Eldon Upper Elementary 2019-2020

MUSTANGS

*This page is for Office Use Only

Required Registration Documents

☐ Parent/Guardian ID

☐ Birth Certificate

☐ Shot Record

☐ Proof of Residency

☐ Court Documents

☐ IEP/504

☐ Discipline

☐ Records from previous school

Previous School

Enrollment Requirements Complete

Office Signature

Student Name ___________________ Grade ___________ Teacher ___________________

Student PIN# _______________ Locker # _______________

Student Transportation: AM ___________________

PM ___________________
MUSTANGS

Eldon Upper Elementary School
Cody Kliethermes, Principal  Kari Duncan, Assistant to the Principal
409 E. 15th Street
Eldon, MO 65026
Phone: 573-392-6364  Fax: 573-392-6820

Student Record Release Permission Form

Date ________________

Students Full Name ____________________________  Date of Birth ________________

Students Full Name ____________________________  Date of Birth ________________

Name of last school attended __________________________

Street Address ____________________________  City __________________________

Phone ____________________________  Fax __________________________

To enable us to complete our records, please send the following information:
1. A record of scholastic achievement
2. Health and immunization records
3. Scores on intelligence and achievement
4. Diagnostic Summary and IEP, if applicable
5. Discipline and Attendance records

Please return records to one of following
1-573-392-6820 (Fax)
Or

beth.krantz@eldonmustangs.org and haley.wood@eldonmustangs.org

The Family Rights and Privacy Act, Buckley Amendment. Section 99.30, Paragraph (B)
states that schools where a student intends to enroll DO NOT need to have consent form
signed for transfer of school records.

Parent Signature ____________________________  Date ____________________________
ELDON R-I SCHOOLS ENROLLMENT INFORMATION
2019-2020

Date: ____________________________

Race: (please check) White _____ Black _____ Hispanic _____ Indian _____ Asian _____ Other ____________

Student’s Name: ____________________________  Birthday: ___________  Age: ___________

Address: ____________________________ City: ___________ ZipCode: __________

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.

Two sided please turn over

__ 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)
<table>
<thead>
<tr>
<th>HEALTH CONDITION (Check all that apply)</th>
<th>YES</th>
<th>NO</th>
<th>DIAGNOSIS DATE / TREATMENT MEDICATION (s) and/or</th>
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<tbody>
<tr>
<td>ADD ___________________________________</td>
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<tr>
<td>Autism __________ Asperger’s ______</td>
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<tr>
<td>Asthma Carries inhaler Y  N Type: _____</td>
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<td>If carries an inhaler, a medication authorization (Dr. Signature) needs to be on file. Asthma Triggers:</td>
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<tr>
<td>Bone/joint problem</td>
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<td>Bowel, bladder or kidney problems (specify which one)</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Chronic Ear aches/Infections - Tubes present R  L _______</td>
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<td>Chronic Headaches ______ Migraines ______</td>
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<td>Hearing Loss - Ear(s) R  L ______ Aid(s) ______</td>
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<td>Heart Condition:</td>
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<tr>
<td>Irritable Bowel Syndrome</td>
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<td>Menstrual Cramps, Frequent ___________ and/or Severe _______</td>
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<tr>
<td>Mental Health Concerns</td>
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<td>Nosebleed: Frequent ______ and/or Severe _______</td>
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<td>Seizure Disorder: Date of Last Seizure: _______</td>
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<td>Skin Problems - Concern: _______</td>
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<td>Traumatic Brain Injury/ Head injury _______</td>
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<td>Vision Concerns- Wears Glasses Y  N _______</td>
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<td>Contacts Y  N _______ all the time _______</td>
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<td>Reading ______ Distance: _______</td>
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Allergic to: (food, medications, latex insects) (Specify meds or type of diet)

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 contacting a parent/guardian.

