



New Student Enrollment Checklist

All forms are available on the CPS Enrollment webpage – www.cpsk12.org/enroll

The state of Missouri offers virtual courses free of charge to eligible families. This program is called MOCAP. More information on MOCAP is available from the Department of Elementary and Secondary Education's MOCAP Guidance Document at the following link: <https://mocap.mo.gov/enrollment-overview/>

Building of Residence: _____

Phone Number: (573) 214-_____

School Address: _____

(See the School Locator Tool on the CPS Enrollment webpage to view this information.)

Required forms:

- ☐ New Student Information
- ☐ Declaration of Legal Residence
- ☐ Health Summary/Asthma History
- ☐ Release of Student Records
- ☐ Home Language Questionnaire
- ☐ Technology Usage Agreement
- ☐ Bus Conduct Agreement

Additional Required Documentation:

- ☐ Birth Record (birth certificate, passport, visa, or hospital record)
- ☐ Record of Immunizations

Bring your child's immunization record from a physician or public health agency showing completed dates of immunizations. Month/day/year is required for all immunization dates. Missouri law requires proper immunizations for children to enroll in or attend school. If immunizations are needed, contact your physician or the Columbia-Boone County Public Health Department at (573) 874-7356.

- ☐ Parent/Guardian Legal Proof of Residence

Bring a current copy of one of the following:

- Contract of home purchase
- Real estate lease
- Current water, electric, or gas bill showing address
- Notarized letter from owner of residence with whom the family is living, along with owner's legal proof of residence as listed above.

- ☐ Foster Care or Court-Ordered Legal Guardianship documents (if applicable)

*This checklist is provided for your convenience. Please review instructions on the forms or contact your school for further information.

English: Free – Language interpreting is available for parents/guardians and students who require it. If you require an interpreter, please inform your student’s teacher or school, and we will arrange for an interpreter to assist you. If we do not have a CPS interpreter for your language, we will work to find someone who can help.

Karenni/Karen: ကျိအတၢ်ကျိးထံအိၣ်ဘၣ်လၢဂီၢ်ပၢ် ပၤကွၢ်ထွဲတၢ်ဖိတဖၣ်ဒီးကွၢ်ဖိတဖၣ်လၢအလိၣ်ဘၣ်အဂီၢ်လီၤ.နမ့ၢ်လိၣ်ဘၣ်ပၤကျိးထံတၢ်ဖိဒီး,ဝံသးစ့ၤဘိးဘၣ် သ့ၣ်ညါနပၤကွၢ်ဖိသ့ၣ် မ့ၣ်မ့တဖၣ်ကျိ,ဒီးပကတၢ်တၢ်ကတီၤပၤကျိးထံတၢ်ဖိလၢကမၤစၢၤန့ၢ်အဂီၢ်လီၤ.ပမ့ၢ်တအိၣ်ဒီး CPS ပၤကျိးထံတၢ်လၢနကျိၣ် ဘၣ်ဒီး,ပကယုဒီးန့ၢ်ပၤတၢ်လၢအမၤစၢၤန့ၢ်သ့ၣ်န့ၣ်လီၤ.



NEW STUDENT INFORMATION

For Office Use Only

School

Year

Student #

Please print requested information using blue or black ink.

Today's Date: _____

Has this child ever attended or applied for enrollment with Columbia Public Schools, including preschool, summer school, and/or Special programs? ☐ Yes ☐ No

Student Information

Student Name (First, Middle, Last)	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
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Student's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her	Hispanic/Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No
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First US Enrollment Date (the APPROXIMATE month, day and year this student began education in the US, including Preschool):	Race (May Select More Than One) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
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City and State of Birth	Country of Birth:	If not USA, Date Entered USA:
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Student's Birth Certificate Number:

Schools Previously Attended	Grade	School Address	City, State, Zip	Phone/fax

PRIMARY HOUSEHOLD INFORMATION: student's enrollment residence, residential guardian(s), and sibling information

Street Address	Apt. No.	City, State, Zip
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**Please let us know if your child will need bus transportation from the primary address. Please note, elementary students who live within 1 mile of their school and secondary students who live within 2 miles of their school are not eligible for bus transportation. Bus transportation is not generally provided for any preschool.	<input type="checkbox"/> Yes	<input type="checkbox"/> To School <input type="checkbox"/> From School
	<input type="checkbox"/> No	<input type="checkbox"/> Both to and from School

Student's Mailing Address ☐ Check here if same as Physical Address

Mailing Address	Apt. No.	City, State, Zip
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Parent(s)/Guardian(s) and siblings who reside at the PRIMARY HOUSEHOLD.

Guardian Name (First, Middle, Last)	Relationship:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Email address:	Primary phone:	Other phone:	Date of Birth:
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Guardian Name (First, Middle, Last)	Relationship:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Email address:	Primary phone:	Other phone:	Date of Birth:
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Sibling (First, Middle, Last)	Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
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Sibling (First, Middle, Last)	Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
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SECONDARY HOUSEHOLD INFORMATION: If applicable, alternate residence, residential guardian(s), and sibling information					
Street Address			Apt. No.	City, State, Zip	
**Please let us know if your child will need bus transportation from the secondary address. Please note, only addresses within the boundaries of the child's enrollment building will be provided bus transportation.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> To School <input type="checkbox"/> From School <input type="checkbox"/> Both to and from School	
Parent(s)/Guardian(s) and siblings who reside at the SECONDARY HOUSEHOLD.					
Guardian Name (First, Middle, Last)		Relationship:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:	Primary phone:	Other phone:		Date of Birth:	
Guardian or Stepparent Name (First, Middle, Last)		Relationship:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:	Primary phone:	Other phone:		Date of Birth:	
Sibling (First, Middle, Last)		Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:
Sibling (First, Middle, Last)		Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:
Emergency Contacts					
Name		Primary Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to student
Name		Primary Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to student
In case there is an emergency and you cannot be located, provide emergency treatment information:					
Physician Name			Phone		
Physician Name			Phone		
Preferred Hospital: <input type="checkbox"/> Boone <input type="checkbox"/> University <input type="checkbox"/> Other, specify: _____					
If student is under the care of:					
<input type="checkbox"/> Foster Parent(s): Placement letter must be presented upon enrollment.					
1. Provide name and phone number of social worker/case manager: Name: _____ Phone: _____					
2. Provide name of biological parent(s) so they are on record, should they contact the school for reports of academic progress (proof of custody may be requested): Name: _____ Phone: _____					
<input type="checkbox"/> Legal Guardianship: court documentation required; Power of Attorney is not sufficient to establish guardian status for enrollment.					
1. Provide name and address of parent(s): Name: _____ Phone: _____ Address: _____					

