

Student Records Request

In accordance with State and Federal Law, this form authorizes the Richards R-V School District to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student:		DOB:	
Address			
Previous School Name:			
Parent/Guardian Signature	Phone Number	Date	
FOR OFFICE USE			
MOSIS information for Missouri Schools			
Date of request:	Student will s	tart when records have been received.	
The following records are requested:			
Cumulative school records including, but	limited to:		
MOSIS ID number			
Standardized test			
Standardized test Health/Immunization Records Attendance Disciplinary Reports Withdrawal Grades Birth Certificate Multi-Disciplinary Team Reports / Evaluation Plan (IEP) Section 504 Records and Plans Psychological testing results Speech/language/hearing results Occupational therapy results Physical therapy results Other:			
Attendance			
Disciplinary Reports		7	
Withdrawal Grades			
Birth Certificate			
Multi-Disciplinary Team Reports / Evalua	ation Reports (ER)		
Individual Education Plan (IEP)			
Section 504 Records and Plans			
Psychological testing results			
Speech/language/hearing results			
Occupational therapy results			
Physical therapy results			
Other:			
Records are requested from:	Re	cords should be sent to:	
School:	Att	n: Mrs. Bryant, School Counselor	
Fax:	Fax	x (417)256-3314	

CONFIDENTIALITY STATEMENT: This fax and any attachments are intended only for those to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure and unauthorized use under applicable law. If you are not the intended recipient of this email, you are hereby notified that any use, dissemination, or copying of this e-mail or the information contained in this email is strictly prohibited by the sender. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system.

Email: tbryant@richardsschool.k12.mo.us



				ate
			C	rade
STUDENT'S LEGAL NAME				
(Last)	(First)			(Middle)
Student's Cell Phone #				
Social Security Number	Date of l	Birth//	Age	Gender
Hispanic or LatinoYESNO				
Race: White Black Asian Ameri	can Indian or Alask	a Native Native Ha	waiian/C	ther Pac Islander
Physical Address				
Mailing Address				
Will the child need transportation? Y		_		1
Choose all that apply: BUS BOYS		LEARNING TREE	□ PAREN	IT PICK-UP
LEGAL GUARDIAN INFORMATION				
Who has legal custody? Both Parer	its Father Mo	ther Other		
Are there legal documents concerning				
student? YES /NO (If yes, document			.g, a	
	-			
Please mark the choice that applies	to your household:			9
Not Military Connected	Active Duty	National Guar	rd	Reserve
Primary Guardian Name			Emplo	ver
Employer Phone	Cell Phone	Но	me Phon	e
Email Address	R	elationship to stude	nt	
Do you want access to the Parent Po	rtal? YES / NO	•		
D		Market and a service of the second		
Primary Guardian Spouse		Employer		
Employer Phone	Cell Phone	Home Pl	ione	
Relationship to student		Email Address _		
Do you want access to the Parent Por	rtal? YES / NO			
District Description				
Biological Parent not living in the				
Employer				
Address		Sta	ıte	Zip
Email Address				
Do you want access to the Teacher Ea	ase Parent Portal?	YES / NO		
Students may leave school with in	dividuals listed as	s Emergency Conta	cts.	
Emergency Contact Name		Pho	ne	
Relationship to student		Cell P	hone	
Emergency Contact Name		Pho	ne	
Relationship to student		Cell I	hone	



Please list all siblings living in the home.

