Richards R-V School District

2026-2027 Enrollment Forms

Student Records Request

In accordance with State and Federal Law, this form authorizes the Richards R-V School District to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student: _____ DOB: _____

Address_____

Previous School Name: _____ Grade Last Attended: _____

_____ _____ _____

(parent/guardian signature) Phone Number Date

FOR OFFICE USE

MOSIS information for Missouri Schools

Date of request:_____Student will start when records have been received.

The following records are requested:

___ Cumulative school records including, but limited to:
___ MOSIS ID number _____
___ Standardized test
___ Health/Immunization Records
___ Attendance
___ Disciplinary Reports
___ Withdrawal Grades
___ Birth Certificate
___ Multi-Disciplinary Team Reports / Evaluation Reports (ER)
___ Individual Education Plan (IEP)
___ Section 504 Records and Plans
___ Psychological testing results
___ Speech/language/hearing results
___ Occupational therapy results
___ Physical therapy results
___ Other: _____

Records are requested from:

School:_____

Fax:_____

Records should be sent to:

Attn: Mrs. Melissa Mitchell, Secretary

Fax (417)256-3314

Email: mmitchell@richardsschool.k12.mo.us

CONFIDENTIALITY STATEMENT:This fax and any attachments are intended only for those to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure and unauthorized use under applicable law. If you are not the intended recipient of this email, you are hereby notified that any use, dissemination, or copying of this e-mail or the information contained in this email is strictly prohibited by the sender. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system.

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Date _____
Grade_____

STUDENT'S FULL LEGAL NAME

(Last)_____(First)_____(Middle)_____
Student's Cell Phone #_____
Social Security Number _____-____-_____ Date of Birth____/_____/_____Age_____ Gender_____
Hispanic or Latino ____YES ____NO
Race: White Black Asian American Indian or Alaska Native Native Hawaiian/Other Pac Islander
Physical Address_____City_____State_____Zip_____
Mailing Address_____City_____State_____Zip_____

Will the child need transportation? **YES / NO**

Choose all that apply: ⬜ **BUS** ⬜ **BOYS AND GIRLS CLUB** ⬜ **LEARNING TREE** ⬜ **Parent Pick-Up**

LEGAL GUARDIAN INFORMATION

Who has legal custody? ⬜Both Parents ⬜Father ⬜ Mother ⬜Other_____
Are there legal documents concerning custody, educational decision making, etc. associated with this student? **YES /NO** (If yes, documentation must be provided to the school)

Please mark the choice that applies to your household:

⬜Not Military Connected ⬜ Active Duty ⬜National Guard ⬜Reserve

Primary Guardian Name_____Employer_____
Employer Phone_____ Cell Phone_____Home Phone_____
Email Address_____Relationship to student_____
Do you want access to the Parent Portal? **YES / NO**

Primary Guardian Spouse_____Employer_____
Employer Phone_____Cell Phone_____Home Phone_____
Relationship to student_____ Email Address _____
Do you want access to the Parent Portal? **YES / NO**

Biological Parent not living in the household (if applicable)_____
Employer_____Employer Phone_____Cell_____
Address_____City_____State_____Zip_____
Email Address _____
Do you want access to the Parent Portal? **YES / NO**

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Students may leave school with individuals listed as Emergency Contacts.

Emergency Contact Name_____ Phone_____
Relationship to student_____ Cell Phone_____

Emergency Contact Name_____ Phone_____

Relationship to student_____Cell Phone_____

Please list all siblings living in the home.

SIBLING'S NAME	**DOB**	**Sex**	**Grade**	**School**

Additional Information

1. Do you have reliable internet access at your home? **YES / NO**
2. Does each child in the home have their own device? **YES / NO**
3. Do you have cellular service at your home? **YES / NO**
4. Does the student have an IEP? **YES / NO**
   Services Received ⬜LD ⬜ID ⬜ED ⬜Speech
5. Does the student have a medical 504 Plan? **YES / NO**
6. Has the student been retained? **YES / NO**
   If so, what grade level?_____
7. Does the student have a medical diagnosis the school should be aware of? **YES / NO**

Explain_____

_____

_____

DISCIPLINARY CONDUCT

Certifications Regarding Prior Disciplinary Conduct:

Is the Student currently under suspension or expulsion from another school or school district?
YES / NO

Did the Student leave any school or school district within the last twelve (12) months under threat by such school or school district of suspension or expulsion?
YES / NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy related to weapons?
YES / NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to alcohol, drugs or controlled substances?
YES / NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to willful infliction of injury to another person or assault?
YES / NO

Certifications Regarding Prior Criminal Conduct: (Please Check)

With respect to the following acts:

First degree murder under section 565.020,RSMo.
Second degree murder under section 565.021,RSMo.
Kidnapping under section 565.110,RSMo.
First degree assault under section 565-050,RSMo.
Forcible sodomy under section 566.060,RSMo.
Robbery in the first degree under section 569.020,RSMo.
Distribution of drugs to a minor under section 195.212,RSMo.
Arson in the first degree under section 569.040,RSMo.