NO _______ I DO NOT give my permission for the School Nurse or designated personnel to give acetaminophen or ibuprofen 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 student’s 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 ____________
Patient Registration Form for Medical and/or Dental Services

Student name (Please Print): __________________________________________

Parent/Guardian Name (Please Print): __________________________________

Mailing Address: ___________________________________________________

Sex: ___ Male  ___ Female  Birth Date: ____________________ Grade in School: ______

Home Phone: ____________________ Cell Phone: ________________________

Email: ___________________________ @ ________________________________

Emergency Contact: ______________________________________ Relationship: ______________________________

Emergency Contact Phone: ________________________________

Please indicate if you would like your child to receive on a twice-yearly basis
Please mark any services you **DO NOT** want your child to receive (note, if DENTAL EXAM is marked, no other services can be performed):

___ Oral Hygiene Instruction and Education  ___ Dental Exam
___ Fluoride Treatment  ___ Cleaning
___ Sealants  ___ X-Rays

**Responsible/Insured Party Information:**
*This section must be completed. If uninsured, please mark the appropriate box below.*

Child is covered by Medicaid: Yes  No  Medicaid #: __________________________

Uninsured

If other Medical Insurance (not Medicaid):
Name of Insurance: _______________________________________________________

Policy Number: __________________________  Group Number: ______________________

Insurance Billing Address (back of card): ______________________________________

Name of Policy Holder: __________________________  Relationship to patient: ______________________

Policy Holder Date of Birth: __________________________  Employer: ______________________

If other Dental Insurance (Not Medicaid):
Name of Dental Insurance: ____________________________
Dental Policy Number:______________ Dental Group Number:______________

Dental Claims Address (back of card):____________________________________

Name of Policy Holder:____________________ Relationship to patient:__________

Policy Holder Date of Birth:____________________ Employer:______________

Social Security Number of Policy Holder
(if you prefer a phone call to provide this information please write “call”:

I request that payment of authorized benefits Medicare, Medicaid, and/or any insurance carrier listed, be made to me or on my behalf to the provider listed on this form, for any services furnished to me by that physician/supplier. I authorize any holder of medical information about me to release it to the Division of Family Services, the Health Care Financing Administration, listed insurer(s), and/or agencies of these companies, and/or the listed responsible person(s), any information needed to determine these benefits or the benefits for other related services.

Signature:________________________________________ Date:

If not the patient or parent of patient; please note if you are the Guardian or Power of Attorney and supply documentation

Consent for Treatment for Medical and/or Dental Services

I, __________________________, consent for treatment of __________________________

Printed Name of Parent/Guardian Printed Name of Student

I attest that I have legal responsibility for this patient and the legal right to direct the medical/dental treatment of this patient. This consent allows for treatment today and all future appointments. This record may be given to other providers within Central Ozarks Medical Center to treat this minor as needed.

I understand that my child will be receiving services at school during the school day, and that I will be kept informed of when my child receives services and will be updated on their progress.

Signature of Parent/Guardian Date

HIPAA Release

I authorize the additional individuals listed below to provide consent for treatment and to receive health information related to my child’s treatment.

Authorized Individual(s) and Phone Number(s)____________________________________

I give Central Ozarks Medical Center (COMC) consent for treatment of my child for health care services. I understand that services are available without discrimination prohibited by federal and state law. I understand that no treatment will be given without my knowledge or consent unless it is an emergency.

- I understand that the information in my child’s health record is confidential and will not be released to any unauthorized person or agency without my consent.
- I authorize COMC to only disclose any portion of my child’s health record to school personnel only as it relates to my child’s academic success, including scheduling treatment and confirmation that my child is receiving services.
- I authorize COMC to have access to my child’s school records only to assist in providing necessary care to my child.
Health History

Student Name: ___________________________ Date of Birth: ____________

Please list any health concerns: __________________________________________

Is your child under a physician’s care now? ☐ Yes ☐ No
If yes, please list physician’s name and name of the medical clinic: ____________