BLING'S NAME	DOB	Sex	Grade		School
		=			
		ū		2 %	
/		-			
lditional Information					
1. Do you have reliable internet	access at your l	nome?			YES / NO
2. Does each child in the home h					YES / NO
3. Do you have cellular service a	at your home?				YES / NO
4. Does the student have an IEP	?				YES / NO
Services Received: LD	ID ED	Spee	ch		•
5. Does the student have a medi	cal 504 Plan?				YES / NO
6. Has the student been retained	d?				YES / NO
If so, what grade level?				,	
7. Does the student have a medi	cal diagnosis th	e school	should	be aware of?	YES / NO
plain					



August 22, 2023

Dear Parent/Guardian:

As a Title I.A. school that receives funds from the Federal Government we are required by law to annually provide you with the Richards Parent & Family Engagement Policy and School/Parent/Student Compact. In addition, you will find the attached documents available on the Richards website: https://www.richardsschool.k12.mo.us/

The Richards R-V School District Parent & Family Engagement Policy and School/Parent/Student Compact are developed jointly with parents. We believe that parent engagement in their child's learning and school should be ongoing and meaningful and promote communication about student academic learning and other school activities.

Our district is also committed to the involvement of parents, in an organized, ongoing, and timely way, in the planning, review, and improvement of programs under Title I.A, including the Parent & Family Engagement Policy, School/Parent/Student Compact, Schoolwide Program Plan, and the annual spring Title I.A evaluation.

During our upcoming annual Title I Literacy Night and Parent Information Meeting (September/October) we will discuss these programs and ask for parent input. We will send home a newsletter and post the scheduled date and time on our website, school calendar, and notify you through the School Reach phone messaging system. We would like to encourage all parents to attend! If you have questions or are unable to attend this meeting, please feel free to call me at Richards School at 417-256-5239.

Sincerely,

Melonie Bunn, Ed. D.

Superintendent

"Enable All Students To Become Responsible, Productive Citizens In A Changing World"



Parent and Family Engagement Policy

The Richards R-V School District Parent and Family Engagement Policy is developed jointly with parents. This policy is intended to engage parents in ongoing and meaningful communication about student academic learning and other school activities ensuring parents and families:

- 1. Play an integral role in assisting their child's learning
- 2. Become actively involved in their child's education; and
- 3. Become full partners in their child's education and are included, as appropriate, in decision making and on advisory committees to assist in the education of their child.

Our school will:

- Convene an annual back to school meeting, at a convenient time, to which all parents of
 participating children shall be invited and encouraged to attend, to inform parents of their
 school's participation in Title 1.A, and to explain the requirements of Title 1.A, and the rights of
 the parents to be involved
- 2. Provide parents the school-parent compact at the beginning of each school year or when appropriate depending on when the student enrolls in the school
- 3. Offer a flexible number of meetings, various times of the day including morning or evening
- 4. Involve parents, in an organized, ongoing, and timely way, in the planning, review, and improvement of programs under Title 1.A, including the school parent involvement policy, the development of the school-parent compact, the annual spring Title 1.A evaluation, and the joint development of the schoolwide program plan
- 5. Provide parents of participating children:
 - a. Timely information about Title 1.A programs,
 - A description and evaluation of the curriculum in use at the school, the forms of academic assessment used to measure student progress, and the achievement levels of the MAP assessment,
 - c. Opportunities, as appropriate, to participate in decisions relating to the education of their children,
 - d. Responses to suggestions in a timely manner; and
- 6. If requested by parents:
 - a. Provide opportunities for regular meetings to formulate suggestions, and
 - b. Include comments from parents of participating children who find any aspect of the schoolwide plan unsatisfactory when it is submitted to LEA.



School/Parent/Student Compact

Richards R-V School District hosts a schoolwide Title 1 program and therefore all school staff, parents, and students agree this compact outlines how responsibility will be shared to improve student academic achievement. *Richards School and it's staff will:*

Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables participating children to meet the Missouri Grade Level Expectations as follows:

- 1. Retain highly qualified administrators and teachers
- 2. Provide instruction, materials, and high-quality professional development
- 3. Maintain a safe and positive school climate

Hold annual parent-teacher conferences to:

- 1. Discuss the child's progress/grades during the first quarter
- 2. Discuss this compact as it relates to the child's achievement
- 3. Examine the child's achievement and any pending options at the end of the third quarter Provide parents with frequent reports on their child's progress as follows:
 - 1. Fifth week progress reports sent home by mail
 - 2. Semester grade cards / reports sent home by the school with social media and phone notifications

Be accessible to parents through:

- 1. Phone calls or person-to-person meetings
- 2. Scheduled consultation before, during or after school
- 3. Scheduled school or home visits

Provide parents opportunities to volunteer and participate in their child's class:

- 1. Listen to children read
- 2. Help with classroom decorations or cut things out for the teacher at home
- 3. Assist with holiday programs or parties, educational trips etc.