- Has the Student ever been convicted of any of these offenses? **YES / NO**
- Has the Student been indicted or had any information filed against them alleging the Student has committed one or more of these acts, to which there has been no final judgment? **YES / NO**
- Has a petition been filed against the Student pursuant to section 211.091,RSMo, or any other state's juvenile code, alleging that the Student has committed one or more of these acts, to which there has been no final judgment? **YES / NO**

- Has the Student been adjudicated to have committed an act which if committed by an adult would be a violation of one or more of these acts? **YES / NO**

RESIDENCY

Does the student reside in the Richards School District? **YES / NO**
Last School Attended:_____Last Date in School:_____
Birthplace City_____State_____ If born out of US,where?_____
Entered USA Date:_____

STUDENT INFORMATION

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? **YES / NO** Explain if it for a similar reason _____
2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? **YES / NO**
3. Are you currently residing in an emergency or transitional shelter? **YES / NO**
4. Are you currently living in a temporary housing arrangement? **YES / NO**
5. Has the student been abandoned in a hospital? **YES / NO**
6. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? **YES / NO**
7. Does the parent/guardian do seasonal farm work? **YES / NO**

Richards R-V School District

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

Student's Name:_____**Date:**_____

Grade:_____

Relationship of person completing this survey:_____

Tier 1: Language Background

1. What was your child's first language? ☐ English ☐ Other_____
2. Which language does your child use(speak) at home? ☐English ☐Other_____
3. Which language does your child hear at home and understand? ☐English ☐Other_____

If any of these answers indicate a language other than English,please complete the rest of the survey. If not, discontinue.

Tier 2: Expanded Language Background

4. Does the student understand when someone speaks with him/her in a language besides English? **YES / NO**
5. Does the student read in a language other than English? **YES / NO**
6. Does the student write in a language other than English? **YES / NO**
7. Does the student interpret for you or anyone else in a language other than English? **YES / NO**

Tier 3: Educational History

8. How many years did the student attend school where the native language was used for instruction? _____
9. What was the most recent month and year that the student attended school?_____
10. Do you believe that your child has learning difficulties that affect his/her ability to understand? If yes, please explain:_____
11. Has your child been referred to be evaluated for special education? If yes, please explain:_____ _____

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

The Missouri Course Access and Virtual School Program (MOCAP) has developed a catalog of virtual online courses for students. Beginning with the 2019-2020 school year, students will be able to take an entire course from any Internet-connected computer, available 24 hours a day, seven days a week. MOCAP's mission is to offer Missouri students equal access to a wide range of high quality courses, flexibility in scheduling, and interactive online learning. The **Missouri Department of Elementary and Secondary Education (DESE)** and the **State Board of Education** oversee administration and quality assurance activities such as related content and delivery of courses. Local Education Agencies (LEAs) that provide virtual education outside of MOCAP are responsible for ensuring alignment and other statutory requirements are met.

I certify the information provided by me in this document, and other information which I have provided to the Richards R-V School District is true and correct. Furthermore, I understand Section 167.020,RSMo. States as follows:

> *"Any person who knowingly submits false information to satisfy any requirement of (the residency requirements of the School District) is guilty of a class A misdemeanor.*
>
> *In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent or legal guardian filed false information to satisfy any (residency requirement of the School District)."*

I understand this means if I provide false information to the School District in order to satisfy the information requests of the School District it may constitute a violation of Missouri criminal law. Additionally, I understand if any of the information provided by me herein is false. In addition to other penalties authorized by law, the School District may file a civil action to recover the costs of school attendance for the student who was enrolled in the School District on the basis of such false information.

