



# Brentwood School District

## 2024-2025

This document will give you specific information on what documentation is required to enroll a student in the Brentwood School District. A parent or court-appointed legal guardian of the student must provide a valid driver's license or state-issued I.D. and documentation from each of the lists below. All documents provided must be current and display the name of the parent or guardian, in addition to the address located within the school district. All private information may be crossed out.

If the parent/legal guardian does not rent or own the district property, or does not have the required documentation, the parent/legal guardian should call the Brentwood District Office at 314-962-4507 to schedule an appointment to determine their eligibility to enroll the student in the Brentwood School District.

The parent/legal guardian must have a valid driver's license or state-issued photo identification and one current document from List A and two current documents from List B to enroll the student. If other children in the family are currently enrolled in the district, proof of residency is still required.

### DOCUMENTATION REQUIRED:

LIST A	LIST B
Mortgage statement	Unpaid utility bill
Property deed	Credit card or bank statement
Real estate tax bill	Voter registration card
Homeowner's policy	Personal property tax invoice/receipt
Signed residential lease agreement (must be updated annually)*	Paycheck stub
<b>*It is your responsibility to provide the school office with a copy of your lease annually.</b>	Insurance statement
	IRS tax statement Social services, Social Security or other legal documents issued by local, state or federal courts

### What else do I need to provide for my child's registration?

\*Up-to-date immunizations, school nurse will review to verify compliance with the state

\*Birth certificate

\*Occupancy Permit issued from the City of Brentwood

Please contact your building principal or principal's secretary, if you have any questions or concerns. We appreciate your interest in our district.



# Brentwood School District

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

\*\*\*If not the United States, provide date entered the U.S. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 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 \_\_\_\_\_

Alert Now Phone \_\_\_\_\_

Household Address#1 \_\_\_\_\_

Number

Street

Apt

City

State

Zip

If there is more than one household, we request a copy of the family's Parenting Plan.

### 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 \_\_\_\_\_

Alert Now Phone \_\_\_\_\_

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 child who was enrolled in a district and whose parents/legal guardian filed false information.

**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? \_\_\_\_\_

**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 your 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 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 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

## Homeless:

These questions are asked in compliance with the McKinney-Vento act and ESSA 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

## Military Service:

The Department of Elementary and Secondary Education (DESE) has requested that we report on the Military status of our Households. This is an effort to ensure that children of Military parents are being adequately served educationally. Please indicate the following for the head(s) of household:

Not Military Connected

Military Connected (please check a status and branch of service):

Active-Deployed  Active-Not-Deployed

Discharged  Inactive  Retired  Injured  Killed in Action

Transitioning out of Active Duty  Student Military Identifier Only

Please specify one:  Air Force  Air Force Reserve  Air National Guard

Army  Army Reserve  Army National Guard

Coast Guard  Coast Guard Reserve  Navy  Navy Reserve

Marine Corps  Marine Corps Reserve

## Home Language

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads, and writes in English. Please complete the Language Use Survey on the next page to tell us about your child's language abilities.

## Brentwood School District - Language Use Survey – English

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English. Please provide information about your child's language abilities.

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

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

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

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

Relationship of person completing this survey: \_\_\_\_\_

### Tier I: Language Background

1. What was your child's first language?  English  Other: \_\_\_\_\_

2. Which language(s) does your child use (speak) at home and with others?  English  Other: \_\_\_\_\_

3. Which language(s) does your child hear at home and understand?  English  Other: \_\_\_\_\_

***If any of these answers indicate a language other than English, please complete the rest of the survey.***

### Tier II: Expanded Language Background

4. Does the student understand when someone speaks with him/her in a language besides English?

5. Does the student read in a language other than English?

6. Does the student write in a language other than English?

7. Does the student interpret for you or anyone else in a language other than English?

YES	NO

### Tier III: Educational History

8. How many years did the student attend school where the native language was used for instruction? \_\_\_\_\_

9. What was the most recent month and year the student attended school? \_\_\_\_\_

10. Do you believe that your child has learning difficulties that affects his/her ability to understand? \_\_\_\_\_

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

11. Has your child been referred to be evaluated for special education? \_\_\_\_\_

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

The school is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing and the school district will provide language support as deemed appropriate by district staff.

**Notice to School Staff:** This form must be given to all new and enrolling students. Any student that indicates use of a language other than English must be assessed to determine the student's English language proficiency. Please notify district staff responsible for the next steps immediately and when ready, keep this form in the student's permanent records.

