



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:

- ◆ Date of enrollment and withdrawal from your district
- ◆ 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: \_\_\_\_\_

Name of person enrolling the student if someone other than those listed above:

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ \* Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ \* E-mail: \_\_\_\_\_

\*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 of our school district :  \_\_\_\_\_

## Residency and Educational Rights

Students who are in a temporary, inadequate, and homeless living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying even if they do not have all of the documents normally required at the time of enrollment;
- 2) Access to free meals and textbooks, Title I and other educational programs, and other comparable services including transportation;
- 3) To attend the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situations.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 816-770-3327 or the State Coordinator.

By signing below, I acknowledge that I have received and understand the above rights.

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*Signature of Parent/Guardian/Unattached Youth*

*Date*

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*Signature of McKinney-Vento Liaison*

*Date*

## 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

**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

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.

**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: \_\_\_\_\_

### 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.

\_\_\_\_\_

**Transportation Request Form  
Orrick School District**

Grade: \_\_\_\_\_

Student Name (last name first): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Contact Phone 1. \_\_\_\_\_ 2. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

( ) 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

**FOR BUS BARN USE ONLY:** Bus #: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

P/U Time: \_\_\_\_\_ AM (Be at the stop 5 min. prior) Appr. 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 (balls and toys 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 away from the street, road or highway 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 R-XI School District  
School Health Services

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

Parent/Guardian

1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Does your student have:**

**Allergies?** \_\_\_NO\_\_\_YES \* If yes, please specify the allergen, reaction, and treatment:

\_\_\_\_\_

Is a special diet required at school? \_\_\_NO\_\_\_YES \* (Please provide doctor documentation of restriction.)

What is the restriction/substitution required? \_\_\_\_\_

Has this required emergency action in the past? \_\_\_NO\_\_\_YES \* If yes please describe.

Is emergency medication required? \_\_\_NO\_\_\_YES List medication \_\_\_\_\_

Does your student have a life-threatening condition? \_\_\_NO\_\_\_YES

Please describe: \_\_\_\_\_

\_\_\_\_\_

**(PLEASE PROVIDE ANY AVAILABLE MEDICAL ACTION PLAN FOR YOUR STUDENT)**

**Asthma?** \_\_\_NO\_\_\_YES Diagnosed by a doctor? \_\_\_NO\_\_\_YES

Inhaler at school? \_\_\_NO\_\_\_YES Symptoms are triggered by: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Diabetes?** \_\_\_NO\_\_\_YES Does your student take insulin? \_\_\_NO\_\_\_YES

Uses: \_\_\_PUMP\_\_\_PEN\_\_\_SYRINGES Daily snack? \_\_\_NO\_\_\_YES

Will the student 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 student.

Does your student have any physical or mental impairments that the District should be aware of?

Please describe \_\_\_\_\_

Such impairments may include but are not limited to, the following. Please check all that apply.

ADD  ADHD  AUTISM SPECTRUM DISORDER  DEPRESSION  BIPOLAR  
 OCD  OTHER

Does your student have a condition that prevents/limits PE participation?  NO  YES

**DOCOTR'S NOTE IS REQUIRED.**

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

Does your student require Specialized Health Care Procedures at school?  NO  YES

Please explain: \_\_\_\_\_

Does your student take any medication?  NO  YES If yes please list:

Medication/Dose \_\_\_\_\_ times/day \_\_\_\_\_ School dose time \_\_\_\_\_

Medication/Dose \_\_\_\_\_ times/day \_\_\_\_\_ School dose time \_\_\_\_\_

Medication/Dose \_\_\_\_\_ times/day \_\_\_\_\_ School dose time \_\_\_\_\_

**Does your student have medical insurance?**  NO  YES

Preferred hospital: \_\_\_\_\_

**Dental:** Does your student have dental insurance  NO  YES

**Vision/Hearing:** Has your student had a professional exam in the last 12 months?  NO  YES

Does your student wear glasses or contacts?  NO  YES

Does your student wear hearing aids?  NO  YES

**Over-The-Counter Medication Permission**

**At the discretion of the school nurse or his/her designee, I give permission for the following medications to be administered in recommended doses to my student as needed. Please check each medication.**

Acetaminophen/Tylenol  YES  NO

Ibuprofen/Mortin/Advil  YES  NO

Antacid/TUMS  YES  NO

Benadryl/Diphenhydramine  YES  NO

Orajel  YES  NO

Hydrocortisone 1% Cream  YES  NO

Triple Antibiotic Ointment  YES  NO

My signature below verifies the above information to be accurate to the best of my knowledge. I authorize health information to be shared between my student's healthcare providers and the school's health services staff as needed. I understand the information given above will be shared with the appropriate school staff for my student's health and safety at school and school-associated events. If either I or an authorized emergency contact person can not be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for any transport or emergency medical services rendered.

