

# SCHOOL ADMISSIONS

## *(Proof of Residency Form)*

In order to satisfy the district's residency requirements, the student, parent, military guardian, court-appointed legal guardian or person acting as a parent must provide one (1) or more of the following items as proof of residency:

1. Property Tax Statement
2. Utility Bill/Agreement
3. Real Estate Contract
4. Legal Property Description
5. Rental Agreement/Receipt
6. Telephone Bill (landline)
7. Other \_\_\_\_\_

### Student Information

Name of Student #1: \_\_\_\_\_

Name of Student #2: \_\_\_\_\_

Name of Student #3: \_\_\_\_\_

Address Where Student(s) is living: \_\_\_\_\_

Name of Person with Whom Student is living: \_\_\_\_\_

Relationship to Student:  Parent  Guardian  Person Acting as Parent  
 Other

NOTICE: According to 167.020, RSMo, any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form, you are certifying to the district that the above information is accurate.

\_\_\_\_\_  
Signature of Parent, Guardian, Person Acting as Parent, or Student if Applicable  
*The typed name in the above box will serve as your "signature" for this document.*

\_\_\_\_\_  
Date

*Note: The reader is encouraged to review policies and/or procedures/or related information in this administrative area.*

New Bloomfield R-III School District  
(Student Demographic Information)  
School Year 2019-2020

(Forms must be completed and returned)

**\*\*Please PRINT information clearly\*\***

**Student's Legal Name:** \_\_\_\_\_

Other Name Student goes by (not nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_

Other Name Student goes by (not nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_

Other Name Student goes by (not nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian #1 Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Decision Maker:  Yes  No Work

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian #2 Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Decision Maker:  Yes  No Work

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian #3 Information:

Decision Maker:  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian #4 Information:

Decision Maker:  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

# New Bloomfield R-III School District

## *(Emergency Contacts)*

**Student's Name:** \_\_\_\_\_

EMERGENCY CONTACTS - Other Than Parents - Please list one name per line. Please provide contact information for three individuals to whom the student may be released from school and who can make emergency decisions if a situation arises and the parents/legal guardians cannot be reached. List these contacts in the order that you would like them contacted.

Name: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*The typed name in the box above will serve as your "signature" for this document.*

# EMAIL ADDRESS

Please complete the following information; we will be sending GRADE CARDS, announcement changes and other important information by email.

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent email: \_\_\_\_\_

**SCHOOL ADMISSIONS**  
*(Statement of Student Discipline)*

Date: \_\_\_\_\_

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

<b>Individual's Information</b>
---------------------------------

Name of Student: \_\_\_\_\_

Parent, Court-Appointed Legal Guardian, Military Guardian or Person Enrolling the Student:

\_\_\_\_\_

Is the above student presently under suspension or expulsion from another school district?

Yes  No

If yes, please explain \_\_\_\_\_

Has the above student ever been expelled from school attendance at any school in this state or in any other 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?

Yes  No

If yes, please explain \_\_\_\_\_

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts?

Yes  No If yes, indicate which crime(s):

- First degree murder under 565.020, RSMo.
- Second degree murder under 565.021, RSMo.
- First degree assault under 565.050, RSMo.
- Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under 566.030, RSMo. Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree under 566.060, RSMo. Statutory rape under 566.032, RSMo.
- Statutory sodomy under 566.062, RSMo.
- Robbery in the first degree under 569.020, RSMo.
- Distribution of drugs to a minor under 569.040 RSMo.
- Arson in the first degree under 569.040, RSMo.
- Kidnapping, when classified as a class A felony under 565.110, RSMo.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to 167.023 RSMo., if I do not disclose the information requested or if I provide false information.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

**SCHOOL ADMISSIONS**  
*(Statement of Student Discipline)*

Date: \_\_\_\_\_

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

**Individual's Information**

Name of Student: \_\_\_\_\_

Parent, Court-Appointed Legal Guardian, Military Guardian or Person Enrolling the Student:

\_\_\_\_\_

Is the above student presently under suspension or expulsion from another school district?

