



Brentwood High School

New Student Registration

Checklist

Welcome to Brentwood Schools! We are so pleased you will be joining our excellent school district. Enclosed you will find all of the paperwork needed to enroll your child(ren) into BSD. Please complete all forms and return to each school's registrar. You will also need to bring the following documents with you.

- * Birth Certificate
- * Immunization Record
- * Social Security Card
- * Proof of Residency:

Choose 2 from this list:

1. Unpaid Utility Bill
2. Bank or credit card statement
3. Paycheck stub dated within the last 30 days
4. Insurance statement

And 1 from this list:

1. Mortgage Statement
2. Property Deed
3. Homeowner's Policy
4. Signed and dated residential lease (must be updated annually)

Please complete the following forms and bring them ALL with you to registration:

1. Student Information Release Form
2. New Student Enrollment Information
3. Proof of Residency Form (File: JEC-AF1)
4. Technology Parent/Student Permission Form
5. Emergency Care Information
6. Report of Physical Examination
7. Report of Dental Examination
8. Over-the-Counter Pain Medication Form
9. Immunization Record
10. Student Discipline (File: JEC-AF2)
11. Homeless Enrollment Form
12. Student Home Language Survey (File: IGBH-AF1)
13. Free and Reduced Price School Meals Family Application
14. Family Health Care Insurance Form

Registrar's Signature

Date

Enrollment Application

Today's Date _____

Student's Legal Name: _____
Last First Middle

Grade: _____ Gender: ___ Male ___ Female Preferred name/Nickname _____

Date of Birth: ___/___/___ Country of Birth: _____ SS# _____

PRIMARY HOUSEHOLD (PLEASE PRINT)

| Adult #1 | Adult #2 |
|-------------------------------|-------------------------------|
| Name _____ | Name _____ |
| Relationship to Student _____ | Relationship to Student _____ |
| Employer _____ | Employer _____ |
| Work Phone _____ | Work Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Home Phone _____ | Home Phone _____ |
| Email _____ | Email _____ |

Household #1 Address _____
Number Street Apt

City State Zip

SECONDARY HOUSEHOLD

| Adult #1 | Adult #2 |
|-------------------------------|-------------------------------|
| Name _____ | Name _____ |
| Relationship to Student _____ | Relationship to Student _____ |
| Employer _____ | Employer _____ |
| Work Phone _____ | Work Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Home Phone _____ | Home Phone _____ |
| Email _____ | Email _____ |

Household #2 Address _____
Number Street Apt

City State Zip



Residency Verification:

___ I reside and am domiciled* in the Brentwood School District with my child and have provided the proof of residency required by the district.

*Missouri law defines domicile as the fixed, permanent, regular residence of the parent or guardian.

___ My child is enrolled through the VICC **program.

*A parent must apply through the Voluntary Interdistrict Choice Corporation to be eligible for this program.

___ I understand that at any time Brentwood School District may request additional proof of residency or investigate to seek additional information. Any person who knowingly submits false information is guilty of a misdemeanor under Sections 167.020, 575.050, and 575.056. In addition to other penalties authorized by law, a district may file a civil action to recover from the parent or legal guardian of the pupil, the costs of school attendance for a

Please list all schools previously attended, including other districts or private schools :

| Grade | Name of School | District | City | State |
|-------|----------------|----------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RACE/ETHNIC ORIGIN

Brentwood School District is mandated under state and federal law to use the following race/ethnic categories. Please make the selection you feel is best.

Is the student Hispanic/Latino (Choose only one)

___ No, not Hispanic/Latino ___ Yes, Hispanic, Latino

Race (Choose one or more)

___ American Indian or Alaska Native ___ Black or African American ___ Asian ___ White
 ___ Native Hawaiian or Other Pacific Islander

Educational Information:

Does your child receive special education services and /or have an IEP plan? ___ YES ___ NO

Does your child have a Section 504 Accommodation Plan? ___ YES ___ NO

Has your child received Title I services or targeted reading assistance? ___ YES ___ NO

Has your child participated in a gifted education program? ___ YES ___ NO

Has your child received speech or language therapy? ___ YES ___ NO

Has your child ever been retained? ___ YES ___ NO If yes, at what grade level? ___