I, as a parent, will support my child's learning in the following ways:

- 1. Make sure they are in school every day possible
- 2. Check that homework is completed
- 3. Monitor the amount of time spent using electronic devices to access social and multimedia programing
- 4. Volunteer in my child's classroom/school
- 5. Be aware of my child's extracurricular time and activities
- 6. `Stay informed by reading all communications from the school and responding appropriately
- 7. Attend Parent/Teacher Conferences

I, as a student, will share the responsibility to improve my academic performance and will:

- 1. Attend school every day possible
- 2. Be respectful toward others
- 3. Do my homework every day and ask for help when I need it
- 4. Read at least 30 minutes every day outside of school time
- 5. Give all notes and information from my school to parent/guardian daily

We have read and agreed to the Title 1.A compact that outlines how the entire school staff, the parents, and the students will share the responsibility for improved student academic achievement.

Principal	Date
Teacher	Date



August 22, 2023

Richards Patrons:

All responsible public agencies are required to locate, evaluate, and identify children with disabilities who are under the jurisdiction of the agency, regardless of the severity of the disability, including children attending private schools, children who live within the district, highly mobile children, such as migrant and homeless children, children who are wards of the state, and children who are suspected of having a disability and in need of special education even though they are advancing from grade to grade. The Richards R-V School District assures it will provide a free, appropriate public education (FAPE) to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. Disabilities include autism, deaf/blindness, emotional disorders, hearing impairment and deafness, mental retardation/intellectual disability, multiple disabilities, orthopedic impairment, other health impairments, specific learning disabilities, speech or language impairment, traumatic brain injury, visual impairment/blindness, and young child with a developmental delay.

The Richards R-V School District assures it will provide information and referral services necessary to assist the state in the implementation of early intervention services for infants and toddlers eligible for the Missouri First Steps program.

The Richards R-V School District assures personally identifiable information collected, used or maintained by the agency for the purposes of identification, evaluation, placement or provision of FAPE of children with disabilities may be inspected and/or reviewed by their parents/guardians. Parents/guardians may request amendment to the educational record if the parent/guardian believes the record is inaccurate, misleading, or violates the privacy or other rights of their child. Parents have the right to file complaints with the U.S. Department of Education or the Missouri Department of Elementary and Secondary Education concerning alleged failures by the district to meet the requirements of the Family Educational Rights and Privacy Act (FERPA).

The Richards R-V School District has developed a Local Compliance Plan for the implementation of State Regulations for the Individuals with Disabilities Education Act (IDEA). This plan contains the agency's policies and procedures regarding storage, disclosure to third parties, retention and destruction of personally identifiable information and the agency's assurances that services are provided in compliance with the General Education Provision Act (GEPA). This plan may be reviewed at the Richards R-V School District, Monday through Friday, 8:00 A.M. - 4:00 P.M.

This notice will be provided in native languages as appropriate.

Sincerely,

Mick Price Principal



Richards Patrons:

The Richards R-V School District does not provide any type of health or accident insurance for injuries incurred by your child at school. As a service to students and their families, our school is making available a student accident insurance plan for your child at a very nominal cost. The district offers this program because of trends in rising family health and dental insurance costs, increased deductibles, copayments, or lack of health or dental insurance coverage.

Reasons to purchase this coverage:

- 1. Deductible and copays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
- 2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays. If you have no other insurance this will become your primary accident plan.

PURCHASE COVERAGE ON-LINE (with Visa or Mastercard) at www.1stAgency.com and then follow directions at "Find Your School".

OR

PRINT BROCHURE PDF at www.1stAgency.com and pay for the coverage with check or money order.