Yes  No

If yes, please explain \_\_\_\_\_

Has the above student ever been expelled from school attendance at any school in this state or in any other 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?

Yes  No

If yes, please explain \_\_\_\_\_

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts?

Yes  No If yes, indicate which crime(s):

- First degree murder under 565.020, RSMo.
- Second degree murder under 565.021, RSMo.
- First degree assault under 565.050, RSMo.
- Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under 566.030, RSMo. Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree under 566.060, RSMo. Statutory rape under 566.032, RSMo.
- Statutory sodomy under 566.062, RSMo.
- Robbery in the first degree under 569.020, RSMo.
- Distribution of drugs to a minor under 569.040 RSMo.
- Arson in the first degree under 569.040, RSMo.
- Kidnapping, when classified as a class A felony under 565.110, RSMo.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to 167.023 RSMo., if I do not disclose the information requested or if I provide false information.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

**SCHOOL ADMISSIONS**  
*(Statement of Student Discipline)*

Date: \_\_\_\_\_

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student=s disciplinary and criminal history prior to admission.

<b>Individual's Information</b>
---------------------------------

Name of Student: \_\_\_\_\_

Parent, Court-Appointed Legal Guardian, Military Guardian or Person Enrolling the Student:

\_\_\_\_\_

Is the above student presently under suspension or expulsion from another school district?

Yes  No

If yes, please explain \_\_\_\_\_

Has the above student ever been expelled from school attendance at any school in this state or in any other 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?

Yes  No

If yes, please explain \_\_\_\_\_

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts?

Yes  No If yes, indicate which crime(s):

- First degree murder under 565.020, RSMo.
- Second degree murder under 565.021, RSMo.
- First degree assault under 565.050, RSMo.
- Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under 566.030, RSMo. Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree under 566.060, RSMo. Statutory rape under 566.032, RSMo.
- Statutory sodomy under 566.062, RSMo.
- Robbery in the first degree under 569.020, RSMo.
- Distribution of drugs to a minor under 569.040 RSMo.
- Arson in the first degree under 569.040, RSMo.
- Kidnapping, when classified as a class A felony under 565.110, RSMo.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to 167.023 RSMo., if I do not disclose the information requested or if I provide false information.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.



**New Bloomfield R-III School District**  
**Student Enrollment Form**  
*Migratory and Homeless Questionnaire*

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

**PLEASE CHECK “YES” OR “NO” TO ANSWER THE FOLLOWING QUESTIONS:**

1. Are you sharing the housing of other persons due to the loss of housing, economic hardship, or similar reason? Explain if it is a similar reason.  Yes  No  
Explain:
2. Are you currently residing in 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
5. Has either the parent or guardian, or the child or the child’s spouse, been employed within the past 3 years (or are any of the aforementioned currently employed) in some form of *temporary* or *seasonal* agricultural or agricultural related work, such as:
  - Planting or harvesting crops (vegetables, fruit, cotton, etc.)  Yes  No
  - Transporting farm products to market;  Yes  No
  - Feeding or processing poultry, beef, hogs;  Yes  No
  - Working on a dairy farm or catfish farm;  Yes  No
  - Cutting firewood or logs to sell  Yes  No

Parent/Guardian Signature: \_\_\_\_\_  
*The typed name in the above box will serve as your “signature” for this document.*

Date: \_\_\_\_\_

**PROGRAMS FOR ENGLISH LANGUAGE LEARNERS**

*(Student Home Language Survey)*

Student's Name #1: \_\_\_\_\_

Student's Name #2: \_\_\_\_\_

Student's Name #3: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

Person Completing Survey:  Mother  Father  Student  Guardian

Other (specify): \_\_\_\_\_

Choose the best answer to each question as it pertains to the student and provide additional information:

- 1. Was the first language you learned English?  Yes  No
- 2. Can you speak a language other than English?  Yes  No
- 3. Is any language other than English used at home?  Yes  No
- 4. Which language do you use most often with friends?  English  Other: \_\_\_\_\_
- 5. Which language do you use most often with parents?  English  Other: \_\_\_\_\_
- 6. Which language do you use most often with other relatives?  English  Other: \_\_\_\_\_