Brentwood School District



STUDENT INFORMATION RELEASE FORM



BRENTWOOD HIGH SCHOOL

2221 High School Dr. Brentwood, Missouri 63144

phone: 314-962-3837 fax: 314-963-3166 www.brentwood.k12.mo.us

Dr. Edward Johnson, Principal

Mr. Stephen Ayotte, Assistant Principal



Name of Student: _____
(Last name) (First name) (Middle name)

Date of Birth: _____ Present Grade: _____

I here by give my permission to (**Please Print**) : _____
(Name of Sending School)

(Address) (City) (State) (Zip Code)

(Main Number) (Fax Number)

To release all record to the Brentwood School District, ***all records (in their entirety) must be provided before enrollment is allowed in the Brentwood Public Schools. Fax to 314-963-7225.*** The *Safe Schools Act* requires that the following information be released in writing within five (5) school days:

- Academic records including testing
- Discipline records – within 5 days
- Health records
- Attendance records

(Print Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

To be completed by school releasing information:

- | Yes | No | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | This student has an IEP and received special education services. (If yes, attach IEP and documentation). |
| <input type="checkbox"/> | <input type="checkbox"/> | This student has a 504 Plan (If "yes", please attach). |
| <input type="checkbox"/> | <input type="checkbox"/> | This student is presently under suspension and/or expulsion. |
| <input type="checkbox"/> | <input type="checkbox"/> | This student withdrew from school while under consideration of suspension and/or expulsion. |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete discipline records are attached. |

Form must be completed and signed by Principal or Assistant Principal

Name (Please Print) _____

(Signature)

(Title)

(Date)

Please note: You may send records via **MAIL** or **FAX (314-963-7225)**, or **EMAIL** records to: lbrown@brentwood.k12.mo.us

FEDERAL MIGRATORY SURVEY

If you have a child ages 3-21, and you have moved from one school district to another within the preceding 36 months, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

Before the move, was either parent or guardian employed in some form of temporary or seasonal agricultural or agriculture-related work such as; Planning or harvesting crops (vegetables, fruits, cotton, etc.);landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell?

___ YES ___ NO

Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? ___ YES ___ NO

Is either parent (or guardian) now employed in any of the above kinds of work? ___ YES ___ NO

Have you moved away with you child during only the summer months to engage in crop harvesting or other seasonal agriculture? ___ YES ___ NO

SAFE SCHOOLS ACT (RSMo167.171)

The undersigned hereby certify and represent to the Brentwood School District, for the purposes of the Missouri Safe Schools Act, that:

1. This student is not currently suspended or expelled from any other school district;
2. If this student is currently suspended or expelled from another school district, the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district. (Copy of determination by superintendent is attached).
3. This student has not been convicted of or indicted for any of the following offenses and no information or petition alleging such offense has been filed:

| | |
|-------------------------------------------------------|-----------------------------------------------------------------|
| A. First degree murder under Section 565.020, RSMo; | G. Statutory sodomy under Section 566.062, RSMo; |
| B. Second degree murder under Section 565.021, RSMo | H. Robbery in the first degree under Section 569.020, RSMo; |
| C. First degree assault under Section 565, 050, RSMo; | I. Distribution of drugs to a minor under Section 195.212, RSMO |
| D. Forcible rape under Section 566.030, RSMo; | J. Arson in the first degree murder under Section 569.040, RSMo |
| E. Forcible e sodomy under Section 566.060, RSMo; | K. Kidnapping, when classified as a Class A felony, under |
| F. Statutory rape under Section 566.032, RSMo; | Section 565.100 |

In compliance with Missouri law, the undersigned verifies the accuracy of the information on this form for the purpose of enrollment of a student(s)) in the Brentwood School District and accepts the responsibility for reporting changes in residence to the building enrollment secretary. The undersigned states that he/she/they provided the above information listed for the purpose of enrolling a student in the Brentwood School District and that such information is true and correct to the best of his/her/their information, knowledge and belief.

Signature of Parent/Legal Guardian
(Student may sign if 18 years of age and not living with parent)

Date

Brentwood School District



Home Language:

Is any language other than English spoken in the home? ____ YES ____ NO

If yes, language spoken: _____

Does the student speak a language other than English? ____ YES ____ NO

If yes, language spoken: _____

Has your child ever received English Language Learner Services? ____ YES ____ NO

Date entered the U.S. _____

HOMELESS

These questions are asked in compliance with the McKinney-Vento act and the NCLB legal guidelines.