# Brentwood School District - Language Use Survey Spanish

Para proveer a su hijo(a) la mejor educación posible, necesitamos determinar el nivel del habla, lectura, escritura y comprensión en el inglés. Favor de proveer información de las habilidades de su hijo(a).

Nombre del Estudiante: \_\_\_\_\_

Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_

Grado: \_\_\_\_\_

Relación de la persona que completa este cuestionario: \_\_\_\_\_

## Nivel I: Conocimientos de idiomas

1. ¿Cuál es su primer idioma?  inglés  otro: \_\_\_\_\_
2. ¿Cuál idioma(s) habla su hijo(a) en la casa y con otras personas?  inglés  otro: \_\_\_\_\_
3. ¿Cuál idioma(s) escucha su hijo(s) en la casa o con familia y puede entender?  inglés  otro: \_\_\_\_\_

## Nivel II: Conocimientos de idiomas expandidos

4. ¿Entiende su hijo(a) cuando alguien habla en un idioma otro de inglés?
5. ¿Puede su hijo(a) leer en un idioma otro de inglés?
6. ¿Puede su hijo(a) escribir en un idioma otro de inglés?
7. ¿Le interpreta o traduce su hijo(a) para Ud. u otras personas?

YE	NO

## Nivel III: Historia educacional

8. ¿Cuántos años asistió su hijo(a) a una escuela donde usa su primer idioma durante las clases? \_\_\_\_
9. ¿Cuál fue el último mes que su hijo(a) estaba matriculado en una escuela? \_\_\_\_\_
10. ¿Cree Ud. que su hijo pueda tener dificultades educacionales que le afecten su aprendizaje? \_\_\_\_  
Si afirmativo, explique por qué: \_\_\_\_\_
11. ¿Se le ha recomendado a su hijo(a) que reciba una evaluación de educación especial? \_\_\_\_  
Si afirmativo, explique por qué: \_\_\_\_\_

Se requiere que la escuela evalúe las habilidades en inglés de todos los estudiantes que hablen o entiendan un idioma otro de inglés. Si los resultados indican que el estudiante requiere apoyo desarrollando el inglés, será notificado y el (la) estudiante entrará el programa de apoyo lingüístico que el distrito considere apropiado.

**Notice to School Staff:** This form must be given to all new and enrolling students. Any student that indicates use of a language other than English must be assessed to determine the student's English language proficiency. Please notify district staff responsible for the next steps immediately and when ready, keep this form in the student's permanent records.



## AUTHORIZATION FOR RESIDENCY CHECK

I, \_\_\_\_\_, authorize The Brentwood School District, its employees and agents, to inquire, and obtain documents, regarding matters of my residency and the domicile of my child (ren), from my employer(s), utility company(s), landlord, and/or appropriate government agencies as deemed necessary. I hereby certify that all documents, papers and records submitted by me as proof of residency are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City, State and Zip Code

### Authorization for Legal Action

Missouri Statutes and the Safe Schools Act mandate that any person who knowingly submits false information to satisfy any requirement of the Affidavit for Residency is guilty of a Class A misdemeanor. In addition to any other penalties authorized by law, the Brentwood School District Board of Education may file a civil action to recover from the property owner and the parent/legal guardian of the student the cost of school attendance for any student who has enrolled at a school in the Brentwood School District and whose parent/legal guardian filed false information to satisfy the residency requirements of the School District of the City of Brentwood.

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

\_\_\_\_\_  
Signature of Property Owner

**\*Note:** Failure to sign this document does not prohibit the district from conducting a residency investigation.





# Annual Student Health Survey

Enrollment for School Year: 20\_\_\_\_ - 20\_\_\_\_

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Nickname) \_\_\_\_\_

Student's Legal Name Gender: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

*Please circle any of the following conditions that affect your child, and use the space provided to give additional information you feel would be helpful in the care of your child (if your child requires medication to be taken at school, please see the school nurse for required documentation):*