7. Have you attended school in a country other than the U.S.?  No  Yes (How long/what grades)

8. Have you attended another school in the United States?  No  Yes (How long/what grades)

9. Have you attended another school in Missouri?  No  Yes (How long/what grades)

10. Please provide any other related information that would help the school (for example, referral to gifted or special education programs in prior schools, etc.): \_\_\_\_\_

**Note to school Staff:** This form should be given to all new and enrolling students. Any student who indicates the use of a language other than English should be assessed as to English proficiency. Elaboration on any of the above answers may be useful before administering detailed tests.

Adapted from the *Assessment of Language Minority Students: A Handbook for Educators*. Illinois Resource Center, 1985.

\* \* \* \* \*

**Note:** *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

## **Technology Agreement General Rules and Responsibilities**

The following rules and responsibilities will apply to all users of the district's technology resources:

1. Applying for a user ID under false pretenses or using another person's ID or password is prohibited.
2. Sharing user IDs or passwords with others is prohibited, and users will be responsible for using the ID or password. A user will not be responsible for theft of passwords and IDs, but may be responsible if the theft was the result of user negligence.
3. Deleting, examining, copying or modifying files or data belonging to other users without their prior consent is prohibited.
4. Mass consumption of technology resources that inhibits use by others is prohibited.
5. Use of district technology for soliciting, advertising, fundraising, commercial purposes or financial gain is prohibited, unless authorized by the district.
6. Accessing fee services without permission from an administrator is prohibited. A user who accesses such services without permission is solely responsible for all charges incurred.
7. Users are required to obey all laws, including criminal, copyright, privacy, defamation and obscenity laws. The school district will render all reasonable assistance to local, state or federal officials for the investigation and prosecution of persons using district technology in violation of any law.
8. The district prohibits the use of district technology resources to access, view or disseminate information that is pornographic, obscene, child pornography, harmful to minors, obscene to minors, libelous, pervasively indecent or vulgar, or advertising any product or service not permitted to minors.
9. Accessing, viewing or disseminating information on any product or service not permitted to minors is prohibited unless under the direction and supervision of district staff for curriculum-related purposes.
10. The district prohibits the use of district technology resources to access, view or disseminate information that constitutes insulting or fighting words, the very expression of which injures or harasses other people (e.g., threats of violence, defamation of character or of a person's race, religion or ethnic origin); presents a clear and present likelihood that, because of their content or their manner of distribution, they will cause a material and substantial disruption of the proper and orderly operation and discipline of the school or school activities; or will cause the commission of unlawful acts or the violation of lawful school district policies and procedures. It is all staff members' responsibility to educate students about appropriate online behavior, including interactions with other individuals on social networking sites/chat rooms, and cyber bullying awareness and response. It is also the responsibility of all staff members to monitor students' online activity for appropriate behavior.
11. The district prohibits any use that violates any person's rights under applicable laws, and specifically prohibits any use that has the purpose or effect of discriminating or harassing any person on the basis of race, color, religion, sex, national origin, ancestry, disability, age, pregnancy or use of leave protected by the Family and Medical Leave Act.
12. The district prohibits any unauthorized intentional or negligent action that damages or disrupts technology, alters its normal performance or causes it to malfunction. The district will hold users responsible for such damage and will seek both criminal and civil remedies, as necessary.
13. Users may only install and use properly licensed software, audio or video media purchased by the district or approved for use by the district. All users will adhere to the limitations of the district's technology licenses. Copying for home use is prohibited unless permitted by the district's license and approved by the district.
14. At no time will district technology or software be removed from the district premises, unless authorized by the district.
15. All users will use the district's property as it was intended. Technology resources will not be moved or relocated without permission from an administrator. All users will be held accountable for any damage they cause to district technology resources.

# Technology Usage

*(Parent/Guardian/Student Technology Agreement)*

I have read the New Bloomfield R-III School District Technology Usage policy EHB\*, regulation and etiquette guidelines. I understand that violation of these provisions may result in disciplinary action taken against my child/ward/child within my care including, but not limited to, suspension or revocation of my child or ward's access to district technology and suspension or expulsion from school.

