

Office Use Only - Check-Off List — Parents Please Do Not Fill Out This Box.

_____ Student ID ___ Proof of Residency ___ Immunization Records ___ School Records ___ Birth Cert. ___ SS Card

STUDENT INFORMATION

First Name _____

Middle Name _____

Last Name _____

Preferred Name _____

Gender (Please circle one) Male Female

Grade: _____ Age _____

Date of Birth _____

Social Security # _____

Street Address _____

City/State/Zip _____

Student's Home Phone: _____

Is this a _____ Cell or a _____ Landline?

Ethnicity (Mark one) _____ Hispanic _____ Non-Hispanic

Race (Circle all that apply): White, Black/African-American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander

Student's Country of Origin _____ USA _____ Other

If Other, please specify _____

Date Student entered United States: _____ At birth _____ Other

If Other, please specify _____

Grade Student entered school in the USA (not counting pre-school) _____ Kindergarten _____ Other

If Other, please specify _____

CUSTODY (PLEASE CIRCLE ONE)

Both Parents Mother Father Joint Custody

Grandparent(s) Aunt Uncle Brother Sister

Legal Guardian Self Other (specify) _____

To your knowledge, is there a court order that restricts any parent from contact with the student or access to student records and correspondence, including access to Parent Portal? _____ YES _____ NO

If a court order exists, it is the Parent/Guardian's responsibility to provide a copy of the court order to the school.

HOUSEHOLD #1

Primary Parent _____

Relationship to Student (circle one)

Father Mother Step-Father Step-Mother Legal Guardian

Other (specify) _____

Address _____

Cell Phone _____ Home Phone _____

Email _____

Place of Work _____

Work Phone _____

Spouse/Partner's Information

Name _____

Relationship to Student (circle one)

Father Mother Step-Father Step-Mother Legal Guardian

Other (specify) _____

Cell Phone _____

Email _____

Place of Work _____

Work Phone _____

HOUSEHOLD #2 (IF APPLICABLE)

_____ Check if this parent should receive school mailings.

Alternate Parent _____

Relationship to Student (circle one)

Father Mother Step-Father Step-Mother Legal Guardian

Other (specify) _____

Address _____

Cell Phone _____

Home Phone (if different) _____

Place of Work _____

Work Phone _____

Email _____

Alt. Parent's Spouse/Partner _____

Relationship to Student _____

Cell Phone _____

Email _____

Place of Work _____

Work Phone _____

NAME & GRADE OF ALL CHILDREN LIVING IN THE HOME

_____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

If more room is need to list additional children,
Please write on the back of this page.

LOCAL EMERGENCY CONTACTS. PLEASE DON'T LIST YOURSELF. PARENTS ARE ALWAYS CONTACTED FIRST.

CONTACT 1

Name _____

Relationship to Student _____
(Grandparent, Aunt/Uncle, Friend, Parent's Girl or Boyfriend, Sibling, Etc.)

Cell # _____

Home Lane Line # _____

Work Phone# _____

Address _____

CONTACT 2

Name _____

Relationship to Student _____
(Grandparent, Aunt/Uncle, Friend, Parent's Girl or Boyfriend, Sibling, Etc.)

Cell # _____

Home Lane Line # _____

Work Phone# _____

Address _____

CONTACT 3

Name _____

Relationship to Student _____
(Grandparent, Aunt/Uncle, Friend, Parent's Girl or Boyfriend, Sibling, Etc.)

Cell # _____

Home Lane Line # _____

Work Phone# _____

Address _____

HAS THIS STUDENT EVER WITHDRAWN FROM BROOKFIELD R-III SCHOOL DISTRICT?

_____ YES _____ NO

If yes, please list: When? _____

Which School? _____BBB _____EL _____MS _____HS

Please list previous schools attended not associated with the Brookfield R-III School District:

1. _____

Dates of Attendance _____

2. _____

Dates of Attendance _____

3. _____

Dates of Attendance _____

4. _____

Dates of Attendance _____

PARENT CERTIFICATION

I certify I am the parent or court appointed Legal Guardian of the student stated above and I am a current legal resident of the Brookfield R-III School District. By signing below, I acknowledge I understand the following statement regarding submitting false information related to residency. Submitting false statements or information relating to residency is defined as a Class A Misdemeanor (16.010(4)). In addition, the district may recover from the parent or the legal guardian the costs of school attendance for any student who is enrolled pursuant to false information received from the parent or legal guardian concerning residency (167.020(5)).