_____ _____

Parent/Guardian Signature Date

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Student Health Information Update
Revised 04/2019

Name: _____ Grade: _____ Gender: _____ DOB:_____
Parent(s) or Guardian(s): _____
Home Phone: _____ Work and/or Cell Phones: _____
Doctor's name: _____Date of last check-up: _____
Dentist's name: _____ Date of last check-up: _____
Eye doctor's name: _____ Date of last check-up: _____
This student has: No insurance ____ Private health insurance ____ Mo HealthNet ____ Medicaid ____
Does your child:
Have trouble seeing? **YES / NO** Wear glasses? **YES / NO** Wear contact lenses? **YES / NO**
Have trouble hearing? **YES / NO** Wear a hearing aid? **YES / NO**
Does your child take medicine (over-the-counter or prescription) regularly at home? **YES / NO**
If yes, please list:
Name: _____ Dosage: _____
Reason taken: _____
Will your child be taking routine/daily medicine at school? **YES / NO**
If yes, please list:
Name: _____ Dosage: _____
Reason taken: _____
*** Medicine to be given at school must be brought to the nurse's office by the parent or guardian. It must be in the original bottle with the prescription label attached. Ask the pharmacy for a second bottle when filling any prescription medicine to be given during school hours. The parent or guardian must sign a form for any medicine to be given at school. ***

Does your child have:
Insect Sting Allergy? **YES / NO** Describe reaction: _____
Difficulty breathing? **YES / NO**
Emergency medication? **YES / NO**
Does the child have any Epi-Pen? **YES / NO** If yes, please bring it to school.

Allergies: **YES / NO**
What is your child allergic to (drugs, food, environmental allergens)?
List: _____ Describe reaction: _____
Has the allergy required emergency action in the past? **YES / NO**
Does the child have any Epi-Pen? **YES / NO** If yes, please bring it to school.
Asthma? **YES / NO** Triggered by: _____ Treatment/Medication: _____

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Diagnosed by doctor?: **YES/ NO** If yes, date diagnosed: _____
Does the child use a rescue inhaler? **YES / NO** If yes, please bring it to school.

Student Health Information Update (cont.)

Diabetes? **YES / NO** Taking insulin: **YES / NO** Other medication: _____
Diagnosed by a doctor? **YES / NO** If yes, date diagnosed: _____
Epilepsy/Seizures? **YES / NO** Type of seizure: _____
Date of last seizure: _____ Medication: _____
Currently under a doctor's care for seizures? **YES / NO** If so, doctor's name:_____
Heart Condition? **YES / NO** Describe: _____
Any physical restrictions? _____ Medication: _____
Bone/Joint Problem? **YES / NO** Describe: _____
Any physical restrictions? _____ Medication: _____
Mental Health? **YES / NO** Describe: (i.e. ADD/ADHD, anxiety/depression, mood disorders, emotional/psychiatric problems) _____
Diagnosed by a doctor? **YES / NO** If yes, date diagnosed: _____
Counselor/Caseworker? **YES / NO** If so, counselor's name: _____
Medication: _____
Other Illness, Injury or Surgery? **YES / NO** Describe:_____
Special Education or Services student receives: IEP ____ OT ____ PT ____ Speech/Language ____
Requires special health care (explain): _____

Parent Permission to Administer Over-the-Counter Medications

Please indicate which of the following medications you are giving permission to be administered:

____ **Acetaminophen-** (Tylenol). Administered every 6 hours at the manufacturer's recommended dosage for pain or fever.
____ **Antacid-** (Tums) One or two routine doses per day for heartburn, indigestion or upset stomach.
____ **Calamine lotion-** For irritated, itchy skin associated with poison ivy, oak or sumac.
____ **Campho-phenique-** For minor skin wounds and insect bites/stings.
____ **Hydrocortisone Cream-** Up to three times daily for minor skin irritation, inflammation or rashes.
____ **Eye Drops-** For dry eyes.
____ **Salt Water Gargle-** One teaspoon of salt to four ounces of water for gargle and spit every four hours as needed for sore throat or canker sores.
____ **Skin Wounds-** Cleanse with soap and water/peroxide and apply antibiotic ointment and dressing.
____ **Splinters-** Remove splinters aseptically.
____ **Sunscreen**-Apply as needed prior to sun exposure.
____ **Vaseline-** For chapped lips as needed.
____ **Cough drop**-One to two per day as needed for cough or throat irritation.