Student Services and History:

1. Does this student have, or has this student ever had, an Individual Education Plan (IEP) to receive special education services?
☐ NO ☐ YES If yes, please explain:
2. Does this student have, or have they ever had, a 504 plan?
☐ NO ☐ YES If yes, please explain:
3. Does this student receive other special services, such as remedial reading, Title I, frequent counseling, etc.?
☐ NO ☐ YES If yes, please explain:
4. Does this student receive any support from community agencies, such as Boone County Family Resources, Thompson Center, mental health agencies, etc.
☐ NO ☐ YES If yes, please explain:
5. Has this student been designated as eligible for Gifted/Talented services in any school district?
☐ NO ☐ YES If yes, which district:
6. Has this student ever been retained?
☐ NO ☐ YES If yes, which grade(s):
7. Is this student presently suspended from another school?
☐ NO ☐ YES If yes, when and from what school and district:
8. Has this student ever been expelled from school?
☐ NO ☐ YES If yes, when and from what school and district:
9. Has this student ever been under the jurisdiction of the Family or Juvenile Court?
☐ NO ☐ YES If yes, provide the name of the current juvenile officer:
10. Has this student officially withdrawn from their previous school?
☐ NO ☐ YES If no, please explain why not:

Federally Required Housing Questionnaire

11. Are you currently sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?
☐ NO ☐ YES If yes, please provide a brief explanation:
12. Are you currently residing in a hotel, motel, trailer park, or camp ground due to lack of alternative adequate accommodations?
☐ NO ☐ YES
13. Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting?
☐ NO ☐ YES
14. Are you currently residing in an overnight shelter?
☐ NO ☐ YES
15. Is your primary night time residence a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings?
☐ NO ☐ YES
16. Has this student been abandoned in a hospital?
☐ NO ☐ YES

RELEASE AGREEMENTS and DISTRICT ACKNOWLEDGEMENTS

Media and School Publication Participation – Must be updated annually. Check the boxes below to opt your child OUT of the following:

School-based Media and Publications Opt Out:

Columbia Public Schools may disclose appropriately designated “directory information” unless you have advised the Columbia Public Schools the contrary in accordance with district policy and procedures JO-AP(1) and JO(1). “Directory Information” is information contained in an education record of a student that generally would not be considered harmful or an invasion of privacy if disclosed. The education records that are defined as “directory information” are found in Policy JO-1. Unless Columbia Public Schools is notified to the contrary in writing, CPS may disclose any of those items designated as directory information without the parent’s or eligible student’s prior written consent, including in print and electronic publications of the school district.

The primary purpose of directory information is to allow the school or school district to include information from your student in certain publications. Examples include:

- A program showing your student’s role in a drama production or athletic event;
- Artwork or coursework displayed by the district;
- Photographs, videotapes, or digital images;
- Honor roll or other recognition lists;
- Graduation programs; and/or
- School newsletters.

☐ By checking this box, I do **NOT** consent to my student(s) to be photographed, interviewed and/or videotaped by representatives of Columbia Public Schools. This means my participation in clubs and/or sports will **not** be represented by a team or group photo. This also extends to CPS publications – printed or electronic, school newspapers or newsletters, videos, school websites, advertising, publicity or educational activities, and school televised programs.*

External Media Opt Out:

Additionally, external media outlets such as newspapers, television stations, magazines, and/or radio stations may have interest in including student information in their news coverage. This may include:

- Photographs of your student participating in an event or activity;
- Photographs, videotapes, or digital images;
- Interviews; and/or
- Name or information in a listing in a publication.

☐ By checking this box, I do **NOT** consent to my student(s) to be photographed, interviewed, and/or videotaped by representatives of external media outlets (non-CPS affiliated publications or outlets). This means my students’ likenesses in pictures or video will NOT be included in any newspapers, journals, magazines, or television for events, e.g., sporting events, spelling bees, award ceremonies, fine arts competitions or events, field days, etc.

If you have safety or privacy concerns about your student appearing in the yearbook, student-created newspaper, or accompanying newspaper website and social media, please email photo-opt-out@cpsk12.org.

Parent Student Handbook acknowledgement

____ I accept responsibility for the content of the Student/Parent Handbook. I understand that the handbook contains information that my child and I may need during the school year. I understand that schools should be a safe place and that all students will be held accountable for their behavior. I understand that paper copies of this handbook are available at each school or may be accessed electronically at:

<https://resources.finalsite.net/images/v1723131144/cpsk12org/xgd73kildvuids8luwq3/Student-Handbook-For-Columbia-Public-Schools.pdf>

Military Opt-Out: students in grades 11/12

Federal law requires that school districts provide military recruiters certain information. The school district must provide, upon request by military recruiters, access to high school students' names, addresses, and telephone listings, unless the parent requests otherwise.

- **Consent** – The high school student (if 18 years old) or the parent of the student may request that the student's name, address, and telephone listing NOT be released to military recruiters.
- **Access to students** – Each district shall provide military recruiters the same access to high school students as it provides (in general) to higher education institutions, community colleges, and prospective employers.

If you do not want your student's name, address and telephone listing released to military recruiters, please indicate that preference below. **MUST** be received before Sept 30th annually.

☐ **Do NOT release my student's information for military recruitment.**

Emergency Medical Treatment

_____ **Allergy/Anaphylaxis:** In the event of an anaphylaxis episode, when an allergic reaction may be triggered by an insect bite, drug or food allergy or an unknown allergen, diphenhydramine (Benadryl®) and/or auto-injectable epinephrine may be administered to students. EMS (911) will be notified if epinephrine is administered.

_____ **Asthma:** In the event of a severe asthma episode where a student does not respond to his/her initial quick relief medication, or does not have a supply at school, immediate action will be taken. EMS (911) will be notified with continued signs of respiratory distress and Duoneb® will be administered.

