ARCHIE R-V SCHOOL DISTRICT
"Accredited with Distinction"

302 W. State Rt. A.Archie, Missouri 64725 www.archie.k12.mo.us 816-293-5312 Phone 816-293-5712 Fax

Enrollment Checklist

Enrollment Date_____ Requested Start Date_____

Student_____ School _____

Parent/Custodian_____ Phone _____

DOCUMENTATION NEEDED:

Office Use ONLY

- ☐ Birth Certificate/Proof of Age — Verified by:_____
- ☐ Social Security Card (Optional, required for A+ Students) — Verified by:_____
- ☐ Immunization Records — Verified by:_____
- ☐ Residency Documentation: mortgage/lease agreement, utility (gas, electric or water bill) showing service address — Verified by:_____
- ☐ Decree of Dissolution of Custody Order with Parenting Plan attached, or other documentation as deemed necessary to establish legal court-appointed guardianship, or legal residence with the Archie R-V School district. — Verified by:_____

FORMS COMPLETED:

- ☐ Records Request (also request A+ records when applicable) for transfer students — Verified by:_____
- ☐ Enrollment Card — Verified by:_____
- ☐ Good Health Information page (keep at home- no need to return)
- ☐ Student Health Inventory Form — Verified by:_____
- ☐ Cass County Health Foundation (Elementary Only) — Verified by:_____
- ☐ Fluoride Varnish Information page (Elementary Only — Verified by:_____
- ☐ Request Information (MO Healthnet- Elementary Only) — Verified by:_____
- ☐ Home Language Survey — Verified by:_____
- ☐ Parent Link Agreement — Verified by:_____
- ☐ Archie R-V E-NEWS — Verified by:_____
- ☐ Behavior Affirmation Statement — Verified by:_____
- ☐ Sports/Activity Interest Information (Middle/ High school) — Verified by:_____
- ☐ Technology Use Agreement — Verified by:_____
- ☐ Media Release Consent — Verified by:_____
- ☐ Field Trip Permission (Elementary Only) — Verified by:_____
- ☐ Laptop/Chromebook Agreement — Verified by:_____

All other forms, not stated on this page, should be kept at home for your reference.

"Learning for Life"

ARCHIE R-V SCHOOLS

FORM A: 2021-2022

CONSENT FOR RELEASE OF INFORMATION

Please send by mail, fax, or email to:

Archie Elementary & High School
Attn. Lori Macrander, Registrar
302 West State Route A
Archie, MO 64725
Phone: 816-293-5312 ext. 109
Fax: 816-293-5712
Email: lmacrander@archie.k12.mo.us

Date of Request:	
Student Name:	
Current Grade Placement:	Date of Birth:
Name of Previous School:	School Phone/Fax:

Please include the following information in the request:

- ☐ Cumulative permanent school records (including Birth Certificate)
- ☐ Psychological reports
- ☐ Health and immunization records
- ☐ Special Education records including active IEP and current diagnostic summary
- ☐ Discipline records for the past twelve months. If such records do not exist, please include a signed statement by a school official stating the student does not have a discipline file. _____
- ☐ MOSIS number (if public school in Missouri) _____
- ☐ A+ information (Participation Agreement, Code of Conduct, Attendance, and Tutoring logs)
- ☐ **Please indicate student's current lunch status**: Full ___ Free ___ Reduced ___ (If free or reduced, please send (fax) a copy of your direct certification page that lists student's name, or the meal application form that was submitted to determine this status.)

This information is requested for the following reasons:

- ☐ Transfer this student to this district
- ☐ New Enrollment/Re-enrollment
- ☐ Contractual Placement
- ☐ Other, please specify: _____

Parent Signature:	**Date:**

It is not necessary for parents to sign a release when records are being passed from public school to public school. Note Federal Register, Thursday, June 17, 1976, Part II H.E.W.—Privacy Rights of Parents and Students. Final Rule of Education Records, Vol. 41 # 118---24673.

#99.31 Prior Consent for disclosure not required:

(1) An educational agency or institution may disclose personally identifiable information form the education records of a student without the written consent of the parent of the student or the eligible student if the disclosure is (1) to other school officials, including teachers, within the educational institution or local educational agency who have been determined by the agency or institution to legitimate educational interests, (2) to officials of another school or school system in which the student seeks or intends to enroll, subject to the requirements set forth in 99.34.

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Student: _____ Grade: _____

Welcome to the 2021-2022 school year. The first day of school will be Tuesday, August 24th, with the school day from 8:10 am to 3:28 pm. This year Open House will be held on Thursday, August 19th from 6:00 pm to 8:00 pm, details to follow. When attending Open House please return the following forms for students in grades Kindergarten - 5th grade to the school office:

- ***This form initialed and signed***
- Updated Enrollment Verification Form
- Health Form
- Field Trip Permission/Picture Form
- Dental Screening Permission

Each student will receive a *printed* Archie R-V Student Handbook which includes the discipline policy and the school bus rules and regulations ***when the student returns the forms indicated above to the office during Open House.*** The Archie R-V Discipline Policy and the School Bus Rules & Regulations are provided to keep our district in compliance with the *Safe Schools Act of 1996.* All forms are posted on our website (www.archie.k12.mo.us) under Schools > Elementary > Enrollment Documents.