I understand that my child or ward's use of district technology is not private and that the school district may monitor my child 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 understand technology use at school is for educational purposes only.

I agree to be responsible for any unauthorized costs arising from use of the districts technology resources by my child/ward/child within my care. I agree to be responsible for any damages incurred by my child/ward/child within my care. To view specific penalties for violation of this policy, please review the current student handbook.

- I give permission for my child or ward to utilize the school district's technology resources.
- I give partial permission for my child or ward to utilize the school district's technology resources. I do not wish for my child or ward to utilize:
- I do not give permission for my child or ward to utilize the school district's technology resources.

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*The typed name in the above box will serve as your "signature" for this document.*

*Note: Once signed, this form will be retained in the student's file until they leave the district.*

## **Bus Conduct and Policy (JFCC, JFCC-AP)**

Transportation is provided by Durham School Services. Marvin Williams is the district coordinator. Any questions concerning transportation should be directed to (573)491-9933, or their office located across the street from the elementary building. The New Bloomfield R-111 school district has a measure of responsibility in training pupils to be good passengers and to observe certain rules for good discipline and safety. The following regulations for pupil safety will serve as a guide. See page 27, consequences for bus misconduct.

- Regular schedules must be observed. The bus cannot wait for tardy passengers. Please be on time.
- Students must be at the designated loading point BEFORE bus arrival time. Parents and students will be notified of the approximate pick-up time.
- Students must observe driver's instructions at all times.
- Students must wait for the bus at their designated stop. Never stand by the roadway. A student who must cross the roadway to board and/or depart from the bus shall pass in front of the bus no closer than ten (10) feet, look in both directions and proceed to cross the roadway only on signal from the driver. NEVER CROSS BEHIND THE BUS,
- A student will depart from the bus at the designated point unless written permission to get off at a different scheduled point is given to the driver by the parent/guardian or school personnel. The building secretary will complete the permission notice.
- All students shall be received and discharged through the right entrance door. EMERGENCY DOOR IS FOREMERGENCY USE ONLY.
- Students riding an alternative bus must first receive approval from the building office. Upon approval, a parent/guardian must send a written note to the building administration stating the -alternate bus number and the address where the student will be departing the bus. ONLY one extra child may ride with student per day. (If more students will be going home with a student, then alternate arrangements need to be made.)
- Video cameras may be on your child's bus without prior notification.

### **STUDENT PROCEDURES WHILE LOADING/UNLOADING AND RIDING THE BUS AND/OR AT BUS STOP**

- The administration, with driver input, will assign seats to all riders. Such assignment will be designated by youngest students in the front to oldest students seated in the back. Students must remain in the assigned seats for duration of the ride. All seat assignments must have the prior approval of the administration unless an unsafe situation occurs in route.
- Students shall remain in a normal forward facing position with feet and hands out of the aisle while the bus is in motion.
- Book bags and other belongings shall be kept out of the aisles. (STATE LAW)
- Permission to open windows must be obtained from the driver. All articles and objects shall remain within the walls of the bus until the student departs. NEVER EXTEND ANY PORTION OF YOUR BODY OUT BUS WINDOWS. (STATE LAW)
- Waste containers are provided on all buses for use by the riders. Putting trash on the floor of the bus is prohibited.
- Quiet talk and subdued laughter will help prevent the diversion of the driver's attention, thus averting the possibility of an unnecessary and serious accident.
- A student who damages seats or other equipment will be expected to pay the cost for repair and/or replacement.
- Throwing objects, standing while the bus is moving, putting trash on the floor, placing any part of the body out of windows, scuffling, loud talking, screaming, and shouting are examples of inappropriate behavior on the bus, and will not be permitted.
- Respectful communications among riders and driver shall be observed at all times.
- Animals, glass containers, and balloons are not permitted on the bus.
- Students must refrain from sexual and other forms of harassment. This is defined as behavior and/or words that are sexual or demeaning in nature and are unwelcome, intimidating, and make another person uncomfortable.
- The use of tobacco products of any kind is prohibited.
- Profanity will not be tolerated.
- Eating and drinking, with the exception of suckers, will be allowed. Driver and administration may revoke the privilege for any inappropriate behaviors with food and drink.