Are you sharing the housing of other persons due to the loss of housing, economic hardship, or a similar reason? ____ YES ____ NO

If yes, please explain. _____

Are you currently residing in a motel, hotel, in a car, or at a campsite due to economic reasons or because your home has been damaged? ____ 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



Brentwood School District
Technology Parent/Student Permission Form
EHB/AP Policy: <http://policy.msbanet.org/brentwood/byletter.php?section=E>

Student Name _____

Grade _____

-Parents need to place their initials next to the items listed below to indicate approval-

Permission to Publish Student Information (e.g. Internet and Television) File: EHB-AF7

I give consent to BSD to publish the items **initialed** below to external public.

| | | |
|----------------------------|-------|-------------------|
| Parents, Initials Required | _____ | First Name |
| | _____ | Last Name |
| | _____ | Photograph |
| | _____ | Voice |
| | _____ | Video Taping |
| | _____ | Published Project |

Permission to Utilize District Technology Resources

Student User Agreement File: EHB-AF2

Parent/Guardian Technology Agreement File: EHB-AF1

| | | |
|------------------------------------|-------|----------------------------------------------------------------------------------------------------------|
| Parents, initial <u>one</u> option | _____ | I give full permission for my child to utilize all of the school district's technology resources. |
| | _____ | I give partial permission for my child to utilize limited school district technology resources. |
| | _____ | I do not wish for my student to utilize the following school district technology resources: _____. |
| | _____ | I do not give permission for my child to utilize any school district technology resources. |

OPT OUT File: JO-AP (High School Students Only)

Under the federal *No Child Left Behind Act*, our school may be requested to provide the names, addresses, and telephone numbers of high school students to military recruiters, colleges and other groups. You do not have to participate in this program.

DO NOT DISCLOSE my child's name, address and telephone number to the entities checked below without my prior permission:

| | | |
|-----------------------|--------------------------|---------------------------------------------------|
| Check Appropriate Box | <input type="checkbox"/> | US Military (Army, Navy, Air Force, Marines, etc) |
| | <input type="checkbox"/> | Colleges and other educational institutions |
| | <input type="checkbox"/> | Prospective employers |

By signing below, I acknowledge that I have read, understand and agree to the permissions I granted above and the district policies as they pertain to the permissions above.

This agreement is for the tenure (k-12) of your student in Brentwood School District.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

ADMINISTRATION OF MEDICATIONS TO STUDENTS
(Permission Form for Medications)

Note: Parent or guardian must complete the entire form – front and back.

No over-the-counter medication will be dispensed unless provided to the nurse in its original container.

District practice allows over-the-counter medicines to be given for up to five times based on a parent signature. Extended use of over-the-counter medications will require a physician's order. District practice also requires that medicines be given at non-school times if at all possible. Medicine must be in an original container and accompanied by this completed form.

School: _____
Date Form Received by the School: _____

Student's Information

Name: _____ Age: _____ Date of Birth: _____
Homeroom/Classroom: _____ Grade: _____

Medication/Prescription Information

Prescription Medication Over-the-Counter Medication Provided by Parent/Guardian

Has the student been given the first dose of this medication? Yes No

Name of Medication: _____

Reason for Medication: _____

Time(s) to be given: _____

Dates to be given: From: _____ To and including: _____

Form of Medication/Treatment: Tablet/Capsule Liquid Inhaler
 Injection Nebulizer Other: _____

Describe the dose to be given at school: _____

If "as needed," indicate the maximum dosage per day: _____

Are there restrictions and/or important side effects? Yes No

If yes, please describe: _____

Special Storage Requirements: None Refrigerate Other: _____

FILE: JHCD-AF3
Critical

Physician's Information

Physician's Name: _____
Address: _____
Phone: _____ Fax: _____
Physician's Signature: _____ Date: _____

Parental Permission

I give permission for _____ (student's name) to receive the above medication at school.