Is your child taking any over-the-counter or prescription medications or vitamins? ☐ Yes ☐ No
If yes, please list: ______________________________________________________

Preferred Pharmacy: ____________________________________________________

Has your child ever been to the hospital due to serious illness, injury, or surgery (Please provide details)? ___________________________________________________________

Is your child allergic to any of the following?
☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic ☐ Metal ☐ Latex ☐ Sulfas ☐ Local Anesthetics ☐ Nut Allergy ☐ Milk Protein ☐ Tylenol ☐ Ibuprofen/NSAIDS ☐ Other: ___________________________

Is there any additional information that you feel is important or would help in the treatment of your child? ____________________________________________________________

<table>
<thead>
<tr>
<th>Has your child ever had any of the following?</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>ADHD</td>
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<td>Asthma</td>
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<tr>
<td>Autism</td>
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<tr>
<td>Blood Disorders (Anemia, Hemophilia, Sickle Cell Disease)</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Cystic Fibrosis or Respiratory Disease</td>
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<td>Endocrine Disease (Diabetes, Thyroid, Glandular)</td>
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<td>Genetic Disorder/Syndrome (please describe)</td>
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<td>Heart Disease (murmur, surgery, previous endocarditis, congenital abnormality)</td>
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<td>Immunocompromise</td>
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<tr>
<td>Kidney Disease</td>
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<tr>
<td>Liver Disease (Hepatitis)</td>
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<td>Mental or emotional problems, or developmental delays</td>
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<td>Neurological Disease (seizures)</td>
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<td>STD or HIV</td>
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<tr>
<td>Severe Headaches</td>
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<tr>
<td>Sight, hearing, or speech disorder</td>
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<td>Skin, bone, muscle or joint disease</td>
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<tr>
<td>Other:</td>
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**Consent and Acknowledgement of Receipt of Privacy Practices**

I attest that to the best of my knowledge the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my child’s health and unlawful. It is my responsibility to inform the medical/dental office of any changes related to the information in this packet.

We are committed to protecting your personal health information in compliance with the law. Our Notice of Privacy Practices is attached (final page of packet). We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received a copy.

I, _______________________________________, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

______________________________  ____________________
Signature of Parent/Guardian       Date
Please tear this page off and retain for your records.

Notice of Privacy Practices

This notice describes how medical information about you can be used and disclosed, and how you can get access to this information. Please review it carefully. If you have any questions, please contact our Privacy Officer at phone number (573) 765-5131, or cmcelyea@centralozarks.org.

Who will follow this notice?
The list below tells you who will follow the outlined practice for keeping your medical record private.

All Central Ozarks Medical Center Medical and Dental Clinics (COMC). Any COMC health care professional that treats you at any of our locations. All COMC employees, temporary or contract staff, students and volunteers.

What is this Notice?
We are required by law to maintain the privacy of your protected health information. We are also required by law to give you this notice of our legal duties and privacy practices regarding your health information. We are required to notify you if there is a breach of your unsecured protected health information. We are required to follow the terms of the current Notice of Privacy Practices.

We may use and disclose your health information for:

Treatment: We may use and disclose health information for your medical treatment and services. Payment: We may use and disclose health information to bill for and receive payment for the services provided to you. Health Care Operations: We may use and disclose health information for purposes of health care operations.

Appointment Reminders: To remind you that you have an appointment scheduled with us. Treatment Alternatives: To inform you of treatments available to you. As required by Law: When required to do so by applicable law. To prevent a Serious Threat to Health or Safety: To prevent a serious threat to your health and safety or the health and safety of others. Individuals Involved in your Care: Unless you object, to friends, family members or others involved in your medical care or who may be helping pay for your care. Organ and Tissue Donation: Organ or tissue donation to organizations that handle organ procurement and transplant.