Lunch Procedures

_____ I acknowledge that I have access to the **Free and Reduced Lunch FAQ and application** as part of my scholar's annual enrollment, which is also available on the Nutrition Services department website: <https://www.cpsk12.org/nutritionservices> (You must visit the link to apply or you may request an application from any school to apply for free and reduced lunch.)

_____ I acknowledge that I am aware of the **Debt Collection Procedures** document as part of my scholar's annual enrollment which may also be reviewed on the Nutrition Services department website under **Breakfast and Lunch Procedures**.

_____ I understand that students who qualify for the National School Lunch Program may also be eligible for additional financial support throughout the school year. I give permission for my student's free/reduced lunch price status to be disclosed to the school counseling office for the purpose of connecting to other financial opportunities for my student.

Under penalty of applicable Missouri law, I certify that the information on this form is accurate. I understand that submitting incorrect information may immediately invalidate enrollment.

Parent/Guardian Signature

Date



Declaration of Legal Residence

Name of Student

Name of Individual with Whom Student Resides

Student Home Address

(Check one)

Relationship:

☐

Parent

☐

Custodial Adult

☐

Legal Guardian

Grade

Phone Number

School

If you checked "legal guardian" above, you must provide a copy of the court order appointing you as a guardian. If a petition for guardian is in the process of being filed, you must provide a copy of the filed petition for guardianship.

If you checked "**custodial adult**", you must provide to the Registrar, at the Board of Education, 1818 W. Worley, a power of attorney stating you have been given the authority to make all educational and medical decisions. The power of attorney must state that the student will be living at your domicile full-time. At the Board of Education you must complete a waiver form for attending school for this arrangement.

1. I declare that my legal residence is that given above and the student(s) named above lives with me full-time at the address given above. I also declare that the information stated above is correct and give permission for the school official to verify if question arises.
2. I understand that if this student is admitted under false information, she/he is not legally enrolled and will not be allowed to continue attending school.
3. I understand that if there is any complaint about this student's residence or any reason for the school district to believe enrollment is not permissible under the Public School Law of Missouri or Columbia Public School policies, the district will take action to further verify residence, including but not limited to, follow-up visits to the residence by school officials.
4. I understand that **retroactive tuition** can be charged if my residence is found to be in non-compliance with school law.

I hereby certify that I have read the above statement and understand that I am required to list my present home address. I further certify by my signature that the information I have provided on this form is true and correct and that I shall notify the school if my address is changed at any time during the school year.

Signature of Parent, Guardian, Custodial Adult

Date

FOR OFFICE USE ONLY (To be completed by Registrar's Office)

A. Residence Proof Documentation

- ☐ Utility bills
- ☐ Apartment or home lease
- ☐ Property Deed
- ☐ Notarized letter from owner of residence in which family is living
- ☐ Other _____

B. Complete this section if the relationship is that of an individual other than a parent.

- ☐ Legal guardianship court papers presented and verification that state requirements have been met.
- ☐ Affidavit on file by custodial adult
- ☐ Other _____

Official Signature

Date



DATE: _____

Name of Student _____

Date of Birth _____ Current Grade _____

I hereby request and authorize the official person of:

Name of school **last attended**

mailing address of school

city

state

zip

To send a transcript of all **academic, discipline, test and health records**, including **special education diagnostic summary and IEP**, concerning my child to the Columbia Public School listed below.

Parent or Guardian Signature

Former School: Please fill in and return with transcript

Missouri Constitution (year passed) _____ not taken _____

US Constitution (year passed) _____ not taken _____

Address to: (All addresses are in Columbia, MO)

☐ Alpha Hart Lewis Elementary School
5801 Arbor Pointe Parkway, 65202
Fax: 573-214-3209

☐ Benton Elementary School
1410 Hinkson Avenue, 65201-7822
Fax: 573-214-3611

☐ Blue Ridge Elementary School
3700 Woodland Dr., 65202-2199
Fax: 573-214-3581

☐ Beulah Ralph Elementary School
5801 S Hwy KK, 65203
Fax: 573-214-3841

☐ Cedar Ridge Elementary
2345 Howell Mountain Drive, 65201-9200
Fax: 573-214-3881

☐ Derby Ridge Elementary
4000 Derby Ridge Drive, 65202-4506
Fax: 573-214-3271

☐ Eliot Battle Elementary
2600 Battle Ave, 65202
Fax: 573-214-3791

☐ Fairview Elementary
909 Fairview Road, 65203-0712
Fax: 573-214-3591

☐ Grant Elementary
10 Broadway East, 65203-4285
Fax: 573-214-3521

☐ Locust Street Elementary School
1208 Locust St, 65201-5098
Fax: 573-214-3531

☐ Midway Heights Elementary
8130 Highway 40 W, 65202-9583
Fax: 573-214-3541

☐ Mill Creek Elementary
2200 Nifong Blvd. W, 65203
Fax: 573-214-3281

☐ New Haven Elementary
3301 New Haven Road, 65201-5499
Fax: 573-214-3641

☐ Parkade Elementary
111 Parkade Boulevard, 65202-1498
Fax: 573-214-3631

☐ Paxton Keeley Elementary
201 Park DeVill, 65203-4000
Fax: 573-214-3571

☐ Ridgeway Elementary
107 Sexton Road E., 65201-4000
Fax: 573-214-3551

☐ Rock Bridge Elementary
5151 Highway 163 S, 65203-9310
Fax: 573-214-3291

☐ Russell Boulevard Elementary
1800 Rollins Road W., 65203-1799
Fax: 573-214-3651

☐ Shepard Boulevard Elementary
2616 Shepard Boulevard, 65201-6114
Fax: 573-214-3661

