



BEARCATS
—ORRICK—

Orrick R-XI School District

100 Kirkham Street
Orrick, MO 64077
Phone 816.770.0094
Fax 816.496.3829
District Code: 089087
School Code: 1050

RELEASE OF RECORDS FORM

Please disclose all records for:

NAME: _____ GRADE: _____ DATE OF BIRTH: _____

School last attended: _____

All cumulative permanent school records need to be sent, including, but not limited to academic, behavioral, discipline, special education, IEP, 504 accommodations, health, attendance, grades, and test results.

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

Signature of parent/court-appointed guardian

Date

Street Address: _____

City, State, Zip Code _____

Please email or fax records to:

bmeyer@orrick.k12.mo.us

816-770-3327

Fax-816-496-3829

Date/Time FAXED by Orrick High School to sending school

Initials or signature of Orrick office personnel

School Admissions
Orrick R-XI School District

Date _____

Students Name _____ **Date of Birth** _____

Address: _____

Ethnicity Mark all that apply

_____ Black or African American _____ Native Hawaiiin or Other Pacific Islander
_____ Native american/Eskimo _____ White _____ Asian _____ Hispanic

Name of Mother or Legal Guardian: _____

Address _____

Mobile Phone: _____ **Home Phone:** _____

Email: _____

Place of Work: _____ **Work Phone:** _____

Name of Father or Legal Guardian: _____

Address: _____

Mobile Phone: _____ **Home Phone:** _____

Email: _____

Place of Work: _____ **Work Phone:** _____

Name of Court-Appointed Guardian or other person designated by law as Guardian.

Address: _____

Mobile Phone: _____ **Home Phone:** _____

Email: _____

Place of Work: _____ **Work Phone:** _____

The term "homeless children and youth."-

A. Means individuals who lacked a fixed, regular, and adequate nighttime residence...; and

B. Includes--

- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason, living in motels, hotels, trailer parks, or camping grounds due to the lack of an alternative adequate accommodation; are living in emergency or transitional shelters, or are abandoned in hospitals.
 - Children and youths who have a primary residence that is a public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings.
 - Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses listed above.
-

Please provide the district with a copy of any custody orders, guardianship designations, power of attorney documents, or any other similar documentation.

NOTE: It is not the district's responsibility to enforce divorce decrees, parenting plans, or custody orders. The district seeks this information solely to determine who the biological parents are, who has authority to access the student records, and who the courts have determined is safe to be alone with the student.

Orrick R-XI Enrollment Form

This form is designed to help district Homeless Liaisons determine whether a student is experiencing homelessness as defined by the federal McKinney-Vento Act. The McKinney-Vento Act provides services and supports to children and youth experiencing homelessness

Student

Name: _____

Name of Parent or Legal Guardian: _____

Is the student living with their parent or Legal Guardian? Yes ___ NO ___

Current

Address: _____

City: _____ Zip Code: _____

Phone: _____ Additional Phone: _____

Age: _____ Date of Birth: _____ Grade: _____

Is this address Temporary or Permanent? _____

Please choose the following situations that the student currently resides in (choose all that apply):

Living with a friend or family member due to:

___ loss of housing ___ economic hardship ___ Domestic violence ___ Similar reasons

Explain: _____

___ In a hotel, motel, trailer park or camping ground due to lack of alternative adequate accommodations

___ A car, park, public place, bus or train station, abandoned building, or similar setting

___ In a n emergency or transitional shelter

___ Living in a residence or other place with inadequate facilities (no heat, water, electricity, etc.)

___ Moving from place to place/ couch surfing

___ Migrant family/student

___ Unaccompanied Youth (a student living in housing separate from parent/guardian)

If you checked any of the above, please complete the remainder of the form.

Date of arrival at temporary residence: _____ Expected length of stay: _____

Last permanent address: _____

Email: _____

Name of last school attended: _____

City: _____ State: _____ Zip code: _____

Other children living at the same location as student:

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Residency and Educational Rights

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

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

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

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

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Discipline History

Under the Missouri Safe School Act, parents/guardians and other persons having charge or control of a student must provide the district with information regarding the student's disciplinary and criminal history before admission.

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

- No
 Yes Please explain _____

Has the student ever been expelled from school

- No
 Yes Please explain _____

Has the student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board Policies relating to weapons, alcohol, or drugs, or for willful infliction of injury to another person?

- No
 Yes Please explain _____

Has the student ever been suspended from a school for more than 10 consecutive days?

