

**ELDON R-I SCHOOLS ENROLLMENT INFORMATION**  
**2020--2021**

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

Race: (please check) White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Indian \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

IF PO BOX is used, please list actual street address above: PO BOX # \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian (in home) or whom you are living: Are you a registered voter? YES NO

Parent 1 Information: \_\_\_\_\_ Relation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian 2 Information \_\_\_\_\_ Relation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

Please list all siblings in Eldon Schools and their ages: \_\_\_\_\_

Are there currently any court orders dealing with custody or visitation? YES NO

IF YES, please provide the school with a copy. We CANNOT honor without documentation.

**Emergency Contacts:**

1.Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

2.Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Parent out of the home (if applicable): \_\_\_\_\_ Relation: \_\_\_\_\_ Home #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Would this parent like a grade card sent to them? YES NO If yes please provide address

Previous school attended (name of school in what State): \_\_\_\_\_

Previous school address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Circle the county in which you live: MILLER MORGAN MONITEAU

Circle the district in which you live: ELDON R-I HIGH POINT OTHER

Does the student use a language other than English? YES NO If YES, what language? \_\_\_\_\_

Is a language other than English used in the home? YES NO If YES, what language? \_\_\_\_\_

Are you or an immediate family member in the Military? (circle one) Active Duty National Guard or Reserve Unknown

Are you currently living in a temporary residence because your home has been damaged or economic hardship? (e.g. motel, hotel, car, campsite, shelter)? YES NO

Are you currently living with another family (doubled up) due to loss of housing, economic hardship, or a similar reason?

Explain if it is a similar reason. YES NO

Explain: \_\_\_\_\_

Has your family moved within the past 3 years to seek or obtain temporary or seasonal agricultural or food processing work? YES NO

\_\_\_\_\_ My signature below signifies I give permission for my child to go on school or classroom trips during the elementary school years. I will be responsible to notify the school, in writing, if I want to change my position on my child attending field trips during his/her elementary years.

\_\_\_\_\_ I give permission for any local newspaper staff or school district to photograph my child and/or to publish his/her work to social media.

\_\_\_\_\_ My signature below signifies if I cannot be reached in the event of an emergency, I give consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the student. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_ May take over the counter medications (generic Tylenol, cough drops, antacid, oral care, basic first aid).

Is child involved in (check all that applies): Special Ed. classes \_\_\_\_\_ Speech \_\_\_\_\_ Title I Reading \_\_\_\_\_ Gifted \_\_\_\_\_ 504 Plan \_\_\_\_\_

**I VERIFY THAT ALL ENROLLMENT INFORMATION IS CORRECT.**

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

Eldon R-1 School District  
Voluntary Student Demographic Information

The Eldon R-1 School District is requesting that this form be completed by the student or the student's parent. **Completion of this form is voluntary.** The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this form is not completed, the district will be forced to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation.

Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

STUDENT NAME: \_\_\_\_\_

Is the student Hispanic or Latino?

\_\_\_\_ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South American, Central American or other Spanish culture of origin, regardless of race)

\_\_\_\_ No, not Hispanic or Latino

What is the student's race?

\_\_\_\_ American Indian or Alaska Native (a person having origins in any of the original peoples of North America or South America, including Central America, and who maintains tribal affiliation or community attachment)

\_\_\_\_ Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

\_\_\_\_ Black or African American (a person having origins in any of the black racial groups of Africa)

\_\_\_\_ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

\_\_\_\_ White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Eldon R-1 School District – Health Services

Student Health Information

2020-2021

Please fill out and return to the school nurse. This form must be filled out yearly.

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade \_\_\_\_\_

HEALTH CONDITION (Check all that apply)	YES	NO	DIAGNOSIS DATE / TREATMENT and /or MEDICATION (s)
ADD _____ ADHD _____			
Autism _____ Asperger's _____			
Asthma Carries inhaler Y__ N__ Type: _____ If carries an inhaler, a medication authorization (Dr. Signature) needs to be on file. Asthma Triggers: _____			
Bone Joint problem			
Bowel, bladder or kidney problems (specify which one)			
Diabetes			
Chronic Ear aches/Infections –Tubes present R____L____			
Chronic Headaches _____ Migraines _____			
Hearing Loss—Ear (s) R____ L____ Aid(s) _____			
Heart Condition: _____			
Irritable Bowel Syndrome			
Menstrual Cramps: Frequent _____ and or Severe _____			
Mental Health Concerns			
Nosebleed: Frequent _____ and/or Severe _____			
Seizure Disorder Date of Last Seizure: _____			
Skin Problems --Concern: _____			
Traumatic Brain Injury Head injury			
Vision Concerns- Wears Glasses Y____ N____ Contacts Y____N____ all the time _____ Reading: _____ Distance: _____			

