

# 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

## Enrollment Checklist

Enrollment Date \_\_\_\_\_ Requested Start Date \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_

Parent/Custodian \_\_\_\_\_ Phone \_\_\_\_\_

### **DOCUMENTATION NEEDED:**

- ☐ Birth Certificate/Proof of Age
- ☐ Social Security Card/Student Identification Number
- ☐ Immunization Records
- ☐ Residency Documentation: mortgage/lease agreement, utility (gas, electric or water bill) showing service address
- ☐ 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.

### **FORMS COMPLETED:**

- ☐ Enrollment Card
- ☐ Records Request (also request A+ records when applicable)
- ☐ Health Inventory Form
- ☐ Medication Consent Form
- ☐ Behavior Affirmation Statement
- ☐ Residency Verified By District Employee – Name \_\_\_\_\_  
Requires Affidavit of Residence \_\_\_\_\_
- ☐ Parent Link Agreement
- ☐ Sports/Activity Interest Information
- ☐ Parent Receipt (Signature Sheet of all local policies)
- ☐ Media Release Consent
- ☐ Technology Use Agreement
- ☐ Home Language Survey
- ☐ Meal Benefit Plan
- ☐ Student Residency Questionnaire

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# 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 \_\_\_\_\_ Place of Birth \_\_\_\_\_

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 \_\_\_\_\_

(continue on backside)

**STUDENTS NAME**

**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 younger siblings not yet in school & their birthdates (mm/dd/yy):

\_\_\_\_\_

\_\_\_\_\_

**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](http://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 \_\_\_\_\_

Additional Parent Name \_\_\_\_\_

Address \_\_\_\_\_

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

| <b>CONSENT FOR RELEASE OF INFORMATION</b>  |                   |
|--|-------------------|
|  <p>Please send by mail or fax to:<br/>           Archie R-V School District<br/>           302 West State Route A<br/>           Archie, MO 64725<br/>           Phone: 816-293-5312 Fax: 816-293-5712</p>   |                   |
| Date of Request:   |                   |
| Student Name:  |                   |
| Current Grade Placement:   | Date of Birth:    |
| Name of Previous School:   | School Phone/Fax: |
| <b>Please include the following information in the request:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cumulative permanent school records</li> <li><input type="checkbox"/> Psychological reports</li> <li><input type="checkbox"/> Health and immunization records</li> <li><input type="checkbox"/> Special Education records including active IEP and current diagnostic summary</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> MOSIS number (if public school in Missouri)</li> <li><input type="checkbox"/> A+ information (Participation Agreement, Code of Conduct, Attendance, and Tutoring logs)</li> </ul> |                   |
| <b>This information is requested for the following reasons:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transfer this student to this district</li> <li><input type="checkbox"/> New Enrollment/Re-enrollment</li> <li><input type="checkbox"/> Contractual Placement</li> <li><input type="checkbox"/> Other, please specify: _____</li> </ul>  |                   |
| 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 from 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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Dear Parents,

Your child's learning depends on good health. The school nurse is available to provide basic services while our child is at school. 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 school nurse.

## **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 school nurse or the 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).
- Generally, no medications, except scheduled meds will be given before 11:00 AM. If your child is not feeling well before school they should remain at home or medicated before they come to school.

## **Over-the-Counter Medications:**

These meds may be given with parent's permission only. The school has a supply of Tylenol, Ibuprofen, cough drops and antacids. Any other medications that you wish for your child to take should be sent in the original boxes 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 note 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, 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.

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# Archie R-V School District STUDENT HEALTH INVENTORY

Your child's learning depends upon good health. To assist in providing health services at school please complete all questions and return to the school nurse.

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Employment \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Has you child had a well-child or physical exam in the last 24 months? YES NO

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Has you child had a dental exam in the last 12 months? YES NO

Circle the type of medical coverage your child has now:

Private insurance      Medicaid/MC+/MoHealthNetforKids      None

Where should your child be taken 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 \_\_\_

**DOES YOUR CHILD HAVE:**

Allergies      Yes\* \_\_\_ No \_\_\_ To drugs, food, insects, bee stings, pollen? Please list \_\_\_\_\_

Has the allergy required emergency action in the past? Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_

*\*If yes, please provide the school with Benedryl or an EpiPen for an emergency. A doctor's prescription and a written parental permission must accompany all medicines. It will also be necessary to fill out an Individual Health Care Action Plan to further complete your child's file.*

Asthma\*\* Yes\_\_\_ No\_\_\_ If yes:  
Yes\_\_\_ No\_\_\_ Does your child take daily asthma meds OR have  
symptoms 2 or more times per week?  
Inhaler? Yes\_\_\_ No\_\_\_

Note: If you marked that your child has asthma and uses an inhaler to treat his/her  
asthma, we need to have an inhaler in the health room.