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

## 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.

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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 \_\_\_\_\_

# Orrick School District

## Technology Device Insurance Policy

All students receiving a district-owned iPad or Chromebook must purchase an insurance policy annually before a device will be issued.

### Cost:

- Regular Rate: \$20 per student
- Reduced Lunch Rate: \$15 per student qualifying for reduced lunch
- Free Lunch Rate: \$10 per student qualifying for free lunch

### Policy Information

There is no deductible for a claim without negligence. If damage is determined to be the result of negligence, or if a device is deliberately damaged or vandalized the full replacement cost for the device may be charged. Lost devices will result in the charge of the full replacement cost of the device.

This policy covers accidental damage without negligence, including cracked screens, liquid submersion, fire, flood, natural disasters, power surges by lightning, and theft. Claims must be made within 5 school days of the occurrence by submitting a claim to the appropriate school office (claim forms can be found in the school office or on the district website) under Departments > Technology. In the case of theft or other criminal acts, a police report **MUST** be filed by the student or parent within 72 hours of the occurrence, with a copy of the report submitted to the school. Failure to file a police report and provide appropriate documentation to the school will result in the item being considered lost and the full replacement cost of the device being charged.

Policyholders have a responsibility to be truthful and honest in any information regarding claims, providing accurate and complete information. Failure to provide relevant information, or dishonesty may result in the policy being voided, claims being invalidated, and full replacement cost for a device being charged.

Policies cannot be cancelled and prorated refunds may only be requested through the District Office if a student is moving out of the district after less than one (1) quarter.

Policyholders should take all reasonable precautions to prevent the occurrence of an insured event. The policy will be considered void in the event of:

- Misrepresentation, misdescription, or nondisclosure by the policyholder of any information relating to a claim.
- Fraudulent claims: if the policyholder or anyone acting for the policyholder makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or makes a statement in support of a claim knowing the statement to be false in any respect, or submit a document in support of a claim, know the document to be forged or falsified in any respect, or make a claim in respect of any loss or damage caused by the student's willful act.

**Length of Coverage:**

Insurance policies are good for one school year and must be renewed annually.

Insurance can be paid beginning in the August enrollment period, and must be paid before a device will be distributed to a student. The policy can be paid in the Elementary, High School, or District Office. Checks should be made payable to the Orrick School District, and a receipt will be issued for proof of payment. Receipts should be kept in the event of clerical error.

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I have read the Orrick School District Technology Device Insurance Policy and agree to the terms there in.

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Parent/Guardian Signature

Date

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Student Signature

Date

*Photo/Video/Audio Release Form*

Throughout the school year, there may be times that the District staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school-related stories in a manner that would individually identify a specific student. These images or interviews may appear in District publications, District-approved social media sites, in the news, or other organizations' publications.

I, Parent/Guardian of (please print) \_\_\_\_\_, provide to my child's school and to the District permission to use my child's photographs, image, and/or recordings for the purposes mentioned above. I understand and agree that the District may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. Further, I consent that such photographs, images, recordings are the property of the school for District use clear of any claim on my part. I therefore agree to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organization for school related stories or articles.

Parent/Guardian Signature:

\_\_\_\_\_

Parent/Guardian Name (please print):

\_\_\_\_\_

Date:

\_\_\_\_\_

\*Students 18 years of age or older may sign this release form for themselves.

*Technology Email Consent/Permission Form*

The faculty of the District strives to communicate and work together with the parents and guardians of our students. Email is one tool that promotes convenient, two-way communication between families and teachers. Though the District network is secure, we cannot guarantee that an email sent from the District server will remain secure once it leaves our system. When teachers or administrators receive email from outside sources, the identity of the person cannot always be easily discerned.

