



Orrick High School

ADMISSIONS

100 Kirkham, Orrick, MO 64077

Phone (816) 770-3327, Fax: (816) 496-3829

bmeyer@orrick.k12.mo.us



RELEASE OF RECORDS FORM

As the parent or court appointed legal guardian of the student below, permission is being granted for the Orrick R-XI Public School to obtain all school records (academic, behavioral, discipline, special education, health, etc.) for:

Student Name: _____ Birthdate _____
Last First Middle mm/dd/yy

Student Social Security Number _____ Grade last attended _____

School (s) and address attending in the last 12 months: _____

Parent/Court Appointed legal guardian PRINTED NAME: _____

Street Address: _____ Phone () _____

City, State, Zip Code _____

As parent or court appointed guardian of the above student and in compliance with public Law 93-380 and the Safe Schools Act of 1996, I hereby authorize the release of all school records (academic, behavioral, discipline, special education, health, etc.) for this student. I further release and discharge named schools, agencies, and related employees from any liability resulting from the release of such records and information as aforesaid. I recognize that at any time I may revoke this authorization.

Signature of parent/court appointed legal guardian _____ Date _____

Relationship to Student _____

Attention Transferring School/Institution:

To assist with the enrollment process for this student, please forward all applicable student records providing the following information:

- ◆ Free/ reduced lunch status
- ◆ The school/district from which the student transferred to your school/district
- ◆ Academic record-grade levels, courses, and/or programs completed, grades earned, and other indications of academic progress
- ◆ Special education records and information
- ◆ 504 accommodations
- ◆ Discipline record (please indicate if this student was suspended or expelled from your school, from any school in Missouri or any other state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or the willful infliction of injury to another person. If so, what were the findings of fact related to the incident (s) and the actions taken by the administration or Board of Education).
- ◆ Health and immunization information

As required by the Missouri Safe School Act, any public school must comply with a request to forward a copy of the transferring student's academic and discipline records to the new school within 5 days.

Date/Time FAXED by Orrick High School to sending school

Initials or signature of Orrick office personnel

SCHOOL ADMISSIONS
Orrick R-XI School District

Date: _____

Student's Name: _____ Date of Birth: _____

Address: _____

Name of Mother or Legal Parent: _____

Address: _____

Mobile Phone: _____ * Work Phone: _____

Home Phone: _____ * E-mail: _____

Name of Father or Legal Parent: _____

Address: _____

Mobile Phone: _____ * Work Phone: _____

Home Phone: _____ * E-mail: _____

Name of Court-Appointed Guardian or other Person Designated by Law as Guardian (if any):

Address: _____

Mobile Phone: _____ * Work Phone: _____

Home Phone: _____ * E-mail: _____

The term "homeless children and youth"—

A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and

B. includes —

i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;

ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...;

iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and iv. migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

These questions cover the definition of homelessness that is within the Every Student Succeeds Act (ESSA) and will meet MSIP 5 Resource and Process Standards for G-5i .

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ___ yes ___no
Explain: _____

2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? ___ yes ___no

3. Are you currently residing in an emergency or transitional shelter? ___ yes ___no

4. Has the student been abandoned in a hospital? ___ yes ___no

5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ___ yes ___no

6. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? ___ yes ___no

Proof of Residence

Missouri law requires proof of residence unless a statutory exception provides otherwise. The following are acceptable proof of residency documents:

1. Property tax statement
2. Utility bill/agreement
3. Real estate contract
4. Rental agreement/receipt

The district may not register the student until sufficient evidence of residency is provided to the school district.

~~Prior to transfer, did the student participate in any of the following programs or receive the following services? Check all that apply:~~

- | | |
|--|---|
| <input type="checkbox"/> Gifted Education Services | <input type="checkbox"/> English Language Instruction |
| <input type="checkbox"/> Services for Migratory Students | <input type="checkbox"/> Services for Homeless Students |
| <input type="checkbox"/> Special Education (IEP) | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Section 504 Plan | <input type="checkbox"/> Personalized Health Plan |
| <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Counseling |

Home Language and Migrant Survey

Language: English Yes No If no, what language _____

Does your family engage in agriculture-related work? Yes No

If yes, has your family moved to seek or obtain agriculture-related work? Yes No

If the student is not currently residing in the district, explain why the student is attempting to enroll in the district: _____

What is the student's permanent physical address or, if the student does not currently have a permanent physical address, please choose from the options below to describe the student's living situation:

Address: _____

Sharing the housing of another person due to loss of housing, economic hardship, or a similar reason. If for a similar reason, please explain:

Residing at a campsite or in a hotel, motel or car because of damage to the permanent home or economic hardship.