The following forms were emailed to all parents with registered email addresses. Printed copies of each of the forms are available in the HS office. Please initial each item below giving written consent and/or acknowledge that each student has a parent/guardian that has received, either through email or in print, each of the following articles:

_____ The Archie R-V 2021-2022 School Calendar

_____ The Archie R-V Sportsmanship Request

_____ The Archie R-V Staff/Student Relations Board of Education Policy

_____ The Archie R-V High School student discipline policy rules and regulations which includes the School Bus Rules & Regulations (handbook available online)

_____ The Archie R-V Family Education Rights and Privacy Act policy (FERPA)

_____ The Archie R-V Notification of Protection of Pupil Rights Amendment (PPRA)

_____ The Archie R-V ELL Enrollment/Identification Procedures

_____ The Archie R-V Public Notice-Child Find Reporting Procedures

_____ The Archie R-V Technology Use Agreement (sent as a reminder from 2020-2021 registration)

_____ The Archie R-V Media Release Consent (sent as a reminder from 2020-2021 registration)

_____ The Archie R-V Home Language Survey—*please return if English is not your primary language.*

_____ The Student Residency Questionnaire—*please return if there has been a change in residency.*

Parent Signature: _____ Date: _____

"Learning for Life"

ARCHIE R-V SCHOOLS

FORM B: 2021-2022

ENROLLMENT CARD

GRADE: | **SCHOOL YEAR:** | **BUS: YES NO (CIRCLE ONE)**

NAME _____

MOSIS Number _____ **Social Security Number** _____
(OPTIONAL, required for A+ students)

Street Address _____

P. O. Box (if applicable) _____ Home Phone _____

City, State, Zip _____ County: _____

Date of Birth _____ Place of Birth _____ Age _____ Sex _____

Race (check all that apply): ☐ Black ☐ White ☐ Asian ☐ Hispanic ☐ Indian ☐ Other

Enrollment Date _____ Previous School _____

Parent/Guardian Signature _____

Does child receive any Special Education Services (IEP)? ☐ Yes ☐ No

Does child receive service from OTHER special programs?
☐ 504 ☐ Vo-tech Ed. ☐ Gifted ☐ Counseling ☐ Tutoring ☐ Help to improve attendance

Biological Father or Legal Guardian

_____

Employment _____

Work Phone _____

Cell Phone _____

E- Mail _____

☐ **Custodial Parent** ☐ **Legal Guardian** (provide legal documents)

Stepmother _____

Employment _____

Work Phone _____

Cell Phone _____

Biological Mother or Legal Guardian

_____

Employment _____

Work Phone _____

Cell Phone _____

E- Mail

_____

☐ **Custodial Parent** ☐ **Legal Guardian** (provide legal documents)

Stepfather _____

Employment _____

Work Phone _____

Cell Phone _____

Biological Parents Marital Status:

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

AFTER SCHOOL SCHEDULE:

☐ **Dismiss With Walkers** ☐ **Parent Pick-up** ☐ **Other Pick-up** _____
(Name Must Be Listed As Authorized Pick-up Name)

☐ **Ride Bus to Home** ☐ **Ride Bus to** _____ **Daycare/Sitter** _____
(Name of Daycare/Sitter)

☐ **Ride Bus home with** _____
(Location where student is going after school – Name of Resident, Address of Resident)

EMERGENCY CONTACT INFORMATION (other than Parent/Legal Guardian):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Childcare Provider _____ Phone _____

ARCHIE R-V SCHOOLS FORM B: 2021-2022

STUDENT NAME

Additional Parent Name_____

Address _____

□ If you would like to receive your student's academic reports, please check the box.

Is child a foster/court/DMH/DYS placement?___ If Yes, send enrollment information to Special Services, and complete the following:

Designated Guardian/Custodian_____ Employment_____

Work Phone_____ Other Phone_____

E-Mail_____ Fax_____

Is either parent deployed by Military Service?_____ If Yes, please provide documentation, and complete the previous section.

Names of all siblings and ages.

_____

_____

DO NOT RELEASE TO_____

(We must have legal documentation on file to refuse release to biological father or biological mother.)

PICK-UP AUTHORIZATION

Our policy for picking up students is that we have on file a list of people who are authorized to pick up your child; with the exception of other biological parent or legal guardian, we will not release your student to anyone who is not on the list.

NAME	RELATIONSHIP	PHONE

EMERGENCY/EARLY DISMISSAL:

If school has an emergency early dismissal, the information will be broadcast on all major TV and radio stations and posted on the Archie website at www.archie.k12.mo.us. We would like to have the following information on file in the office in case of emergency/early dismissal:

Please check only **ONE** of the following:

□ My Child will follow normal procedure.

□ My Child will/can ride home with _____ *** Must be listed above.**

□ Special Instructions_____

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Dear Parents,

Your child's learning depends on good health. In order to ensure that your child receives the most appropriate care at school, we request that you read the following information carefully. Please completely fill out and return the attached forms to the office.

Student Health Inventory:
To supply the nurse's office with information that is necessary to provide health services to your child, the attached student health inventory form must be completed in its entirety on a yearly basis and returned to the office (school nurse or child's teacher) as soon as possible.

School Medication Guidelines:

- The first dose of a new medication WILL NOT be given at school.
- All medication should be sent in a current prescription labeled bottle.
- Medications should not be sent to school with a student who rides the bus.
- Medications will not be sent home with children who ride the bus.
- All medications must be reported to the school nurse.
- Medications should be scheduled so most dosages are given at home. Example: 3 times a day can be given before school, after school, and at bedtime (at home).
- No medications, except scheduled meds, will be given before 11:00 am. If your child is not feeling well before school (vomiting, diarrhea, fever) they should remain at home.

Over-the-Counter Medications:
These meds may be given with parent's permission only. With the CONSENT Form on file in the Health Room. The school has a supply of Acetaminophen (ex. Tylenol), Ibuprofen (ex. Advil), cough drops and antacids. Any other medications that you wish for your child to take should be sent in the original box along with a signed note from the parent/guardian that the child needs to take this drug during school.

Long term daily prescription drugs:
A doctor's order must be obtained by the parent and on file in the nurse's office before this will be administered.

School Attendance:
If your child has a temperature of 99.6 or greater or has diarrhea or vomiting please keep them home until they have been free of ALL symptoms and fever free for 24 hours. If your child reports to the health room and has a temperature of 99.6 or greater, you will be notified to come and get your child.

*Please remember to pick up all medications and inhalers by the last day of school.