Signature of Parent or Legal Guardian

Date

BROOKFIELD R-III SCHOOL DISTRICT
(to be completed upon NEW enrollment within the district)

BLDG SEC

Name of Student: _____ Grade: _____

Name of Parent/Legal Guardian: _____

Address: _____

PROOF OF RESIDENCY:

In order to be in legal compliance, the student, parent or court-appointed legal guardian must provide one or more of the items listed below as proof of residency as soon as possible: Property Tax Statement Legal Property Description Utility Bill Rental Agreement/Receipt Real Estate Contract Other – Describe: _____

ENROLLMENT AFFIRMATION:

I understand that it is a criminal violation to make a materially false statement or affirmation, and that if I have provided false information for purposes of school attendance, and the student is not eligible, the school district may file a civil action against me to recover the cost of educating the student. Under penalty of law, I affirm that I have control or charge of the minor student, _____, that such student presently resides with me within the boundaries of the Brookfield R-III School District, and that any information that I have provided to show that such student is eligible to attend the school district without payment of tuition is true and correct to the best of my knowledge, information or belief. I further affirm that the student has not been expelled from school attendance at another school in this state or in any other state for an offense in violation of school policies related to weapons, alcohol or drugs, or the willful infliction of injury of another person. I understand that this statement will be maintained as part of the student’s scholastic record. **I understand that it is a criminal violation to make a materially false statement or affirmation, and that if I have provided false information for purposes of school attendance, and the student is not eligible, the school district may file a civil action against me to recover the cost of educating the student.**

STATEMENT OF DISCIPLINE:

In accordance with the MO Safe Schools Act of 1996, parents are required to provide criminal & school disciplinary information upon enrollment of their child(ren). Therefore, this district’s Board Policy JEC requires the following questions be answered by parents/legal guardians enrolling new students:

- (1) Is the above student presently under suspension or expulsion from another school district? YES NO
- (2) Has the above student ever been suspended or expelled from another school district? YES NO (If YES, please indicate the
- (3) Has the above student been convicted or charged with any of the following crimes: YES NO (offense below.)
 - First degree murder §565.020, RSMo Statutory Sodomy § 566.062, RSMo Forcible Sodomy § 566.060, RSMo
 - Second degree murder § 565.021, RSMo Robbery in the first degree § 569.020, RSMo Forcible Rape § 566.030, RSMo
 - First degree assault § 565.050, RSMo Distribution of Drugs to a Minor § 195.212, RSMo Statutory Rape § 566.032, RSMo
 - Arson in the First Degree § 569.040, RSMo Kidnapping Classified as Class A Felony § 565.110, RSMo

In accordance with § 167.171, RSMo., no student may be readmitted or enrolled to a regular program of instruction in the school district who has been convicted of or charged with an act that if committed by a adult would be one (1) of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any student if a charge has been dismissed or when a student has been acquitted of any of the above acts. This section does not apply to a student with a disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student’s disability. If the district maintains an alternative education program, and the district determines that the placement is appropriate, a student subject to these admissions restrictions may be admitted to such an alternative education program. **I understand that it is a criminal violation to make a materially false statement or affirmation, and that if I have provided false information for purposes of school attendance, and the student is not eligible, the school district may file a civil action against me to recover the cost of educating the student. I attest that all of the above information is correct and true.**

SPECIAL SERVICES QUESTIONNAIRE:

PLEASE CHECK IF THIS STUDENT:

- Has an IEP for special education services.
- Has a 504 accommodation Plan Describe disability: _____
- Has participated in supplementary programs such as extra help with classes.
- If so, please indicate which subjects: Reading Math Language Arts Other _____

ELL & MIGRANT QUESTIONNAIRE:

PLEASE CHECK IF STUDENT:

- Uses a language other than English as his/her primary language. (Uses a language other than English *most often* to communicate)
- Lives in a home where a language other than English is used.
- Shares the housing of other persons due to loss of housing, economic hardship, or a similar reason.
Please explain if it is a similar reason: _____
- Is currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons.
- Is currently residing in a shelter.
- Is currently living in a temporary housing arrangement due to economic hardship.
- Has moved within the past three (3) years to seek or obtain some form of temporary or seasonal agricultural work, such as:
 - Planting or harvesting crops ●Transporting sporting farm products to market ●Feeding or processing poultry, beef, hogs
 - Gathering eggs or working in hatcheries ●Working on a dairy farm or a catfish farm ●Cutting firewood or logs to sell.

Signature (Parent/Legal Guardian)

Date

SUBSTANCE ABUSE TESTING CONSENT FORM

**Brookfield R-III School District
2017-2018 School Year**

In accordance with Policy JFCI (STUDENT DRUG TESTING), the district shall conduct random drug and alcohol testing of students in grades 7-12 as a condition of participation in interscholastic athletics, competitive extracurricular activities and on-campus parking. Eligible athletics and activities shall include those activities regulated by the Missouri State High School Activities Association (“MSHSAA”), excluding all activities for which students receive an academic grade for participation.