Currently residing in a shelter.

Currently living in temporary housing due to economic hardship.

Please provide the district with a copy of any custody orders, guardianship designations, power of attorney documents or any other similar documentation. Note: It is not the district's responsibility to enforce divorce decrees, parenting plans or custody orders. The district seeks this information solely to determine who the biological parents are, who has authority to make or participate in educational decisions, who may have access to student records and who the courts have determined is safe to be alone with the child.

Discipline History

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.

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

Yes No If yes, please explain: _____

Has the student ever been expelled from a school?

Yes No If yes, please explain: _____

~~Has the 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 student ever been suspended from a school for more than ten consecutive days?

Yes No If yes, please explain: _____

Has the student been convicted of or charged with a crime in juvenile or adult court?

Yes No If yes, please explain: _____

Ethnicity

Mark all that apply:

____ Black or African-American ____ Native Hawaiian or Other Pacific Islander

____ Native American/Eskimo ____ White ____ Asian ____ Hispanic

Field Trips

We the undersigned parents/guardians do hereby authorize the undersigned child/children to participate in school field trips, including transportation to or from any event authorized in connection with participation in said classes. Information regarding each individual field trip will be provided to parents/guardians prior to the event. Parents/guardians may choose NOT to have their child/children participate by notifying the school.

Additional Contacts

The district is authorized to release the student to the care of the following persons in an emergency situation, when the student is ill or injured, or in situations where the parent cannot be contacted or is not available. The district is authorized to share with the listed persons information in the student's education records when district staff consider that information necessary or relevant to the reason the student is being released to the contact. For example, if a student is ill, the district may share with the contacted persons information in the student's health records regarding the illness. **The district will assume that the student may be legally released to all parents or legal guardians unless presented documentation to the contrary.**

Name: _____

Relationship to Student: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Name: _____

Relationship to Student: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Name: _____

Relationship to Student: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Name: _____

Relationship to Student: _____

Mobile Phone: _____ Work Phone: _____



Student Name: _____ DOB: _____

Parent/Guard

1: _____ Ph#: _____ Alt#: _____

Parent/Guard

2: _____ Ph#: _____ Alt#: _____

Does your child have:

Allergies? No Yes** if yes, please specify allergen, reaction, and treatment: _____

Is a special diet required at school? No Yes** (Please provide Doctor Documentation of restriction.)

What is the substitution or restriction required? _____

Has this required emergency action in the past? No Yes** →

Describe: _____

Is emergency medication required? No Yes** List: _____

Does your child have a life-threatening condition? No Yes** →

Describe: _____

_____ (Please provide any available medical action plan for your child's condition).

Asthma? No Yes** Diagnosed by a doctor? No Yes** Inhaler at school? No Yes** Symptoms are triggered by: _____

Treatment: _____

Diabetes? No Yes** → Does your child take insulin? No Yes

Uses: Pump Pen Syringes

Daily snacks? No Yes**

Will he/she be doing daily testing at school? No Yes**

Seizure Disorder? No Yes** Describe seizures: _____

Date of last seizure: _____ Medication/treatment: _____

Heart Condition? No Yes** Describe: _____

Any physical restrictions? No Yes** Describe: _____

Other Medical conditions: No Yes** Describe: _____

Please complete the following regarding PHYSICIAN DIAGNOSED health concerns that pertain to your child:

Does your child have any physical or mental impairments that the District should be aware? No Yes

If yes, please describe: _____

STUDENT DRUG TESTING

(Consent Form)

I, _____, [student's name] have received, read, understand, and agree to abide by the Orrick R-XI School District drug testing policy and procedure. As a condition of participating in activities in the Orrick R-XI School District, I agree to provide urine specimens when directed and authorize the district to have the specimen tested for illegal drugs. I also authorize the release of information concerning the results of such test to the Orrick R-XI School District and to my parents/guardians.