All questions regarding this coverage should be directed to First Agency, Inc at (269)381-6630 or toll free (800)243-6298. Please sign and return the information below if you already have adequate insurance.

Thank you,	
Dr. Melonie Bunn, Ed.D. Superintendent	
Student's Name:	Grade:
We have adequate insurance to protect our son/da	ughter in case of an accident.
Parent's Signature:	Date:



August 22, 2023

Dear Parents/Guardians:

This memo is intended to encourage you to fill out and return the Free and Reduced-Price Meal Application you will find in your child's packet. Many of the state and federal level funding sources we are dependent upon for our sources of revenue are based partially or entirely upon our Free/Reduced Meal level. In other words, the higher our level of Free/Reduced students, the more dollars we get to spend here at Richards!

Sometimes parents/guardians are hesitant to fill this form out and return it. Rest assured no child ever suffers any negative effects from qualifying for this status.

INFORMATION ON FREE AND REDUCED PRICED MEALS

The computer software in the cafeteria keeps track of each student by a number. When a student gives his or her number at the checkout stand, their number is punched into the computer. The child's number is recorded in the computer as to whether the student is on the full price, reduced price, or free meals depending on their meal status. This is a very discrete process, and no student, teacher or cafeteria worker can distinguish which students qualify for free, reduced, or full priced meals. If you are interested in seeing if you would qualify for this program, be sure to fill out a Free/Reduced meal application at the beginning of each school year because this status cannot be made retroactive nor carried over from one school year until the next.

Thanks again for your help! If I or any of the staff members can be of assistance to you, do not hesitate to contact us!

Dr. Melonie Bunn, Ed. D. Superintendent Richards R-V School District

USDA Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.



August 22, 2023

Dear Parent/Guardian

As a school that receives funds from the Federal Government, we are required by law to annually inform you of your rights to be able to file a complaint with the Missouri Department of elementary and Secondary Education under Every Student Succeeds Act of 2015 (ESSA) if you feel the district has violated a federal statute or regulation that apologies to any program under Every Student Succeeds Act. In this letter I have included an attachment with instructions on what constitutes a complaint, who can file a complaint, what happens when a complaint is filed, and how to appeal the outcome of a complaint. In addition, you will find this same attachment of complaint procedures available on the Richards website: https://www.richardsschool.k12.mo.us

We are also required to annually hold a meeting to inform parents of their school's participation in Title I, to explain the requirements of our Title 1 program and to inform parents of their right to be involved. We would like to encourage all parents to attend. This meeting will be scheduled during the month of September. Parents will be notified when a specific date and time are determined. If you have questions, please feel free to contact us at 417-256-5239.

Sincerely,

Melonie Bunn, Ed. D.

Superintendent

Richards R-V School District

"Enable All Students To Become Responsible, Productive Citizens In A Changing World"



August 22, 2023

Dear Parent/Guardian:

At Richards R-V School District, we are very proud of our teachers and feel they are ready for the coming school year and are prepared to give your child a high-quality education. As a school that receives federal dollars as a Title I school, we must meet federal rules related to teacher qualifications. Our district is required to inform you of the information that you, according to Every Student Succeeds Act of 2015 (Public Law 114-95) have the right to know.

Upon your request, our district is required to provide to you in a timely manner the following information:

Whether your student's teacher has met state qualifications and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.

Whether your student's teacher is teaching under an emergency or other provisional status through which State qualification or licensing criteria have been waived.

Whether your student's teacher is teaching in the field of discipline of the certification of the teacher.

Whether your child is provided services by paraprofessionals and, if so, their qualifications.

In addition to the information that parents may request, a building receiving Title I.A funds must provide to each individual parent:

Information on the level of achievement and academic growth of your student, if applicable and available, on each of the State academic assessments required under Title I.A.

Timely notice that your student has been assigned, or has been taught for 4 or more consecutive weeks by, a teacher who has not met applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.