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Signature of Parent or Guardian: _____ Date: _____

Transportation Information

Student Name: _____ Grade: _____

Morning Transportation:
(Please circle the way your child will normally get to school)

Bus (Number: _____) Parent Drop Off

Afternoon Transportation:
(Please circle the way your child will normally go home)

Bus (Number: _____) Parent Pick Up Boys and Girls Club Learning Tree

Other/Special Instructions: _____

****

- Students may be dropped off at the main campus beginning at 7:00 a.m. Students may be dropped off at the ECC beginning at 7:30 a.m.
- Your child will utilize the above selected mode of transportation every afternoon unless you call the school office before 3:00 to make a change.
- Parent pick up will begin at the main campus at 3:35 p.m. All students should be picked up by 3:50 p.m.

Field Trips and Activities- Parent Permission (Please SIGN below)

_____ has my permission to attend any and all school field trips. \
Student Name

_____ _____
Parent Signature Date

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Transportation Information

FOR HIGH SCHOOL STUDENTS ONLY

If you have a student who attends West Plains High School and will need transportation, please complete this form.

Student Name: _____DOB_____ Grade: _____

Student Address _____

Emergency Contact_____

Phone Number _____

Which school did you attend for 8th grade? _____

Morning Transportation:

Bus Number _____

Afternoon Transportation:

Bus Number _____

****

My child has permission to ride the Richards R-V School Bus to the West Plains High School.

_____ _____

(Parent/Guardian Signature) (Date)

Any questions please call Mrs Colbi Gastineau, School Counselor at 417-256-5239

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Students Enrolled in More Than One School in the Past Twelve Months

The Safe School Act requires a School District to obtain all records from all schools previously attended by the student within the last twelve months. If you have attended more than one school in the past twelve months, please fill out the information below:

School #1

Name of School: _____

Address: _____

Dates of Attendance: _____

Reason for Leaving: _____

School #2

Name of School: _____

Address: _____

Dates of Attendance: _____

Reason for Leaving: _____

School #3

Name of School: _____

Address: _____

Dates of Attendance: _____

Reason for Leaving: _____

School #4

Name of School: _____

Address: _____

Dates of Attendance: _____

Reason for Leaving: _____

I certify the information provided by me in this document, and other information which I have provided to the Richards R-V School District, is true and correct.
I understand this means that if provided false information to the school district in order to satisfy the information requests of the school district it may constitute a violation of Missouri criminal law. Additionally, I understand that this means that if any of the information provided by me herein is false, in addition to other penalties authorized by law, the school district may file a civil action to recover the costs of school attendance for the student who was enrolled in the school district on the basis of such false information.

_____ _____

Parent/Legal Guardian's Signature Date

Richards R-V School District

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Technology Use Agreement

Technology Philosophy: At Richards R-V engaging in relevant technology is used to aid teachers and students in their work and learning. Access to inclusive technology enriches our curriculum and the life of the Richards R-V District. Teachers use appropriate technology to facilitate learning, manage their grades, and communicate both internally and externally. Students are granted technology privileges to be used as a tool of research, collaboration, creation, presentation, management, composition and communication. The use of technology is a privilege, not a right, and inappropriate use may result in cancellation of those privileges.

Technology Use Agreement: This agreement is between Richards R-V and the students. All technology provided is for academic or administrative use by students, faculty, and staff. Any user who violates this policy or any applicable local, state, or federal laws, faces the loss of privileges, risks school disciplinary action, and may face legal ramifications.

This technology policy includes, but is not limited to, the telephone system, computers, software, networks, wireless networks, Internet access and other services provided for student use at Richards, as well as any other personal electronic devices brought to campus by the student.

District technology resources are provided to promote the education of all students and support their growth and development. Parents/Guardians are expected to be stakeholders in the implementation of the Student Technology Use Agreement. The signatures on this document indicate parents/guardians have read this agreement and that parents and students understand and support the terms of the agreement.

Cell Phone: Students are not permitted to have cell phones and/or smartwatches on school property.

Richards R-V Technology: When using technology on the campus, either personal electronic devices or technology provided by Richards R-V for student use, all students should be mindful of the following:

Richards R-V Network and Wireless Access:

- Use of the networks and wireless networks should be for academic purposes having educational value consistent with learning objectives.
- All files and communications composed, sent, received or stored on Richards networks are and remain the property of the school. They are not confidential, nor the private property of any student, regardless of content, and may be viewed by Richards staff at any time. The use of any passwords does not guarantee privacy or security.
- Access to certain websites is restricted and Richards monitors Internet browsing history, messages, and files accessed on the district networks.
- Inappropriate materials accessed or stored on the district network can and will be removed without prior notification. This includes, but is not limited to, copyrighted material, threatening or obscene material, inappropriate music, images, or infected files.
- District technology should not be used for commercial activities, product advertisement, or political lobbying.