We may use and disclose certain information for patients deceased 50 or more years are no longer considered Protected Health Information. Genetic Information: Genetic Information is considered Protected Health Information. For example, genetic information may be disclosed with authorization but cannot be used by health plans for underwriting purposes. Military and Veterans: If you are a member of the armed forces, as required by military command authorities. Worker's Compensation: For worker's compensation purposes or similar programs providing benefits for work related injury or illness. Public Health Activities: For public health activities such as surveillance or control of disease, reporting births and deaths, and reporting child abuse and neglect. Health Oversight Activities: To governmental agencies and boards as authorized by law such as licensing and compliance purposes. Breach Notification: Uses or disclosures of PHI that are not permissible are now presumed to be a Breach, unless it can be demonstrated a "low probability" exists that your PHI has been compromised or that an exception applies. Disaster Relief: Unless you object, to disaster relief organizations to coordinate your care or notify family and friends of your location or condition following a disaster. Lawsuits and Disputes: In response to a warrant, court order, or other lawful process. Law Enforcement: Pursuant to process and as otherwise required by law.Coroners, Medical Examiners, Funeral Directors: As necessary to determine the cause of death or to perform their duties. National Security and Intelligence Activities: To authorized federal officials for intelligence and other national security activities as authorized by law. Protective Services for the President and Others: To federal officials to provide protection to the President and other authorized persons, or conduct special investigations. Inmates or Individuals in Custody: If you are an Inmate or in the custody of law enforcement, we may disclose to the correctional institution or law enforcement official as necessary to provide you with health care, to protect the health and safety of you and others, or for the safety and security of the correctional institution. Research Studies and Clinical Trials: Authorizations may be combined in the research context subject to certain in requirements, and authorizations for future research are also permitted. Business Associates: Business Associates are directly liable for violations of the HIPAA/HITECH Act. If we contract with others to perform a business function on our behalf, you have the right to request that we limit the information that our business associate is subject to. Fundraising: For raising funds. You may opt out of receiving fundraising communications at any time. With certain exceptions, we are not allowed to use or disclose psychotherapy notes without your authorization. We are also not allowed to use or disclose your health information for marketing purposes or sell your health information without your authorization. Other uses and disclosures of your health information not described in this Notice of Privacy Practices or applicable laws will require your written authorization. If you choose to permit us to use or disclose your health information, you can revoke that authorization by informing us of your decision in writing. If you revoke your authorization, we will no longer use or disclose your health information as set forth in the authorization. However, any use or disclosure of your health information made in reliance on your authorization before it was revoked, will not be affected by the revocation.

Your rights regarding your health information:
In most cases, you may make a written request to look at, or get a copy of your health information. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you have the right to have that denial reviewed by a licensed health care professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review. If your health information is maintained in electronic format, you have the right to request an electronic copy of your health information. If your health information is not readily producible in the format you request, it will be provided either in our standard electronic format or as a paper document. We may charge you a reasonable cost based fee for the labor associated with transmitting electronic health information. If you feel your health information is incorrect or incomplete, you may have the right to request that we amend your information. You must submit a written request providing your reason for requesting the amendment to the Privacy Officer. Your request to amend your health information may be denied if it was not created by us; if it is not part of the information maintained by us; or if we determine that the information is correct. You may submit a written appeal if you disagree. Your request for amendment will be included as a part of your health information.

You have the right to request a list of certain disclosures we made of your health information, for a period of time up to six years prior to the date of your request. The first list you request in a 12-month period is free. If you make more requests during that time, you may be charged our cost to produce the list. We will tell you about the cost before you are charged. You have the right to request a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You have the right to request that your health information be given to you in a confidential manner. You have the right to request that we communicate with you in a certain way or at a certain location, such as by mail or at your workplace. Any such request must be made in writing to the Privacy Officer. We will accommodate reasonable requests. If we can accommodate your request, we will not disclose your health information to your health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise permitted by law. Such restricted disclosure must pertain solely to a healthcare item or service for which you, or someone on your behalf, have paid us in full. You may request, in writing, that we not use or disclose your health information for treatment, payment or healthcare operations; or to those persons involved in your care, when required by law; or in an emergency. All written requests or appeals should be submitted to our Compliance Office listed at the end of this notice. We are not required to agree with the requested restrictions. You have the right to be notified if there is an unauthorized use or disclosure of your unsecured protected health information unless we determine that there is a low probability that your information has been compromised.