*In case of bad weather, the Superintendent of schools will decide whether or not it is safe to run a route or any part of it. Please refer to page 14 of this handbook for ways of finding out about cancellations.*



New Bloomfield R-III  
Elementary School  
Transportation Information  
2019-2020

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents name: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Additional phone #: \_\_\_\_\_

Address where student will be picked up in AM:

Address where student will be dropped off in PM:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Alternate address to drop off and/or pick up student:

\_\_\_\_\_  
\_\_\_\_\_

*Note : If your student has to be dropped off at the alternate address, you must notify the school in a timely manner.*

**After school my child will (primary routine):**

Ride the bus to:       Home       Sitter       Other: \_\_\_\_\_

Be picked up by:       Parent       Sitter       Other: \_\_\_\_\_

Be a walker to:       Home       Sitter       Other: \_\_\_\_\_

Go to Wild Blooms.

Go to Wildcat Care.

\*\*\*\*I understand that if there is any change in my child's schedule or who will be picking them up, I will notify the Elementary Office by phone, note or email.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# New Bloomfield Elementary School

Please complete and return this form to the office

Student #1 name: \_\_\_\_\_

Student #2 name: \_\_\_\_\_

Student #3 name: \_\_\_\_\_

## Birthdays:

Do you give permission for your child's name to be announced, posted at school, and/or posted on the school website for his/her birthday?

Yes  No

Birthdate of Student #1: \_\_\_\_\_

Birthdate of Student #2: \_\_\_\_\_

Birthdate of Student #3: \_\_\_\_\_

---

## Teacher/Class Websites:

May we have your permission to place your child's photo on a teacher/administrators class/school website?

Yes  No  (check one for all students)

---

## Photographs and/or Interviews by the News Media

Periodically the media comes to our school to cover special events. Please check the appropriate statement and sign.

My child(ren), \_\_\_\_\_, May be photographed and/or interviewed by the media

My child(ren), \_\_\_\_\_, May NOT be photographed and/or interviewed by the media

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

The typed name in the above box will serve as your "signature" for this document.

Dear Parents/Guardians,

The mission of the Health Services Department at New Bloomfield is to ensure that students are healthy while in the school buildings so they can learn to the best of their abilities. The school district shall be responsible for the appropriate handling of injuries and sudden illness occurring at school, on school property, or during school-sponsored events. This includes providing first aid and notifying parents/ guardians. Please note that we are not responsible or legally obligated to care for injuries or sicknesses that occur while the child is not at school, such as diagnosis of sports injuries, giving medication for ailments that occur at home, etc. However, please feel free to contact the nurse if your child requires additional care or for extenuating circumstances.

To best serve your child and any health care needs he/she may have, please fill out the **School Nurse Health Card** for each child attending school in the district, which can be found in the registration packet, or in the “Forms” tab of the school website’s wellness page. This includes basic personal information about the student, any health concerns or diagnoses, daily medications, allergies, etc. *You will also be required to provide emergency contact information* should the district need to reach you during the school day. Finally, *please read the school’s policy on medication administration*, found on our website’s wellness page, and sign the permission slip if you would like your child to be given over the counter medications for minor ailments that occur during school hours. *If your child has a chronic condition* that requires more thorough monitoring and/or intervention, such as Asthma, diabetes, seizures, food allergies, etc, there will be additional forms to be filled out. These can also be found in the “Forms” tab of the website’s wellness page.

Please contact the district nurse for any additional concerns or questions you may have.