Student Access Accounts: Students will take reasonable precautions to prevent others from being able to use their accounts by keeping passwords confidential.

Technology Use Agreement (cont.)

Behavioral Expectations

- Use of technology on campus should not disrupt the learning environment.
- Teachers retain the right to determine appropriate use of electronic devices while in the classroom.
- District equipment will be used appropriately; students will not damage or dismantle equipment.
- Technology resources provided by the school will be used properly and not abused or monopolized. "Surfing" the Internet, or excessive downloading of files results in congestion on the district network, which slows down use for others.

Copyright and Plagiarism

- Copyrighted materials, trade secrets, proprietary information or other protected and controlled material shall not be stored or transferred using the district networks. Transmission of any material in violation of any U.S. or state regulation is prohibited.
- Software is protected by copyright; therefore, students will not make unauthorized copies of software used or found at Richards R-V. Students will not give, lend, or sell copies of software to others.
- Students will not plagiarize words or information.

Cyberbullying and Social Networking

- Technology may not be used to disturb or harass others in any way.
- To the greatest extent possible, harassment or unwanted or unsolicited contact by members of the school district is prohibited. Any district member who receives threatening or unwelcome communications should bring them to the attention of a teacher/administrator.
- Students may not create, send, access, or download material that is abusive, hateful, harassing, or sexually explicit.
- The creation of false online identities in order to mislead or cause malice is prohibited.

Consequences: Any violation of this Student Technology Use Agreement should be reported immediately to the district. Students in violation will be subject to any of the following:

- Loss of privileges and access to the district networks.
- School disciplinary action, including suspension or expulsion.

Additionally, Richards R-V reserves the right to seek financial restitution for any loss caused through student carelessness or negligence.

Photography for Social Media/School Website

- By signing this form, you are consenting to allow your child/student's picture to be on the School Website or Social Media.

Student Name: _____

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Parent/Guardian's Signature: _____Date: _____

School Bus Safety Rules and Procedures

The Richards R-V School District takes the safety of every student seriously. In order to do that we have to make sure every student understands the rules and expectations on the bus. Please take a few minutes to talk about these rules with your child(ren). Once you have reviewed the rules with your child, please sign and return this form to the school. If you have any questions feel free to contact the school at 417-256-5239.

Boarding the Bus

- Be at the bus stop on time
- While waiting for the bus, stay away from traffic and stay alert
- Stay away from the street, alleys or private property
- Wait until the bus has come to a complete stop and the doors open before approaching the bus
- Board the bus one at a time, use the handrail while walking up the steps
- Quickly find a seat

Behavior on the Bus

- Do not speak loudly or make loud noises that could distract the driver
- Stay in your seat and face forward at all times
- Never throw things or distract the driver
- Do not put your head, limbs or other items out of the window
- Keep the aisle clear of books, bags or other items
- Balloons, or other items that may block the driver's view, are not allowed on the bus
- Collect your belongings together before reaching your stop
- Wait until the bus completely stops before getting up from your seat
- Always follow the bus driver's directions

Exiting the Bus

- Use the handrail when exiting
- If crossing in front of the bus, walk as least 10 feet away from the front bumper or until you can see the driver
- Wait for the driver to signal before crossing
- Always walk, do not run to the other side of the road
- When the driver signals, look left, right, then left again- Keep an eye out for traffic
- If you drop something near the bus, never pick it up without first communicating with the bus driver
- If your vision is blocked, move to an area where you can see other drivers and they can see you
- Retrieving mail from your mailbox after being unloaded is highly discouraged

Bus Safety Rules created by the National Safety Council and Missouri Department of Social Services.

School Bus Safety Rules and Procedures (Cont.)

I have read the bus rules to my child(ren). I understand if these rules are violated, the administration will assign discipline.

_____ Grade: _____
Student Name

_____ _____
Parent/Guardian's Signature Date

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LOCKER USE AGREEMENT
This agreement is valid during your time at Richards R-V.

We understand and agree to the following conditions governing the use of school lockers:

1. Each student must maintain the assigned locker all school year. Any change requires administrative approval and must go through the office.
2. The lockers belong to the school district and students are permitted to use them as a convenience.
3. The school, its personnel, and the members of the school board assume no responsibility for items left in the lockers.
4. The student shall be totally responsible for the confidentiality of the locker combination.
5. Students shall be responsible for keeping the locker clean (free of stickers, writing, etc.). Only masking tape can be used to attach material to the inside of the locker. No material is to be pasted or glued to the inside or outside surface. Lockers will be checked periodically for damage.
6. Students must remove all belongings from the locker on the last day of school; or as directed by school administration. Students are responsible for completely cleaning out the locker. The school is not responsible for items left in the locker after the student leaves at the end of the school year.
7. Any locker may be searched by an administrator with reasonable cause.

