



PRESCHOOL PROGRAMS

All students must be 3 years or older and be potty trained to attend these programs:

- 5 Full Day 3 Full Day 2 Full Day
 5 Half Day 3 Half Day

Students 2 years old.

- First Friends

Others programs

- Parents as Teachers Program

<p>For Office Use Only:</p> <input type="checkbox"/> 5 Full Day <input type="checkbox"/> 3 Full Day <input type="checkbox"/> 2 Full Day <input type="checkbox"/> 5 Half Day <input type="checkbox"/> 3 Half Day <input type="checkbox"/> First Friends <input type="checkbox"/> PAT
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STUDENT INFORMATION

Student Name (Last, First, Middle): _____ Gender: Male Female

Address (Include city & zip): _____

Date of Birth: _____ Current Age: _____ Grade Enrolling In: _____ SSN: _____

Ethnicity (Choose 1): Hispanic / Latino Not Hispanic /Latino Student's Cell Phone: (____) _____

Race (Choose 1): Asian Black Hispanic Indian (American /Alaskan) Pacific Islander White Multi-Racial

PREVIOUS SCHOOLS

Has your child previously attended a preschool? Yes No

Last School Attended: _____ Last District Attended: _____

Address of School (include city & state): _____ Phone of School: (____) _____

Has your child ever attended MRH Schools? Yes No

Has your child ever participated in a Parent's as Teacher Program? Yes No

Has your child ever participated in a Special Education Program? Yes No

PRIMARY HOUSEHOLD (Primary parents /guardians with whom the student regularly resides.)

Parent/Guardian Name (Last, First, Middle): _____

Address (Include city & zip): _____

Relationship to Student: Father Mother Step-Father Step-Mother
 Court-appointed Guardian (Copy of court order must be provided) Other _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____

Email: _____ Employer: _____

Other parent/guardian living in household: Not Applicable

Other Parent/Guardian Name (Last, First, Middle) _____

Relationship to Student: Father Mother Step-Father Step-Mother
 Court-appointed Guardian (Copy of court order must be provided) Other _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____

Email: _____ Employer: _____



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SECONDARY HOUSEHOLD (Parent /Guardian other than those listed above.) Not Applicable

Parent/Guardian Name (Last, First, Middle): _____

Address (include city & zip): _____

Relationship to Student: Father Mother Step-Father Step-Mother

Court-appointed Guardian (Copy of court order must be provided) Other _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____

Email: _____ Employer: _____

LEGAL DOCUMENTS, GUARDIANSHIP

Are there any court documents that would deny a non-custodial parent /guardian access to this student or to related records? Yes No Copies enclosed

Are there any current legal documents pertaining to custody agreements or orders of protection that are pertinent to your child's education? Yes No Copies enclosed

HOME LANGUAGE SURVEY

Is a language other than English spoken in the home? Yes No If Yes, what language? _____

Does the student usually speak a language other than English? Yes No If Yes, what language? _____

Has the student lived outside of the United States? Yes No

If yes, **when** did the student enter / reenter the United States? _____

Has this student ever received ELL (English Language Learner) services? Yes No

Do you as a parent need translation services for official documents or a translator for conferences about your child? Yes No

FEDERAL MIGRATORY SURVEY

If you have a child, aged 3 to 21, and you have moved from one school district to another school district within the past 3 years, your child may be eligible for a special program of supplemental services. Answering the following questions will help determine eligibility.

Have you moved in the last 3 years? Yes No If no, skip the rest of this section.

If yes, complete these additional questions:

- Has either the parent or guardian, or the child, been employed within the past three years (or are any currently employed) in some form of temporary or seasonal agricultural or agricultural-related work? Yes No
 - planting or harvesting crops (vegetables, fruit, cotton, etc.) • transporting farm products to market
 - feeding or processing poultry, beef, hogs • gathering eggs or working in hatcheries
 - working on a dairy farm or a catfish farm • cutting firewood or logs to sell
 - -landscaping
- Was the move made to seek or obtain a job in one of the areas listed above? Yes No

MILITARY SURVEY

Is either parent or guardian an active member of the armed forces including reserves? Yes No



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ENROLLMENT ELIGIBILITY

Student Name _____

Please identify and complete the one enrollment eligibility category that applies to this student (Check One):

1. RESIDENT STUDENT (MRH Policy JECA)

In order to enroll in the MRH School District as a "resident student", the student must physically reside within the school district boundaries with a parent or court-appointed legal guardian. A family's home is its fixed, permanent, nighttime residence.

NOTE: A "Power of Attorney" document alone, except a special power of attorney document relevant to the guardianship of a child in the household of an active duty member of the military, does NOT satisfy the "court-appointed legal guardian" requirement.