- No
 Yes Please explain _____

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

- No
 Yes Please explain _____

Prior to transfer, did the student participate in any of the following programs or receive the following services?

- Gifted Education Services
 Services for Migratory Students
 Special Education (IEP)
 Section 504
 Speech Therapist
 English Language Instruction
 Services for Homeless Students
 Title I
 Personalized Health Plan
 Counseling

Language: English

- Yes
 No If no, what language _____

Does your family engage in agriculture-related work? _____

If yes, has your family moved to seek or obtain agricultural-related work? _____

Additional Contacts

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

Name; _____

Relationship to student: _____

Mobile/Home phone: _____

Name; _____

Relationship to student: _____

Mobile/Home phone: _____

Name; _____

Relationship to student: _____

Mobile/Home phone: _____

Name; _____

Relationship to student: _____

Mobile/Home phone: _____

RESIDENCY ENROLLMENT CHECKLIST

Name of Parent/Guardian _____

Address _____

City/State _____ Zip Code _____

Telephone Number _____

Name of Student _____

Address _____

City/State _____ Zip Code _____

Telephone Number _____

IF RESIDENCY HAS CHANGED SINCE THE PREVIOUS SCHOOL YEAR, PLEASE PROVIDE THE FOLLOWING:

Address Verification (Parent/Legal Guardian) (Attach a copy of documentation)

____ Rental Contract

____ Real Estate Contract signed by all parties

____ Utilities Bill/Deposit Receipt

____ Other, such as payroll checks, driver's license, W-4, employment documents

IF RESIDENCY HAS NOT CHANGED PLEASE INITIAL HERE: _____

Basis for Admission of Student (167.020 RSMo)

____ Resides with parent in school district

____ Resides with legal guardian in the school district (copy of court ordered guardianship must be attached). A guardian may be appointed for the sole and specific purpose of school registration. (SB944)

____ Resides with a military guardian in the school district (SB944).

ORRICK SCHOOL DISTRICT ACTIVITIES CONSENT FROM

Name: _____ Grade: _____ Birthdate: _____

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

MSHSAA/ORRICK SCHOOL DISTRICT ELIGIBILITY STANDARDS

1. You must be a creditable school citizen.
2. You cannot be 19 years of age before July 1, preceding the opening of school.
3. You cannot have graduated from a four year high school.
4. You cannot have attended eight semesters of high school.
5. You cannot have competed in four seasons of a particular sport.
6. You cannot have played under a false name.
7. Students serving school suspension are not eligible to practice or compete in school activities.
8. Enrollment options- see 2.3.4 b and 2.3.7c in the MSHSSA Official Handbook.

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

CONSENT TO PARTICIPATE/RISK ACKNOWLEDGMENT

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

Student's Signature

Parent/Guardian Signature

Date

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

Photo/Video/Audio Release Form

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

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

Parent/Guardian Signature:

Parent/Guardian Name (please print):

Date:

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

Technology Email Consent/Permission Form

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

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

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

Name of Student (please print:)

Email Address(es):

Parent/Guardian Signature

Parent/Guardian Name (please print):

Date:

Students (for ages $\frac{11}{12}$ and above)

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

Student Signature:

Student Name (please print):

Student ID: _____ Grade: _____ Date: _____

Parent Technology Usage Agreement Permission Form

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

Parent/Guardian Signature:

Parent/Guardian Name (please print):

Date: _____

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

Parent Permission Form

School districts throughout Missouri have been asked to participate in the drug-free survey every other year since 1999. With the inclusion of a violence component in 1995, the instrument became the Safe and Drug- Free Schools and Communities (SDFSC) Survey. The survey is administered to the students in the grade 9 and two optional levels selected grades from sixth grade through twelfth grade.

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

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

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

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

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

Students name _____

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

Parents Signature _____

Telephone number _____ Date _____

Acknowledgment Concerning Use of Student Lockers

I acknowledge and understand that:

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

Student Signature

Date

Locker Number

Acknowledgment Concerning Use of Parking Lots

I acknowledge and understand that:

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

Student Signature

Date

Orrick R-XI School District

Student Name: _____ DOB: _____ Grade: _____

Parent/Guard 1: _____ Ph# _____

Parent/Guard 2: _____ Ph# _____

Does your child have:

Allergies? ___ No ___ Yes If yes, please specify allergen, reaction, and treatment: _____

Is a special diet required at school? ___ No ___ Yes

What is the substitution or restriction required? _____

Has this required emergency treatment in the past? ___ No ___ Yes

Describe _____

Is emergency medication required ___ No ___ Yes List _____

If a substitution is required at school a Doctor's note must be on file.