I also give district employees permission to contact the student's physician directly to provide information on the student's condition or to clarify medication administration instructions. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes or if administration of medication should cease. I release school personnel from liability should reactions result from giving the medication. In case of an emergency needing further attention transport to:

Hospital: _____
Parent's Signature: _____ Date: _____
Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____
Emergency Phone: _____

Notice

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered by the school nurse or other trained personnel in the event of life-threatening emergencies involving anaphylaxis.

* * * * *

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

Implemented: 07/09/2003

Revised: 03/21/2006; 12/19/2006; 04/16/2013

Brentwood School District, Brentwood, Missouri



PERMISSION FOR EMERGENCY CARE

Student Name

Date of Birth

Student Address/City/State/Zip

Mother's Name

Cell Phone

Work Number

Home Number

Father's Name

Cell Phone

Work Number

Home Number

If a parent cannot be reached, please contact a *close relative* or *friend*.

Name

Relationship

Cell Phone

Work Phone

Home Phone

Name

Relationship

Cell Phone

Work Phone

Home Phone

Health Conditions/Allergies: _____

Current Medications: _____

EMERGENCY AUTHORIZATION

To ensure the care of my child, I agree that pertinent health information may be shared with appropriate school staff, and may be forwarded to emergency medical personnel in emergency situations. I agree to notify the school nurse of any changes in medication or change in any health status of my child. I agree if any of the above information changes, I will notify the school immediately. I understand that in case of an emergency the school will first attempt to contact me. If I cannot be reached, I authorize the transport of my child to a hospital and authorize the physician or medical personnel to carry out any diagnostic procedures or emergency care deemed necessary. I will accept the full financial responsibility for charges connected with the use of an ambulance and charges connected with any medical necessary. I acknowledge that all foregoing above information is true and correct.

Parent/Guardian Signature

Date

Brentwood High School



School-Provided Chromebook Program Guide

Brentwood High School 1 to 1 Program Information

For all students who do not have their own personal device, one Chromebook and its power adapter are being lent to the student-borrower (student) and are in good working order. It is the student's responsibility to care for the equipment and insure that it is kept in proper working order. This equipment is, and at all times remains, the property of Brentwood High School and is being lent to the student for educational purposes only for the academic school year. The student may not deface or destroy this property in any way. Inappropriate use of the device may result in the student losing the privilege to use this device. The equipment will be returned when it is requested by the school, if the student withdraws from the school, or as circumstances dictate.

Applications (Apps) provided by the District remain the property of the District. Accounts must be maintained and updated with only District-approved updates and applications. Chromebooks may not be disassembled, repaired, hacked, jail-broken or subverted in any way. The student should be aware that this device is capable of tracking information and while the district will not actively track such information, various applications may be utilized in such a manner. The district shall not be responsible for the tracking or monitoring of any student activity through the use of the equipment; however, from time to time consistent with the business purposes of the district, it may review the student's usage of this equipment.

The Brentwood High School District network is provided for the academic use of all students and staff. The student agrees to take no action that would interfere with the efficient and academic use of the network. In the event the student utilizes the device for any purpose outside of academic use, the district shall bear no responsibility for any consequences of such improper use and may provide to law enforcement officials either the equipment or information garnered from the equipment.

Identification and inventory labels/tags have been placed on the Chromebook. These labels/tags are not to be removed or modified. If they become damaged or missing, immediately contact the building technology department for replacements. Additional stickers, labels, tags, or markings are not to be added to the Chromebook.

The Brentwood High School District is not responsible for any lost data.

Parent Responsibilities

Your child has been issued a Chromebook to improve and personalize his/her education this year.

Talk to your child about how to use this device. If your child abuses the use of this Chromebook, his/her use may be abridged or abbreviated; e.g., he/she may not be allowed to take the device home at night.

It is essential that your child uses the following safe, efficient, and ethical operation of this device. In order to ensure the proper use and maintenance of the equipment, you agree as the student's parent or guardian as follows:

- I will supervise my child's use of the school-issued Chromebook at home.
- I will discuss the district's expectations and rules regarding appropriate use of the Internet and e-mail and will supervise my child's use of the Internet and e-mail.
- I will not attempt to repair the Chromebook or to clean it with anything other than a soft, dry cloth.
- I will report within 24 hours any lost, stolen (police report required), or damaged Chromebook to the school's Technology Center.
- I understand that I will bear responsibility for the theft or loss of the device – a \$300.00 replacement cost.
- I understand that the district will repair two instances of physical damage deemed repairable by the district. I understand that I bear full responsibility for the replacement of the Chromebook at a cost of \$300.00 on the third incident of physical damage.
- I understand that I bear full responsibility for physical damage to the Chromebook deemed to be unrepairable by the district as follows: damage caused by abuse or neglect, installation of unauthorized software, or unauthorized modifications.
- I am aware that power cords and power chargers will not be replaced, unless there is an issue due to faulty manufacturing.
- I will make sure my child brings the Chromebook to school every day fully charged.
- I understand that if my child comes to school without his/her Chromebook that he/she may not be able to participate in classroom activities.
- I agree to make sure that the Chromebook is returned to the school when requested and upon my son's/daughter's withdrawal from Brentwood High School.
- I understand that until I submit Page 5 of this document to the Main Office, my child will NOT be issued a Chromebook.

Student Responsibilities

Your Chromebook is an important learning tool and is for educational purposes only. In order to take your Chromebook home each day, you must accept the following responsibilities.

- When using the Chromebook at home, at school, and anywhere else I may take it, I will follow the rules of the Brentwood High School District, and abide by all local, state, and federal laws.
- I will not use my Chromebook to post or create anything considered bullying or harassment. I will treat the Chromebook with care by not dropping it, getting it wet, leaving it outdoors, leaving it in a car in extreme weather conditions, or using it with food or drink nearby.
- I will not remove district-provided applications or configuration profiles from the Chromebook.
- I will not attempt to circumvent the web filter in any manner.
- I will not share or loan my Chromebook to others.
- I will not give out personal information when using the Chromebook.
- I will bring the Chromebook to school every day.
- I will recharge the Chromebook battery each night.
- If my Chromebook is lost/stolen or damaged in any way I will report it to the technology department within 24 hours.
- I will keep all accounts and passwords assigned to me secure, and will not share these with any other students.
- I will return the Chromebook when requested and upon leaving the Brentwood School District
- I will place my Chromebook in a secure location when not in use (locked up when possible).
- I realize that the Chromebook is the sole property of the Brentwood School District and may be inspected by school staff at any time.
- The undersigned acknowledges the parent and student responsibilities. The undersigned also acknowledge that the failure of a timely return of the Chromebook and power adapter when scheduled or when requested shall result in liability by both parent and child for the value of the Chromebook. The parties acknowledge the value of the Chromebook shall be \$300.00. Parents are signing this agreement as guarantors for their child/children.

Chromebook Insurance Option

Brentwood High School is offering families the option of purchasing insurance for their child's school-issued Chromebook. Each year your child is enrolled at BHS, this annual insurance will be offered. The cost of this yearly insurance is \$30.00. What is covered: repair to any accidental damage or manufacturer's defect. With the purchase of insurance, should your child's device need to be sent out by our staff for extraordinary repairs, your child will be able to use a school- provided Chromebook for the duration of the repair period. What is not covered: damage from malicious treatment and the cost of loss or theft. If you will not be participating in the insurance option, you will be financially responsible for any accidental damage to the device or components of the device (e.g., cracked screen, lost battery charger, etc.). If you would like to participate in the insurance option, please complete this form with a check or money order for \$30.00 made out to "Brentwood High School".

Chromebooks will be collected by the student's advisory teacher at the end of the school year and redeployed on the first day of school.

Advisory teacher: _____



**Brentwood High School
Parent/Student Agreement Form**

Please return this page when Chromebook is picked up by parent and student

Student's Name: _____ Grade: _____
Please print clearly

Parent's Name: _____
Please print clearly

By signing below, we, parent and student, have read the *BHS School-Provided Chromebook Guide* and assume all of the responsibilities for the school provided Chromebook detailed therein.

INSURANCE OPTION

Please check one of the boxes below:

Yes, I would like to participate in the insurance option for Chromebooks. Attached is a check or money order for \$30.00 made out to Brentwood High School.

No, I prefer not to participate in the insurance option for Chromebooks. By not participating, I will accept financial responsibility (\$300.00) for any damage to the device or components of the device. My child will not receive a replacement Chromebook from the school during the repair period.

No, I have my own device.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Office Use:

Asset Tag ID Number: _____ Tech Initials: _____