Our staff is committed to helping your child develop the academic knowledge and critical thinking he/she needs to succeed in school and beyond. That commitment includes making sure that all our teachers and paraprofessionals are highly skilled.

For questions about your child's assignment to a teacher or paraprofessional, please contact me at 417-256-5239.

Sincerely,

Melonie Bunn, Ed. D. Superintendent

"Enable All Students To Become Responsible, Productive Citizens In A Changing World"



DISCIPLINARY CONDUCT

Certifications Regarding Prior Disciplinary Conduct:

Is the Student currently under suspension or expulsion from another school or school district? YES / NO

Did the Student leave any school or school district within the last twelve (12) months under threat by such school or school district of suspension or expulsion?

YES / NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy related to weapons?

YES / NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to alcohol, drugs or controlled substances? YES / NO

Has the Student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to willful infliction of injury to another person or assault?

YES / NO

Certifications Regarding Prior Criminal Conduct:

(Please Check)

With respect to the following acts:

First degree murder under section 565.020, RSMo.

Second degree murder under section 565.021, RSMo.

Kidnapping under section 565.110, RSMo.

First degree assault under section 565-050, RSMo.

Forcible sodomy under section 566.060, RSMo.

Robbery in the first degree under section 569.020, RSMo.

Distribution of drugs to a minor under section 195.212, RSMo.

Arson in the first degree under section 569.040, RSMo.

Has the Student ever been convicted of any of these offenses? YES / NO

Has the Student been indicted or had any information filed against them alleging the Student has committed one or more of these acts, to which there has been no final judgment? YES / NO Has a petition been filed against the Student pursuant to section 211.091, RSMo, or any other state's juvenile code, alleging that the Student has committed one or more of these acts, to which there has been no final judgment? YES / NO

Has the Student been adjudicated to have committed an act which if committed by an adult would be a violation of one or more of these acts? YES / NO



RESIDENCI
Does the student reside in the Richards School District? YES / NO
Last School Attended:Last Date in School:
Last School Attended: Last Date in School: Birthplace: City State If born out of US, where?
Entered USA Date:
Ethnicity: Is the student Hispanic or Latino? YES / NO
What is the student's race? (check one) White Black Asian American Indian
Alaska Native Native Hawaiian/Other Pac Islander
STUDENT INFORMATION
1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? YES / NO Explain if it for a similar reason 2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? YES / NO 3. Are you currently residing in an emergency or transitional shelter? YES / NO 4. Are you currently living in a temporary housing arrangement? YES / NO 5. Has the student been abandoned in a hospital? YES / NO 6. Is your primary nighttime residence a public or private place not designed for or ordinarily used as
regular sleeping accommodation for human beings? YES / NO 7. Does the parent/guardian do seasonal farm work? YES / NO
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English. Please provide information about the child's language.
Student's Name: Date: Grade:
Relationship of person completing this survey:
Tier 1: Language Background
1. What was your child's first language? English Other
2. Which language does your child use(speak) at home? English Other
3. Which language does your child hear at home and understand? English Other

If any of these answers indicate a language other than English, please complete the rest of the survey. If not, discontinue.



Tier 2: Expanded Language Background

If yes, please explain: ___

If yes, please explain: ___

4. Does the student understand when someone speaks with him/her in	market mark to the
a language besides English?	YES / NO
5. Does the student read in a language other than English?	YES / NO
6. Does the student write in a language other than English?	YES / NO
7. Does the student interpret for you or anyone else in a language other than English?	YES / NO
Tier 3: Educational History	3000
8. How many years did the student attend school where the native language was instruction?	s used for
9. What was the most recent month and year that the student attended school?	

10. Do you believe that your child has learning difficulties that affect his/her ability to understand?

11. Has your child been referred to be evaluated for special education?

The school is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing and the school district will provide language support as deemed appropriate by district staff.