Student Name: _____ Date: _____

We have read the conditions stated above and agree to follow them. We understand failure to follow these rules could result in the loss of locker privileges.

_____ _____

Student Signature Parent/Guardian Signature

Richards R-V School District

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ESSA Complaint Procedures

August 01, 2026

Dear Parent/Guardian

As a school that receives funds from the Federal Government we are required by law to annually inform you of your rights to be able to file a complaint with the Missouri Department of Elementary and Secondary Education under the Every Student Succeeds Act of 2015 (ESSA) if you feel the district has violated a federal statute or regulation that apologies to any program under the Every Student Succeeds Act. In this letter I have included an attachment with instructions on what constitutes a complaint, who can file a complaint, what happens when a complaint is filed, and how to appeal the outcome of a complaint. In addition, you will find this same attachment of complaint procedures available on the Richards website: https://www.richardsschool.k12.mo.us

We are also required to annually hold a meeting to inform parents of their school's participation in Title I, to explain the requirements of our Title 1 program and to inform parents of their right to be involved. We would like to encourage all parents to attend. This meeting will be scheduled during the month of September. Parents will be notified when a specific date and time are determined. If you have questions please feel free to contact us at 417-256-5239.

Sincerely,

Melonie Bunn, Ed. D.
Superintendent
Richards R-V School District

"Enable All Students To Become Responsible, Productive Citizens In A Changing World"

Richards R-V School District

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Parents Right To Know

August 01, 2026

Dear Parent/Guardian:
At Richards R-V School District, we are very proud of our teachers and feel they are ready for the coming school year and are prepared to give your child a high-quality education. As a school that receives federal dollars as a Title I school, we must meet federal rules related to teacher qualifications. Our district is required to inform you of the information that you, according to The Every Student Succeeds Act of 2015 (Public Law 114-95) have the right to know.

Upon your request, our district is required to provide to you in a timely manner the following information:

- Whether your student's teacher has met state qualifications and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether your student's teacher is teaching under an emergency or other provisional status through which State qualification or licensing criteria have been waived.
- Whether your student's teacher is teaching in the field of discipline of the certification of the teacher.
- Whether your child is provided services by paraprofessionals and, if so, their qualifications.

In addition to the information that parents may request, a building receiving Title I.A funds must provide to each individual parent:

- Information on the level of achievement and academic growth of your student, if applicable and available, on each of the State academic assessments required under Title I.A.
- Timely notice that your student has been assigned, or has been taught for 4 or more consecutive weeks by, a teacher who has not met applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.

Our staff is committed to helping your child develop the academic knowledge and critical thinking he/she needs to succeed in school and beyond. That commitment includes making sure that all our teachers and paraprofessionals are highly skilled.

For questions about your child's assignment to a teacher or paraprofessional, please contact me at 417-256-5239.

Sincerely,

Melonie Bunn, Ed. D.
Superintendent

"Enable All Students To Become Responsible, Productive Citizens In A Changing World"

Richards R-V School District

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Title I Parent Notification

August 01, 2026

Dear Parent/Guardian:

As a Title I.A. school that receives funds from the Federal Government we are required by law to annually provide you with the Richards Parent & Family Engagement Policy and School/Parent/Student Compact. In addition, you will find the attached documents available on the Richards website: https://www.richardsschool.k12.mo.us/

The Richards R-V School District Parent & Family Engagement Policy and School/Parent/Student Compact are developed jointly with parents. We believe that parent engagement in their child's learning and school should be ongoing and meaningful and promote communication about student academic learning and other school activities.

Our district is also committed to the involvement of parents, in an organized, ongoing, and timely way, in the planning, review, and improvement of programs under Title I.A, including the Parent & Family Engagement Policy, School/Parent/Student Compact, Schoolwide Program Plan, and the annual spring Title I.A Evaluation.

During our upcoming annual Title I Literacy Night and Parent Information Meeting (September/October) we will discuss these programs and ask for parent input. We will send home a newsletter and post the scheduled date and time on our website, school calendar, and notify you through the School Reach phone messaging system. We would like to encourage all parents to attend! If you have questions or are unable to attend this meeting, please feel free to call me at Richards School at 417-256-5239.