YES NO ADD/ADHD – Medication \_\_\_\_\_

YES NO Allergies (Specify) \_\_\_\_\_  
(Medication) \_\_\_\_\_

YES NO Anxiety – Medication \_\_\_\_\_

YES NO Asthma – Medication \_\_\_\_\_

YES NO Autism/Asperger's Spectrum – Medication \_\_\_\_\_

YES NO Cancer \_\_\_\_\_

YES NO Depression – Medication \_\_\_\_\_

YES NO Diabetes – Medication \_\_\_\_\_

YES NO Heart/Lung Problems \_\_\_\_\_

YES NO Hearing Concerns/Ear Infections \_\_\_\_\_

YES NO Kidney/Bladder Problems \_\_\_\_\_

YES NO Major Illness/Injury – Specify \_\_\_\_\_

YES NO Orthopedic Issues \_\_\_\_\_

YES NO Seizures – Medication \_\_\_\_\_

YES NO Stomach/Bowel Problems \_\_\_\_\_

YES NO Surgery \_\_\_\_\_

YES NO Vision (Glasses/Contacts/Others) \_\_\_\_\_

- 1) Other than listed above, is your child currently taking any medication on a regular basis (prescription or over the counter)? If yes, what kind of medication and what is the reason for taking it? \_\_\_\_\_ Dosage \_\_\_\_\_
- 2) Is your child currently under any kind of on-going medical treatment or care? \_\_\_\_\_
- 3) Will your child need Medical/Nursing care at school? If yes, please describe in detail. \_\_\_\_\_

**Please note that serious, life threatening health concerns will need a health care plan. Please contact your school nurse as soon as possible to schedule an appointment to complete this information. Additional Comments (please feel free to use the back of this form):**

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Specialist

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
Phone Number

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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 \_\_\_\_\_

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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 \_\_\_\_\_

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**Health Conditions/Allergies:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

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### 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

**Notice: Stock pre-filled epinephrine auto syringes, emergency use albuterol, and naloxone are located in each building and can be administered when available by the school nurse or other trained personnel in the event of a life-threatening emergency.**



Parent(s)/Guardian(s) Name

Street Address

City State ZIP

( ) Area Code Telephone Number

Child's School District / Organization & School Name

St. Louis County Ordinance Chapter 628 (Rev. 2000) requires the completion of this form prior to school enrollment of children less than 72 months of age.

KINDERGARTEN LEAD SCREENING FORM

This is to certify that my child, date of birth,

Does Does not

- Routinely spend time in a dwelling which was constructed before 1978 and which has peeling, chipping or flaking paint.
Routinely spend time in a dwelling which was constructed before 1978 and which is undergoing renovation likely to disrupt painted surfaces.
Routinely spend time in the care of a person who works in a lead-related occupation or who has a lead-related hobby.
Have a sibling, housemate or playmate that is lead poisoned.

This is to certify that my child:

- Has never been tested for lead poisoning.
Was tested for lead poisoning on (date), by (Name of physician).

Signature of Parent/Guardian

Date

PLEASE REVIEW THE INFORMATION ON THE BACK OF THIS FORM

THIS FORM MUST BE RETURNED TO:

Saint Louis County Health Department
Lead Poisoning Prevention Program
6121 North Hanley Road
Berkeley, MO 63134

## **WHY SHOULD MY CHILD BE TESTED FOR LEAD POISONING?**

- Lead Poisoning is a serious problem that can cause permanent problems for *any* child, especially children under 7 years of age (including unborn children).
- Children are more likely to be exposed to lead because they have more hand-to-mouth activity and because their bodies absorb more lead than adults. They do NOT have to eat paint chips to become lead poisoned.
- Virtually all children in the United States are at risk for lead poisoning because lead is widespread in the environment. Seventy to ninety percent (70%-90%) of homes in the St. Louis area contain lead-based paint.
- The American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the Missouri Department of Health recommend testing **all** children at ages 12 and 24 months. If a child has never been tested, it is recommended that they be tested at any time until 72 months of Age.
- Children with lead levels greater than 9 ug/dL are likely to have lower IQ scores, slower development, and more attention or behavior problems than children with lower levels. Large numbers of U.S. children continue to have blood-lead levels in the dangerous range. **It is important to know if your child is one of them.**
- Early testing allows for identification and treatment of children with lead elevations as well as identification and reduction of environmental lead hazards before permanent damage to the developing neurological system (among others) occurs.

## **WE LIVE IN A NEW HOUSE. HOW WOULD MY CHILD GET LEAD POISONING?**

- Children who visit an older home of friends or relatives, or an older church, school or playground may be exposed to lead-based paint hazards.
- Children may be exposed because of the occupation or hobby of an adult in the home (*such as plumber, pipe fitter, industrial equipment operator, law enforcement, auto repair, printer, construction worker, gas station attendant, pottery making, target shooting, stained glass making, home remodeling, furniture refinishing, etc.*).
- Lead has been found in such things as imported mini-blinds, candles, dishes, and sidewalk chalk among other items.