The Missouri Course Access and Virtual School Program (MOCAP) has developed a catalog of virtual online courses for students. Beginning with the 2019-2020 school year, students will be able to take an entire course from any Internet-connected computer, available 24 hours a day, seven days a week. MOCAP's mission is to offer Missouri students equal access to a wide range of high-quality courses, flexibility in scheduling, and interactive online learning. The **Missouri Department of Elementary and Secondary Education (DESE)** and the **State Board of Education** oversee administration and quality assurance activities such as related content and delivery of courses. Local Education Agencies (LEAs) that provide virtual education outside of MOCAP are responsible for ensuring alignment and other statutory requirements are met.

I certify the information provided by me in this document, and other information which I have provided to the Richards R-V School District is true and correct. Furthermore, I understand Section 167.020, RSMo. states as follows:

"Any person who knowingly submits false information to satisfy any requirement of (the residency requirements of the School District) is guilty of a class A misdemeanor.

In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent or legal guardian filed false information to satisfy any (residency requirement of the School District)."

I understand this means if I provide false information to the School District in order to satisfy the information requests of the School District it may constitute a violation of Missouri criminal law. Additionally, I understand if any of the information provided by me herein is false. In addition to other penalties authorized by law, the School District may file a civil action to recover the costs of school attendance for the student who was enrolled in the School District on the basis of such false information.

	€ 	
Parent/Guardian Signature		Date



Student Health Information Update Revised 04/2019

Name:		Grade:	Gender:	DOB:
Parent(s) or Guardian(s)	:			8
Home Phone:			l/or Cell Phones:	
Doctor's name:				
Dentist's name:				
Eye doctor's name:				
This student has: No				
Does your child:				
Have trouble seeing? YE S	/ NO Wear	glasses? YES / NO) Wear contact lens	ses? YES / NO
Have trouble hearing? YI				•
Does your child take med	licine (over	the counter or pre	scription) regularl	y at home? YES / NO
If yes, please list:				•
Name:		Dosage	:	
Reason taken:				
Will your child be taking	routine/dai	ly medicine at sch	ool? YES / NO	
If yes, please list:				
Name:				
Reason taken:				
must be in the original bo	ottle with the tion medicin	e prescription labo ne to be given duri	el attached. Ask the	y the parent or guardian. It e pharmacy for a second bo he parent or guardian mus
Insect Sting Allergy? YES	/ NO Descr	ihe reaction:		
Difficulty breathing? YES				
Emergency medication?	-			
Does the child have any E		S / NO If yes, pleas	se bring it to school	
Allergies: YES / NO			Ü	
What is your child allergi	c to (drugs	food environmen	tal allergenc)?	
List:				
Has the allergy required of				
Does the child have any E				_
Asthma? YES / NO Trigg				
Diagnosed by doctor? YE	S/NO If ve	s, date diagnosed:	11044110110/110/	aroution.
Does the child use a rescu				



Student Health Information Update (cont.)

Diabetes? YES / NO Taking insulin: YES / NO Other medication:
Diagnosed by a doctor? YES / NO If yes, date diagnosed:
Epilepsy/Seizures? YES / NO If yes, what type of seizure:
Date of last seizure: Medication:
Currently under a doctor's care for seizures? YES / NO If so, doctor's name:
Heart Condition? YES / NO If yes, please describe
Any physical restrictions? Medication:
Bone/Joint Problem? YES / NO If yes, please describe:
Any physical restrictions? Medication:
Mental Health? YES / NO Describe: (i.e., ADD/ADHD, anxiety/depression, mood disorders,
emotional/psychiatric problems)
Diagnosed by a doctor? YES / NO If yes, date diagnosed:
Counselor/Caseworker? YES / NO If so, counselor's name:
Medication:
Other Illness, Injury or Surgery? YES / NO Describe:
Special Education or Services student receives: IEPOTPTSpeech/Language
Requires special health care (explain):
Please indicate which of the following medications you are giving permission to be administered: Acetaminophen- (Tylenol). Administered every 6 hours at the manufacturer's recommended dosage for pain or fever Antacid- (Tums) One or two routine doses per day for heartburn, indigestion or upset stomach. Calamine lotion- For irritated, itchy skin associated with poison ivy, oak or sumac. Campho-phenique- For minor skin wounds and insect bites/stings. Hydrocortisone Cream- Up to three times daily for minor skin irritation, inflammation, or rashes. Eye Drops- For dry eyes. Saltwater Gargle- One teaspoon of salt to four ounces of water for gargle and spit every four hours as needed for some threat or content again.
as needed for sore throat or canker sores.
Skin Wounds- Cleanse with soap and water/peroxide and apply antibiotic ointment and dressing.
Splinters- Remove splinters aseptically.
Sunscreen-Apply as needed prior to sun exposure.
Cough drop-One to two per day as needed for cough or throat irritation.
Signature of Parent or Guardian: Date:



2023 / 2024 Enrollment Forms Transportation Information

b Learning Tree

ing at 7:00 a.m. Students may be

- dropped off at the ECC beginning at 7:30 a.m.
- 2. Your child will utilize the above selected mode of transportation every afternoon unless you call the school office before 3:00 to make a change.
- 3. Parent pick up will begin at the main campus at 3:35 p.m. All students should be picked up by 3:50 p.m.



Transportation Information

FOR HIGH SCHOOL STUDENTS ONLY

If you have a student who attends West Plains High School and will need transportation, please complete this form.

Student Name:	DOB	Grade:
Student Address		
Emergency Contact		·
Phone Number		i:
Which school did you attend for 8th grade?		
Morning Transportation:		
Bus Number		
Afternoon Transportation:	_ =	
Bus Number		
**************	***********	***
My child has permission to ride the Richard	rds R-V School Bus to the W	est Plains High School.
(Parent/Guardian Signature)	(Date)	
Any questions please call Mrs. Bryant, Sch	ool Counselor at 417-256-5	239



Students Enrolled in More Than One School in the Past Twelve Months

The Safe School Act requires a School District to obtain all records from all schools previously attended by the student within the last twelve months. If you have attended more than one school in the past twelve months, please fill out the information below:

School #1		
Name of School:		
Address:		
Dates of Attendance:		
Reason for Leaving:		
School #2		
Name of School:		
Address:		
Dates of Attendance:		
Reason for Leaving:		
School #3		
Name of School:		
Address:		
Dates of Attendance:		
Reason for Leaving:		
School #4		
Name of School:		
Address:		
Dates of Attendance:		
Reason for Leaving:		
I certify the information provided by me in this docume to the Richards R-V School District, is true and correct.		_
I understand this means that if provided false informat		
information requests of the school district it may const		
Additionally, I understand that this means that if any or		-
in addition to other penalties authorized by law, the sci	•	
costs of school attendance for the student who was enr false information.	olled in the school district o	on the basis of such
taise information.		
Parent/Legal Guardian's Signature	Date	



Technology Use Agreement

Technology Philosophy: At Richards R-V engaging in relevant technology is used to aid teachers and students in their work and learning. Access to inclusive technology enriches our curriculum and the life of the Richards R-V District. Teachers use appropriate technology to facilitate learning, manage their grades, and communicate both internally and externally. Students are granted technology privileges to be used as a tool of research, collaboration, creation, presentation, management, composition, and communication. The use of technology is a privilege, not a right, and inappropriate use may result in cancellation of those privileges.

Technology Use Agreement: This agreement is between Richards R-V and the students. All technology provided is for academic or administrative use by students, faculty, and staff. Any user who violates this policy or any applicable local, state, or federal laws, faces the loss of privileges, risks school disciplinary action, and may face legal ramifications.

This technology policy includes, but is not limited to, the telephone system, computers, software, networks, wireless networks, Internet access and other services provided for student use at Richards, as well as any other personal electronic devices brought to campus by the student.

District technology resources are provided to promote the education of all students and support their growth and development. Parents/Guardians are expected to be stakeholders in the implementation of the Student Technology Use Agreement. The signatures on this document indicate parents/guardians have read this agreement and that parents and students understand and support the terms of the agreement.