Allergic to: \_\_\_\_\_ (food, medications, latex insects)

Comments about any of the above checked items or **any other concerns**: \_\_\_\_\_

Does your child require long-term medications OR special diet restrictions **at school**? Y\_\_ N\_\_ Meds \_\_\_\_\_ and/or Diet \_\_\_\_\_

Specify meds or type of diet: \_\_\_\_\_

If checked yes, a **“Medication Authorization” and/or Special Dietary Needs” form(s) must on file. Forms available from Nurse’s Office**

Please list all medications your child is taking at home and at school. \_\_\_\_\_

YES \_\_\_\_\_ I GIVE my permission for the School Nurse or designated personnel to give acetaminophen or ibuprofen *without*  
Initial contacting a parent/guardian

NO \_\_\_\_\_ I DO NOT give my permission for the School Nurse or designated personnel to give acetaminophen or ibuprofen  
Initial *without* contacting a parent/guardian.

**IMPORTANT:**

**If your child will be taking medication at school, please obtain the appropriate forms in the nurse's office.**

All medication must come in the original containers with the students name on it. All prescriptions must but have a current date on the bottle.

Medications sent to school must be accompanied by a signed and dated note from the parent/guardian requesting the medication to be given.

Your child’s health history is important for us to provide the best care at school. The Eldon R-1 School District provides screenings for vision, hearing, height, weight, blood pressure, and scoliosis. It is the parent/guardian(s) responsibility to notify the school of any new or existing health conditions or change in telephone numbers. The disclosure of confidential health information within the school is limited to information to serve the student’s health and education interests. Your signature gives permission for the nurse and/or designee to perform necessary screenings and to inform the school staff of procedures to protect your child at school and, if required, develop emergency plans. In addition, your signature authorizes the school nurse or designee to screen, examine, treat and direct the care for your child in the event of illness or injury and to use the following over-the-counter medications as directed, unless allergy specified: Benadryl, cough drops, Tums, hydrocortisone cream, antibiotic cream, calamine, sunscreen, Orajel, Lip Balm and topical anti-sting treatments and generic substitutes

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**ENROLLMENT AFFIRMATION FOR PARENT  
OR COURT-APPOINTED GUARDIAN  
(Resident Student with No Prior Expulsions)**

Under penalty of law, I affirm that I am the parent or court-appointed legal guardian of the minor student, \_\_\_\_\_, that I reside within the boundaries of the **ELDON R-1 School District** and the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof of residency is true and correct to the best of my knowledge, information and belief. I further affirm that the student, \_\_\_\_\_, has not been expelled from school attendance at any other school in the state or in any other state for an offense in violation of school policies related to weapons, alcohol or drugs, or the willful infliction of injury to another person, and that the other information that I have provided to the school district is true and correct to the best of my knowledge, information and belief. I understand that this statement will be maintained as part of the student's scholastic record.

**I understand that it is a criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file a civil action against me to recover cost of educating the student.**

\_\_\_\_\_  
Signature of parent or court-appointed guardian

Subscribed and affirmed before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public and Official Seal

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

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

Phone #: \_\_\_\_\_

Bus # \_\_\_\_\_

Last School Enrolled in:

School Phone No:

# **TRANSPORTATION SERVICES**

All students riding a bus to and from school or any school activity are subject to rules of the Eldon R-I School Board, Department of Elementary and Secondary Education and the laws of the State of Missouri. Any misbehavior, which distracts the driver, is a very serious hazard to the safety of all passengers and other motorists on the road.

Please read the following Eldon R-I School Assertive Discipline Plan for buses. Talk with your child concerning the contents of the plan and the consequences of misconduct. Your support and cooperation are needed and appreciated.

## **Discipline Guidelines for Buses**

1. Obey the driver promptly
2. Stay seated until the bus comes to a complete stop
3. Keep hands, feet and items to yourself at all times and no throwing objects
4. No offensive language or disruptive behavior
5. No food, candy, gum, or beverages on the bus
6. No large equipment, animals, skateboards or other harmful objects on the bus

## **Consequences**

1. Verbal warning issued.
2. Assigned seat given by the driver.
3. Contact parent/guardian and the building principal.  
(Conference with the student, parent/guardian, driver and building principal)
4. Sent to the principal with a recommendation for suspension of bus privileges.

