



# Newburg R-II Schools

Newburg, MO 65550

## Student Information

Student's Legal Name \_\_\_\_\_  
Last First Middle Suffix (Jr., II, III)

Date of Birth \_\_\_\_\_ (Month/Day/Year) Gender:  Male  Female

Student Cell: \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Race:  American Indian/Alaska Native  Asian  Black/African American  Hispanic  
(optional)  Native Hawaiian/Pacific Islander  Multi-Racial  White/Caucasian

Grade:  PK  K  1  2  3  4  5  6  7  8  9  10  11  12

Has this student been retained?  Yes  No If yes, which grade? \_\_\_\_\_

Has this student previously attended the Newburg School District?  Yes  No If yes, dates attended: \_\_\_\_\_  
Grade Attended: \_\_\_\_\_

Has this student received any of the following services:  English Language Learners (ELL)  Title 1 Services  
 Individual Education Plan (IEP)  Section 504 Plan

## Parent Information

The Child lives with	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Other _____
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Guardianship Paperwork <input type="checkbox"/> Power of Attorney <input type="checkbox"/> No Legal Documentation
Home Physical Address (Street, City, State)	(Father)		(Mother)
Home Mailing Address (If different than physical address)			
Home Phone			
Cell Phone			
E-mail address			
Military	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reserve	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer			
Employer's Address			
Work Phone			
Request Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sibling Information			
Does the above named student have any siblings currently enrolled in the Newburg R-II District? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete			
	Name	Birth Date	Grade
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
Please list children in your home including infants, toddlers & preschoolers			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			

### Parent Survey

- Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?  Yes  No  
Explain if it is a similar reason: \_\_\_\_\_
- Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?  Yes  No
- Are you currently residing in a shelter?  Yes  No
- Are you currently living in a temporary housing arrangements due to economic hardship?  Yes  No
- Has either the parent or guardian, or the child or child's spouse, been employed within the past three years (or are any of the aforementioned currently employed) in some form of temporary or seasonal agricultural or agricultural-related work such as?  
 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;
- Do you use a language other than English?  Yes  No
- Does the student use a language other than English?  Yes  No
- If another language is spoke in the home what is the language? \_\_\_\_\_

Transportation Information	
Does your student require using a school bus: <input type="checkbox"/> Every day <input type="checkbox"/> Specific days (please indicate) _____ _____ <input type="checkbox"/> Morning/AM <input type="checkbox"/> Afternoon/PM <input type="checkbox"/> Both	<b>[for office use only]</b> AM Bus # _____ PM Bus # _____
Morning/AM address ( only if different from home address)  Street _____ Apt # _____ City _____ Residence _____	Afternoon/PM address (only if different from home address)  Street _____ Apt # _____ City _____ Residence _____
Special Directions or Instructions:	

Emergency Contact and Additional Information				
In case of an emergency and we are unable to reach you, please indicate who we should contact regarding your child. Individuals, other than legal parents, will not be permitted to obtain information or pick up a child from school without written authorization. Please indicate who, of the below listed emergency contacts, may check your child out of school. All individuals will need to come to the school office, and show a photo ID to sign a child out of school during the school day.				
Name	Relationship to Student	Daytime Phone Number	Cell Phone Number	Allow to pick-up child
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

School Messenger
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Do you wish to receive school announcements via text message?    Yes    No

*If yes, provide a cell phone number* \_\_\_\_\_

Custodial Information
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The other parent usually has to right to review or obtain information on their child from the school district. A non-custodial parent cannot be denied this information unless a court order revoking parental rights has been provided. Foster parents sometimes may act as the parent when the biological parents' rights have been terminated. Legal documentation showing parental rights, or revocation thereof, must be provided.