Diabetes\*\* Yes\_\_\_ No\_\_\_ Takes insulin?\_\_\_ Date Diagnosed\_\_\_

Epilepsy/Seizures\*\* Yes\_\_\_ No\_\_\_

Describe seizure\_\_\_

Date of last seizure\_\_\_

Medication(s)\_\_\_

Heart Condition\*\* Yes\_\_\_ No\_\_\_

Describe specifically\_\_\_

Any physical restrictions?\_\_\_

Medications\_\_\_

Bone or Joint Problem\*\* Yes\_\_\_ No\_\_\_ Scoliosis? Yes\_\_\_ No\_\_\_

Describe\_\_\_

Any physical restrictions\_\_\_

**\*\*If your child has Asthma, Diabetes, Seizures, Heart condition, Bone or Joint problems, please see the  
school nurse so we may fill out an Asthma Action Plan or Individualized Health Care Action Plan to  
further complete your child's file.**

Eyes: Glasses\_\_\_ (reading\_\_\_ distance\_\_\_) contact lens\_\_\_  
crossed\_\_\_ lazy eye\_\_\_ difficulty seeing\_\_\_

Ears: frequent infections\_\_\_ tubes\_\_\_ hearing difficulty\_\_\_  
Wears hearing aide: Right\_\_\_ Left\_\_\_ Wears at school?\_\_\_

Other Concerns:

nosebleeds\_\_\_ eating\_\_\_ sleeping\_\_\_ bowel\_\_\_ requires diapering\_\_\_

skin\_\_\_ bladder\_\_\_ requires catheterization\_\_\_ bed-wetting\_\_\_ dental\_\_\_

blood disorder\_\_\_ neurologic\_\_\_ lungs\_\_\_ headaches\_\_\_ blood pressure\_\_\_

menstruation\_\_\_ phobias(fears)\_\_\_ ADD/ADHD\_\_\_ pregnant\_\_\_

Take daily medication at home? Yes\_\_\_ No\_\_\_ At school? Yes\_\_\_ No\_\_\_

Emergency only? Yes\_\_\_ No\_\_\_

Name of medication and reason for taking\_\_\_

List serious illness, injuries, and/or childhood diseases:

Other health information or concerns:

PARENT/GUARDIAN SIGNATURE\_\_\_

Date\_\_\_

**Archie R-V School District  
MEDICATION CONSENT FORM**

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_

**Dear Parents or Guardian,**

**In an effort to keep your child at school, standing orders by local physicians allow the school nurse to give your child the below listed OTC medications with your written authorization. These can only be given *once per day* and at the discretion of the school nurse. This form must be signed and on file in the health office for a student to receive the medication. Label recommendations for appropriate indications for usage and dosage will be followed. Medications will be given for minor aches and pains, headaches, menstrual cramps, toothache / dental pain or stomachache.**

**Please X the medication(s) that you approve for your child to receive.**

\_\_\_\_\_ Tylenol          \_\_\_\_\_ Ibuprofen          \_\_\_\_\_ Tums

\_\_\_\_\_ Cough drop

\_\_\_\_\_ Other \_\_\_\_\_

***Note: If a child demonstrates habitual usage of over the counter medications, a doctor's order may be requested to verify that ongoing symptoms have been evaluated and you will need to provide the medication.***

Signature \_\_\_\_\_ Date \_\_\_\_\_



**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, \_\_\_\_\_, affirm that \_\_\_\_\_ has not been  
(Parent/Legal Guardian Name) (Student)  
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, \_\_\_\_\_, affirm that \_\_\_\_\_ has been  
(Parent/Legal Guardian Name) (Student)  
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.

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## Archie Affidavit of Residency

I \_\_\_\_\_ (PARENT OR GUARDIAN) DO AFFIRM THAT

\_\_\_\_\_ (STUDENT) IS LIVING AT THE STATED

ADDRESS OF:

\_\_\_\_\_  
\_\_\_\_\_

WHICH IS WITHIN THE ARCHIE R-V SCHOOL DISTRICT.