STUDENT HEALTH INVENTORY (please answer all questions) FORM C: 2021-2022

Name: _____ ☐ M ☐ F Date of Birth: _____ Grade: _____
(Last) (First) (MI)

Address: _____

Student resides with: Mother/Father Mother Only Father Only Mother/Stepfather Father/Stepmother Other: _____

Mother/Guardian Name: _____ Cell #: _____
Work #: _____ Employer: _____

Father/Guardian Name: _____ Cell #: _____
Work #: _____ Employer: _____

Authorized Emergency Contact: _____ Phone: _____ Relationship: _____

Authorized Emergency Contact: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____

Does your child have health insurance? ☐YES ☐NO Circle One: Private Insurance Medicaid/MoHealthNet

Has your child had a well-child check or physical exam in the last 24 months? ☐YES ☐NO
Has your child had a dental exam in the last 12 months? ☐YES ☐NO

Does student have a ***current*** medical diagnosis of any of the following conditions? Check all that apply

- ☐ ASTHMA
  Does student use an inhaler? Yes____ No____ If yes, you must supply a current inhaler to the health room.
- ☐ ADD/ADHD
- ☐ DIABETES
  Does student take insulin? Yes____ No____ Date Diagnosed: _____
- ☐ HEART CONDITION
  Specify___ _____ Any physical restrictions? _____
- ☐ SEIZURES
  Date of last seizure_____ Describe seizure_____
- ☐ BLOOD DISORDER
  Specify_____
- ☐ KIDNEY DISORDER
  Specify_____
- ☐ BONE/JOINT DISORDER
  Specify_____ Any physical restrictions?_____
- ☐ WEAR GLASSES/CONTACTS Crossed eyes_____ Lazy eye_____ Difficulty seeing_____
- ☐ HEARING LOSS RIGHT_____ LEFT_____ HEARING AID_____

Please list any specifics or concerns to any other health conditions that your child has:

_____
_____
_____

Please list any medication(s) that your child is currently taking:

_____
_____
_____

ALLERGIES / EPI-PEN USE

- ☐ Food Allergy_____
- ☐ Medication Allergy_____
- ☐ Wasp/Bee Sting Allergy_____
- ☐ Other Allergies_____
- ☐ Requires Epi-Pen (Parent to bring prescription labeled Epi-Pen & fill out medication form)

OR

- ☐ My child CANNOT receive epinephrine (Epi-Pen) even when trained personnel believe he/she is having a life-threatening anaphylactic reaction.

The following over the counter medications are in generic form and available to be administered to students by the school nurse. Please initial next to each medication your student may be given while at school if it is needed.

**If the line is left blank, it will be assumed that the medication is not to be given to your student. I further understand that nursing staff will follow package directions. Parent will be notified if taken frequently and medication (in its unopened original container) will need to be brought in by a parent or guardian for the student at that time.

TYLENOL (initials) _____ IBUPROFEN (initials) _____ TUMS (initials) _____
COUGH DROP (initials) _____ BENADRYL (initials) _____
OTHER (please specify) _____

I acknowledge that the Archie R-V School District, the Board of Directors, and School Employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent.

Which hospital should your child be taken to in case of emergency? _____
Should your child have a medical emergency, and we cannot reach you or your child's emergency contact, are we authorized to seek medical attention as necessary? Yes____ No____

Has there been any family changes during the past year you would like to share with us such as:

Separation, divorce or remarriage? Yes____ No____
Death or serious illness? Yes ____ No ____
Any other situation which may affect your child? _____
If yes, please explain: _____
_____

I will notify the school of any change in address, phone number, emergency contact or my child's health status. I understand that the above information may be released to appropriate School District employees and emergency personnel in order to facilitate health care for my child. I also understand that in the event of an emergency, EMS will treat and transport my child to the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

Date: _____ Signature of Parent/Guardian: _____

LET'S HELP STOP TOOTH DECAY WITH FLUORIDE VARNISH

What is fluoride varnish?

- Fluoride varnish is a thick liquid painted on the teeth with a small disposable brush.
- It strengthens tooth enamel and can help prevent dental decay.
- The fluoride varnish is bubblegum flavored.
- Easy to apply and dries quickly
- Free to children
- Can be applied by a trained non-dental individual
- Twice -a- year application done at the school

Why should my child get fluoride varnish?

- Fluoride strengthens the teeth and can reverse the early decay process on a tooth
- Fluoride varnish is one of the most effective ways to prevent tooth decay, if applied regularly

Why do kids need fluoride?

- Dental caries (tooth decay) is the most common childhood disease
- U.S. children miss over 51 million hours of school because of dental problems
- Tooth decay is a common preventable disease.
- Cavities in baby and permanent teeth can cause pain and prevent children from eating, speaking, sleeping, and learning properly.
- It is important to protect both primary (baby) teeth and permanent teeth.
- Children don't lose all of their primary teeth until age 12 or older.

How long does the varnish last?

- The effects of the fluoride last for several months.
- The fluoride varnish is brushed off the teeth the morning after the application.

Who should get fluoride varnish?

- Fluoride varnish is for *anyone* who has risk factors for tooth decay, such as:
- A person that has had tooth decay
- Wears orthodontic appliances
- Has white spots on teeth
- Frequently drinks sports drinks, soda, and other sugary beverages
- Frequently chews sugar gum or eats candy and other sweets
- Has a disability which hinders the ability to take care of teeth
- Has a parent or family member who has had tooth decay

Fluoride varnish is both <u>safe</u> & beneficial for <u>all ages.</u>

***The application of fluoride varnish does not replace a comprehensive oral examination by your dentist, which is recommended once a year. ***

In partnership with the:
Missouri Department of Health and Senior Services
Office of Primary Care and Rural Health

Cass Community Health Foundation

ARCHIE SCHOOL DISTRICT

Dear Parent or Guardian:

A preventive oral health program is available through a partnership between the **Archie School District, Cass Community Health Foundation/Cass County Dental Clinic** and the **Missouri Department of Health and Senior Services.** This program is offered to all children in the state of Missouri, including those who receive regular dental care.