☐ Two Mile Prairie Elementary
5450 N. Route Z, 65202-8839
Fax: 573-214-3561

☐ West Boulevard Elementary
319 West Boulevard N, 65203-2600
Fax: 573-214-3671

☐ Gentry Middle School
4200 Bethel Street, 65203
Fax: 573-214-3241

☐ Jefferson Middle School
713 Rogers Street, 65201
Fax: 573-214-3211

☐ John Warner Middle School
5550 Sinclair Road, 65203
Fax: 573-214-3891

☐ Lange Middle School
2201 Smiley Lane E., 65202
Fax: 573-214-3251

☐ Oakland Middle School
3405 Oakland Place, 65202-2097
Fax: 573-214-3221

☐ Smithton Middle School
3600 West Worley, 65203
Fax: 573-214-3261

☐ West Middle School
401 Clinkscales Road, 65203-1193
Fax: 573-214-3231

☐ Battle High School
7575 East St. Charles Road, 65202
Fax: 573-214-3301

☐ Hickman High School
1104 Providence Road N., 65203-4398
Fax: 573-214-3058

☐ Rock Bridge High School
4303 Providence Road S., 65203-7198
Fax: 573-214-3124

☐ Douglass High School
310 Providence Road N., 65203-4399
Fax: 573-214-3681

☐ **SPECIAL SERVICES DEPARTMENT**
1818 W. Worley, 65203-1099
Fax: 573-214-3402



Language:
Language Use Survey – Home Language Questionnaire

For more information, contact
the CPS English Learners
department at 573-214-3965

Please answer **ALL** questions on **both pages** of this form

School Building of Residence: _____ Today's Date: _____

Student's Last Name _____ First Name _____

Student Information		
1. What was your student's first language ? (native/home language)	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
2. Which language(s) does your student mostly use (speak) at home and with others?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____ Please note: This question is about native language . It is not about a language other than English the student is learning .
3. Which language(s) does your student hear and understand at home? (Which language do the adults in the student's home mostly speak?)	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____

4. Please describe the language your student uses to communicate. **Choose only one.**

- ☐ Communicates only in the native language and no English.
- ☐ Communicates mostly in the native language and some English.
- ☐ Communicates in the native language and English equally.
- ☐ Communicates mostly in English and some of the native language.
- ☐ Communicates only in English.

Comments: _____

Family Information

5. Have you or your family moved in the last three (3) years? **YES NO**

6. In the last three (3) years, have you worked or are you currently working in any of these areas?
Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Work in a nursery (plants) | <input type="checkbox"/> Feeding poultry, gathering eggs, working in a hatchery |
| <input type="checkbox"/> Planting or harvesting crops | <input type="checkbox"/> Processing meat, poultry, fruit, vegetables, dairy products |
| <input type="checkbox"/> Milking cows on a dairy farm | <input type="checkbox"/> Commercial fishing or work on fish farm |
| <input type="checkbox"/> Growing & tending trees to be sold | <input type="checkbox"/> Other: _____ |

Parent's/Guardian's Place of Employment: _____

7. Do you identify as a Refugee, or have you been given refugee status through the U.S. government? **YES NO**

Parent/Guardian Language Information

8. **Language of Correspondence for Parents/Guardians (please choose one):** In which language do the parents/guardians (family) prefer to receive communication from the school, if possible?

Check **one**: ☐ English ☐ Arabic ☐ Chinese ☐ Swahili
☐ Spanish ☐ Korean Other: _____

Parent/Guardian Language Information, continued

9. Does at least one parent or guardian speak a language other than English? **YES** **NO**

If the answer to #9 is YES, please complete Questions 10-12.

If the answer is NO, please skip to the bottom of the page.

10. Does at least one of the parents/guardians prefer a language interpreter, if available? Please choose one answer per family. **YES** **NO**

11. **Parent/Guardian #1–Print Name:** _____

Relationship to student: Mother Father Guardian

What is your first/native language? _____

a. Do you read in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
b. Do you write in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
c. Do you speak & understand English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
d. Do you read in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
e. Do you write in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No

List other language(s) you use or understand: _____

12. **Parent/Guardian #2–Print Name:** _____

Relationship to student: Mother Father Guardian

What is your first/native language? _____

a. Do you read in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
b. Do you write in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
c. Do you speak & understand English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
d. Do you read in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
e. Do you write in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No

List other language(s) you use or understand: _____

Student Information: Birth Date: _____ Age: _____ Male/Female: _____

First U.S. Enrollment Date (the **first** time your student enrolled in a U.S. School): _____

Former School City & State: _____ Former School's Phone Number: _____

Most Recent Grade Completed: _____ How long will you be in Columbia Public Schools? _____

Has the student been in ELL/ESL classes before? YES NO Phone Number: _____

Parent/Guardian Name: _____ **Signature:** _____

Office Use only: CPS Registrars/Secretaries: Please input ALL answers above into eSchool. Place a copy of this form in student's PERM folder. If any question is answered "yes" or a language other than English is listed in any answer, send a copy to the EL teacher or EL department at Aslin. If a language listed above is NOT an option in the dropdown menus in eSchool, please add that information in the COMMENTS section of the Home Language Questionnaire screen.



Student Name _____ Student ID _____

School _____ Grade _____

TECHNOLOGY USAGE ACKNOWLEDGEMENT
(Parent/Guardian Technology Agreement)

I acknowledge the Columbia Public Schools' Technology Usage policy and regulations:

EHB

<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=EHB&Sch=42&S=42&C=E&RevNo=1.21&T=A&Z=P&S t=ADOPTED&PG=6&SN=true>

EHB-R1

<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=EHB-R1&Sch=42&S=42&C=E&RevNo=1.01&T=A&Z=A&St=ADOPTED&PG=6&SN=true>

EHB-R2

<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=EHB-R2&Sch=42&S=42&C=E&RevNo=1.01&T=A&Z=A&St=ADOPTED&PG=6&SN=true>

I acknowledge the Columbia Public Schools' Student Use of Personal Electronic Devices for Instructional Purposes policy (EHBA).

<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=EHBA&Sch=42&S=42&C=E&RevNo=1.01&T=A&Z=P&S t=ADOPTED&PG=6&SN=true>

I acknowledge the Columbia Public Schools' Data Governance and Security policy (EHBC).

<https://simbli.eboardsolutions.com/Policy/ViewPolicy.aspx?S=42&revid=Vs7TBl6sW1NP0tlh0wNIUA==&ptid=amlgTZiB9plushNjl6WXhfiOQ==&secid=muNULKiR2jsXcslsh28JpBkiw==&PG=6&IRP=0&isPndg=false>

I understand that violation of these provisions in the policies may result in disciplinary action taken against my student including, but not limited to, suspension or revocation of my student's access to district technology and suspension or expulsion from school.