\_\_\_\_\_  
(PARENT SIGNATURE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF  
\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
NOTARY'S SIGNATURE

(SEAL)

NOTARY PUBLIC IN AND FOR THE COUNTY OF: \_\_\_\_\_

AND THE STATE OF: \_\_\_\_\_

**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 Home Email****Parent 1 Work Email****Parent 2 Home Email****Parent 2 Work 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:**

## SPORTS/ACTIVITIES INTEREST INFORMATION

Student Name:

Address:

Previous School:

Parent/Guardian Name:

### SPORTS

Please check the sports you are interested in participating in at Archie:

- ☐ Football
- ☐ Volleyball
- ☐ Softball
- ☐ Basketball
- ☐ Wrestling
- ☐ Track
- ☐ Baseball
- ☐ Golf
- ☐ Cheerleading

### CO-CURRICULAR ACTIVITIES

Please check the co-curricular activities you are interested in participating in at Archie:

- ☐ Art
- ☐ Band
- ☐ Choir
- ☐ FFA
- ☐ FCCLA
- ☐ Yearbook

### EXTRACURRICULAR ACTIVITIES

Please check the extracurricular activities you are interested in participating in at Archie:

- ☐ A+
- ☐ TSA
- ☐ SADD
- ☐ Quiz Bowl
- ☐ Student Council
- ☐ National Honor Society
- ☐ Future Business Leaders of America

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Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Welcome to the 2011-2012 school year. Student registration is August 15-17 from 8:00-4:00. As part of our yearly student orientation, please return the following six forms:

- This form initialed and signed
- The Archie R-V Media Release Consent
- The Archie R-V Technology Use Agreement
- The Archie R-V Home Language Survey
- The Meal Benefit Plan
- The Student Residency Questionnaire

Each student will receive a course schedule, locker information and a *printed* Archie R-V Student Agenda which includes the discipline policy and the school bus rules and regulations when the student returns the forms indicated above to the High School during registration. The Archie R-V Discipline Policy and the School Bus Rules & Regulations are included in the agenda keeping our district in compliance with the *Safe Schools Act of 1996*. Students will not receive their course schedule, locker information and student agenda until the forms are returned to the HS office.

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 High School student discipline policy rules and regulations which includes the school bus rules and regulations.

\_\_\_\_\_ The Archie R-V ELL Enrollment/Identification Procedures.

\_\_\_\_\_ The Archie R-V Family Education Rights and Privacy Act policy (FERPA).

\_\_\_\_\_ The Archie R-V Sportsmanship Request.

\_\_\_\_\_ The Archie R-V Public Notice-Child Find Reporting Procedures.

\_\_\_\_\_ The Archie R-V Notification of Protection of Pupil Rights Amendment (PPRA).

\_\_\_\_\_ The Archie R-V 2011-2012 School Calendar.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **MEDIA RELEASE CONSENT (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

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## TECHNOLOGY USE AGREEMENT (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. 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 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. If Internet use is required outside the classroom time, the instructor may issue an Internet Use Pass. 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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## 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 \_\_\_\_\_

# ARCHIE R-V SCHOOL DISTRICT MEAL BENEFIT PLAN

ATTACHMENT B

## LETTER TO PARENTS NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

Children need healthy meals to learn. The Archie R-V School District offers healthy meals every school day. Breakfast costs \$.80 (Grades K-6) and \$1.00 (Grades 7-12); lunch costs \$1.40 (Grades K-6) and \$1.60 (Grades 7-12). Your children may qualify for free or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

| Household Size    | Annually | Monthly | Weekly |
|-------------------|----------|---------|--------|
| 1                 | 20,147   | 1,679   | 388    |
| 2                 | 27,214   | 2,268   | 524    |
| 3                 | 34,281   | 2,857   | 660    |
| 4                 | 41,348   | 3,446   | 796    |
| 5                 | 48,415   | 4,035   | 932    |
| 6                 | 55,482   | 4,624   | 1,067  |
| 7                 | 62,549   | 5,213   | 1,203  |
| 8                 | 69,616   | 5,802   | 1,339  |
| Each Add'l Member | +7,067   | +589    | +136   |