- Is the student's primary address within the boundaries of the MRH School District? Yes No
- Does the parent/court appointed legal guardian reside within MRH District Boundaries? Yes No
- Are you sharing the housing of an MRH resident due to loss of housing or other documented hardships? Yes No
- Are you currently residing at a motel, in a car, or at a campsite due to economic reasons? Yes No
- Are you currently residing in a shelter? Yes No

Documentation Required: A current occupancy permit that includes the parent and the student. (If both the parent and child are not listed, you may be required to provide additional documentation.) If you are unable to provide an occupancy permit, you must contact the Director of Student Services.

2. DISTRICT EMPLOYEE CHILD (MRH Policy JECB)

Non-resident, full time employees may send their children to the MRH School District. They must request permission in writing from the MRH Superintendent using the form, MRH Employee Request for Non-Resident Student Enrollment.

Documentation Required: The employee must present an approved Employee Request for Non-Resident Student Enrollment.

3. STUDENT TRANSFER PROGRAM (MO Statute 167.131)

Students who reside in an unaccredited school district can apply and transfer to an accredited school in another district of the same or an adjoining county.

Documentation Required: The parent/court-appointed guardian must present the CSD Application and Proof of Residency from their home school district.

All must complete the Affidavit Statement and Authorization for Legal Action below:

Under penalty of the law, I affirm that I am the parent or court-appointed legal guardian of the minor student _____, and that any information or documentation that I provide as proof of enrollment eligibility or residency is true and correct to the best of my knowledge. I understand that this statement will be maintained as part of the student's scholastic record. I understand that it is a criminal violation to provide false information to establish enrollment eligibility, and that if I have provided false information for such purpose; the school district may file a civil action against me to recover the cost of educating the student.

I, _____ (parent/guardian), authorize the MRH School District to make inquiry regarding matters of residency with appropriate agencies and do certify that all documents, papers, and records submitted as proof of residency are true and correct.

 Signature Parent(s)/Guardian(s)

Any person who knowingly submits false information to satisfy any requirement of the Affidavit for Residency is guilty of a Class A misdemeanor.

Non-Discrimination Policy: It is the policy of the Maplewood Richmond Heights School District not to discriminate on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation and/or perceived sexual orientation, genetic information or any other characteristic protected by law in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990. Inquiries related to District employment practices and programs may be directed to the MRH School District, Assistant Superintendent, 7539 Manchester Road, Maplewood, MO 63143; telephone number 314-644-4400. Inquiries or concerns regarding civil rights compliance by school districts should be directed to the local school district Title IX/non-discrimination coordinator. Inquiries and complaints may also be directed to the Kansas City Office, Office for Civil Rights, U.S. Department of Education, 8930 Ward Parkway, Suite 2037, Kansas City, MO 64114; telephone: 816-268-0550; FAX: 816-823-1404; TDD: 877-521-2172.



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DISCIPLINE (Safe Schools Act)

Under the Safe Schools Act, parents and/or court-appointed legal guardians seeking to enroll in the school district must sign a statement indicating whether or not the student has been expelled or suspended for items in violation of this Act.

Is the student currently suspended or expelled from another school? Yes No

Has the student ever been suspended or expelled from school attendance at any other school in this state or in any other state for an offense in violation of school policies related to weapons, alcohol, drugs, or the willful infliction of injury to another person? Yes No

If yes, provide details concerning dates, conduct, and name of previous school which imposed the suspension or expulsion.

NOTE: In accordance with this act, student records of discipline must be requested from previous schools along with other school records.

Under penalty of law, I affirm that I am the parent or court-appointed legal guardian of the minor student _____, and that information provided above is true and accurate. I understand that this statement will be maintained as part of the student's scholastic record. I understand that providing false information may result in immediate dismissal from school, criminal prosecution, and my being charged for educational expenses.

Signature Parent(s)/Guardian(s)

Date

NOTARIZED ENROLLMENT FORM AFFIDAVIT

Initial each statement to indicate you have read it.

Initials *Any person who knowingly submits false information to satisfy any requirement of the Affidavit for Residency is guilty of a Class A misdemeanor. In addition to any other penalties authorized by law, the MRH Board of Education will file civil action to recover from the property owner(s)/lessee(s) and parent of the pupil the cost of school attendance for any pupil who has enrolled at a school in the MRH School District and whose parent/guardian filed false information to satisfy the residency requirements of the MRH School District.*

Initials ***IMPORTANT:** In certifying that the child is in residence at the aforementioned address, the property owner(s)/lessee(s) are guaranteeing to the school district that the child is a full time resident at the address on the affidavit. If for any reason, the residence of the child should change, it is the responsibility of the property owner(s)/lessee(s) OR parent guardian to notify the school district immediately that the child is no longer a full-time resident at the above address. Upon signing this Residency Affidavit form, the property owner(s)/lessee(s) and parent/guardian assume full responsibility for any out of district tuition that would be assessed for a student no longer living within the boundaries of the MRH School District.*

Under penalty of law, I affirm that I am the parent or court-appointed legal guardian of the minor student _____, and that information provided in this form is true and accurate. I certify that all documents, papers and records submitted are true and correct. I understand that providing false information related to guardianship, enrollment eligibility, residency, or discipline may result in immediate dismissal from school, criminal prosecution, and my being charged for educational expenses.