I understand that my student's use of the district's technology resources is not private and that the school district may monitor my student's electronic communications and all other use of district technology resources.

I understand that students are required to use various applications throughout the school day. These could include various websites, browser extensions, and educational technology tools. Some of these require student accounts and logins, while others do not. Some of these require Personal Identifying information, including a student's name, and email address. Columbia Public Schools is committed to complying with Federal laws governing student safety and privacy while online. These Federal laws include the Children's Online Privacy Protection Act (COPPA), and the Family Educational Rights and Privacy Act (FERPA). Any approved website, browser extension, and educational technology tool has met COPPA, FERPA, and internal Columbia Public Schools standards.

Verification: I verify that I am the legal parent/guardian of the student.

X _____
SIGNATURE of Parent/Guardian PRINT Name of Parent/Guardian Date

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

Damage-Theft-Loss of CPS One-to-One Devices and Equipment

Student and Staff Policy

Columbia Public Schools reserves funds to cover some instances of damage or theft of one-to-one/personal learning devices and equipment (including keyboard cases/attached keyboards). There are some situations where it is necessary to assess fines in order to promote accountability and responsibility. Fines may be paid at the school or through the district's online payment system.

Instances of Accidental Damage and Theft

1st Instance: No Charge

2nd Instance: \$25.00

3rd Instance: \$50.00

All Subsequent Instances: Charged at current CPS purchase price

- *Instances per Individual will be cleared annually but will follow students from school to school within CPS.
 - *Fines remain on the student account until they are paid
 - *Stolen devices MUST be reported to the school with the police report case number within one week of the theft.
 - *In cases where there is obvious neglect or intentional damage, per instance criteria may be adjusted by the school's administration.
-

Instances of LOSS

1 st Instance iPad: \$50.00	1 st Instance iPad: \$50.00
1 st Instance Keyboard: \$50.00	1 st Instance Laptop: \$100.00
1 st Instance Hotspot: \$50.00	Hotspot Charger: \$20.00
iPad Charge: Current CPS Purchase Price	Laptop Charger: Current CPS Purchase Price

Note: Maximum of \$100 fine for first loss

All Subsequent Instances and Students NOT Returning to CPS: Charged at current CPS purchase price

- *Instances of Loss will NOT be cleared annually.
 - *If the device is found in usable condition within the same school year, the fine will be refunded.
 - * If a student loses a hotspot, another hotspot won't be distributed to them unless the lost fee has been paid
-

Latest Device Fines Information including additional Information on Fines associated with Device Chargers and Hotspots can be found at: <https://www.cpsk12.org/departments/technology-services/device-policy>

Columbia School District No. 93
Permission and Release Form
Category I Travel

SCHOOL: _____

PURPOSE OF TRAVEL/DESCRIPTION OF FIELD TRIP (to be filled in by school/trip sponsor):

PARENT/GUARDIAN INFORMATION

This information will be shared only with Columbia Public Schools (CPS) personnel, consulting and treating medical personnel and emergency personnel and/or other individuals working with CPS.

Scholar Name _____ Date of Birth _____ Age _____ Height _____ (Estimated) Weight _____

Home Phone(_____) _____ Family E-mail _____

Mailing Address _____ City _____ State _____ Zip Code _____

Parent/Guardian name _____ Relationship to Scholar _____

Work Phone (_____) _____ Cell Phone (_____) _____ Is it ok to text this phone? Y/N

Email (if different from above) _____

Parent/Guardian name _____ Relationship to Scholar _____

Work Phone (_____) _____ Cell Phone (_____) _____ Is it ok to text this phone? Y/N

Email (if different from above) _____

In the event of an emergency, if the parent/legal guardian cannot be reached, who should be called?

Name _____ Relationship to Scholar _____

Work Phone (_____) _____ Cell Phone (_____) _____ Is it ok to text this phone? Y/N

Name _____ Relationship to Scholar _____

Work Phone (_____) _____ Cell Phone (_____) _____ Is it ok to text this phone? Y/N

TRAVEL CONSENT

I hereby give my scholar, _____, student number (lunch number) _____, permission to participate in the travel activities. I will notify my school of my scholar's excused absence if the school trip takes place during the regular school year.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

MEDICAL CONSENT

INSURANCE: Each participant is responsible for their own medical expenses. **Medical insurance is recommended but not required.**

Medical Insurance Company Name _____

Phone (_____)_____ Policy Number_____

Scholar's Physician_____ Phone(_____)_____

Scholar's Dentist _____ Phone (_____)_____

I authorize CPS staff, contractors, volunteers or other medical personnel, when they deem necessary using their judgment and sole discretion, if parent/guardian cannot be reached, to obtain or provide medical care for my scholar, to transport my scholar to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) considered necessary for my scholar's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by CPS) of any medical records necessary for treatment, referral, billing or insurance purposes. Note to parents/guardians: except to the extent limited by this form, my scholar has permission to participate in all CPS activities. I authorize that all information on this form is accurate and complete and I have not withheld any information.

I, _____, _____

(NAME OF PARENT/GUARDIAN)

(RELATIONSHIP TO SCHOLAR)

of _____,

(NAME OF SCHOLAR)

SCHOLAR CONDUCT PRACTICES AND PROCEDURES

1. There shall be no defacing of public property. Any damages to any property must be paid for by the individual or group responsible.
2. Scholars shall keep their adult advisors always informed of their activities and whereabouts.
3. Scholars should be prompt and prepared for all activities.
4. No alcoholic beverages or narcotics in any form shall be possessed by scholars at any time, under any circumstances.
5. No smoking or vaping will be permitted.
6. No scholar shall leave designated areas (except for authorized activities) unless permission has been received from the adult advisor or chaperone.
7. Scholars are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment taking place at the same time.
8. Scholars should be always carrying or wearing appropriate identification.
9. Appropriate dress is expected.
10. Scholars will use technology in an appropriate and respectful manner.
11. Scholars shall not engage in any lewd, indecent, sexual, or obscene act or expression.
12. Scholars shall not engage in verbal, physical, or sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited.