## **Severe Clause**

Visit the principal with a minimum three-day (3) suspension of bus privileges recommended.



# BUS TRANSPORTATION REQUEST

By state law, all bus drivers must carry with them a roster of all students riding their bus. Please fill out the information below so that your student(s) will be included on the roster the first day of school.

It is the Parent/Guardian's responsibility to have your child at the designated bus stop at least 5 minutes before the morning pick-up time and drop-off time in the afternoon. This allows extra time for a safe pick-up and drop-off in case of unforeseen circumstances, road conditions, inclement weather, substitute drivers, or mechanical problems.

Students will only be allowed to ride one bus to one destination, either home or to an alternate site. This is important because drivers and other school personnel cannot keep up with the high volume of daily changes in home destinations and some buses are filled to near capacity.

Students will not be allowed to ride a different bus except in emergency situations. It is the parent's responsibility to make other arrangements.

Emergency Bus Pass: There will be no temporary bus passes issued. If an emergency would occur and you as a parent or guardian have absolutely no other way of transporting your child home, then you may visit with the building principal. If the building principal deems the situation as an emergency, they will issue an emergency pass. The bus driver must have a copy of the form, which will have important information and specific locations of the drop off. Effective 2014-2015, each student is allowed only 3 emergency passes per year deemed by the building principal.

Clare Herriman, Transportation Director

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Phone number \_\_\_\_\_ Parent Name \_\_\_\_\_

Physical address bus is to stop in the am \_\_\_\_\_

(if left blank - parent providing transportation)

AM Bus number (if known) \_\_\_\_\_

Physical address bus is to stop in the pm \_\_\_\_\_

(if left blank - parent providing transportation)

PM Bus number (if known) \_\_\_\_\_

I have read the bus rules on the back of this page and discussed/read them with the above named student. We are aware of the consequences if the rules are not followed at all times.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

**ELDON HIGH SCHOOL  
101 SOUTH PINE ST.  
ELDON, MO 65026  
(573) 392-8010**

**Parent Portal**

Through this web-based system, Parent Portal, parents will be able to view their child's attendance history, and lunch account balances.

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 the student. You must have an email address to view your child's records in PARENT LINK.

Please provide the email address that you would like used for student information notifications. You may use only one email address, for example, home or work, but email cannot be sent to both. Please fill in the correct email address on the line provided. This form must be submitted each school year for you to have access.

**PLEASE PRINT BELOW**

Student Name \_\_\_\_\_

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

\_\_\_\_\_  
Parent Email Address –Home or Work (circle one)

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

\_\_\_\_\_  
Parent Email Address – Home or Work (circle one)

☐ I would like to be able to access my student's information over the Internet by using a password.

☐ I do not want access to my student's information available over 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.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name

Please return this letter to the school office in person. Please bring a picture ID with you (not necessary for last year's Parent Portal user.)

Terri Benjamin  
Registrar  
(573) 392-8010

Cheyenne Uptergrove  
SIS Coordinator  
(573) 392-8000



INSTRUCTIONS: PLEASE READ THE FOLLOWING DOCUMENT. KEEP THE HOME COPY FOR YOUR RECORDS. SIGN THE OFFICE COPY AND RETURN IT TO SCHOOL AS SOON AS POSSIBLE.

Parents, Students, and District Employees: The purpose of this agreement is to outline the rules of using computers in the Eldon R-1 Schools. Since students using computers will also be using the local and wide area network, which includes connecting to the internet, the rules must be understood by all parents, students, and district employees. Your signature on the attached contract is legally binding and indicates that you have read the terms and conditions carefully and understand their significance.

**ELDON R-1 SCHOOL DISTRICT  
NETWORK AND INTERNET ACCESS  
ACCEPTABLE USE POLICY**

The Eldon R-1 School District is responsible for securing its network and computing systems in a responsible and economically feasible degree against unauthorized access and/or abuse, while making them accessible for authorized and legitimate users. This responsibility includes informing users of expected standards of conduct and the punitive measures for not adhering to them. Any attempt to violate the provisions of this policy will result in cancellation of user privileges and disciplinary action.

A user is required to use network resources in an efficient, ethical and legal manner. The use of your access must be in support of education/research and consistent with the educational objectives of the Eldon R-1 District. Activities that are acceptable, include classroom activities, career development, and research. Students may not use the resources of the Eldon R-1 School District for entertainment purposes.

In compliance with the Children's Internet Protection Act (CIPA), the district utilizes blocking software and a filtering system to guard against inappropriate access.