Does your child have a life threatening condition? ___ No ___ Yes

Describe _____

Please provide a medical action plan for your child's condition.

Asthma? ___ No ___ Yes Inhaler at school ___ No ___ Yes

Please provide an asthma action plan from your child's Doctor and see the school nurse for medication forms required for school.

Diabetes? ___ No ___ Yes Does your child take Insulin? ___ No ___ Yes

Please provide your child's Diabetes Management Plan from your child's Doctor.

Seizure Disorder? ___ No ___ Yes Medication at school? ___ No ___ Yes

Please provide your child's Seizure Action Plan from your child's Doctor.

Heart Condition? ___ No ___ Yes Describe _____

Any physical restrictions ___ No ___ Yes

Please provide Doctor note with restrictions.

Please complete only if your child has been diagnosed with any of the following conditions by a Doctor.

___ ADD ___ ADHD ___ Autism Spectrum Disorder ___ Depression ___ Bipolar
___ OCD ___ ODD ___ Other Please list _____

**OrrickR-XI School District
Medication Authorization Form**

Student Name _____ Grade _____ School Year _____

Start Date	Medication Name	Dose	Time	End Date

I consent to allow district staff to give medication to my child and understand that the Orrick R-XI School Board of Education, employees, and volunteers are not to be held responsible or liable in the event of injury resulting from medication given by district staff.

I give district employees permission to contact the student's physician directly for the exchange of verbal and written communication between the physician and the school nurse regarding my child's medication regimen and information about the student's condition. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the nurse immediately if any information provided on this form changes or if administration of medication should cease.

Medication should be given at home whenever possible. If medication must be given during the school day the following will apply.

1. Medication must be in the original and current bottle or original packing. Medication must be brought to the Health Room by a parent/guardian. Parents may designate a responsible adult to bring in medication for said student. Staff will not give the first dose of any medication.
2. Expired medication will not be given.
3. Over the counter medications are given according to the dosing directions on the bottle. Any other dosage must have an order from the physician.
4. Medications or supplements not approved by the FDA require written permission from the parent and an order from the physician.
5. All medication authorizations will expire on the last day of the school year. Medications will be destroyed if not picked up on the last day of school.

Signature of Parent/Guardian _____ Date _____

ORRICK R-XI SCHOOL DISTRICT
TRANSPORTATION REQUEST

GRADE:

STUDENTS NAME:

HOME ADDRESS: _____
FIRST MIDDLE LAST

PARENT/GUARDIAN NAME:

CELL:

WORK:

CELL:

WORK:

EMAIL

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

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

PICKUP ADDRESS:

circle days: M T W TH F ALL

DROP OFF ADDRESS:

circle days: M T W TH F ALL

EXPECTATIONS FOR STUDENT TRANSPORTATION

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

AT THE BUS STOP

1. Arrive at your stop 5 minutes before the scheduled pick-up time. The bus driver will not wait for late students.
2. Stay away from the street, road, or highway.
3. Wait until the bus stops before approaching.
4. If you can't see the driver's eyes, they can not see you.
5. After getting off the bus, move away from the bus.
6. If you must cross the street, always cross in front of the bus, once the driver has signaled that it is clear.
7. Preschool and kindergarten must have a parent or authorized individual at the bus stop.

**Orrick School District
Technology Device Insurance Policy**

All students receiving a district-owned iPad or Chromebook must purchase an insurance policy ANNUALLY before a device is issued.

COST:

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

Policy Information

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

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

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

Policies cannot be canceled, and prorated refunds may only be requested through the District Office if a student is moving out of the district after less than one (1) quarter. Policyholders should take all reasonable precautions to prevent the occurrence of an insured event. The policy will be considered voided in the event of:

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

LENGTH OF COVERAGE: Policies are good for one year and must be renewed annually.

Insurance can be paid beginning in the AUGUST enrollment period and MUST BE PAID BEFORE A DEVICE WILL BE DISTRIBUTED TO A STUDENT. The policy can be paid in the Elementary, High School, or District Office. Checks should be made payable to the Orrick School District. A receipt will be issued for proof of payment. Receipts should be kept in the event of a clerical error.

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

Please print Parent / Guardian Name

Date

Please print Student Name

Date

OFFICE USE ONLY

AMOUNT PAID _____

STUDENTS COVERED _____