I approve of the scholar named in this document to attend and travel to trip-related activities. I realize that violation of any rules can result in the immediate return of the scholar, at family's/guardian's expense, to their home community. It is the responsibility of the parent/guardian to meet the scholar at the airport, bus terminal, etc., should it be necessary to send the scholar home.

I have explained and discussed the Scholar Conduct Practices and Procedures with my child.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY

My scholar and I assume any risk that may arise from my scholar's transportation to, participation in and transportation from the above-described trip. I accept full responsibility for any and all medical expenses for any injuries or illness that occur to my scholar as a result of my scholar's transportation to, participation in, and transportation from the above-described trip.

By signing this form, we hereby release the Columbia School District No. 93, its Board, its Board members, administrators, directors, officers, teachers, agents, employees, assigns, and volunteers (the "Released Parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain arising out of or in any way related to any personal or property loss, damage, illness, injury, including death, caused to my scholar through my scholar's transportation to, participation in, and transportation from the above-described field trip (the "Released Claims").

We also agree to indemnify and hold harmless the Released Parties from the Released Claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

We understand that we have the ability to refuse to sign this form.

We confirm that we have carefully read this ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the scholar identified in this Form.

This ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY has been read and is understood by us.

We have signed this ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY this _____ day of _____, 20_____.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

COLUMBIA PUBLIC SCHOOLS – SCHOOL BUS PASSENGER EXPECTATIONS

The safety of all students riding the bus to and from school is a responsibility we all share. It takes all of us working together to ensure safety: students, parents, bus drivers and school officials. The District has established the student conduct expectations to ensure all of our students are transported in the safest environment possible. Students who fail to observe these expectations will be subject to disciplinary action. Their failure to do so may affect the safety of others. Failure to follow bus expectations and regulations may result in suspension of bus riding privileges as well as school consequences depending on the severity of the violation.

If you should have any issues or concerns and need to talk with your child's driver, it is best to call the STA Office at (573) 214-3860 to schedule a time or email cpstransportation@cpsk12.org. If you need to approach the bus, please **do not** step into the bus or on the step. Signal to the driver you would like to talk and proceed to the driver's side window. For the safety of all bus riders, school bus drivers are instructed to close the entrance door when approached and direct you to their side window. Keep in mind the bus has other stops and a schedule to keep meaning the driver has limited time at individual stops. Under Missouri Law unauthorized entrance on a school bus is trespassing. For the safety of the students we transport, Columbia Public Schools supports this law and has posted warnings on all buses and violators will be prosecuted.

In accordance with Board policy JG-R1:

“Any offense committed by a student on transportation provided by or through the district shall be disciplined in the same manner as if the offense had been committed at the student's assigned school. In addition, transportation privileges may be suspended or revoked.”

Riding the School bus is a Privilege that can be lost

1. Follow the bus driver's directions
 2. Be at the bus stop 5 minutes before and stay at Least 5 minutes after your stop time
 3. Line up in a single line at the side of the road
 4. Sit on your assigned seat, not on knees or backpack
 5. Speak quietly to each other
 6. Keep hands, feet and other items to yourself on the bus.
 7. No food/drinks/gum/candy on the bus
 8. Ensure your student knows the danger zone outside the bus
 9. The safest stop is the stop with an adult present
- Students are expected to help keep the bus clean and not purposely or carelessly destroy transportation equipment.
 - Damage resulting from misbehavior shall be paid for by the student/parent. Suspension from the bus will occur and continue until all damage is paid for.
 - Students will show consideration for other students and the bus driver by being courteous and well mannered.
 - No profanity or other abusive language.

Any action that would create an environment contrary to the District's, Schools and Transportation Department's missions will not be acceptable. If the action creates an environment in which learning, safety and caring for others are not the primary focus, disciplinary action will result, including possible loss of bus service. Students are expected to follow safe riding expectations listed above.

Mobile Electronic Devices

At the discretion of the **school bus driver** and Building Principal district provided electronic devices may be permitted to be used on the school bus for educational purposes. If permitted, the user must follow the expectations outlined in Board Policy and School Handbook. Sound must be muted or earphones and/or similar device must be used.

No other mobile electronic use is permitted

Consequences

Students failing to follow expectations will be issued “Bus Conduct Reports”. Drivers will turn these into building administration. Building administration follow the progressive discipline matrix and dependent on the severity and frequency of occurrence consequences may be issued.

- For minor infractions such as not staying seated, excessive noise and other level 1 & 2 infractions:
1st = Parent notification, 2nd = Second parent notification, 3rd = 3-day bus suspension, 4th = 5-day bus suspension each consecutive conduct report goes up by 5 days until the 7th instance when revocation of bus privileges may occur
- Level 3, 4 and 5 infractions may be issued school consequences and bus consequences including revocation of bus privileges
- Acts of violence and/or other criminal behavior may be reported to the police

Parent Expectation for School Bus Safety

The safety of all students riding the bus to and from school is a responsibility we all share. Parents/guardians are responsible for the supervision of their children to, from, and while at school bus stops. Students should always use their assigned bus stop. Parents hold a key, vital role in ensuring School Bus Safety. The information contained on this page is provided to give you the tools to help teach your child to be safe on the walk to and from the stop, at the stop and on the bus.

Getting Ready for School

- Support your driver - Remind your child of the importance of following the drivers' instructions and directives
- Remind your child how to ride safely by staying in their seat, keeping hands to self and talking quietly
- Remind your child not to be a distraction to the driver so the driver can watch the road
- Have your children put everything they carry in a backpack or school bag so that they won't drop things along the way.
- Encourage your child to wear bright, contrasting colors so they will be more easily seen by drivers.
- Ensure loose drawstrings, chains or other dangling objects are removed from clothing, coats, and bags.
- Make sure they leave home on time so they can walk to the bus stop and arrive before the bus is due, typically at least 5 minutes before. Running to a moving bus is very dangerous and should never be done.

Walking to the Bus Stop

- Walking your child to the bus stop is best or have children walk in groups. There is safety in numbers; groups are easier for drivers to see.
- Practice good pedestrian behavior: walk on the sidewalk, and if there is no sidewalk, stay out of the street.
- If you must walk in the street, walk single file, face traffic and stay as close to the edge of the road as you can.
- Stop and look left, right and then left again if you must cross the street. Do the same thing at driveways and alleys. Exaggerate your head turns and narrate your actions so your child knows you are looking left, right and left.