Signature Parent(s)/Guardian(s)

Signature Owner(s)/Lessee(s)

Subscribed and sworn before me this _____ day of _____.

Notary Public

For Office Use Only – Document Checklist		
<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Immunizations	<input type="checkbox"/> IEP
<input type="checkbox"/> Copy of Parent /Guardian ID	<input type="checkbox"/> Current Physical Registration (PK, Kg)	<input type="checkbox"/> 504
<input type="checkbox"/> Birth Certificate (Mandatory Kg.)	<input type="checkbox"/> Last Report Card (K-8)	<input type="checkbox"/> Custody Agreement
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Transfer Grades/Report Card (7-12)	<input type="checkbox"/> Order of Protections
<input type="checkbox"/> Completed Lunch Form Sent to Food Srv	<input type="checkbox"/> Unofficial Transcript (9-12)	<input type="checkbox"/> Other _____



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PARENTAL PERMISSIONS

Student Name _____

Parental/Guardian Consent for Educational Field Trips

The Maplewood Richmond Heights Board of Education has authorized field trips related to specific curricular purposes as a valid extension of children’s educational experience beyond the limits of school confines. However, in administering the District Field Trip Program, neither the Board, nor its professional staff can take responsibility for student safety and welfare beyond normal prudent requirements of school and classroom management. The District is not liable for injuries to students according to the Missouri Law. However, every precaution will be taken for the safety and welfare of all children on all authorized field trips.

Parents are asked to sign this permission slip as evidence that they accept these conditions and hereby release and hold harmless all members of the staff and Board of Education of the School District of Maplewood Richmond Heights from all claims and that they authorize the child listed here-in to participate in educational field trips.

If I am unable to accompany my child on any given field trip, and in recognition that in the event of an emergency my child might be in need of emergency medical treatment, I am authorizing the holder of this document to procure any and all medical treatment he or she deems appropriate.

Parent/ Guardian Signature: _____ Date: _____

Emergency Dismissal Information

We do not anticipate that it will ever be necessary for us to dismiss school and send children home during school hours. However, if we were ever required to do this, we must be sure the children know where they are to go, particularly in cases when no adult is at home during the day. If children grades 2-12 are to go home, there will be no problem. Children grades Pre-K through 1st grade will not be permitted to leave the school grounds unless they are signed out by a Parent/Guardian or one of the persons listed below. Please be sure your child understands where and with whom he/she is expected to go.

My child has been instructed to (Check One):

- Go directly home (Grades 2-12 only)
- Go to or be picked up by:

- | | |
|---------------|-------------|
| 1. Name _____ | Phone _____ |
| Address _____ | Zip _____ |
| 2. Name _____ | Phone _____ |
| Address _____ | Zip _____ |

The following people are authorized to pick up my child:

Name	Relationship to Student	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/ Guardian Signature: _____ Date: _____



Media Release and Directory: (Only mark the boxes below if you choose to “opt out.”)

Media - The students of the MRH School District are continually engaging in newsworthy events. As such, the MRH School District may publish stories about its students in district publications, including but not limited to: newsletters, brochures, posters, video, and websites. Additionally, MRH may cooperate with the media, including newspapers, TV, and radio in stories about MRH and its students. A student’s name and likeness may be used without obtaining parental consent, unless a parent has chosen to “opt out” by using this form.

By checking, I “opt out” –

Do NOT use Name or Likeness in MRH Publications Outside Media

Directory - In accordance with the Family Educational Rights and Privacy Act (FERPA) 20 USC 1232 (g), the Board of Education of the Maplewood Richmond Heights School District has designated the following information as Directory Information: student’s name, address, telephone number, honors & awards, and information generally found in yearbooks.

While all other information remains confidential, the Directory Information may be used in district publications, released to a requesting party, included in a buzz book, and similar items unless you “opt out” of such information being released. Please note: By opting out, your child’s name will still be included in such items as honor roll lists, yearbooks (name and photo), athletic rosters and programs, music and fine arts programs, honors and commencement programs, etc.

By checking, I “opt out” –

Do NOT release directory information to MRH BUZZ Books Outside requesting parties (Including Armed Services)

I understand that the MRH School District may use or release my child’s likeness, name and/or Directory Information unless I “opt out” by checking the appropriate boxes above.