Is other parent allowed to pick-up the child?    Yes    No   *If no, provide Legal documents/court orders pertaining to students.*

Does the other parent have educational rights?    Yes    No   *If no, provide Legal documents/court orders pertaining to students.*

**If student is under the care of:**

Foster Parent(s)  Yes  No      Provide appropriate documents      Provide name and phone number of social worker/case manager

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

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

- Provide name of biological parent(s) so they are on record, should they contact the school for reports of academic progress (proof of custody may be requested):

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

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

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

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

School District Parents Reside in: \_\_\_\_\_

Legal Guardianship (Court Ordered)  Yes  No      Provide copy of guardianship documents      Provide name and address of parent(s)

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

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

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

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

**Parent Authorization**

All of the information provided on this enrollment form is true and accurate to the best of my knowledge as the child's parent/legal guardian

Print Name: \_\_\_\_\_

Signatures: \_\_\_\_\_

(Check One)  Parent  Step-Parent  Guardian  Other

Date

# Newburg R-II School District

## Health and Special Service Information

Student: \_\_\_\_\_ School Year: \_\_\_\_\_  
Gender: \_\_\_\_\_ Grade/ Teacher: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Parent/ Guardian: \_\_\_\_\_ Parent/ Guardian: \_\_\_\_\_  
Primary Phone : \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### Health Information:

List any health/emotional conditions that have been medically diagnosed that may affect your child during the school day:

Diagnosis #1 \_\_\_\_\_ Date diagnosed: \_\_\_\_\_

Diagnosis #2 \_\_\_\_\_ Date diagnosed: \_\_\_\_\_

Diagnosis #3 \_\_\_\_\_ Date diagnosed: \_\_\_\_\_

Is there a special diet requirement prescribed by a physician? Yes or No

If yes please List \_\_\_\_\_

Has your health care provider informed you that your child has a life threatening allergy? Yes or No

If yes, please list the life threatening allergy: \_\_\_\_\_

Has your health care provider informed you that your child has **Asthma**? Yes or No

If your child has **Asthma** or a **life threatening allergy**, please see the nurse. Newburg R-II School recommends having an Asthma/ Allergy Action plan in place. If your provider has already developed an Asthma/Allergy plan, please submit a copy to the school nurse.

**Circle any equipment that applies as required by a physician** - Wheelchair, hearing aid, glasses, FM/AM device for Auditory Processing Disorder, Glucose monitor, suction machine, hooyer lift, other \_\_\_\_\_.

**Insurance Information:** Is your child covered under any of the following?

Private Insurance \_\_\_\_\_ Medicaid/ Missouri Health Net \_\_\_\_\_ None \_\_\_\_\_

Has your child had a doctor's exam in the last 2 years? Yes or No

Does your child have dental insurance? Yes or No

Has your child had a dental exam in the last 12 months? Yes or No

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### Special Services ( Please circle all that apply)

Please circle any of the following services your child received at a previous school: Individual Education Plan ( IEP) , 504 plan, Occupational Therapy , Physical Therapy, Speech Therapy or school counseling?

**Medications given at home:**

Please list medications given at home (You may use separate sheet of paper if needed)

Name: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

Name: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

**Medications needed at school:**

Name: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

Name: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

**Our School Policy requires the following:**

All prescription medications must be delivered in the original bottle to the school by a parent, legal guardian, or designated adult. Please supply the prescription information sheet from the pharmacy. All prescription medications and over the counter medications require a signed parent permission and a physician order that states the following: Name of Medication, reason for the medication, time to administer medication, length of time prescribed, (Example: x 10 days or until further notice). See Nurse for additional forms if needed.

**Newburg R-II School will supply the following, if needed, with signed parent permission:**

Acetaminophen / Tylenol, Ibuprofen, Antacid, Caladryl, Cough drop, Sterile Eye Drops, Aloe Vera Gel, Anbesol, Albuterol breathing treatment for suspected severe asthma attack, and Benadryl / Epinephrine for suspected severe allergy reaction.

**If your child is allergic or you decline one or all of the above medications, please list the declined medication(s) in the provided space; otherwise your signature below will authorize administration of all of the above if needed at school:**

**MEDICATIONS DECLINED**

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Newburg R-II School and its employees and agents, including an authorized licensed prescriber providing the standing protocol or prescription, are to incur no liability, with the exception of gross negligence, as a result of injury arising from the administration of stock medication listed above.

**\*\*IN AN EXTREME EMERGENCY, YOUR CHILD WILL BE TRANSPORTED TO THE NEAREST EMERGENCY ROOM.**

It is the responsibility of the parent/guardian to update health information on a YEARLY basis, or as needed. Parent signature indicates agreement to the above information and confirms the information is complete and accurate.

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