Therefore, permission must be granted by the parent/guardian to allow teachers or administrators to use email for a communication. To remain compliant with the Family Educational Rights and Privacy Act (FERPA), email will not be used to send grading, attendance, discipline information of students, or other personally identifiable information without permission to do so. The District also encourages parents to access the District's parent portal, a secure measure, to check your child's school information and progress.

I, Parent/Guardian of (please print) \_\_\_\_\_, provide to my child's school and to the District permission to email academic, attendance, discipline, or other personally identifiable information to the email address(es) listed below. I understand that by giving this permission, there is no guarantee that the information will be fully secure and do not hold the District liable for any inappropriate release of student information that may violate the FERPA regulations as a result of any email communication. Should your email address change, please contact the District.

Name of Student (please print:)

\_\_\_\_\_

Email Address(es):

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian Name (please print):

\_\_\_\_\_

Date:

\_\_\_\_\_

*Students (for ages 11 and above)*

I have read, understand, and agree to the Technology Acceptable Use Policy when using electronic devices owned, leased, or operated by the District *or* while accessing the District Wi-Fi/Internet, even if using a personal device. Should I violate the policy, my access privileges may be revoked. I also understand that any violation of the policy is prohibited and may result in disciplinary or legal action.

Student Signature:

\_\_\_\_\_

Student Name (please print):

\_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent Technology Usage Agreement Permission Form*

As the parent/guardian, I have read, understand, and agree to the Technology Acceptable Use Policy when my student(s) or family are using electronic devices owned, leased, or operated by the District *or* while accessing the District Wi-Fi/Internet, even if using a personal device. Should my student(s) violate the policy, access privileges may be revoked. I also understand that any violation of the policy is prohibited and may result in disciplinary or legal consequences. I further understand that the District has taken steps to control access to the Internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree not to hold the District responsible for materials acquired on the network and accept responsibility when my student(s) uses District technology outside the school setting. I give permission for my student(s) to use District technology and network resources, including the Internet.

Parent/Guardian Signature:

\_\_\_\_\_

Parent/Guardian Name (please print):

\_\_\_\_\_

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

\*Students 18 years of age or older may sign this release form for themselves.

*Student/Parent Handbook Acknowledgment*

I acknowledge that I have received and reviewed the 2022-2023 Student/Parent Handbook. I understand the policies and guidelines of the District and that violations of these policies and guidelines may result in disciplinary action.

Parent/Guardian Signature

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Parent/Guardian Name (please print):

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

\*Students 18 years of age or older may sign this release form for themselves.

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.





The \_\_\_\_\_ Conference

*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 does 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 Signature

\_\_\_\_\_  
Parent/Guardian (Printed)

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

Date \_\_\_\_\_

ORRICK SCHOOL DISTRICT ACTIVITIES CONSENT FORM

NAME:

GRADE:

BIRTHDATE:

The intent 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 see student handbook.

MSHSAA/Orrick School District ELIGIBILITY STANDARDS

1. You must be a creditable school citizen.
2. You cannot be 19 years old before July 1 preceding the 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 competed in four seasons of a particular sport.
6. You cannot have played under a false name.
7. Students serving school suspension are not eligible to practice or compete in school activities.
8. You must be enrolled as a full time student. The student shall currently be enrolled in and regularly attending courses that offer 3.5 units of credit which may be earned; or a student must be enrolled in a full course at his or her level in a special education program for the handicapped approved by the Missouri State Department of Education which, though un-graded, enrolls pupils of equivalent age.
9. You must have earned 3.0 units of credit or have earned credit in 80 % of the maximum allowable classes the preceding semester (or grading period) - whichever is greater. Summer school credits may apply to state eligibility standards.

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

CONSENT TO PARTICIPATION/RISK ACKNOWLEDGEMENT

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 the risk to my / our child includes a full range of injuries, from minor to severe, and that the result could be 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 or 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.*

Acknowledgment 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 all 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 Number

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Acknowledgment 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 Orrick School District retains the authority to conduct routine patrols of student parking lots and inspect student automobile exteriors 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 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



# INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages.
- Social Security Disability Payments Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits. - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) - If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits), - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

## OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian

Black or African American  Native Hawaiian or Other Pacific Islander  White

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

\* MAIL: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or  
 EMAIL: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

\* Do not mail applications to this address, only complaints of discrimination.

# 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: \_\_\_\_\_