Complaints:
If you believe that your privacy rights have been violated, you may contact our Privacy Officer, Courtney McElvee, at 573-765-5131, or by email at cmcelyea@centralozarks.org. You may write us at Central Ozarks Medical Center Att: Courtney McElvee PO Box 777, Richland, MO 65556. You may also contact Missouri Department of Health, Bureau of Health Facility Regulation: 1-573-751-6303 and/or the State Attorney General's Office Consumer Hot Line: 1-800-932-8222.

You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights at: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html The Office of Corporate Compliance can provide the mailing address. We will not retaliate against you for filing a complaint. If we change our policies regarding our uses and/or disclosures of your protected health information, we will change our Notice of Privacy Practices and make the revised notice available to you on our website and our practice locations. You may access our website at http://www.centralozarks.org. You may also request a paper copy of the current Notice of Privacy Practices at any time.
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 ____________
Parents, Students, and District Employees: The purpose of this agreement is to outline the rules of using computers in the Eldon R-I 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 of 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 e-mail, 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.

4. 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.

5. Limitation of School District Liability: The school district system is provided 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.

6. 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.

7. 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.

8. 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.
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
Dear Parents,

As you know, one of the most fundamental keys to a student’s success is communication between parents and teachers. We hear parents all too often say, “I didn’t know that my child was missing an assignment.” As a way to combat that issue, we now have software that notifies parents of missing assignments the moment that the teacher inputs grades.

The software will send an automatic text and email to the parent of a student that has a missing assignment. This notification will have the exact assignment missing, as well as any note that the teacher needs to give relating to the assignment. Parents are welcome to reply to the email if they have questions for the teacher. We, as teachers, can see every student that is missing an assignment and help encourage that student to complete it as soon as possible. This list is called the “ICU list” because we believe that missing assignments are so damaging to student’s grades that we need intensive care to fix the issue.

The Upper Elementary School believes if students, parents and teachers work together, great things can happen!

Please fill out the slip below and return to school tomorrow.

☐ Yes, I __________________________, do want to be automatically notified when my child, __________________________, is missing work. Please send me the texts and emails. My email address is __________________________. Please send texts to the following number __________________________.

☐ No, I __________________________, do not want to be automatically notified when my child, __________________________, is missing work. Please do not send me the automatic texts or emails.

Signature

Homeroom Teacher __________________________ Grade __________________________
Title I Home-School Compact

Upper Elementary School is a school-wide Title 1 building; therefore all students have the opportunity for additional assistance in learning.

Students of Upper Elementary School are encouraged to be responsible for their own success. To aid in this success, they can commit to:

1. attending school on time every day.
2. Do their best in class and completing homework on time.
3. Respecting others and themselves, making good choices and being a cooperative learner.
4. Keeping parents informed about progress in school and asking for help when needed.
5. using time wisely at home and at school.

Parents are encouraged to be involved in their child's education in an effort to help with his/her achievement, attitude and behavior. To aid in this effort, parents can commit to—

1. Sending child to school every day, well rested and ready for the day.
2. Providing appropriate learning supplies and a place and time for learning.
3. Letting child know how much they I care about their learning.
4. Checking child’s homework and their graded schoolwork.
5. Making sure communication flows two ways, both from school to home and from home to school.

As educators at Upper Elementary School, we understand the importance of the educational experience for every student and our role as the teacher and model. Therefore, in order to insure learning takes place for every student, we are committed to—

1. Maintain high expectations for every child to learn and achieve.
2. Provide a safe, positive and respectful learning environment.
3. Recognize and adapt for each student’s needs and encourage individual talents.
4. Communicate with parents and students on a regular basis concerning their progress.
5. Help parents to support learning and positive behavior and encourage interaction at school.