**Network Etiquette:** Students are expected to abide by the generally accepted rules of network etiquette. Etiquette rules include, but are not limited to, the following:

- Students must be polite and use appropriate language. Students should not use abusive language and vulgarities.
- Students must not reveal their personal identifying information (name, address, phone number, social security number, credit card number) or those to others.
- The network must not be used in such a way that would cause disruption of the use of the network by other users.

**Guidelines and Conditions:**

1. **Privileges:** The use of MORENet/Internet access is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges. The Technology Coordinator may deny access at any time as required. The administrators, faculty and staff may request the Technology Coordinator to deny, revoke, or suspend specific user access.
2. **Acceptable Use:** The use of your access must be in support of education/research and be consistent with the educational objectives of the Eldon R-1 District.

**3. Unacceptable Use & Network Security:** The activities listed below are prohibited:

- Violation of laws, local, state, federal and/or international, including criminal, copyright, privacy, defamation and obscenity laws. The school district will render all reasonable assistance to local, state, or federal officials for the investigation and prosecution of persons using district technology in violation of any law.
- Use of district technology for soliciting, advertising, fundraising, commercial purposes or for financial gain, unless authorized by the district.
- Deleting, examining, copying, or modifying of files and/or data belonging to other users without their prior consent.
- Using any computer access accounts other than those assigned to the individual. This includes misrepresenting self through the use of another person's ID.
- Accessing, viewing, or disseminating information using district resources, including e-mail or Internet access, that is pornographic, obscene, child pornography, harmful to minors, obscene to minors, libelous, pervasively indecent or vulgar, or advertising any product or service not permitted to minors.
- Introduction of computer "viruses," "hacking" tools or other disruptive/destructive programs into a school or district computer, network, or any external networks.
- Deliberately tampering with a computer system (e.g., disconnecting and/or switching cables or changing computer settings).
- Giving personal information, such as complete name, phone number, address, social security number, credit card, or identifiable photo without permission from teacher and parent or guardian.
- Using online communication tools/forums (e.g., chat rooms, blogs, instant messaging, personal email, pod casts, and Web pages) except for designated classroom activities.
- Failing to care for computer equipment. Objects should not be placed on monitors, computers, or keyboards. Food and beverage should never be used in the vicinity of computers or peripherals.

**Consistency with Other School Policies:** Use of the school district computer system and use of the Internet shall be consistent with school district policies and the mission of the school district.

**Limitation of School District Liability:** The school district system is provide on an "as is, as available" basis. The school district will not be responsible for financial obligations arising through unauthorized use of the school district system or the Internet. Users who subscribe to online services that charge fees are solely responsible for all charges incurred.

**Vandalism:** Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data or another user, damage to equipment or software, and interference with the MORENet or local network services.

**Privacy:** Administrators may review communications at any time to maintain system integrity. Users should not expect that files stored on district servers will be private.

**Internet Use Agreement:** The proper use of the Internet and the educational value to be gained is the joint responsibility of the students, parents, and employees of the school district. Staff members and all students must sign an agreement.

OFFICE COPY

OFFICE COPY

Eldon R-I Schools  
Network and Internet Access Acceptable Use Agreement

By signing this document, the student and parent indicate that they have read and agree to abide by the rules stated in the Network and Internet Acceptable Use Policy. This document will be kept at the school for the duration of the student's attendance within the Eldon R-I Schools.

**Student's Agreement**

I have read the Network and Internet Access Acceptable Use Policy and agree to follow the rules and regulations it contains. I further understand that any violation of the guidelines may result in my computer use and Internet privileges being restricted, revoked, or suspended and may result in school disciplinary action.

_____	_____	_____
Print Name	Signature	Date

**Parent's/Guardian's Agreement**

As the parent or guardian of this student, I have read the Acceptable Use Policy. I understand that Internet access at school is provided for educational purposes only. I understand that employees of the school system will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold them responsible for materials my son or daughter acquires or sees as a result of the use of the Internet from school facilities. I give my permission to Eldon R-I Schools to allow the student above to use the Internet on computers at the school. I understand that violation of this agreement may result in computer privileges being restricted, revoked, or suspended and may result in school disciplinary action.

_____	_____
Signature of Parent or Guardian	Date

The Missouri Virtual Instruction Program (MOVIP) transitioned to the Missouri Course Access and Virtual School Program (MOCAP) as a result of updates to Section 161.670, RSMo. Information about state funding for students enrolled in virtual education can be found in Section 162.1250, RSMo. Missouri students may enroll in MOCAP courses for the fall and spring semesters. MOCAP is not available in the summer.