All children in grades K – 5 will receive a free dental screening by a licensed dental professional, oral health education and free oral hygiene supplies (toothbrush and toothpaste). **With your consent**, a trained volunteer will apply a thin coating of fluoride varnish to your child's teeth to help prevent tooth decay. Fluoride varnish has been proven to be safe and effective in preventing tooth decay and will be applied twice during the school year. **(Please see the back of this form for more information on fluoride varnish.)**

ALL children will receive a dental screening.
To receive two FREE fluoride varnish applications, you MUST provide consent.

PLEASE RETURN YOUR COMPLETED CONSENT FORM AT ENROLLMENT.

_____ **YES**, I want my child to receive two FREE fluoride varnish applications during the school year.

_____ **NO**, I do not want my child to receive two fluoride varnish applications.

Child's Name: _____ Grade: _____

Teacher's Name: _____

Dental Insurance Status: _____Private Insurance _____Medicaid _____No Dental Insurance

Best Phone #: _____ Alternate Phone #: _____

Health History: Has your child ever had serious health problems? Yes: ___ No: ___ If yes, please explain:

_____

Does your child have any allergies? Yes: ____ No: ____ If yes, please list: _____

_____

Parent/Guardian Signature:_____**Date**_____

Parent/Guardian Printed Name: _____

***** This service does not replace a regular dental check-up, which is recommended at least once a year. *****
This form will be shared with Cass Community Health Foundation's Cass County Dental Clinic.
If you have questions about this program, please contact **Katie** with Cass Community Health Foundation at **816-276-4812.**
If you would like to opt-out of this program, please contact the school nurse.

BEHAVIOR AFFIRMATION STATEMENT

Missouri law provides that, prior to admission to the Archie R-V School District, the Board may require the parent/custodian having control or charge of a child of school age provide, upon enrollment, a sworn statement or affirmation indicating whether the student has been suspended or expelled from school attendance at any school in this state or in any other state for an offense in violation of school board policies. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class B misdemeanor. The registration document shall be maintained as part of the student's scholastic record. (RSMo. 575.090.2 (4) and 167.171.3)

I, _____ (Parent/Legal Guardian Name), affirm that _____ (Student) **has not been** suspended or expelled from school attendance at a private school or public school in Missouri or another state for an offense in violation of school board policies.

I, _____ (Parent/Legal Guardian Name), affirm that _____ (Student) **has been** suspended or expelled from school attendance at a private school or public school in Missouri or another state for an offense in violation of school board policies.

Explanation: _____

_____

_____

_____

Parent Signature:

Subscribed and sworn to before me this _____ day of _____, 2_____

PROOF OF RESIDENCY

In order to register a resident student, the parent, legal guardian or the student shall provide proof of residency or proof that waiver has been requested as outlined below and shall complete all admission requirements as determined by Local Board policies, rules and regulations. Resident students who cannot provide adequate proof of residency may request a waiver in accordance with state law. Students who do not meet residency requirements may apply for admission in accordance with state law regarding admission of nonresident students (see Board Policy 2240).

At least one (1) of the following criteria shall be used in determining student residency:

- ☐ The student physically resides and is domiciled in the district. The domicile of a minor child shall be the domicile of a parent or court-appointed legal guardian.
- ☐ The student has otherwise proven to be legally domiciled within the district.

In order to satisfy the district's residency requirements, the student, parent or court-appointed legal guardian must provide one (1) or more of the following items as proof of residency:

- ☐ Property Tax statement
- ☐ Utility bill (water, gas or electric)
- ☐ Real Estate contract
- ☐ Rental Agreement/Contract

Student Name:	
Address:	
Parent Name/Guardian:	
Address (if different from student's):	
Parent Signature:	**Date:**

According to 167.020 RSMo, any person who knowingly submits false information to satisfy the residency requirements shall be subject to Class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled.

PARENT LINK AGREEMENT

STUDENT NAME:

The Archie School District offers a parent link through the Tyler Student Information System. This web-based program allows parents to view their student's schedule, grades, attendance, and lunch account information for the current and previous school years.

Information for your child is available only with a password. All passwords are distributed through email. It will be your responsibility to keep this password private. We cannot issue any passwords via phone conversation. Passwords will not be issued to school children. You must have an email address to view your child's records in PARENT LINK.

Please provide the email address(es) that you would like used for student information notifications.

Parent 1 Email	
Parent 2 Email	

	I would like to be able to access my student's information via the Internet by using a password.
	I do not want access to my student's information available via the Internet.

I understand that it is my responsibility to protect my PARENT LINK password. I should not share my password with my children. I understand that the PARENT LINK system may not be available 24 hours a day due to maintenance on the school network, weather related interruptions, etc.

Parent Name/Guardian (Please print):

Parent/Guardian Signature:	**Date:**

Archie R-V E-NEWS

The Archie R-V school district offers a service to parents and patrons of the community to receive news electronically. This e-news includes academic and sports information, legislative updates, information from other school organizations, school closings, etc.

If you would like to subscribe to the Archie R-V E-NEWS, please fill out the information below and return it to the office, or you may email "Subscribe to E-NEWS" to rdeardorff@archie.k12.mo.us.

Name: _____ Phone Number: _____

Email addresses to add to E-NEWS (if same email as parent link agreement, please write SAME).

_____

_____

_____

_____

If you have any questions regarding E-NEWS in the Archie R-V school district, please feel free to contact the Superintendent's office at 816-293-5312, ext. 114.