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No.  
Complete the application to apply for free or reduced price meals. *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: Becky Deardorff, 302 West State Route A, Archie, Missouri, 64725. 816-293-5312, ext. 114.
2. WHO CAN GET FREE MEALS? All children in households getting Food Stamps, Temporary Assistance, or the Food Distribution Program on Indian Reservations can get free meals regardless of income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY AND MIGRANT CHILDREN GET FREE MEALS? Please call Mr. Lee Harmon, 816-293-5312, ext. 108, Director of Federal Programs to see if your child(ren) qualify, if you have not been informed that they will get free meals.
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits.
6. SHOULD I FILL OUT AN APPLICATION IF I GOT A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE OR REDUCED PRICE MEALS? Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2011-2012 school year.
7. MY CHILDS APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

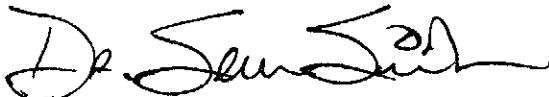
**ARCHIE R-V SCHOOL DISTRICT  
MEAL BENEFIT PLAN**

**ATTACHMENT B (CONTINUED)**

9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving Food Stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.
11. 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: Dr. Sean Smith, Superintendent, 302 West State Route A, Archie, Missouri 64725, 816-293-5312, ext. 114.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
15. WE ARE IN THE MILITARY; DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Exclude military combat pay received by service members during a deployment. All other allowances must be included in your gross income.

If you have other question or need help, call 816-293-5312, ext. 114.

Sincerely,



Dr. Sean Smith  
Superintendent

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

## INSTRUCTIONS FOR APPLYING

**If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:**

**Part 1:** List child(ren)'s name, school and grade.

**Part 2:** If any child or adult in the household is receiving Food Stamp or Temporary Assistance provide the name and case number. Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you chose to.

**If you are applying for a FOSTER CHILD or a household with a foster child(ren), follow these instructions:**

**Part 1:** List the child's name, school, grade, personal use income received (write "0" if no personal use income) and check box. List all non-foster children in household, name of school, grade and income.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** If there are non-foster children in the household, follow directions in ALL OTHER HOUSEHOLDS, Part 4.

**Part 5:** Sign the form. If filling out for only foster children, a Social Security Number is not necessary. If additional non-foster children are in the household, list last four digits of Social Security Number of the adult signing the form or mark the box if he or she does not have one.

**Part 6:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, grade and income if applicable.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1—Name:** List the first and last name of each person **not listed in Part 1**, living in your household, related or not (such as grandparents, other relatives, or friends) including yourself. Attach another sheet of paper if you need to.

**Column 2—Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.

Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. Exclude military combat pay received by service members during a deployment.

**Column 3—Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her last four digits of Social Security Number of the adult signing the form, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

## SCHOOL YEAR 2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION – ONE APPLICATION PER HOUSEHOLD

**PART 1. CHILDREN IN SCHOOL**

| Names of all children in school<br>(First, Middle Initial, Last) | Name of School | Grade | Student |           | Check if a foster child<br>(legal responsibility of<br>welfare agency<br>or court) |
|--|----------------|-------|---------|-----------|--|
|  |                |       | Income  | How Often |  |
|  |                |       |         |           | <input type="checkbox"/>   |
|  |                |       |         |           | <input type="checkbox"/>   |
|  |                |       |         |           | <input type="checkbox"/>   |
|  |                |       |         |           | <input type="checkbox"/>   |
|  |                |       |         |           | <input type="checkbox"/>   |

**PART 2. BENEFITS**

If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives benefits go to part 3.

Name: \_\_\_\_\_ Case Number: 00 \_\_\_\_\_

**PART 3. HOMELESS, MIGRANT, OR RUNAWAY**

If any child you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator at [phone number of Homeless Liaison/Migrant Coordinator]

**PART 4. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN**

| 1. Name<br>(List Everyone in Household Not<br>Listed in Part 1)<br>Please attach an additional page if needed. | 2. Gross income and how often it was received |           |                                    |           |   |           |                  |           | 3. Check<br>if NO<br>income |
|--|---|-----------|------------------------------------|-----------|---|-----------|------------------|-----------|-----------------------------|
|  | Earnings from work<br>before deductions       |           | Welfare, child support,<br>alimony |           | Pensions, retirement,<br>Social Security, SSI,<br>VA Benefits |           | All Other Income |           |                             |
|  | Income  | How Often | Income                             | How often | Income  | How often | Income           | How often |                             |
|  |   |           |                                    |           |   |           |                  |           | <input type="checkbox"/>    |
|  |   |           |                                    |           |   |           |                  |           | <input type="checkbox"/>    |
|  |   |           |                                    |           |   |           |                  |           | <input type="checkbox"/>    |
|  |   |           |                                    |           |   |           |                  |           | <input type="checkbox"/>    |
|  |   |           |                                    |           |   |           |                  |           | <input type="checkbox"/>    |
|  |   |           |                                    |           |   |           |                  |           | <input type="checkbox"/>    |

**PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last 4 digits of Social Security Number: \*\*\* - \*\* - \_\_\_\_\_ ☐ I do not have a Social Security Number

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.