Student Signature

Date

I, _____, [name of parent/guardian] have received, read, understand, and agree to abide by the Orrick R-XI School District drug testing policy and procedures. As a condition of my student's participation in activities in the Orrick R-XI School District, I authorize the district to collect urine specimens from my student and authorize the district to have the specimens tested for illegal drugs. I also authorize the release of information concerning the results of such test to the Orrick R-XI School District.

Signature of Parent/Guardian

Date

.....
This Consent form will remain in effect for the duration of the student's enrollment within the Orrick R-XI School District, unless revoked in writing by the parent/guardian. If consent is revoked in writing by the parent/guardian the student shall not be allowed to participate in covered activities for 365 calendar days from the date of revocation.
.....

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

Implemented: 7/20/09

Orrick R-XI School District, Orrick, Missouri

Acknowledgment of Receipt of Drug Test Information

I have received a copy of the Orrick R-XI School Drug Testing Policy and Consent Form. I understand that this form must be signed and returned to the high school office by the close of business on the Tuesday following Labor Day to ensure my student's eligibility in MSHSAA covered activities.

Signature of Parent/Guardian

Date

*NOTE: If you signed up during the previous school year it is not necessary to resubmit the consent form.

Orrick R-XI School District

Student Responsible Use Policy and Technology Usage Agreement

I have read the Orrick R-XI Student Responsible Use Policy and Board Policies EHB and EHB-AP. I understand that by signing below I agree to all of the policies and the provisions that are set forth.

I understand that these policies are available on the district website or a hard copy may be obtained in either the high school or elementary office.

I understand that this form will be effective for the duration of attendance in the Orrick R-XI School District unless revoked or changes are made to the school district policies.

Student Name (please print): _____

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent /Guardian Signature: _____

Date: _____

Acknowledgement Concerning Use of Student Lockers

I acknowledge and understand that:

1. Student lockers are the property of the Orrick R-XI School District.
2. Student lockers remain at all times under the control of the School District.
3. I am expected to assume full responsibility for my locker.
4. The School District retains the right to inspect student lockers for any reason, at any time, without notice, without student consent and without a search warrant.
5. This will remain in effect for the duration of the student's enrollment within the Orrick R-XI School District.

Student signature

Date

Locker #

Acknowledgement Concerning Use of Parking Lots

I acknowledge and understand that:

1. Students are permitted to park on school premises as a matter of privilege, not right.
2. The School District retains the authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property.
3. The School District may inspect the interiors of student automobiles whenever a school authority has reasonable suspicion to believe illegal or unauthorized materials are contained inside the automobiles.
4. Such patrols and inspections may be conducted without notice, without student consent and without a search warrant.
5. If I fail to provide access to the interior of my automobile, upon the request of the school official, I will be subject to school disciplinary action.
6. This will remain in effect for the duration of the student's enrollment within the Orrick R-XI School District.

Student signature

Date

Acknowledgement Concerning Student Handbooks

I have read and understood the Orrick High School Student Handbook that contains a copy of the district's discipline policy. I understand that I can access both on the district website and/or the Orrick High School App. If a hard copy is needed I may request a copy of it in the High School Office.

Student signature

Date

Parent signature

Date

Parent Permission Form

School districts throughout Missouri have been asked to participate in the drug-free survey every other year since 1991. With the inclusion of a violence component in 1995, the instrument became the Safe and Drug-Free Schools and Communities (SDFSC) Survey. The survey is administered to students in grade 9 and two optional levels selected grades from sixth grade through twelfth grade.

The results of the survey are used to assist the school district in evaluation and planning of its comprehensive school health program. Specifically, the results of the survey indicate the extent of alcohol, marijuana, and other drug use as well as incidences of violence experienced by students.

During the past 12 months, how many times were you in a physical fight?

During the past 30 days, on how many days did you smoke cigarettes?