By signing this compact, I acknowledge that I have received the 2019-2020 Student/Parent Handbook and understand the terms and conditions. Together, students, parents and educators become partners to enable the child to know success and a lifelong love of learning.

______________________________
Parent Signature

______________________________
Student Signature

______________________________
Teacher Name
PARENT PORTAL

Through this web-based system, Parent Portal, parents will be able to view their child’s attendance history, schedule, grades based on three week progress reports, 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).
The Upper Elementary Student handbook is available at the Eldon R-1 District Website. The web address is www.eldonmustangs.org. You will find the student handbook listed on the Upper Elementary page in the “Quick Links” section.

**Handbook:**

Would you like to receive a printed version of the handbook? □ Yes  □ No

---

Parent Signature

Date

---

Student

Grade

Teacher Name
LETTER TO PARENTS
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Eldon Upper Elementary School offers healthy meals every school day. Breakfast costs $1.85. Your children may qualify for free meals or for reduced price meals. Reduced price is FREE for breakfast and $.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

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

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annually</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
<tr>
<td>For each add'l person add</td>
<td>+ 8,177</td>
<td>+ 682</td>
<td>+ 158</td>
</tr>
</tbody>
</table>

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail Aaron Berendsen at aaron.berendsen@eldonmustangs.org or call 573-392-8003.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Eldon Upper Elementary School, 409 W 15th St. Eldon, MO 65026.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household are missing from your eligibility notification, contact Shawndra Taylor, Food Service Director, Shawndra.taylor@eldonmustangs.org or call 573-392-8000 immediately.

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

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

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

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You may also ask for a hearing by calling or writing: SHAWN DRA TAYLOR, 112 S. PINE ST. ELDON, MO 65026, 573 392-8000 OR EMAIL SHAWN DRA.TAYLOR@ELDON MUSTANGS.ORG.

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

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

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

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

14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Eldon Upper Elementary School office, 573 392-6364 to receive a second application.

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

If you have other questions or need help, call 573 392-6364 or 573 392-8000.

Sincerely,

Shawndra Taylor, Food Service Director

USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
### Eligibility Criteria for Free and Reduced Price Meals
**Effective July 1, 2019**

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Maximum Household Income Eligible for Free Meals</th>
<th>Maximum Household Income Eligible for Reduced Price Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annually</td>
<td>Monthly</td>
</tr>
<tr>
<td>1</td>
<td>$16,237</td>
<td>$1,354</td>
</tr>
<tr>
<td>2</td>
<td>21,983</td>
<td>1,832</td>
</tr>
<tr>
<td>3</td>
<td>27,729</td>
<td>2,311</td>
</tr>
<tr>
<td>4</td>
<td>33,475</td>
<td>2,790</td>
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<tr>
<td>5</td>
<td>39,221</td>
<td>3,269</td>
</tr>
<tr>
<td>6</td>
<td>44,967</td>
<td>3,748</td>
</tr>
<tr>
<td>7</td>
<td>50,713</td>
<td>4,227</td>
</tr>
<tr>
<td>8</td>
<td>56,459</td>
<td>4,705</td>
</tr>
<tr>
<td>Each add'l member</td>
<td>+ 5,746</td>
<td>+ 479</td>
</tr>
</tbody>
</table>

**Family/Household** means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

**Gross Income** means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's **current** rate of income should be used in determining eligibility.

**Current Income** is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers. (Information follows on the reverse side.)
Foster Children whose care and placement is the responsibility of the State, or who is placed by a court with a
caretaker household, is categorically eligible for free meals and may be certified without an application.
Households with foster and non-foster children may choose to include the foster child as a household member, as
well as any personal income earned by the foster child on the same household application that includes the non-
foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to
household members.