**PART 6. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)**

Mark one or more racial identities: ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic or Latino  
☐ White ☐ American Indian or Alaska Native ☐ Other ☐ Not Hispanic or Latino

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**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 Income Frequency)

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household Size: \_\_\_\_\_

☐ Food Stamps/Temporary Assistance Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

☐ Temporarily: ☐ Free ☐ Reduced Temporarily Approved Until: \_\_\_\_\_ (allow no more than 45 calendar days) Until: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

Confirming Official's Signature (For verification purposes only): \_\_\_\_\_ Date: \_\_\_\_\_

Verification Complete Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# 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 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.

Completion of this form is not a condition of determining meal eligibility. Submission of your 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 Meal Family Application or return to your school/school district.

Printed name of parent/guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Cass Co. R-V School District

### Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box:*

| Section A   | Section B  |
|---|--|
| <input type="checkbox"/> in a shelter<br><input type="checkbox"/> with more than one family in a house or apartment<br><input type="checkbox"/> in a motel, car or campsite<br><input type="checkbox"/> with friends or family members (other than parent/guardian)<br><br><b><u>CONTINUE:</u></b> If you checked a box in Section A, complete #2 and the remainder of this form. | <input type="checkbox"/> Choices in Section A do not apply<br><br><b><u>STOP:</u></b> If you checked this section, you do <b><u>not</u></b> need to complete the remainder of this form. Submit to school personnel. |

2. The student lives with:

- |  |   |
|--|---|
| <input type="radio"/> 1 parent                 | <input type="radio"/> a relative, friend(s) or other adult(s)               |
| <input type="radio"/> 2 parents                | <input type="radio"/> alone with no adults                                  |
| <input type="radio"/> 1 parent & another adult | <input type="radio"/> an adult that is not the parent or the legal guardian |

School: \_\_\_\_\_

Name of Student \_\_\_\_\_ Male ☐ Female ☐

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security# [if appropriate] \_\_\_\_  
Month / Day / Year

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

School Use Only - Campus Administrator's determination of Section A circumstances:

→ FAX to Attendance, Guidance and Counseling

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and faxed to Attendance, Guidance and Counseling Department immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family's situation:

\_\_\_\_\_ Date faxed: \_\_\_\_\_

## **English Language Learners (ELL) Enrollment/Identification Procedures**

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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**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Notice of Release of Directory Information**

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the Archie R-V School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the Archie R-V School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Archie R-V School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.<sup>1</sup>

If you do not want the Archie R-V School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by November 1, 2009. The Archie R-V School District has designated the following information as directory information:

- |                          |  |
|--------------------------|--|
| -Student's name          | -Participation in officially                                     |
| -Address                 | recognized activities and sports                                 |
| -Telephone listing       | -Weight and height of members of                                 |
| -Electronic mail address | athletic teams   |
| -Photograph              | -Degrees, honors, and awards                                     |
| -Date and place of birth | received   |
| -Major field of study    | -The most recent educational agency or                           |
| -Dates of attendance     | institution attended   |
| -Grade level             | -Student ID number, user ID, or other unique personal identifier |
|                          | used to communicate in electronic systems that cannot be used    |
|                          | to access education records without a PIN, password, etc. (A     |
|                          | student's SSN, in whole or in part, cannot be used for this      |
|                          | <b>purpose.)</b>   |

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<sup>1</sup> These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908), as amended, and 10 U.S.C. § 503(c), as amended.