Students are not asked to identify themselves on the survey form. No individual student responses are reported or maintained.

Student participation in the survey assists your school district in gathering local data regarding the extent of alcohol, tobacco, and other drug use and violence. This will then also assist in determining statewide levels of such use, safety issues, and incidences of violence.

Student's name _____ Grade _____

My child has permission to participate in the Safe and Drug-Free Schools and Communities Survey.

Parent's signature _____

Telephone number _____ Date _____

Parent Web Access Registration Form

ORRICK R-XI SCHOOL DISTRICT

The School Information System (SIS) is now web-based enabling parents/guardians to view their children's grades, attendance, lunch accounts, and messages from teachers. When you provide the following information, an e-mail will be sent to you giving you a user ID and password that will then allow you to access your children's SIS information by choosing the SIS Portal Link on the district's home page. Please see any administrator, counselor, or teacher for questions.

List all children individually.

School Attended

Student Name _____ Elem. _____ HS _____

Student Name _____ Elem. _____ HS _____

Student Name _____ Elem. _____ HS _____

Student Name _____ Elem. _____ HS _____

Please provide e-mail addresses for Parents/Guardians. At least one parent e-mail address is required in order to receive a user ID and password.

Parent/Guardian 1: _____

e-mail address (work) _____

e-mail address (home) _____

Parent/Guardian 2: _____

e-mail address (work) _____

e-mail address (home) _____

*By providing a phone number and email, you are consenting to receive messages for emergency purposes, such as school closures, the unexcused absence of your student, threats and health risks. You are also consenting to receive calls regarding the education mission of the district, such as parent-teacher conferences and upcoming school-related activities. Please check here and sign if you do not want to share your email with anyone (parents) inside or outside school district: _____

**Transportation Request Form
Orrick School District**

Grade: _____

Student Name: _____

Home Address: _____

Guardian's Names: _____

Contact Phone 1. _____ 2. _____

() My child will require transportation from home address.

() My child will not require transportation to/from school.

COMPLETE THE FOLLOWING IF THE STUDENT'S PICKUP AND/OR DROP OFF ADDRESS ARE DIFFERENT FROM THE HOME ADDRESS.

PICKUP ADDRESS: _____ circle days: M T W TH F ALL

DROP OFF ADDRESS: _____ circle days: M T W TH F ALL

OFFICE ONLY: Bus #: _____
P/U Time: _____ AM (Be at the stop 5 min. prior) Approx. D/O Time: _____ PM

I have read and understand the expectations for the bus and the bus stop. Initials : _____

**EXPECTATIONS FOR STUDENT TRANSPORTATION
On The Bus**

1. Immediately follow the directions of the driver.
2. Sit in your seat (not on knees or backpack) facing forward while the bus is moving.
3. Talk quietly, no foul language or gestures.
4. Keep all parts of your body inside the bus at all times.
5. Keep arms, legs and belongings to yourself.
6. No fighting, harassment, intimidation or inappropriate conduct.
7. Do not throw any objects (All items must remain in backpacks).
8. No eating, drinking or possession/use of tobacco or drugs.
9. Do not bring any weapons or dangerous objects on the school bus.

At The Bus Stop

1. Get to your stop five minutes before the scheduled pickup time. The bus driver will not wait for late students.
2. Stay back at least 10 feet from edge of road when waiting for the bus.
3. Wait till the bus stops before approaching.
4. If you can't see the driver's eyes, they cannot see you!
5. After getting off the bus, move away from the bus.
6. If you must cross the street, always cross in front of the bus once the driver has signaled that it is clear with a thumbs up.
7. Preschool and Kindergartners must have a parent or authorized individual at the bus stop.

Orrick School District Activities Consent Form

NAME _____ GRADE _____ BIRTHDATE _____

This application to participate in interscholastic activities at Orrick School District is voluntary on my part and is made with the understanding that I am eligible under the following rules set by MSHSAA and the additional rules set by the Orrick School District. Any questions please see the student/activity handbook.