Institutionalized Children are considered a one-member family and only monies the child actually receives and
controls shall be considered as income for determining eligibility.

Adopted Children for whom a household has accepted legal responsibility is considered to be a member of that
household. If the adoption is a “subsidized” adoption, which may include children with special needs, the subsidy
is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that,
once the child is adopted, he/she must be determined eligible based on the economic unit and all income
available to that household, including any adoption assistance, is counted when making eligibility determination.
What do I report my Income?

Step 3: Report Income for all Household Members

- Go to Step 4

373-4638

Write a case number for SNAP, TANF or EPRP. You may need to provide one case number if you participate in one of these programs and do not know your case number. See number T-855.

If someone in your household participates in any of the above listed programs:

- Leave Step 3 blank and go to Step 2.

- Leave Step 2 blank and go to Step 3.

Ledger issues:

If no one in your household participates in any of the above:

- Leave Step 2 blank and go to Step 3.

- Leave Step 3 blank and go to Step 2.

The Food Distribution Program on Indian Reservations (FDP)

- The Temporary Assistance for Needy Families (TANF)

The Supplemental Nutrition Program (SNAP)

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

Step 2: Do any household members currently participate in SNAP, TANF, or EPRP?

The application, children and complete all steps of the application, including the program of assistance (HAWAIIAN, SNAP, TANF, etc.) in the household. This is the section means this child's name and complete all steps of the application. Children and complete all steps of the application.

- Leave Step 2 blank and go to Step 3.

- Leave Step 3 blank and go to Step 2.

Additional children:

- Leave Step 3 blank and go to Step 2.

- Leave Step 2 blank and go to Step 3.

If no one in your household participates in any of the above:

- Leave Step 2 blank and go to Step 3.

- Leave Step 3 blank and go to Step 2.

The Food Distribution Program on Indian Reservations (FDP)

- The Temporary Assistance for Needy Families (TANF)

The Supplemental Nutrition Program (SNAP)

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

Step 1: List all Household Members Who Are Infants, Children, and Students Up to and Including Grade 12

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

To do next please contact Edison School district 73-3280.

Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do, please contact Edison School district 73-3280.

Please complete the following instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do, please contact Edison School district 73-3280.
Please provide your contact information. Your household is required to sign this application. By signing the application, you certify that all information has been faithfully provided.

**Step 4: Contact Information and Adult Signature**

1. **Name:**
   - Last name
   - First name

2. **Phone Number:**
   - Area code
   - Phone number

3. **Address:**
   - Street
   - City
   - State
   - Zip Code

4. **Signature:**
   - Parent's signature
   - Date

- **Parent's Income:**
  - Total household income

- **Household Members:**
  - Names of household members

- **Monthly Expenses:**
  - Include all expenses

- **Assets:**
  - List all assets

- **Liabilities:**
  - List all liabilities

- **Other Income:**
  - Include all other income

- **Support Payments:**
  - Include any support payments

- **Child Support:**
  - Include child support

- **Direct Deposit:**
  - Include direct deposit information

- **Account Number:**
  - Bank account number

- **Routing Number:**
  - Bank routing number

- **Emergency Contact:**
  - Name
  - Relationship
  - Phone number

- **Emergency Address:**
  - Street
  - City
  - State
  - Zip Code

- **Social Security Number:**
  - Parent's Social Security Number

- **Student Information:**
  - Parent's name
  - Student's name
  - Grade level

- **School Information:**
  - School name
  - School address
  - School phone number

- **Application Requirements:**
  - Complete the application
  - Sign the form

- **Application Submission:**
  - Submit the completed application
  - Sign the form

- **Application Deadline:**
  - Submit by [date]

- **Contact Information:**
  - Parent's name
  - Parent's phone number

- **Emergency Contact:**
  - Name
  - Relationship
  - Phone number

- **Address:**
  - Street
  - City
  - State
  - Zip Code

- **Employment Information:**
  - Employer's name
  - Occupation
  - Annual income