# ARCHIE R-V SCHOOL DISTRICT

*"Accredited with Distinction"*



302 W. State Rt. A. Archie, Missouri 64725

[www.archie.k12.mo.us](http://www.archie.k12.mo.us)

816-293-5312 ~ 816-293-5712 Fax

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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

*"Learning for Life"*

## **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).

**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

| Teacher     | Hour 1            | Hour 2            | Hour 3             | Hour 4        | Hour 5                     | Hour 6              | Hour 7            | Hour 8            |
|-------------|-------------------|-------------------|--------------------|---------------|----------------------------|---------------------|-------------------|-------------------|
| Rm #        | 8:10-8:59         | 9:03-9:52         | 9:56-10:45         | 10:49-11:38   | 11:42-12:05<br>12:07-12:31 | 12:35-1:24          | 1:28-2:17         | 2:21-3:10         |
| Ferguson    | WMH15-01/H1601-01 | H1610-01/WMH15-02 | H1500-01           | H1300-01      |                            | Instructional Coach |                   | WMO16-01          |
| Newman      | English I         |                   | English I          |               |                            | Period              |                   |                   |
| 303         | H1100-01          |                   | H1100-02           | H1200-01      |                            | English I           |                   |                   |
| Meinen      | 8 English         | 8 English         | 7 English          | 8/8/7/7 Wheel |                            | H1100-03            | H1200-02          | H1400-01/H1400-02 |
| 412         | J8100-01          | J8100-02          | J7100-01           | J8607-01-04   |                            | 7 English           |                   |                   |
| Boatwright  |                   |                   |                    |               |                            | J7100-02            | H1403-01/H1402-01 |                   |
| 405         |                   |                   |                    |               |                            | H2105-01            | H2311-01/H2321-01 | H2110-01          |
| Breck       |                   |                   |                    |               |                            | Algebra I           | Geometry          |                   |
| 407         | H2100-01          | H2100-02          | H2100-03           | H2003-01      |                            | H2003-02            | H2100-04          |                   |
| Smith       | Math 8/Pre-Alg    | Algebra I         | Adv 7 Math/Pre-Alg | 8/8/7/7 Wheel |                            | 7 Math              | Algebra I         |                   |
| 406         | J8200-01          | J8210-01          | J7250-01           | J8606-01-04   |                            | J7200-01            | H2003-03          |                   |
| Yearcamp    |                   |                   |                    |               |                            |                     |                   |                   |
| 403         | H4100-01          | H4100-02          | H4454-01/4453-01   | H4404-01      |                            | H4125-01            |                   | H4325-01          |
| Cook        | Intro. P/C        |                   | Intro. P/C         |               |                            | H4200-01            | H4500-01          | H4200-02          |
| 404         | H4004-01          | H4476-01          | H4004-03           |               |                            | 8 Science           |                   |                   |
| A Diehl     | 7 Science         | Intro. P/C        | 8 Science          | 7/7 8.8 Wheel |                            | J8400-02            | J7400-02          |                   |
| 410         | J7400-01          | H4004-02          | J8400-01           | J8608-01-04   |                            | 8 US History        | U.S. History      |                   |
| Taylor      | U.S. History      | U.S. History      | 8 US History       |               |                            | J8300-02            | H3100-03          | H3480-01/H3490-01 |
| 411         | H3100-01          | H3100-02          | J8300-01           |               |                            |                     |                   |                   |
| Bachelder   |                   |                   |                    |               |                            | H3201-01            |                   | H3301-02          |
| 402         | H3301-01          | H3302-01          | H3200-01           | H3610-01      |                            |                     | 7 Geography       |                   |
| New Teacher | 7 Geography       |                   |                    | 7/7 8.8 Wheel |                            | H3432-01/H3441-01   | J7300-02          | H3250-01          |
| 401         | J7300-01          |                   | H3460-01/H3410-01  | J8609-01-04   |                            | Art I/Drawing       |                   |                   |
| Crawley     |                   |                   | Art I/3-D Art      | Art I/2-D Art |                            | H5111-03/H5180-01   | H5180-02/H5150-01 | H5150-02/H5160-01 |
| 402         | H5190-01/H5190-02 | H5111-01/H5195-01 | H5111-02/H5175-01  |               |                            |                     | Seminar           | 8.8/7.7 JH Wheel  |
| 403         |                   |                   |                    |               |                            |                     | H0002-04/H0002-05 | J8610-01-04       |
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# **ARCHIE R-5 SCHOOL DISTRICT** **2011-12 CALENDAR**

**Board Revised**

**May 16, 2011**

## **\*AUGUST\***

| M  | T  | W  | TH | F  |
|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  |
| 8  | 9  | 10 | 11 | 12 |
| 15 | 16 | 17 | 18 | 19 |
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| 29 | 30 | 31 |    |    |