GRADES 7th THROUGH 12th

(Please print.)

Student Name: _____

Current Grade: _____ Date of Birth: _____

**STUDENT & PARENT/GUARDIAN
MUST SIGN THE SECTIONS BELOW.**

Student Consent

I, _____ (**PRINT student's name**), have received, read, understand, and agree to abide by the Brookfield R-III School District's Substance Abuse Testing Policy and Procedures. I desire to participate in inter-scholastic athletics, competitive extra-curricular activities, and/or on-campus parking. I therefore voluntarily agree to be governed by the terms of the Brookfield R-III School District's Substance Abuse Testing Policy and Procedures.

Student Signature

Date

Parent or Legal Guardian Consent

I have received, read, and understand the Brookfield R-III School District's Substance Abuse Testing Policy and Procedures. I desire that the above named student participate in inter-scholastic athletics, extra-curricular activities, and/or on-campus parking. I therefore voluntarily agree to the terms of the Brookfield R-III School District's Substance Abuse Testing Policy and Procedures.

Parent/Legal Guardian Name (*print*)

Primary Phone Number

Parent/Legal Guardian Signature

Date



**Brookfield R-III School District
SCHOOL MESSENGER AGREEMENT**



CO

DO NOT FILL THIS FORM OUT IF YOU ALREADY RECEIVE ALERTS.

**BULLDOG ALERTS!
THIS FORM COVERS ONLY ONE INDIVIDUAL.
ONLY ONE PERSON PER FORM**

YES, I WANT TO SIGN UP FOR BULLDOG ALERTS. BY SIGNING THIS FORM, I AM STATING THAT I HAVE READ THIS FORM AND AGREE TO ALL THE CONDITIONS SET FORTH THEREIN.

I am the following (check only one):

- a student age 13 through 17 and I require parental permission to participate in Bulldog Alerts. I certify that I am over the age of 13 and COPPA Compliant (Children's Online Privacy Protection Act).
- a student age 18 or older and wish to participate in Bulldog Alerts. I certify that I am over the age of 17 and COPPA Compliant (Children's Online Privacy Protection Act).
- an adult 18 years or older and wish to participate in Bulldog Alerts. I certify that I am over the age of 17 and COPPA Compliant (Children's Online Privacy Protection Act).

Name (PRINT)

Grade (if a student)

Student Signature (if student is under 18)

Date

Parental Signature or Students 18 or older
(Parental permission required if applicant is under 18 years of age)

Date

CHOOSE ONE OR BOTH OPTIONS:

Send Bulldog Alerts to my cell phone #: _____
My Cell Phone Provider is: _____

Send Bulldog Alerts to my email address: _____

By signing up for BULLDOG ALERTS I understand that I will be receiving information about the Brookfield R-III School District sent via email and/or text messaging directly to my cell phone and/or email account. This information will cover various topics, including but not limited to: EMERGENCY INFORMATION, SCHOOL EVENT REMINDERS, SPORTS POSTPONEMENTS, SCHOOL CLOSINGS, SPORTS CANCELLATIONS, AND EARLY DISMISSALS.

BULLDOG ALERTS is a service provided by the Brookfield R-III School District. Please check your cell phone plan for any text message fees your wireless provider may charge. Message and data rates may apply. This is a spam-free application. You may unsubscribe or change your message preferences any time by contacting the Central Office, 258-7443.

BROOKFIELD R-III SCHOOL DISTRICT

NURSE

2017-2018 SCHOOL YEAR

HEALTH SUMMARY

ENTERED: _____

Student's Legal Name _____ Nickname _____

Grade _____ Date of Birth _____ Gender _____ Parent/Guardian Completing Form _____

Health Concerns: This child has NO health concerns. **IF NO, SKIP MIDDLE SECTION, GO DOWN TO MEDICATIONS**
 This child HAS health concerns which are indicated below.

This child has the following special health concerns: (IF YES ON ANY BELOW, PLEASE SEE SCHOOL NURSE TODAY.)

Eyes: Glasses For Reading For Distance Contacts Lazy Eye Surgery Other _____

Ears: Frequent Infections Tubes Date Inserted _____

Hearing Difficulty Hearing Aid Left Right Wear to School? Yes No

Allergies: (Medication, Food, Insects, Pollens) Please list: _____

Have your child's allergies required emergency action? Yes No Describe Reaction: _____

****A food allergy substitute requires a physician's statement of disability.**

Asthma: Yes No Reason: _____ Inhaler Frequency _____

****If yes, please complete an Asthma History Form.**

Seizures: Yes No Cause of Seizures: _____

Date of Last Seizure: _____ Medication: _____

Diabetes: Yes No Insulin dependent? Yes No Comments: _____

Attention Deficit Disorder (ADD/ADHD) Yes No Start Date/Diagnosis Date: _____

Medication at Home: _____ Medication at School: _____

Other Health Concerns: Nose Bleeds Blood Disorder Blood Pressure Neurological Orthopedic Headaches