## **WHAT ARE THE SYMPTOMS OF LEAD POISONING?**

- Children with lead poisoning may have no physical signs or symptoms. They may complain about things such as headache or stomachache.
- Any developmental delay may be caused by lead poisoning.

## **HOW CAN I PROTECT MY CHILD FROM LEAD POISONING?**

- A blood test is the only way to know for sure if your child has lead poisoning.
- Keep children away from areas with chipping or peeling paint.
- Make sure children wash their hands many times each day, especially before eating, before napping or bedtime, and after playing outdoors.
- Routinely wet-mop floors and damp-dust windowsills and other horizontal surfaces. Vacuum rugs while children are out of the room.
- Wash objects that infants and children frequently put in their mouths.
- Discourage children from putting non-food items in their mouths.
- Make sure your child eats properly. The child should eat at least three meals daily. An empty stomach more readily absorbs lead. Foods rich in iron and calcium help protect the body against lead. Foods high in fat increase the body's absorption of lead.
- Before beginning any household remodeling or repair, contact the Saint Louis County Health Department-Lead Poisoning Prevention Program for information on how to minimize the risk of lead exposure for your child.

## **HOW CAN I GET MORE INFORMATION?**

Call the Saint Louis County Health Department—Lead Poisoning Prevention Program at (314) 615-5323.

### ADMINISTRATION OF MEDICATION TO STUDENTS

(Permission Form for Medications)

Note: Parent or Guardian MUST complete the entire form. NO over-the-counter or prescription medication will be dispensed unless provided in its original container. District practice allows administration of five doses of over-the-counter medication on a parent signature. Over five doses will require a physician's order/signature. All medication should be administered at home during non-school times if possible. The district will not knowingly administer the first dose of any medication.

School: \_\_\_\_\_ Date Form Received by the School: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Rx  OTC

Reason for Medication: \_\_\_\_\_

Form of medication: Tablet/Capsule  Liquid  Inhaler  Nebulizer  Injection  Other: \_\_\_\_\_

Instructions: (Schedule/Times and Dose to be given at school): \_\_\_\_\_

Anticipated Side Effects: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_ Fax: \_\_\_\_\_

+++++

#### PARENT PERMISSION FOR ADMINISTRATION OF ABOVE MEDICATION

I give permission for the administration of this medication at school. I give the district permission to contact the student's physician to provide information or to clarify administration instructions. I am responsible for providing the medication to the school and informing the school immediately of any changes. I release school personnel from liability should reactions result from giving this medication. In the event of an emergency I realize the student will be transported to the nearest appropriate health facility.

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Notice: Stock pre-filled epinephrine auto syringes are located in each building and can be administered when available by the school nurse or other trained personnel in the event of a life-threatening anaphylactic emergency.

**TECHNOLOGY USAGE**  
*(Parent/Guardian Technology Agreement)*  
**Online Tech Usage policy: [EHB-AF\(1\): TECHNOLOGY USAGE](#)**

I have read the Brentwood School District Technology Usage policy and procedure. I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages caused by my child's misuse of district technology.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

Name of Student (print): \_\_\_\_\_

Name of Parent/Guardian (print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This consent may be withdrawn at any time by contacting the Brentwood School District through written request.

\* \* \* \* \*

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

Implemented: 12/17/2002

Revised: 06/26/2007; 06/24/2008; 04/17/2012

Brentwood School District, Brentwood, Missouri

**TECHNOLOGY USAGE**  
*(Permission to Publish on the Internet-Student)*  
Online Tech Usage policy: [EHB-AF\(7\): TECHNOLOGY USAGE](#)

**Consent**

I do hereby give Brentwood School District the right to use my:

- Yes  No      First Name
- Yes  No      Photograph
- Yes  No      Published Project (webpages, written work or other assignments)
- Yes  No      Voice (for podcasting)

for reproduction on the internet. This material will only be used for activities related to the Brentwood School District's website.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

**Guardian's Consent If Student Is Under 18 Years of Age**

I am the parent or the legal guardian of the above-named minor and hereby approve the foregoing and consent to the use of photograph, name, and published project and voice to the pursuant terms mentioned above.

I affirm that I have the legal right to issue such consent.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

This consent may be withdrawn at any time by contacting the Brentwood School District through written request.

Implemented: 12/16/2003

Revised: 06/26/2007; 06/24/2008

Brentwood School District, Brentwood, Missouri