## **\*SEPTEMBER\***

| M  | T  | W  | TH | F  |
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| 19 | 20 | 21 | 22 | 23 |
| 26 | 27 | 28 | 29 | 30 |

## **\*OCTOBER\***

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## **\*NOVEMBER\***

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## **\*DECEMBER\***

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## **\*AUGUST 2011\* (5/5 Days)**

Aug 19 - New Teacher Orientation  
 Aug 22, 23, 24 General Teacher Orientation  
 Aug 23 PTO Open House  
 Aug 25 First Day for Students

## **\*SEPTEMBER 2011\* (21/26 Days)**

Sept. 5 Labor Day, No School  
 Sept. 19 Early Release @ 1:00 p.m. Teacher In-Service

## **\*OCTOBER 2011\* (19/45 Days)**

Oct. 10. No School -- Teacher In-Service  
 Oct. 14 First Quarter Ends (35 days)  
 Oct. 20 Parent Teacher Conf. 3-7p.m. Early Release 1:00pm  
 Oct 21 No School Parent Teacher Conf. 8-11am

## **\*NOVEMBER 2011\* (18/63 Days)**

Nov. 23-28 No School -- Thanksgiving Vacation  
 Nov. 28 No School -- Teacher In-Service

## **\*DECEMBER 2011\* (16/79 Days)**

Dec. 22 Second Qtr Ends (44 days), Early Release 1:00pm  
 Dec. 23-31 No School -- Christmas Vacation

## **\*JANUARY 2012\* (20/99 Days)**

Jan. 2 No School -- Teacher Work Day/Inservice  
 Jan 11 Early Release @ 1:00 p.m. -- Teacher Inservice  
 Jan.16 No School -- Dr. M.L. King Jr. Day

## **\*FEBRUARY 2012\* (19/118 Days)**

Feb. 13 No School -- Teacher In-Service  
 Feb. 20 No School -- President's Day

## **\*MARCH 2012\* (19/137 Days)**

Mar. 9 Third Quarter Ends (46 days)  
 Mar. 13 Early Release @ 1:00 p.m. Teacher In-Service  
 Mar. 14-16 No School - Spring Break

## **\*APRIL 2012\* (18/155 Days)**

Apr. 6-9 No School Easter Break  
 Apr. 30 No School -- Teacher In-Service

## **\*MAY 2012\* (17/172 Days)**

May 20 -- Graduation  
 May 23 End of Fourth Quarter (47 days), Proj Last Day  
 May. 28 Memorial Day

1/16, 2/20, 4/9, 3/14, 3/15, 5/24, 5/25, 5/29, 5/30, 5/31

**Make-up Days (utilized in sequence)**

## **\*JANUARY\***

| M  | T  | W  | TH | F  |
|----|----|----|----|----|
|    | 3  | 4  | 5  | 6  |
| 9  | 10 | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| 30 | 31 |    |    |    |

## **\*FEBRUARY\***

| M  | T  | W  | TH | F  |
|----|----|----|----|----|
|    |    | 1  | 2  | 3  |
| 6  | 7  | 8  | 9  | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 |    |    |

## **\*MARCH\***

| M  | T  | W  | TH | F  |
|----|----|----|----|----|
|    |    |    | 1  | 2  |
| 5  | 6  | 7  | 8  | 9  |
| 12 | 13 | 14 | 15 | 16 |
| 19 | 20 | 21 | 22 | 23 |
| 26 | 27 | 28 | 29 | 30 |

## **\*APRIL\***

| M  | T  | W  | TH | F  |
|----|----|----|----|----|
| 2  | 3  | 4  | 5  | 6  |
| 9  | 10 | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| 30 |    |    |    |    |

## **\*MAY\***

| M  | T  | W  | TH | F  |
|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  |
| 7  | 8  | 9  | 10 | 11 |
| 14 | 15 | 16 | 17 | 18 |
| 21 | 22 | 23 | 24 | 25 |
| 28 | 29 | 30 | 31 |    |

## **JUNE**

| M  | T  | W  | TH | F  |
|----|----|----|----|----|
|    |    |    |    | 1  |
| 4  | 5  | 6  | 7  | 8  |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |

## **Notes**

Total Instructional Days

Teacher Work Days

Parent/Teacher Conference

TOTAL CONTRACT DAYS

■ = School Not in Session

□ = Early Release

172

8

1

181