MSHSAA ELIGIBILITY STANDARDS

1. You must be a creditable school citizen.
2. You cannot be 19 years old before July 1 preceding opening of school.
3. You cannot have graduated from a four year high school.
4. You cannot have attended eight semesters of high school.
5. You cannot have completed in four seasons of a particular sport.
6. You must have attended school the first 11 days of the semester that you are participating in.
7. You cannot have played under a false name.
8. You cannot commit an unsportsmanlike act.
9. Students serving school suspensions are not eligible to practice or compete in school activities.
10. You must be enrolled in courses offering 3.5 units of credit.
11. You must have earned 3.5 units of 80% of credit the preceding semester whichever is greater.
Summer school credits may apply to state eligibility standards.

**I UNDERSTAND THAT VIOLATION OF ANY OF THE RULES PUBLISHED IN THIS HANDBOOK IS
GROUNDS FOR DISMISSAL FROM THE ACTIVITY.**

CONSENT TO PARTICIPATION/RISK ACKNOWLEDGMENT

My/our child wishes to participate in the Orrick Activities program. I/we realize that there are risks involved in my/our child's participation. I/we understand that risk to my/our child includes a full range of injuries, from minor to severe, and that the result could death, paralysis, or other serious, permanent disability. I/we agree to accept this risk as a condition of my/our child's participation.

Student's signature

Parent/Guardian Signature

Date _____

This form must be on file in the High School office within 10 days of the first day of school in order for students to participate in any athletic and/or extra-curricular activities for the current school year.

The Conference

Coconino rest Lone Orrie St. Santa Sweet Wellington
idge Jack k Paul's Fe Springs eeon

Parent Sportsmanship Agreement

The I-70 conference knows that parents play an important role in helping their own children and other players learn good sportsmanship and self-discipline. Parents must set an example when it comes to demonstrating the importance of working together, sacrificing for the good of the team, enjoying winning, and dealing appropriately with defeat. Parents and spectators should be role models of good behavior at sporting events.

Parents and Spectators are expected to:

1. Cheer for your team and refrain from booing or other similar comments.
2. Treat players, coaches, opponents, and officials with respect.
3. It is okay to react to a call that doesn't go your team's way, but do not dwell on the call by continuing to yell at officials.
4. Remember that the primary value of athletic participation is to provide our youth with an opportunity for self-development: physically, emotionally, and mentally.
5. Remember that the game is for the players, not for the adults.
6. Be aware that if a parent conference is desired with the coach that it is HIGHLY inappropriate to speak with the coach regarding this at the conclusion of an event. Wait until the day after the event and call to schedule an appointment.
7. Help maintain a positive atmosphere by influencing your family members and friends to act sportsmanlike.
8. Understand and respect the different roles of parents, coaches and officials. Parents should parent, coaches should coach, officials should officiate and each should be treated with respect.

Failing to show appropriate sportsmanlike behavior will lead to dismissal from any contest and could lead to being suspended from attending further games. The Schools of the I-70 conference promote good sportsmanship. Parents and spectators from each school are expected to show it.

Student Name _____

Parents Name (printed) _____

Parent Signature _____

Date _____

2022-2023 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Date Received by LEA (LEA use only)

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Building Name	Grade	Homeless, Migrant, Runaway	Foster Child

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4. (Do not complete STEP 3) Case Number: _____

STEP 3

Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2)

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child Income	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	How often?				Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income	How often?
	Weekly	Bi-Weekly	2x Month	Monthly			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	Weekly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	Bi-Weekly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	2x Month
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	Monthly

Last four digits of Social Security Number (SSN) of primary wage earner or other adult household member.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Check if no SSN

STEP 4

Contact information and adult signature (Mail Completed form to: 100 Kirkham St., Orrick, MO 63077)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) _____ Apt. # _____ City _____ State _____ Zip _____

Printed name of adult completing the form _____ Signature of adult completing the form _____

Daytime Phone and Email (optional) _____ Today's date _____

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Eligibility: Free Reduced Denied Reason: _____

Per: Week Every 2 Weeks Twice a Month Month Year

Date withdrawn: _____ Date Approved/Denied: _____

Error Prone Application: Yes No (Optional - See FAQs) Determining Official's Signature: _____ Date: _____

Confirming Official's Signature (For verification purposes only): _____

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES

NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____