Parent/ Guardian Signature: _____ Date: _____

Consent for Internet Use:

As parent of this student, I have read the Maplewood-Richmond Heights School District Network and Internet Use Policy. I understand that this access is designed for educational purposes and the District has taken steps to eliminate controversial materials and my son/daughter will be instructed on proper use. However, I also recognize that it is impossible to restrict access to all controversial materials and will not hold Maplewood-Richmond Heights School responsible for materials acquired by my son or daughter on the network. I understand that my child is issued an email address by the MRH School District to be used to communicate internally or used to access resources outside of the district for educational purposes. **I give permission for my child to use Internet-based resources at school.**

Parent/ Guardian Signature: _____ Date: _____

I understand and will abide by the Maplewood-Richmond Heights School District Network and Internet Use Policy. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action will be taken.

User (Student) Signature: _____ Date: _____

Do you have Internet or Wi-Fi access at home? Yes No



Student Name _____

HEALTH /MEDICAL INFORMATION FORM

Listed below are nonprescription medications that the nurses can give to students only with parent permission. We hope that using these medications, as needed, will reduce both absenteeism and student discomfort while in school. If a student needs routine medications, other arrangements should be made. Medications will be given in age/weight appropriate doses.

Please fill out this form, giving your permission for your child to get these medications if needed. It will become a part of his or her health file. **Check** the appropriate boxes and sign the bottom of this form, if you agree that your child may receive the following medications. Also, please note any medication allergies that your child may have. **No nonprescription medications will be given to students whose parents do not complete and return this form.**

My child may receive the following over-the-counter medications at school: **(PLEASE CHECK FOR YES.)**

- Acetaminophen** (Tylenol) for headache and fever
- Ibuprofen** (Advil, Motrin) for muscle aches and pains, cramps, sinus pain
- Maalox** (or comparable nonprescription antacid) in liquid or tablet form for upset stomach
- Loratadine** (Claritin) for allergies and sinus
- Clotrimazole** as an antifungal for skin itch and rash
- Ocean Nose Spray** (or generic saline nasal spray) for stuffy nose or nasal dryness
- Natural tears** (or any saline eye drops) for eye dryness and/or itching
- Visine Allergy Eye Drops** for itching eyes
- Cough Syrup** (non-alcohol based, such as Robitussin) for dry coughs
- Calamine or Caladryl Lotion** (or generic) for itchy rash (not to be applied around the eyes)
- Benadryl** (Diphenhydramine HCL) for allergy symptoms
- Topical antibiotic ointment** for minor cuts and scrapes
- Topical Hydrocortisone Cream** for minor skin irritation and rashes (not to be used on the face)
- Benzocaine Sting Wipes** for insect bites and stings
- Orajel** (or generic equivalent) for temporary relief of mild toothache

PLEASE PRINT:

Student's Name: _____ DOB: _____ Age: _____ School: _____

Allergies: _____

As the parent or legal guardian of the above named child, I give permission for the school nurse associated with the MRH School District to give the above named nonprescription medications to my child for the conditions indicated.

Printed name of parent or guardian signing this form: _____

Parent/ Guardian Signature: _____ Date: _____

BE SURE TO COMPLETE THE REVERSE SIDE OF THIS FORM.



EMERGENCY INFORMATION FORM

Parent(s)/Guardian(s) Contact

Parent/Guardian Name—(last, first) :	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____	
Parent/Guardian Name—(last, first) :	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____	
Student's Primary Address—City, State ZIP:	

Emergency Contact—In the event that either parent(s) or guardian(s) cannot be reached, the person listed below will care for your son/daughter and have permission to pick up the named student or be contacted in case of emergency.

Emergency Contact's Name—(last, first):	Relationship to student:
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____	
Emergency Contact's Name—(last, first):	Relationship to student:
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____	
Doctor	Phone
Dentist	Phone
Insurance	Plan #

Health History - Check if any of the following applies to your child.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Seizures
<input type="checkbox"/> Had Chicken Pox	<input type="checkbox"/> Allergies: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> If your child has other medical conditions/allergies please list them along with any medications your child is currently taking and the condition for which it is prescribed.				

Permission for Emergency Medical Care

I hereby give my permission to _____ (hospital of choice) to carry out those procedures which their professional judgment deems necessary in the event that my child becomes involved in an accident or suffers from any physical condition that threatens life or physical ability during attendance in the MRH School District. I further give permission to the school personnel to help secure this care in the event I cannot be notified. I understand that expenses for ambulance or hospital are not the responsibility of the school.

Parent/ Guardian Signature: _____ Date: _____

BE SURE TO COMPLETE THE REVERSE SIDE OF THIS FORM.