At the Bus Stop

- Wait in a location where the driver can see you as they drive down the street. Never wait in a house or car
- Do not play in the street.
- Playing with balls or other toys that could roll into the street is dangerous.
- Arrive at the stop 5 minutes prior to the scheduled bus arrival.

Getting On and Off the Bus

- Warn children that if they drop something, they should never pick it up. Instead, they should tell the driver and follow the driver's instructions. If they bend over to pick up a dropped object, they might not be seen by the driver and could be hurt if the driver pulls away from the stop.
- Remind children to look to the right before they step off the bus.
- Teach your children to secure loose drawstrings and other objects that may get caught in the handrail or door of the bus as they are exiting.
- If you would like your child to get off at a stop other than the one assigned, please be aware that the driver isn't allowed to let a child off at another stop without written permission from the school.
- If you meet your child at the bus stop after school, wait on the side where the child will be dropped off, not across the street. Children can be so excited at seeing you after school that they dash across the street and forget the safety rules.
- Have a backup plan in case you are not home
 - How to get home in case you are not at the stop.
 - Teach your children what neighbor to go to if this happens.

Riding the Bus

- Failure to follow safe riding expectations may endanger themselves and others
- Failure to follow safe riding expectations may result in school consequences and loss of school bus riding privileges for example:
 - 1st bus ticket = warning
 - 2nd bus ticket = 3-day bus suspension
 - 3rd bus ticket = 5-day bus suspension
 - Each ticket after 3 adds an additional 5-day bus suspension

Actual consequences will be based on severity of violation
--

Columbia Public Schools School Transportation Program

An important objective of the Columbia Public Schools and our contracted transportation provider, is to offer a safe, effective, and efficient transportation program. In order to achieve this objective, it is necessary to establish rules and regulations for the conduct of students riding school buses. The regulations are intended to serve the best interests of all students.

The guidelines established for the conduct of Columbia school bus riders are attached. Please review this information with your student and complete the following:

I have read the attached guidelines for the student conduct and safety pertaining to school bus transportation, and I have discussed them with my student.

Date

Student's Name (please print)

Parent/Guardian Signature



Health Summary

COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

SCHOOL _____ GRADE _____ STUDENT # _____

NAME _____ Male/Female _____ Birthdate _____
 PARENT/GUARDIAN #1 _____ Home # _____ Work # _____ Cell # _____
 PARENT/GUARDIAN #2 _____ Home # _____ Work # _____ Cell # _____
 EMERGENCY CONTACT _____ / _____ / _____

Name Relationship Phone #

DOCTOR/CLINIC _____ Phone# _____

DENTIST _____ Phone# _____

PREFERRED HOSPITAL _____

TYPE OF INSURANCE ☐ Employment ☐ Private Self-Pay ☐ Straight Medicaid (red card) ☐ MO Healthnet ☐ None

☐ NONE OF THE HEALTH CONCERNS LISTED IN THE BOX BELOW APPLY TO MY CHILD

MY CHILD HAS THE FOLLOWING SPECIAL HEALTH CONCERNS:

☐ ALLERGIES: (drugs, food, insects, pollens) Please list _____

Has allergy required emergency action in the past? ☐ Yes ☐ No Describe reaction: _____

A FOOD ALLERGY SUBSTITUTE REQUIRES A PHYSICIAN'S STATEMENT OF DISABILITY

☐ ASTHMA ** If yes, must complete Asthma History form**

☐ ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: Medications _____ Taken at: ☐ Home ☐ School

☐ DIABETES: ☐ Insulin Dependent ☐ Non-Insulin Dependent Physician: _____ Comments: _____

☐ EARS: ☐ frequent infections ☐ tubes (☐ Right ☐ Left, date inserted _____) ☐ hearing difficulty (explain) _____

☐ hearing aid (☐ Right ☐ Left, wear at school? ☐ Yes ☐ No) ☐ other _____

☐ EYES: ☐ glasses (☐ reading ☐ distance) ☐ contacts ☐ lazy eye ☐ difficulty seeing ☐ previous surgery

☐ MENTAL HEALTH DIAGNOSES: ☐ Anxiety ☐ Depression ☐ Other: _____

☐ SEIZURES: Describe seizure _____ Physician: _____

Date of last seizure _____ Medication(s) _____

☐ OTHER MEDICATIONS: _____ Reason(s) _____ Taken at: ☐ Home ☐ School

OTHER HEALTH CONCERNS WHICH COULD AFFECT SCHOOL: _____

•The Columbia Public School district assures that it will provide a free, appropriate public education to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. If you suspect that your student has an unidentified educational disability that would fall under IDEA or Section 504, contact the special services department at (573) 214-3462. If your student already has an individual education program (IEP) or a 504 accommodation plan, contact the building's department chair.

**** Copy of current immunization record must be presented to enroll ****

In accordance with the Board of Education policy, parents/guardians will be notified as soon as possible in case of serious illness or injury. Students will be given emergency care by school personnel as indicated in the Student Handbook. Parents/guardians who do not wish their child cared for in accordance with this policy should indicate this in writing to:

HEALTH SERVICES COORDINATOR; 1818 W. Worley, Columbia, MO 65203.

My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.

Signature of Parent/Guardian _____ Date _____



Asthma History

COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Complete ONLY if student has asthma or history of asthma and return form to the school nurse.