Kristin Baker, RN BSN

New Bloomfield District Nurse

[kbaker@nb.k12.mo.us](mailto:kbaker@nb.k12.mo.us)

573-491-3700, ext 203



**NEW BLOOMFIELD NURSES HEALTH CARD  
2019-2020**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Does your child have access to regular medical care?  Yes  No  
Physician \_\_\_\_\_ phone # \_\_\_\_\_ Last Exam \_\_\_\_\_  
Dentist \_\_\_\_\_ phone # \_\_\_\_\_ Last Exam \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_

**Health Concerns:(check all areas that apply)**

Allergy:  Environmental  Medication  Stings  Food  
 Other PLEASE LIST: \_\_\_\_\_

Asthma (check one:  mild  moderate  severe) Inhaler:  Y  N  
Date last saw doctor for asthma: \_\_\_\_\_

Anemia  Depression  Heart  Diabetes  
 Hearing  Injury  Attention Deficit Disorder

Vision Wears glasses?  YES  NO Contacts?  YES  NO  
Date of last vision exam: \_\_\_\_\_

Seizures  
Date of last seizure: \_\_\_\_\_ Hospitalized:  YES  NO  
Date last saw doctor for seizures: \_\_\_\_\_

Any other health concerns: \_\_\_\_\_

List all medications your child takes (include times): \_\_\_\_\_

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by a trained provider in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.  
**This information will be shared with faculty and staff that work with your child as needed.**

Please include any additional information that can help New Bloomfield RIII Schools Health Services provided care for your student: \_\_\_\_\_  
\_\_\_\_\_

Please keep all EMERGENCY contacts updated with the office. We use those contacts in case of Emergency.  
*Hospital preference in case of emergency:* \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN** **DATE**  
*The typed name in the above box will serve as your "signature" for this document.*

**NEW BLOOMFIELD NURSES HEALTH CARD  
2019-2020**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Does your child have access to regular medical care?  Yes  No  
Physician \_\_\_\_\_ phone # \_\_\_\_\_ Last Exam \_\_\_\_\_  
Dentist \_\_\_\_\_ phone # \_\_\_\_\_ Last Exam \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_

**Health Concerns:(check all areas that apply)**

Allergy:  Environmental  Medication  Stings  Food  
 Other PLEASE LIST: \_\_\_\_\_

Asthma (check one:  mild  moderate  severe) Inhaler:  Y  N  
Date last saw doctor for asthma: \_\_\_\_\_

Anemia  Depression  Heart  Diabetes  
 Hearing  Injury  Attention Deficit Disorder

Vision Wears glasses?  YES  NO Contacts?  YES  NO  
Date of last vision exam: \_\_\_\_\_

Seizures  
Date of last seizure: \_\_\_\_\_ Hospitalized:  YES  NO  
Date last saw doctor for seizures: \_\_\_\_\_

Any other health concerns: \_\_\_\_\_

List all medications your child takes (include times): \_\_\_\_\_

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by a trained provider in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.

**This information will be shared with faculty and staff that work with your child as needed.**

Please include any additional information that can help New Bloomfield RIII Schools Health Services provided care for your student: \_\_\_\_\_  
\_\_\_\_\_

Please keep all EMERGENCY contacts updated with the office. We use those contacts in case of Emergency.  
*Hospital preference in case of emergency:* \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN** **DATE**  
The typed name in the above box will serve as your "signature" for this document.

**NEW BLOOMFIELD NURSES HEALTH CARD  
2019-2020**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Does your child have access to regular medical care?  Yes  No  
Physician \_\_\_\_\_ phone # \_\_\_\_\_ Last Exam \_\_\_\_\_  
Dentist \_\_\_\_\_ phone # \_\_\_\_\_ Last Exam \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_

**Health Concerns:(check all areas that apply)**

Allergy:  Environmental  Medication  Stings  Food  
 Other PLEASE LIST: \_\_\_\_\_

Asthma (check one:  mild  moderate  severe) Inhaler:  Y  N  
Date last saw doctor for asthma: \_\_\_\_\_

Anemia  Depression  Heart  Diabetes  
 Hearing  Injury  Attention Deficit Disorder

Vision Wears glasses?  YES  NO Contacts?  YES  NO  
Date of last vision exam: \_\_\_\_\_

Seizures  
Date of last seizure: \_\_\_\_\_ Hospitalized:  YES  NO  
Date last saw doctor for seizures: \_\_\_\_\_

Any other health concerns: \_\_\_\_\_

List all medications your child takes (include times): \_\_\_\_\_

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by a trained provider in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.