Sincerely,

Melonie Bunn, Ed. D.
Superintendent

"Enable All Students To Become Responsible, Productive Citizens In A Changing World"

Richards R-V School District

2026-2027 Enrollment Forms

Parent and Family Engagement Policy Information

The Richards R-V School District Parent and Family Engagement Policy is developed jointly with parents. This policy is intended to engage parents in ongoing and meaningful communication about student academic learning and other school activities ensuring parents and families:

1. Play an integral role in assisting their child's learning;
2. Become actively involved in their child's education; and
3. Become full partners in their child's education and are included, as appropriate, in decision making and on advisory committees to assist in the education of their child.

Our school will:

1. Convene an annual back to school meeting, at a convenient time, to which all parents of participating children shall be invited and encouraged to attend, to inform parents of their school's participation in Title 1.A, and to explain the requirements of Title 1.A, and the rights of the parents to be involved;
2. Provide parents the school-parent compact at the beginning of each school year or when appropriate depending on when the student enrolls in the school;
3. Offer a flexible number of meetings, various times of the day including morning or evening;
4. Involve parents, in an organized, ongoing, and timely way, in the planning, review, and improvement of programs under Title 1.A, including the school parent involvement policy, the development of the school-parent compact, the annual spring Title 1.A evaluation, and the joint development of the schoolwide program plan;
5. Provide parents of participating children:
    a. Timely information about Title 1.A programs,
    b. A description and evaluation of the curriculum in use at the school, the forms of academic assessment used to measure student progress, and the achievement levels of the MAP assessment,
    c. Opportunities, as appropriate, to participate in decisions relating to the education of their children,
    d. Responses to suggestions in a timely manner; and
6. If requested by parents:
    a. Provide opportunities for regular meetings to formulate suggestions, and
    b. Include comments from parents of participating children who find any aspect of the schoolwide plan unsatisfactory when it is submitted to LEA.

School/Parent/Student Compact

Richards R-V School District

2026-2027 Enrollment Forms

Richards R-V School District hosts a schoolwide Title 1 program and therefore all school staff, parents, and students agree this compact outlines how responsibility will be shared to improve student academic achievement.

Richards School and it's staff will:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables participating children to meet the Missouri Grade Level Expectations as follows:
    1. Retain highly qualified administrators and teachers
    2. Provide instruction, materials, and high quality professional development
    3. Maintain a safe and positive school climate
- Hold annual parent-teacher conferences to:
    1. Discuss the child's progress/grades during the first quarter
    2. Discuss this compact as it relates to the child's achievement
    3. Examine the child's achievement and any pending options at the end of the third quarter
- Provide parents with frequent reports on their child's progress as follows:
    1. Fifth week progress reports sent home by mail
    2. Semester grade cards / reports sent home by the school with social media and phone notifications
- Be accessible to parents through:
    1. Phone calls or person-to-person meetings
    2. Scheduled consultation before, during or after school
    3. Scheduled school or home visits
- Provide parents opportunities to volunteer and participate in their child's class:
    1. Listen to children read
    2. Help with classroom decorations or cut things out for the teacher at home
    3. Assist with holiday programs or parties, educational trips etc.

I, as a parent, will support my child's learning in the following ways:

1. Make sure they are in school every day possible
2. Check that homework is completed
3. Monitor the amount of time spent using electronic devices to access social and multimedia programing
4. Volunteer in my child's classroom/school
5. Be aware of my child's extracurricular time and activities
6. Stay informed by reading all communications from the school and responding appropriately
7. Attend Parent/Teacher Conferences

I, as a student, will share the responsibility to improve my academic performance and will:

1. Attend school every day possible
2. Be respectful toward others
3. Do my homework every day and ask for help when I need it
4. Read at least 30 minutes every day outside of school time
5. Give all notes and information from my school to parent/guardian daily

We have read and agreed to the Title 1.A compact that outlines how the entire school staff, the parents, and the students will share the responsibility for improved student academic achievement.