Dental Skin Heart Problem Lungs Bowel Bladder Menstruation Phobias Eating Sleeping

Other: _____ Explain: _____

Requires special health care (specify): _____

Copy of Immunization Records on File with Brookfield R-III School District Yes No

Prescribed Daily Medications:

Medication _____ Dosage _____ Time _____ Reason _____

Medication _____ Dosage _____ Time _____ Reason _____

Medication _____ Dosage _____ Time _____ Reason _____

Other Medication:

I grant permission for my child to receive the appropriate dosage for his/her age and weight of the following over the counter medications for pain, allergies, minor injury, allergic reaction or fever. **PLEASE INDICATE YOUR APPROVAL BY CHECKING OR MARKING AN X NEXT TO THE MEDICATION.**

___ Acetaminophen/Tylenol ___ Advil/Ibuprofen ___ Benadryl/Diphenhydramine ___ Zyrtec/Cetirizine Hydrochloride

In the event of a medical emergency, as determined by the school nurse or other responsible staff members, it is the policy of the R-III School District to dial 911 immediately to obtain emergency medical services and/or transport to the nearest approved medical facility. The school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for my child. My signature below verifies the above information to be accurate. I also grant permission to the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety. The Brookfield R-III School District provides screenings for vision, hearing, height, weight, blood pressure, head lice, speech and language. Your signature gives permission for the nurse and/or designee to perform necessary screenings and to inform the school staff of procedures to protect your child at school and, if required, develop emergency action plans. In addition, your signature authorizes the school nurse or designee to use the following over-the-counter medications as directed: cough drops, hydrocortisone cream, antibiotic cream, calamine, sunscreen, Orajel, antacids (such as Tums), Carmex, Visine and aloe vera. It is the parent/guardian(s) responsibility to notify the school of any new or existing health conditions. If an allergy to an over-the-counter medication is indicated above, the medication WILL NOT be given.

Signature of Parent/Legal Guardian _____

Date _____

Does this student currently have health care insurance? ___ YES ___ NO MO HealthNet (Medicaid) is considered health care insurance. If NO is checked, the school district will provide a MO HealthNet for Kids application for the family.

BROOKFIELD R-III SCHOOL DISTRICT
REQUEST FOR RELEASE OF EDUCATIONAL RECORDS

****BLDG SEC****

(to be completed upon NEW enrollment within the district)

Request for Release

The undersigned parent/guardian of:

_____ (“Child”),
hereby grants permission and authorization for the Brookfield R-III School District to receive and review his/her Child’s educational records pursuant to the Family Educational Rights and Privacy Act. The undersigned parent/guardian (“Parent”) agrees that Brookfield R-III and its past and present officers, employees, agents, and successors shall be released, to the maximum extent permissible under law, from any and all claims and demands of any kind, known or unknown, that Child or Parent may have against the Brookfield R-III School District.

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING BECAUSE IT IS A LEGALLY VALID AND BINDING OBLIGATION TO RELEASE A PARTY FROM ALL KNOWN AND UNKNOWN OBLIGATIONS.

By signing below, I indicate that I have read this document and that I understand and agree with its content.

Parent/Guardian Signature

Printed Name of Parent/Guardian

Date

Student’s Name:

Current Grade: _____

Name & Address of Former School:

Phone: _____

Fax: _____

Documents Requested:

The above named student has enrolled in the Brookfield R-III School District. Therefore, we request the release of all information listed below (if applicable):

- Official School Transcripts/Records
- Health Records
- Discipline Records
- Diagnostic Evaluation Report
- 504 Accommodation Plan
- Achievement Test Scores
- Individual Educational Programs
- Physician/Psychological Reports
- Any additional information pertinent to the student’s educational placement

PLEASE FAX IMMUNIZATION RECORDS AS SOON AS POSSIBLE.

PLEASE EMAIL (PREFERRED), MAIL OR FAX RECORDS TO (check the appropriate school):

____ Brookfield Elementary School

128 Pershing Road
Brookfield, MO 64628
Phone 660-258-2241
Fax 660-258-2243

soverton@brookfield.k12.mo.us

____ Brookfield Middle School

126 Pershing Road
Brookfield, MO 64628
Phone 660-258-7335
Fax 660-258-3064

sdunkin@brookfield.k12.mo.us

____ Brookfield High School – Guidance Office

124 Pershing Road
Brookfield, MO 64628
Phone 660-258-7242
Fax 660-258-2871

ccarlson@brookfield.k12.mo.us