Sincerely,

Mr. Jeffery Kramer
Superintendent

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Home Language Survey

Date: _____ School: _____ Grade: _____

Student's Name _____ Birth Date ___/___/____ Birth Place _____

Name of Person completing survey (please print) _____

Relationship to Student: _____Mother _____Father _____Student _____Guardian _____Other (specify): _____

Circle the best answer to each question as it pertains to you as student's parent/guardian

1. Is English the child's primary language? No Yes

2. Is any other language spoken in the home? No Yes
If "yes", please specify:_____

(IF YOU ANSWERED "Yes" TO QUESTION #1, AND "No" TO QUESTION #2, PLEASE PROCEED TO SIGNATURE LINE)

3. Have you moved to this area in the past three (3) years? No Yes

4. Has your child attended school in a country other than the U.S.? No Yes
(If yes, provide grades/how long) _____

5. In the last three (3) years, have you worked or are you currently Working in any of these areas No Yes

If "yes", which ones? (Check all that apply)
( ) Planting or harvesting crops ( ) Transporting farm products to market
( ) Feeding poultry, gathering eggs, working in a hatchery
( ) Milking cows on a dairy farm ( ) Processing meat, poultry, fruit, vegetables, dairy products
( ) Cutting firewood or logs to sell ( ) Commercial fishing or working on a fish farm ( ) Growing and tending to trees to be sold ( ) Sod farming/planting ( ) Construction laborer

6. If you checked any box above, did you move to seek or obtain that job? No Yes
Parent or Guardian Name:_____
Address:_____ City_____State_____ Zip_____
Phone:_____ Best time to find you at home:_____

On the reverse side, please provide any other information that would help the school provide support for your child. (For example: Names of prior schools attended, if a referral to a gifted or special education program in prior schools, etc.)

Parent/Guardian Signature_____**Date** _____

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TECHNOLOGY USE AGREEMENT
(BEGINNING 21-22 SCHOOL YEAR: VALID THROUGH GRADUATION)

Technology Use Policy

In support of its mission of teaching, research, and public services, the Archie School District provides access to computing and information resources for students, faculty, administration and community. During school hours the computing and information resources of the Archie School District are to be used for educational purposes only. Educational purposes include academic research, completing class assignments and software training. Some use of social media is utilized for instructional purposes such as My Big Campus and Google Sites. Use of the Archie School District's system for entertainment (games, shopping, vulgar websites, etc...) commercial solicitation, posting to "the boards", or other inappropriate activities is prohibited at anytime. E-mail and chatting, while on campus, are to be used only with the supervising teacher present. Our goal is to provide all students with appropriate access to our system according to the needs of their classes. Students have been given access to Google Apps for educational purposes. Access to technology is a privilege and therefore the Archie School District reserves the right to limit, restrict or extend computing privileges and access to its information resources.

User Declaration:

I understand and will abide with the Computer Use Policy of the Archie School District. I acknowledge that the Archie School District is not responsible for the information that I access or that I use. I am responsible for the information that I access or use. I further understand that any violations of the Computer Use Policy may jeopardize my access privileges and warrant disciplinary action. I understand that if I lose my computer privileges, I will be expected to complete any and all assignments without the use of the district's computer resources.

User Signature:_____

Parent/Guardian Declaration:

I have read the Computer Use Policy for the Archie School District. I hereby give permission for my child to use the Internet for educational purposes. I recognize that it is impossible for the Archie School district to restrict and prevent access to controversial materials and will not hold the school responsible for materials requested on the system. Further, I will accept full responsibility for my child's actions while using the computer system and Internet in the Archie School District. I also understand that student access may not be continuously monitored.

Parent/Guardian Signature: _____ Date_____

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MEDIA RELEASE CONSENT
(BEGINNING 21-22 SCHOOL YEAR: VALID THROUGH GRADUATION)

STUDENT NAME: _____

We are excited about the great things our students are doing throughout the district. Periodically, we would like to display pictures and/or podcasts of our students in publications as well as on the district's website. Your child's picture and name may appear in publications, podcasts or on a slideshow of activities on the district's website with your permission. Please note that this agreement is exclusive of the annual yearbook. All students may appear in the yearbook.

Please indicate whether you give your permission or if you would rather not allow your student to be in published materials created by the district.

_____**I do** give permission for my child's picture to be displayed on various publications created by the Archie R-V School District, including the website and podcasts, during the school year.

_____**I do not** give permission for my child's picture to be displayed on various publications created by the Archie R-V School District, including the website and podcasts, during the school year.

Parent printed name: _____ Date: _____

Parent Signature: _____

Field Trip Permission

By signing below, you allow your child to go on field trips, walks, and other activities that would necessitate his/her leaving school grounds without us sending a permission form home each time. At all themes, your child will be supervised. You WILL be notified of each bus trip, location, and time.

Student name: _____

Parent/Guardian: _____

Archie R-V Public School District
Student & Parent/Guardian Laptop/Chromebook Agreement

As a condition of using any Archie R-V School District laptop/chromebook ("laptop/chromebook" - which term shall also include tablets, and other small devices) assigned to me, I understand and hereby agree to the following:

Student Responsibilities:

- I understand that the laptop/chromebook is and remains the property of the District, and that my use of the laptop/chromebook is a privilege.
- I understand that the use of the laptop/chromebook is for educational purposes only, and acknowledge that I have received and agree to abide by the District Technology Acceptable Use Policy as well as all local, state, and federal laws.
- I agree to keep all accounts and/or passwords issued to me by the District secure. I will not share this information with any other students. This includes passwords for the laptop/chromebook, email and/or network access and other school systems.
- I agree that I will never use this laptop/chromebook to share personal information over the Internet, and, in addition, while using this laptop/chromebook, if I am asked for personal information or harassed in any way I agree to report it immediately to my parents, teacher, or principal.
- I understand that my email (or any other communications) sent through the laptop/chromebook should be appropriate, legitimate, and responsible communications, that these communications may be traceable to the District or me, and that I have no right to privacy concerning any communications made through this laptop/chromebook or any information stored on the laptop/chromebook.
- I agree that I will not install, download and/or otherwise utilize any software or data that is illegal, would violate copyright laws, or that would otherwise violate the District Technology Acceptable Use Policy. I also understand that when the laptop/chromebook is returned to the District, the District may, in its sole discretion, reformat or otherwise erase any or all programs, applications, and/or data on the laptop/chromebook.
- I understand that all my files, data and information stored on the laptop/chromebook are not private, and that District personnel can review the laptop/chromebook, and any files, data or information residing on the laptop/chromebook, at anytime.
- I understand that it is my responsibility to store and backup my data and that the District does not guarantee or warrant in any way the performance or quality of the laptop/chromebook, and the District will not be liable for any direct or indirect, incidental or consequential damages (including the lost or irrecoverable data or information) sustained or incurred in connection with the use, operation or inability to use the laptop/chromebook.
- I will not attempt or materially physically modify the laptop/chromebook, nor will I attempt to clean it with anything other than a soft cloth, and I will report any problems with the laptop/chromebook to the District office staff.
- I will treat the laptop/chromebook with care by, among other things, not leaving it outdoors or in a vehicle at extreme temperatures, by preventing physical abuse to the laptop/chromebook (e.g., dropping it), and/or by not using it with food or drink in a way that may damage the laptop/chromebook. I also agree to store and use the laptop/chromebook in a manner designed to prevent theft or loss.
- I understand that if the laptop/chromebook must be replaced due to damage, theft, or loss, an additional insurance fee will be required before another laptop/chromebook will be issued to me.
- I understand that if the laptop/chromebook is intentionally damaged, destroyed, stolen, or subject to intentional refusal to return to the District upon request, such conduct may result in criminal charges whether in Juvenile or adult court.
- Refer to the Archie R-V Technology Handbook for damage/replacement fees.

My signature, as well as the signature of my parent/guardian, acknowledge receipt of the laptop/chromebook and agreement to abide by the terms of the laptop/chromebook Agreement as set out above. Parents/guardians will assume any financial responsibility for damages not covered by warranty.

Student Printed Name	Student Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date

Archie R-V School District
Notification of Rights under the Family Educational Rights and Privacy Act
Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School principal a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the School principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-8520

Archie R-V School District
Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

• *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)–

1. Political affiliations or beliefs of the student or student's parent;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

•*Receive notice and an opportunity to opt a student out of* –

1. Any other protected information survey, regardless of funding;
2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

•*Inspect*, upon request and before administration or use –

1. Protected information surveys of students;
2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
3. Instructional material used as part of the educational curriculum.

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

The Archie R-V School District has developed and adopted policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. The Archie R-V School District will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. The Archie R-V School District will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. The Archie R-V School District will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

•Collection, disclosure, or use of personal information for marketing, sales, or other distribution.
•Administration of any protected information survey not funded in whole or in part by ED.
•Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520

Public Notice - Child Find

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, highly mobile children, such as migrant and homeless children, 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 Archie R-V School District assures that 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, 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 Archie R-V School District assures that 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 District assures that 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 Archie 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).

English Language Learners (ELL)
Enrollment/Identification Procedures

When students are enrolling it is important that we identify any students who have Limited English Proficiency (LEP) skills. In order to identify and provide support for these students the following enrollment and identification procedures should be followed:

1) Enrollment card is completed by student's parent(s).

2) Principal will designate staff to review enrollment cards for primary language indicated.

3) All new enrollees to the district must complete a Home Language Survey indicating primary language used in the home.

4) If a language other than English is noted on the Home Language Survey, a copy of the completed Home Language Survey is sent to the local ELL Coordinator **within two (2) weeks of enrollment**.

5) Coordinator of Pupil Support will review Survey(s), compile list of students requiring English proficiency screening, and notify district ELL instructor. Screening will be administered by district designee (i.e. ELL teacher, counselor) using state approved screening tool. Screening should take place within thirty (30) days of enrollment or identification for LEP.

6) Screening results reviewed by the Coordinator of Pupil Support and ELL teachers. ELL teacher will share results with regular education teacher, and building principal. If the student meets criteria for LEP assistance, parents will be notified by letter or phone call within two (2) weeks.

7) Parent(s) must notify district whether they agree to or decline participation in ELL program. If parent(s) decline participation in the ELL program, no further action is taken.

8) Upon receipt of parent approval, an Individual Learning Plan will be developed that best suits the level of English proficiency for the student. Input for this plan will be solicited from administrators, teachers, parents and other staff knowledgeable about the student's needs and will be aligned with Missouri English Language Proficiency Standards.

9) Building administrator, regular education teacher, ELL teacher and other appropriate staff will meet with the parents to review the screening results and provide information regarding the instructional program including the Individual Learning Plan (ILP).

10) The student's progress will be monitored throughout the year by ELL teacher as well as regular education teachers, and parents will be notified of progress on a quarterly basis.

11) Student will be assessed annually in the spring for English proficiency progress using the Missouri testing tool and screened in the fall using district screening tool until acceptable level of English proficiency is met and maintained for a period of two (2) years. Individual Learning Plans will be revised in conjunction with student progress.

12) Students will continue to receive ELL program assistance until levels of English proficiency, along with progressive classroom assessments, are attained.

ARCHIE R-V SCHOOL DISTRICT

"Accredited with Distinction"

302 W. State Rt. A. Archie, Missouri 64725 www.archie.k12.mo.us 816-293-5312 ~ 816-293-5712 Fax

Parents of Archie Students and Whirlwind Supporters,

Please allow us a few moments of your time to outline our expectations for students, at high school extra curricular activities. First, all students are welcome and encouraged to attend activities with their parents. Students attending activities without parents are under the supervision of Archie Staff members. All students are expected to follow the "Good Sportsmanship Code":

- Maintain pride in self and school.
- Strive to keep high standards of conduct.
- Cheering is always encouraged for one's own team.
- No taunts, chants, noises, cheers, songs, profanity, signs or motions directed to the opposing team, coach, school or officials. Treat everyone with respect.
- No disrespect will be shown to opposing team during introductions.
- No noise makers.
- Abide by the decisions of officials.
- Accept victory or defeat graciously.