### **What Is a MOCAP Course?**

Section 162.1250, RSMo sets out the requirements for all virtual courses. Not all virtual courses are approved MOCAP courses. Courses listed on the MOCAP Course Catalog have been checked for compliance by the Department of Elementary and Secondary Education (DESE). The local education agency (LEA) must vet all other virtual courses to ensure that statutory requirements have been met. In order for students to enroll in MOCAP courses, LEAs must have a secure method to send a student's MOSIS ID and date of birth to courseware providers.

MOCAP courses have been through a stringent review process, including:

- Course alignment to Missouri Learning Standards
- Web Content Accessibility Guidelines (WCAG 2.0)
- Data security review
- Missouri appropriately certificated teachers
- College Board approval of Advanced Placement (AP) courses in the catalog

MOCAP providers have agreed to:

- reporting requirements (including course completion and learning gains)
- invoicing requirements
- a price cap of 7% per semester and 14% per year, per course, based on the June State Adequacy Target

### **Course Catalog**

MOCAP's course catalog link, [mocap.mo.gov/catalog/](http://mocap.mo.gov/catalog/) displays contact information for providers to be contacted directly to register for courses.

### **MOCAP Policies**

An LEA shall inform parents of their child's right to participate in the program. Availability should be made clear in the parent handbook, registration documents, and featured on the LEA's homepage.

**Individual Learning Plans (ILP) or Individual Career and Academic Plans (ICAP)** Students taking more than two MOCAP courses must have an individualized learning plan maintained in the LEA's student records. An LEA may develop its own learning plan for students or use the ICAP that is available through the Office of College and Career Readiness under School Counseling.

### **Student's Appeal Process**

There is an appeal process if a student is denied access to a MOCAP course. Please refer to Section 161.670, RSMo to learn about the LEA's responsibility in the MOCAP appeal process. Parent/guardians must first work with the LEA before submitting the appeal to DESE. Parents/guardians may only submit the documentation provided by the local school board to the MOCAP Appeal website. The LEA will receive notification of the appeal and a copy of the submitted documentation. Only MOCAP courses offered during the regular school year are eligible for appeal. The appeal process does not apply to summer school or virtual courses that are not MOCAP approved.

### **MOSIS – August Core Data Cycle, Screen 3**

The contact person entered on Screen 3 will receive information about MOCAP appeals and updates to the program. Please ensure this contact is accurate. It is critical that this information is always current.

### **Reporting for Virtual Education in MOSIS**

- MOCAP requires that all teachers be appropriately certificated. Attendance hours for any educator without a valid Missouri teaching certificate will not be allowed for state aid purposes.
- Virtual courses will use Exhibit 34 – Instruction via Technology for delivery systems.

### **Program Code 50 in MOSIS**

- LEAs will identify MOCAP courses with Program Code 50 in their MOSIS October Cycle – Course Assignment.
- For student courses identified with the Program Code of 50, the educator course and educator do not need to be reported in the Course Assignment, Educator Core, or the Educator School files because the appropriate certification has already been verified by MOCAP.

### **Program Code 52 – Curriculum Only in MOSIS**

- LEAs will identify MOCAP curriculum only with Program Code 52- in their MOSIS October Cycle – Course Assignment.
- For MOCAP curriculum-only courses, an LEA must use an appropriately certificated teacher
- For courses that do not have a MOCAP teacher, the LEA will report educator information in the MOSIS October Cycle – Educator Core and Educator School.
- If an LEA does not have an appropriately certificated teacher, the course cannot be reported as a MOCAP course. Therefore, do not enter a program code; enter only the delivery system from Exhibit 34.

### **LEAs as Courseware Providers That Are NOT in the MOCAP Course Catalog**

- Section 162.1049, RSMo requires nonresident district and resident district shall accept each other's credits.
- LEAs may develop and provide online courses for other LEAs if standards in Section 162.1250, RSMo have been met.
- When purchasing virtual education from a Missouri LEA, the educating LEA (receiving) must coordinate with the sending LEA (where the student is enrolled) under the Cooperative Agreement - Resident 1.
- These are not MOCAP courses, so do not enter a program code; enter only the delivery system from Exhibit 34.

For more information about MOCAP, please contact [DESE.MOCAP@dese.mo.gov](mailto:DESE.MOCAP@dese.mo.gov) or 573-522-3651 or visit the MOCAP website.