAIL ADDRESS:

STUDENT NAME (1):

GRADE:

STUDENT NAME (2):

GRADE:

STUDENT NAME (3):

GRADE:

STUDENT NAME (5):

GRADE:

STUDENT NAME (6):

GRADE:

Parent Agreement: I understand that I am being provided with access to see my child's student records via the internet. I will not share my password with an unauthorized user. An unauthorized user is anyone who is not a parent/guardian of the student's listed above.

Parent/Guardian Signature: _____
Date: _____

CRAWFORD COUNTY R-II SCHOOLS

#1 Wildcat Pride Drive
Cuba, Missouri 65453
Phone # 573-885-2534

Johnny Thompson
Superintendent
www.cuba.k12.mo.us

Opt-Out Form for Use of Student Identifying Information on District Facebook Site

The Crawford County R-II School District publishes a district Facebook page for educational and communication purposes. Your child's name or photo may be published on the district Facebook Page.

As a school system, we are aware of the need to use stringent security when publishing information about school and student successes, but believe that the use of this information can be used to enhance communication to parents, students, and the community.

If you would not like the District to publish any identifying information about your child on Facebook, please fill out and return this Opt-Out form to the main office in your child's school.

I request that Crawford County R-II School District not publish information that may identify my child on Facebook.

Student Name _____ Grade _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date: _____

CRAWFORD COUNTY R-II SCHOOLS

The Missouri Department of Elementary & Secondary Education has requested that all schools in the state collect the following information:

Military Service

Please list all students in your household:

Please Check one of the following:

- Active duty military (AD)
- National Guard/Reserve (NGR)
- Non Military (NM)

Signature _____ Date _____