In addition to the Sportsmanship Code; no pets are allowed inside the fence and no footballs or other "thrown" objects within the fence. Students should be supervised by an adult when playing on the playground equipment. No students are allowed behind the bleachers. The sidewalk is to remain open for walking between the bleachers and concession stand (no loitering on the sidewalk).

A student only section will be reserved for student Whirlwind fans. Students loitering will be asked to move to the student section or to the bleachers.

Thanks for supporting our Whirlwind athletes and we hope to see you and your students at future activities.

Sincerely,

The Archie Administrative Team

ARCHIE R-V SCHOOL DISTRICT
STAFF/STUDENT RELATIONS
(Parent/Guardian Notice of Electronic Communications with Students)

Staff members of the Archie R-V School District are encouraged to communicate with students for educational purposes using a variety of effective methods, including electronic communication. When communicating electronically with students, staff members are required to use district-provided communication devices, accounts, webpages and social networking sites, when available.

Some staff members are given permission to communicate with students on a limited basis using the staff member's personal telephone numbers, addresses, webpages or accounts (including, but not limited to, accounts used for texting) for the purpose of organizing or facilitating a district-sponsored class or activity (for example, text messaging or tweeting students participating on an athletic team or on an overnight field trip). **Your student may be participating in such activities.**

To facilitate these authorized communications, your student will be asked to provide his or her contact information to staff members to use to communicate with your student. This information includes, but is not limited to, your student's mobile phone number, social media account name and/or e-mail address(es).

The district's policies, regulations, procedures and expectations regarding in-person communications at school and during the school day apply to electronic communications for educational purposes, regardless of when those communications occur. Staff communications must be professional, and student communications must be appropriate. Staff members may only electronically communicate with your student between the hours of 6:00 a.m. and 10:00 p.m.

If you are not in agreement with this process, or if you would like staff members to use contact information other than what may be provided by your student, please contact the principal's office of your student's school.

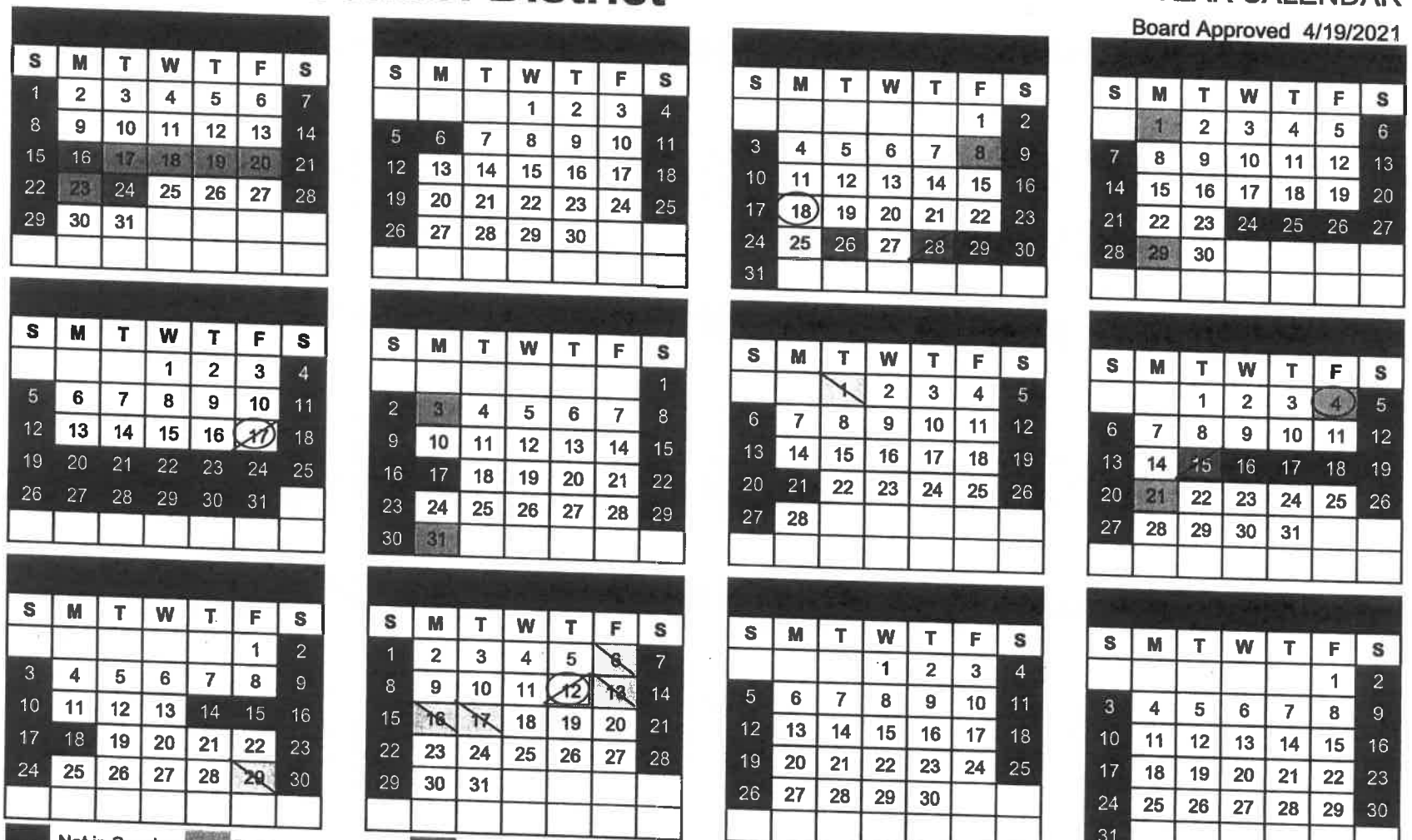
Respectfully,

The Archie R-V School District Administrative Team

Archie R-V School District

2021-22 SCHOOL YEAR CALENDAR

Board Approved 4/19/2021



Not in Session | Prof. Development | Special Note Below | End of Quarter | Early Release (1pm) | Potential Snow Make-Up Days

