



2024-2025 Registration and Acknowledgements

*Return completed forms to your child's school.

Student Name: _____ Student ID: _____

Enrollment Building: _____ Student Grade: _____

I give permission for my student to participate in local field trips: YES NO

DEMOGRAPHIC Information:

Student Home Address: _____ Move in date: _____

Guardian #1 Name: _____ Relationship to student: _____

Guardian #1 Address: _____

Guardian #1 Phone: _____ (home) _____ (cell) _____ (work)

Guardian #1 email: _____

Guardian #2 Name: _____ Relationship to student: _____

Guardian #2 Address: _____

Guardian #2 Phone: _____ (home) _____ (cell) _____ (work)

Guardian #2 email: _____

Other Contact Information: Include name, phone, and relationship for emergency contacts.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

BUS INFORMATION: Please let us know if your child will need bus transportation for the **2024-2025** school year.

My student needs a bus to get to and/or from school this year: YES NO

If YES, please indicate to school, from school, or both: to school from school both

Will your child be picked up/dropped off at an address other than your home? * YES NO

If yes, what is the alternate address: _____

If going to an alternate address, please indicate the route(s): to school from school both

*Only addresses that are in the same attendance area as the student's attendance building may be used for alternate routing.



Registration and Acknowledgements

Columbia Public Schools is required by law to ask the following questions:

1. Have you moved out of town to work in agriculture and returned to Columbia within the past 12 months? YES NO

If yes, please check the type of work (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 a fish farm |
| <input type="checkbox"/> Growing/tending trees for sale | <input type="checkbox"/> OTHER: _____ |

Guardian's place of employment: _____

2. Has this child been abandoned in a hospital? YES NO

3. Are you providing foster care for this child through placement by the Missouri Children's Division?
 YES NO

4. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?
 YES NO (Similar reason – comment: _____)

5. Are you currently residing at a motel, hotel, trailer parks, or camping ground due to the lack of alternative adequate accommodations?
 YES NO

6. Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting?
 YES NO

7. Are you currently residing in an emergency or transition shelter?
 YES NO

8. Is your primary nighttime residence a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings?
 YES NO



2024-2025 Release Agreements and Acknowledgements

Media Participation – Must be updated annually.

- Yes - I consent to the school district to include my child's image, voice, and/or name in public or school media publications.
- No - I do not want my child to be photographed, interviewed, and/or video taped by representatives of Columbia Public Schools and/or media outlets. Any information or images obtained from these activities may not be reproduced by the school district and/or media outlets for use in advertising, publicity, or educational activities. This includes: CPS publications, videos, school websites, and school television programs.

Yearbook

If you are opting out of the media release, please indicate whether or not you want this child's image and name to appear in the yearbook.

- Yes, I agree to have this child's image and name appear in the school's yearbook.
- No, I do not consent to having this child's image and name appear in the school's yearbook.

Field Trip

- Yes - I give permission for this child to attend school-related curricular field trips.
- No - I do not consent for this child to participate in school-related curricular field trips.

Parent Handbook

_____ 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://www.cpsk12.org/cms/lib/MO01909752/Centricity/Domain/47/StudHandsec.pdf>

Military Opt-Out: only intended for 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 here. MUST be received before Sept 30th annually. **Do NOT release my student's information for military recruitment.**

_____ **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.

Nutrition Services

_____ 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>

**Applications must be submitted annually to maintain free/reduced lunch status.

_____ 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.

Parent/Guardian Signature Date _____

This was translated by a machine. Please excuse any errors.

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)

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)

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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)

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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 authorized 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 authorized 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 authorized 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)