- **Education Information:**
  - Highest degree
  - School attended
  - Major

- **Income Verification:**
  - Provide evidence of income

- **Support Payments:**
  - Include any support payments

- **Child Support:**
  - Include child support

- **Direct Deposit:**
  - Include direct deposit information

- **Account Number:**
  - Bank account number

- **Routing Number:**
  - Bank routing number

- **Application Requirements:**
  - Complete the application
  - Sign the form

- **Application Submission:**
  - Submit the completed application
  - Sign the form

- **Application Deadline:**
  - Submit by [date]

- **Contact Information:**
  - Parent's name
  - Parent's phone number

- **Emergency Contact:**
  - Name
  - Relationship
  - Phone number

- **Address:**
  - Street
  - City
  - State
  - Zip Code


This institution is an equal opportunity provider.

Email: ProgramInfomation@usda.gov

Fax: (202) 690-7442 or

Washington, DC 20250-9410

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue SW

USDA

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, and goods or services, does not discriminate on the basis of race, color, national origin, age, disability, or sex; by providing or refusing to provide services, benefits, or opportunities on the basis of this discrimination.

The Executive Director, Migrant & Insular Services, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW (USDA), Washington, DC 20250, (202) 720-2600, has the authority to promulgate and enforce this regulation.

Persons who wish to file a civil rights complaint against the Department of Education should write to Office for Civil Rights, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202-5200, or call in the English spoken in the language other than English.

Information may be made available in languages other than English.

USDA is an equal opportunity provider. When a complaint is received, it should be referred to the appropriate office or program. The appropriate office or program will then be notified.

The Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250, has the authority to promulgate and enforce this regulation. The Executive Director, Migrant & Insular Services, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW (USDA), Washington, DC 20250, (202) 720-2600, has the authority to promulgate and enforce this regulation.

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REQUEST FOR INFORMATION

(Complete one form per family)

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

Does each child in your family have healthcare insurance?

☐ YES
☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

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

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

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

Printed name of parent/guardian:

Mailing Address:

City: ___________________________ State: ___________ Zip Code: ___________
INSTRUCTIONS FOR REQUEST FOR INFORMATION, DOES YOUR CHILD NEED HEALTHCARE COVERAGE AND MO HEALTHNET DATA COLLECTION FORM

MO HealthNet outreach (Missouri Senate Bill 583 - 2010) requires public and charter LEAs to provide the Request for Information with the meal application at the beginning of the school year. Non-public LEAs are encouraged to participate; however, not required. Residential Child Care Institutions (RCCIs) are excluded from this requirement.

The form allows a parent or guardian to check a box indicating a YES or NO whether each child in the family has health care insurance. The form should be returned to the school district and if a NO is checked a (Does your child need health care coverage?) form must be provided to the family. The Request for Information forms returned to the LEA should be kept on file. The number of families indicating the absence of healthcare insurance and the number of applications provided to the family will be reported to Department of Elementary and Secondary Education (DESE), Food and Nutrition Services (FNS) on the MO HealthNet for Kids Data Collection form due November 30th. If information is updated after the initial due date submit a revised form.

Steps for implementation:

1. Provide the Request for Information (Attachment K) to all students with the Free and Reduced Price School Meals Family Application (Attachment D). **DO NOT PROVIDE** the (Does your child need health care coverage?) form to all students with the Free and Reduced Price Meals Application.

2. If the Request for Information is returned and checked “NO”, send the family the (Does your child need health care coverage?) form. (Attachment L).

3. Keep a record of how many Request for Information forms are returned and checked “NO” and how many families are sent the (Does your child need health care coverage?) form. Request for Information forms returned and checked “YES”, will be kept on file along with the forms checked “NO”.

4. Complete the MO HealthNet for Kids Data Collection form (Attachment M) and return to DESE, FNS, no later than November 30, 2019.
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, 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 or 573-522-3651 or visit the MOCAP website.