Student _____ Student number _____ Grade _____ Height _____ Date _____

Triggers that might start an episode for this student? (check all that apply)

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Animal Dander | <input type="checkbox"/> Cigarette smoke, strong smells | <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Dust Mites |
| <input type="checkbox"/> Emotions (when upset) | <input type="checkbox"/> Exercise | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Irritants |
| <input type="checkbox"/> Molds | <input type="checkbox"/> Pollens | <input type="checkbox"/> Respiratory Infections | |
| <input type="checkbox"/> Temperature Changes | <input type="checkbox"/> Other _____ | | |

1. Does this student have a current prescription for any of the following medications to be taken daily to control respiratory problems? (check all that apply)

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Advair® | <input type="checkbox"/> Albuterol | <input type="checkbox"/> Alvesco® | <input type="checkbox"/> Asmanex® |
| <input type="checkbox"/> Atrovent® | <input type="checkbox"/> Dulera® | <input type="checkbox"/> Pulmicort® | <input type="checkbox"/> QVar® | <input type="checkbox"/> Singulair® |
| <input type="checkbox"/> Symbicort® | <input type="checkbox"/> Theophylline | <input type="checkbox"/> Tilade® | <input type="checkbox"/> Xopenex® | <input type="checkbox"/> Other _____ |

2. How many times in the last 3 years has this student required urgent or emergency care due to respiratory problems?

- ☐ Zero ☐ 1-2 ☐ 3-5 ☐ 6 or more

3. How many times in the last 3 years has this student been hospitalized due to respiratory problems?

- ☐ Zero ☐ 1-2 ☐ 3-5 ☐ 6 or more

5. Previous admission to Intensive Care Unit (ICU) for respiratory problems? Yes _____ No _____ Date: _____

6. How many days of school did this student miss last school year due to respiratory problems?

- ☐ Zero ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10 or more

7. What seasons of the year make this student's asthma symptoms worse? (check all that apply)

- ☐ Seasons do not affect asthma ☐ Fall ☐ Winter ☐ Spring ☐ Summer

8. Does this student recognize his/her early signs of worsening asthma? Yes _____ No _____

9. Approximately how often in a year does this student require the use of quick relief medicine, Albuterol (ProAir®, Proventil® or Ventolin®) or Xopenex®, to relieve respiratory problems?

- ☐ Zero ☐ 5 or fewer days per year ☐ 5 or fewer days per month ☐ 2 or fewer days per week ☐ more than 2 days per week

10. Does this student use more than 3 canisters of quick relief medicine per year? Yes _____ No _____

11. How many times in the last year was the student prescribed a systemic steroid (ex. Prednisone, Predipred®, Orapred®, Medrol®) for treatment of an respiratory flare up?

- ☐ Zero to 1 ☐ 2-3 ☐ 4-5 ☐ 6 or more

12. How often does this student awaken during the night having difficulty with coughing, wheezing or breathing?

- ☐ Zero- 1 time/month ☐ twice/month ☐ 3-7 times/month ☐ 6 or more times/month

Medication plan for school (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> No medications at school/does not carry inhaler | <input type="checkbox"/> Quick relief inhaler to be kept in nurse's office | <input type="checkbox"/> FEV1 or Peak Flow monitoring supplies to be kept in nurse's office |
| <input type="checkbox"/> Inhaler for sports/extra-curricular only | <input type="checkbox"/> Daily asthma medications to be kept in nurse's office | |
| <input type="checkbox"/> Student will carry quick relief inhaler during school hours (Middle School and Senior High School students ONLY) | <input type="checkbox"/> Nebulizer tubing and medications to be kept in the nurse's office | |

Columbia Public School's nurses recommend having an Asthma Action Plan for all students with asthma. Students who will be receiving asthma medications at school must have an asthma action plan on file. A form is available from the school nurse. If your physician has already developed an asthma plan, please provide a copy to the school nurse.

*****Please note: If your child has not used asthma medication in more than 3 years and no longer meets the criteria of persistent asthma, the health record may be changed to reflect 'history of asthma'. For questions, please contact your school nurse.**



School Asthma Action Plan-1

COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Student Name: _____

Student Number: _____

Teacher/Team: _____ **School:** _____

1. Triggers that might start an asthma episode for this student

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Animal Dander | <input type="checkbox"/> Cigarette smoke, strong smells | <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Emotions (when upset) |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Irritants | <input type="checkbox"/> Molds |
| <input type="checkbox"/> Pollens | <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Temperature Changes | |
| <input type="checkbox"/> Other _____ | | | |

2. Control of the school environment

_____ Environmental measures to control triggers at school _____

_____ Pre-medications (prior to exercise, choir, band, etc.) _____

_____ Dietary restrictions _____

3. Peak flow monitoring

_____ Monitor FEV1 or peak flow:

Personal best peak flow _____ Monitoring times _____

4. Routine asthma and allergy medication schedule

Medication Name	Dose/Frequency	When to Administer	
		At Home	At School

5. Field trips - Asthma medications and supplies must accompany student on all field trips. A staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan and contact phone numbers.

Parent Contact: _____

Parent Number: _____

Emergency Contact: _____

Emergency Number: _____



School Asthma Action Plan-2

COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Student Name: _____ Student Number: _____

****Immediate action is required when the student exhibits shortness of breath and any one of the following signs of respiratory distress. Always treat symptoms even if a FEV1 or peak flow meter is not available.**

Severe cough	Agitation	Sucking in of the chest wall	Difficulty breathing when walking
Chest tightness	Pulse > 120	Shallow, rapid breathing	Difficulty breathing when talking
Wheezing	Rapid, labored breathing	Blueness of fingernails & lips	Decreased or loss of consciousness
Prefers sitting	O2 saturation < 90%	FEV1 or PEF < 70% predicted	

Steps to Take During an Asthma Episode

- 1. Call EMS (911) if the student does not respond to a repeat of his/her initial quick relief medication and continues to exhibit shortness of breath and one or more of the above signs of respiratory distress.**
- 2. Initiate CPS Management of Asthma Exacerbation Protocol. Emergency asthma medication will be provided by the school district.**
- 3. Notify parent that EMS has been notified and protocol has been initiated.**

Parent Consent for Management of Asthma at School

I, the parent or guardian of the above named student, request that this School Asthma Action Plan be used to guide asthma care for my child. I agree to:

1. Provide all necessary personal medications and supplies (mask, spacer, etc.).
2. Notify the school nurse of any changes in the student's health status.
3. Allow school nurse to inform appropriate school staff interacting directly with my child of his/her respiratory needs while at school.

Parent/Legal Guardian Signature _____ Date _____

Reviewed by School Nurse _____ Date _____

Teachers: If you have any information that would warrant consideration for special education and related services, in addition to the Individual Health Plan or other mitigating measures being implemented, contact the nurse to submit a referral under IDEA or Section 504.