**This information will be shared with faculty and staff that work with your child as needed.**

Please include any additional information that can help New Bloomfield RIII Schools Health Services provided care for your student: \_\_\_\_\_  
\_\_\_\_\_

Please keep all EMERGENCY contacts updated with the office. We use those contacts in case of Emergency.  
*Hospital preference in case of emergency:* \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN** **DATE**  
The typed name in the above box will serve as your "signature" for this document.

## ADMINISTRATION OF MEDICATIONS TO STUDENTS

*(Standing order for Administration of Over-the-Counter Student Medications)*

The following list of over-the-counter medications is typically stocked in the nurse's office and may be given by the school nurse or the appointee:

- Non-aspirin (including acetaminophen, ibuprofen, etc.)
- sore throat spray
- Antacid
- Anti-itch cream
- antibiotic ointment
- burn cream
- throat lozenges
- peroxide
- alcohol-isopropyl
- first-aid spray
- topical anti-sting treatment
- petroleum jelly
- antihistamine
- eye drops
- eye wash

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The typed name in the above box will serve as your "signature" for this document.*

\*\*\*\*\*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 05/16/2013

New Bloomfield R-III School District, New Bloomfield, Missouri

## ADMINISTRATION OF MEDICATIONS TO STUDENTS

*(Standing order for Administration of Over-the-Counter Student Medications)*

The following list of over-the-counter medications is typically stocked in the nurse's office and may be given by the school nurse or the appointee:

- Non-aspirin (including acetaminophen, ibuprofen, etc.)
- sore throat spray
- Antacid
- Anti-itch cream
- antibiotic ointment
- burn cream
- throat lozenges
- peroxide
- alcohol-isopropyl
- first-aid spray
- topical anti-sting treatment
- petroleum jelly
- antihistamine
- eye drops
- eye wash

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The typed name in the above box will serve as your "signature" for this document.*

\*\*\*\*\*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 05/16/2013

New Bloomfield R-III School District, New Bloomfield, Missouri

## ADMINISTRATION OF MEDICATIONS TO STUDENTS

*(Standing order for Administration of Over-the-Counter Student Medications)*

The following list of over-the-counter medications is typically stocked in the nurse's office and may be given by the school nurse or the appointee:

- Non-aspirin (including acetaminophen, ibuprofen, etc.)
- sore throat spray
- Antacid
- Anti-itch cream
- antibiotic ointment
- burn cream
- throat lozenges
- peroxide
- alcohol-isopropyl
- first-aid spray
- topical anti-sting treatment
- petroleum jelly
- antihistamine
- eye drops
- eye wash

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The typed name in the above box will serve as your "signature" for this document.*

\*\*\*\*\*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 05/16/2013

New Bloomfield R-III School District, New Bloomfield, Missouri

## 2019-2020 School Reach Information

In an important effort to make the best and most accurate use of the SchoolReach Instant Parent Contact system, we are asking that you fill out the following form with the requested necessary information (See next page). After filling this out for each of your children that attend our school please double check for accuracy and return it to us promptly. Thank You.

### Phone Information Form

The Primary Contact Number will be used to call you every time we send a SchoolReach call, regardless of the urgency of the message.

The Secondary Contact Number will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Please consider these numbers carefully and make an effort to keep us informed as soon as possible if either number changes for any reason.

Returning Student     New Student: \_\_\_\_\_ Bus #: \_\_\_\_\_  
Address: \_\_\_\_\_

Child #1: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Primary Contact Number: \_\_\_\_\_  
Secondary Contact Number: \_\_\_\_\_

Child #2: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Primary Contact Number: \_\_\_\_\_  
Secondary Contact Number: \_\_\_\_\_

Child #3: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Primary Contact Number: \_\_\_\_\_  
Secondary Contact Number: \_\_\_\_\_

Child #4: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Primary Contact Number: \_\_\_\_\_  
Secondary Contact Number: \_\_\_\_\_