8/16: New Teacher Orientation
8/17-8/23: Teacher PD
8/19: Open House
8/24: First Day of School
9/6: Labor Day (No School)
10/8: Teacher PD (No School)
10/18: End of 1st Quarter (38 days)
10/26: Student-Led Conferences (3:30-7:30pm)
10/28: Release at 1pm - Student-Led Conf. (1-7pm)
10/29: NO SCHOOL
11/1: Teacher PD (No School)

11/24-11/28: Thanksgiving Break
11/29: Teacher PD (No School)
12/17: End of 2nd Quarter (38 days) Release at 1pm
12/18-1/2: Winter Break (No School)
1/3: Teacher PD (No School)
1/17: MLK Day (No School)
1/31: Teacher PD (No School)
2/1: (Potential Make-Up Day)
2/21: President's Day (No School)
3/4: End of 3rd Qtr (39 days) - Teacher PD (No School)
3/15: Student Enrollment Night (Release at 1pm)

3/16-3/20: Spring Break (No School)
3/21: Teacher PD (No School)
4/14-4/18: Easter Break (No School)
4/29: No School (Potential Make-Up Day)
5/6: No School (Potential Make-Up Day)
5/8: Graduation
5/12: End of 4th Quarter (40 days)
5/12: Last Day of School (Release at 1pm)
5/13: No School (Potential Make-Up Day)
5/16: (Potential Make-Up Day)
5/17: (Potential Make-Up Day)

If the district cancels due to inclement weather, the district will make up these days on the following days: 2/1, 4/29, 5/6, 5/13, 5/16, & 5/17

ARCHIE R-V SCHOOL DISTRICT
2021-2022

Attachment B-SSO

LETTER TO PARENTS FOR SCHOOLS OPERATING SEAMLESS SUMMER OPTION FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Archie R-V School District** is offering free meals to all **children ages 18 and under, who live in the district**, under COVID-19: Child Nutrition Response #85 Nationwide Waiver to Allow the Seamless Summer Option through School Year 2021-2022. Households are still encouraged to complete and submit an application for free and reduced price meals to the district for processing. Free and reduced data is used to help maintain meal count system requirements, report to the Department of Elementary and Secondary Education for funding formulas, and establish eligibility for other benefits, particularly Pandemic Electronic Benefits Transfer (P-EBT) and Emergency Broadband Benefit. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO QUALIFIES FOR FREE OR REDUCED PRICE MEALS?
   - All children in households receiving benefits from **the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, are eligible for free meals.
   - **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
   - **Children participating in their school's Head Start program are eligible for free meals.**
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Annually	Monthly	Weekly
1	$23,828	$1,986	$459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
For each add'l person add	+ 8,399	+ 700	+ 162

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Mr. Lee Harmon, Federal Programs Director at 816-293-5312 Ext. 108.**

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Archie School, Attn: Rebecca Deardorff, 302 W State Rt. A, Archie, MO 64725**

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? NO, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Rebecca Deardorff, 816-293-5312 Ext. 114 or** rdeardorff@archie.k12.mo.us, immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

OVER

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Mr. Jeff Kramer, Superintendent, Archie R-V School District, 302 W State Rt. A, Archie, MO 64725, 816-293-5312 Ext. 114 or jkramer@archie.k12.mo.us**.

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Rebecca Deardorff, 816-293-5312 Ext. 114 or** rdeardorff@archie.k12.mo.us

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636..

If you have other questions or need help, call **816-293-5312 Ext. 114**
Sincerely,

Jeff Kramer
Superintendent

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.

Attachment D

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Archie R-V School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Rebecca Deardorff at 816-293-5312 Ext. 114 or rdeardorff@archie.k12.mo.us.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Archie Preschool, Elementary or High School, regardless of age.

List each child's name.	Building name/Grade.	Do you have any foster children?	Are any children homeless, migrant, or runaway?
Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	If child is a student, list building name and grade.	If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

If no one in your household participates in any of the above listed programs:	If anyone in your household participates in any of the above listed programs:
• Leave STEP 2 blank and go to STEP 3.	• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636 – County Number (816) 380-3597 • Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- ***Do NOT include:***
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in **STEP 1.** If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**	**Report earnings from work.** Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. ***What if I am self-employed?*** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	**Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.	**Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.	**Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."	**Mail Completed Form to:** Archie School District, 302 W State Rt. A, Archie, MO 64725	**Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

2021-2022 ARCHIE R-V SCHOOL DISTRICT

2021-2022 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Attachment E

Date Received by LEA (LEA use only) _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Building Name	Grade	Foster Child	Homeless, Migrant, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. **If you answered YES** > Write a case number here then go to **STEP 4** (Do not complete STEP 3) **Case Number:** _____ Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ☐☐

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member. X X X X X ☐☐☐☐ **Check if no SSN** ☐

STEP 4 Contact information and adult signature

Mail completed form to: Archie School District, 302 W State Rt. A, Archie, MO 64725

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

☐Food Stamps/Temporary Assistance Household size:_____ Total income:_____ Per: ☐Week ☐Every 2 Weeks ☐Twice a Month ☐Month ☐Year

Eligibility: ☐Free ☐Reduced ☐Denied Reason:_____

Determining Official's Signature:_____ Date withdrawn:_____

Confirming Official's Signature (For verification purposes only):_____ Date Approved/Denied:_____

Date:_____

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one): ❑ Hispanic or Latino ❑ Not Hispanic or Latino

Race (check one or more): ❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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.

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.