

# Eldon Upper Elementary 2019-2020



\*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 \_\_\_\_\_



Eldon Upper Elementary School  
Cody Kliethermes, Principal Kari Duncan, Assistant to the Principal  
409 E. 15<sup>th</sup> 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](mailto:beth.krantz@eldonmustangs.org) and [haley.wood@eldonmustangs.org](mailto: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: \_\_\_\_\_ 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.

*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)



Eldon R-1 School District – Health Services

Student Health Information

2019-2020

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 \_\_\_\_\_





Central Ozarks  
Medical Center

Medical • Behavioral • Dental

### 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 agents 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)?

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Is your child allergic to any of the following?

☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic ☐ Metal ☐ Latex ☐ Sulfa Drugs ☐ 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?

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### Family Medical History

Has your child ever had any of the following?	Yes	No	Comments			
ADHD						
Asthma			Mild	Moderate	Severe	Exercise Induced
Autism						
Blood Disorders (Anemia, Hemophilia, Sickle Cell Disease)						
Cancer						
Cystic Fibrosis or Respiratory Disease						
Endocrine Disease (Diabetes, Thyroid, Glandular)						
Genetic Disorder/Syndrome (please describe)						
Heart Disease (murmur, surgery, previous endocarditis, congenital abnormality)						
Immunocompromise						
Kidney Disease						
Liver Disease (Hepatitis)						
Mental or emotional problems, or developmental delays						
Neurological Disease (seizures)						

STD or HIV			
Severe Headaches			
Sight, hearing, or speech disorder			
Skin, bone, muscle or joint disease			
Other:			

#### 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



## Notice of Privacy Practices

### Please tear this page off and retain for your records

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](mailto: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 treatment options 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. **Decedents:** Health records for patients deceased 50 or more years are no longer considered Protected Health Information. **Genetic Information:** Genetic Information is considered Protected Health Information, which 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 authority. **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 preventing 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 requirements, and authorizations for future research are also permitted. **Business Associates:** Business Associates are directly liable for violations of the HIPAA/HITECH Act. Subcontractors of a business associate that create, receive, maintain or transmit PHI on behalf of the business associate are likewise HIPAA business associates, and subject to the same requirements that the first business associate is subject to. **Fundraising:** For raising funds. You may opt out of receiving fundraising communications at any time. **Other disclosures:** 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 that 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 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 receive 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 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. **You have a right to ask that we 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 required 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 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 may have been violated, you may contact our Privacy Officer, Courtney McElyea, at 573-765-5131 or by email at [cmcelyea@centralozarks.org](mailto:cmcelyea@centralozarks.org). You may write us at Central Ozarks Medical Center Attn: Courtney McElyea 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: 1-800-392-8222. 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 use and/or disclosure 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

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-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-I 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.

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Print Name

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Signature

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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.

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Signature of Parent or Guardian

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Date



# Eldon Upper Elementary

409 E. 15<sup>th</sup> Street  
Eldon, MO 65026  
(573)392-6364

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.

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Parent Signature

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Student Signature

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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](http://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

MUSTANGS

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

\_\_\_\_\_  
Date

_____ Student	_____ Grade	_____ Teacher Name
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## 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 **FREE**; lunch 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 price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

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

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 Berendzen at [aaron.berendzen@eldonmustangs.org](mailto:aaron.berendzen@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 E 15<sup>th</sup> 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 were missing from your eligibility notification, contact **Shawndra Taylor, Food Service Director**, [Shawndra.taylor@eldonmustangs.org](mailto: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 also may ask for a hearing by calling or writing to: SHAWNDR A TAYLOR, 112 S.PINE ST. ELDON, MO 65026, 573 392-8000 OR EMAIL SHAWNDR A.TAYLOR@ELDONMUSTANGS.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, audiotope, 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS  
EFFECTIVE JULY 1, 2019**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$16,237	\$1,354	\$313	\$23,107	\$1,926	\$445
2	21,983	1,832	423	31,284	2,607	602
3	27,729	2,311	534	39,461	3,289	759
4	33,475	2,790	644	47,638	3,970	917
5	39,221	3,269	755	55,815	4,652	1,074
6	44,967	3,748	865	63,992	5,333	1,231
7	50,713	4,227	976	72,169	6,015	1,388
8	56,459	4,705	1086	80,346	6,696	1,546
Each add'l member	+ 5,746	+ 479	+ 111	+ 8,177	+ 682	+ 158

**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.

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the Eldon School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Eldon School District 573 392-8000.

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

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

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

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

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

List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	Building name/Grade. If child is a student, list building name and grade.	Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.
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### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?

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

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

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

- Leave STEP 2 blank and go to STEP 3.

If anyone in your household participates in any of the above listed programs:	If anyone in your household participates in any of the above listed programs:
<ul style="list-style-type: none"> <li>• Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636.</li> <li>• Go to STEP 4.</li> </ul>	

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

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

(Information follows on the reverse side.)

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

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

### 3.A. REPORT INCOME EARNED BY CHILDREN

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

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

### 3.B REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

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

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

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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

<p><b>Provide your contact information.</b> Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p><b>Print and sign your name and write today's date.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p><b>Mail Completed Form to:</b> Eldon School District 112 S. Pine St. Eldon, MO 65026</p>	<p><b>Share children's racial and ethnic identities (optional).</b> On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>
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Complete one application per household. Please use a pen (not a pencil).

## Attachment E

ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 (if more spaces are required for additional names, attach another sheet of paper)

[illegible]

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

Write only one case number in this space

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

		How often?			
		Weekly	Bi-Weekly	2x Month	Monthly
Child Income		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ank, you are certifying (promising) that there is no income to report

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income	How often?
	Weekly	Bi-Weekly	2x Month	Monthly
<div style="height: 20px; width: 100%;"></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	<div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>
<div style="height: 20px; width: 100%;"></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	<div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>
<div style="height: 20px; width: 100%;"></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	\$ <div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	<div style="display: flex;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>

Total Household Members \_\_\_\_\_

(Children and Adults)

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member:

Check if no SSN ☐

**Mail Completed Form To: Eldon School District 112 S. Pine St. Eldon, MO 65025**

false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Daytime Phone and Email (optional)

Today's date

ONLY

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

**Eligibility:** ☐ Free ☐ Reduced ☐ Denied Reason: \_\_\_\_\_

**Data withdrawal:** ☒ Every 2 weeks ☐ Once a month ☐ Monthly ☐ Real time

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

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

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



**INSTRUCTIONS****Sources of Income****Sources of Income for Children**

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

**Sources of Income for Adults**

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

**OPTIONAL****Children's Racial and Ethnic Identities**

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

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# REQUEST FOR INFORMATION

(Complete one form per family)

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

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

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

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

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

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

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

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



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 30<sup>th</sup>. 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/](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.