Principal _____ Date _____

Teacher _____ Date _____

Student _____ Parent _____

IDEA Compliance

3461 County Road 1710 West Plains, Mo 65775· Telephone (417) 256-5239 ·Fax (417) 256-331

Richards R-V School District

2026-2027 Enrollment Forms

August 1, 2026

Richards Patrons:

All responsible public agencies are required to locate, evaluate, and identify children with disabilities who are under the jurisdiction of the agency, regardless of the severity of the disability, including children attending private schools, children who live within the district, highly mobile children, such as migrant and homeless children, children who are wards of the state, and children who are suspected of having a disability and in need of special education even though they are advancing from grade to grade. The Richards R-V School District assures it will provide a free, appropriate public education (FAPE) to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. Disabilities include autism, deaf/blindness, emotional disorders, hearing impairment and deafness, mental retardation/intellectual disability, multiple disabilities, orthopedic impairment, other health impairments, specific learning disabilities, speech or language impairment, traumatic brain injury, visual impairment/blindness and young child with a developmental delay.

The Richards R-V School District assures it will provide information and referral services necessary to assist the state in the implementation of early intervention services for infants and toddlers eligible for the Missouri First Steps program.

The Richards R-V School District assures personally identifiable information collected, used or maintained by the agency for the purposes of identification, evaluation, placement or provision of FAPE of children with disabilities may be inspected and/or reviewed by their parents/guardians. Parents/guardians may request amendment to the educational record if the parent/guardian believes the record is inaccurate, misleading, or violates the privacy or other rights of their child. Parents have the right to file complaints with the U.S. Department of Education or the Missouri Department of Elementary and Secondary Education concerning alleged failures by the district to meet the requirements of the Family Educational Rights and Privacy Act (FERPA).

The Richards R-V School District has developed a Local Compliance Plan for the implementation of State Regulations for the Individuals with Disabilities Education Act (IDEA). This plan contains the agency's policies and procedures regarding storage, disclosure to third parties, retention and destruction of personally identifiable information and the agency's assurances that services are provided in compliance with the General Education Provision Act (GEPA). This plan may be reviewed at the Richards R-V School District, Monday through Friday, 8:00 A.M. - 4:00 P.M.

This notice will be provided in native languages as appropriate.

Sincerely,

Cody Swearengin
Principal

Option for Student Insurance Coverage

Richards R-V School District

2026-2027 Enrollment Forms

Richards Patrons:

The Richards R-V School District does not provide any type of health or accident insurance for injuries incurred by your child at school. As a service to students and their families, our school is making available a student accident insurance plan for your child at a very nominal cost. The district offers this program because of trends in rising family health and dental insurance costs, increased deductibles, co-payments, or lack of health or dental insurance coverage.

Reasons to purchase this coverage:

1. Deductible and copays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays. If you have no other insurance this will become your primary accident plan.

PURCHASE COVERAGE ON-LINE (with Visa or Mastercard) at www.1stAgency.com and then follow directions at "Find Your School".
OR
PRINT BROCHURE PDF at www.1stAgency.com and pay for the coverage with check or money order.

All questions regarding this coverage should be directed to First Agency, Inc at (269)381-6630 or toll free (800)243-6298. Please sign and return the information below if you already have adequate insurance.

Thank you,

Dr. Melonie Bunn, Ed.D.
Superintendent

Student's Name: _____ Grade: _____

We have adequate insurance to protect our son/daughter in case of an accident.
Parent's Signature: _____ Date: _____

Free/Reduced Price Meal Information

3461 County Road 1710 West Plains, Mo 65775· Telephone (417) 256-5239 ·Fax (417) 256-331

Richards R-V School District

2026-2027 Enrollment Forms

August 1, 2026

Dear Parents/Guardians:

This memo is intended to encourage you to fill out and return the Free and Reduced Price Meal Application you will find in your child's packet. Many of the state and federal level funding sources we are dependent upon for our sources of revenue are based partially or entirely upon our Free/Reduced Meal level. In other words, the higher our level of Free/Reduced students, the more dollars we get to spend here at Richards!

Sometimes parents/guardians are hesitant to fill this form out and return it. Rest assured no child ever suffers any negative effects from qualifying for this status.

INFORMATION ON FREE AND REDUCED PRICED MEALS

The computer software in the cafeteria keeps track of each student by a number. When a student gives his or her number at the checkout stand, their number is punched into the computer. The child's number is recorded only in the computer as to whether the student is on the full price, reduced price, or free meals depending on their meal status. This is a very discrete process and no student, teacher or cafeteria worker can distinguish which students qualify for free, reduced or full priced meals. If you are interested in seeing if you would qualify for this program be sure to fill out a Free/Reduced meal application at the beginning of each school year because this status cannot be made retroactive nor carried over from one school year until the next.

Thanks again for your help! If I or any of the staff members can be of assistance to you, do not hesitate to contact us!

Dr. Melonie Bunn, Ed. D.
Superintendent
Richards R-V School District

USDA Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.