Cell Phone: Students are not permitted to have cell phones and/or smartwatches on school property. **Richards R-V Technology**: When using technology on the campus, either personal electronic devices or technology provided by Richards R-V for student use, all students should be mindful of the following: Richards R-V Network and Wireless Access:

- Use of the networks and wireless networks should be for academic purposes having educational value consistent with learning objectives.
- All files and communications composed, sent, received or stored on Richards networks are
 and remain the property of the school. They are not confidential, nor the private property of
 any student, regardless of content, and may be viewed by Richards staff at any time. The use
 of any passwords does not guarantee privacy or security.
- Access to certain websites is restricted and Richards monitors Internet browsing history, messages, and files accessed on the district networks.
- Inappropriate materials accessed or stored on the district network can and will be removed without prior notification. This includes, but is not limited to, copyrighted material, threatening or obscene material, inappropriate music, images, or infected files.
- District technology should not be used for commercial activities, product advertisement, or political lobbying.

Student Access Accounts: Students will take reasonable precautions to prevent others from being able to use their accounts by keeping passwords confidential.



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Technology Use Agreement (cont.)

- The Miller Head makes a gradual depleted by the second

Behavioral Expectations

- Use of technology on campus should not disrupt the learning environment.
- Teachers retain the right to determine appropriate use of electronic devices while in the classroom.
- District equipment will be used appropriately; students will not damage or dismantle equipment.
- Technology resources provided by the school will be used properly and not abused or monopolized. "Surfing" the Internet, or excessive downloading of files results in congestion on the district network, which slows down use for others.

Copyright and Plagiarism

- Copyrighted materials, trade secrets, proprietary information or other protected and controlled material shall not be stored or transferred using the district networks.
 Transmission of any material in violation of any U.S. or state regulation is prohibited.
- Software is protected by copyright; therefore, students will not make unauthorized copies of software used or found at Richards R-V. Students will not give, lend, or sell copies of software to others.
- Students will not plagiarize words or information.

Cyberbullying and Social Networking

- Technology may not be used to disturb or harass others in any way.
- To the greatest extent possible, harassment or unwanted or unsolicited contact by members of the school district is prohibited. Any district member who receives threatening or unwelcome communications should bring them to the attention of a teacher/administrator.
- Students may not create, send, access, or download material that is abusive, hateful, harassing, or sexually explicit.
- The creation of false online identities in order to mislead or cause malice is prohibited.

Consequences: Any violation of this Student Technology Use Agreement should be reported immediately to the district. Students in violation will be subject to any of the following:

- Loss of privileges and access to the district networks.
- School disciplinary action, including suspension or expulsion.

Additionally, Richards R-V reserves the right to seek financial restitution for any loss caused through student carelessness or negligence.

Photography for Social Media/School Website

 By signing this form, you are consenting to allow your child/student's picture to be on the School-Website or Social Media.

Student Name:	()	
Parent/Guardian Signature:	Date:	



Richards R-V School District

2023 | 2024 Enrollment Forms

School Bus Safety Rules and Procedures

The Richards R-V School District takes the safety of every student seriously. In order to do that we have to make sure every student understands the rules and expectations on the bus. Please take a few minutes to talk about these rules with your child(ren). Once you have reviewed the rules with your child, please sign and return this form to the school. If you have any questions feel free to contact the school at 417-256-5239.

Boarding the Bus

- Be at the bus stop on time
- While waiting for the bus, stay away from traffic and stay alert
- Stay away from the street, alleys or private property
- Wait until the bus has come to a complete stop and the doors open before approaching the bus
- Board the bus one at a time, use the handrail while walking up the steps
- Quickly find a seat

Behavior on the Bus

- Do not speak loudly or make loud noises that could distract the driver
- Stay in your seat and face forward at all times
- Never throw things or distract the driver
- Do not put your head, limbs or other items out of the window
- Keep the aisle clear of books, bags or other items
- Balloons, or other items that may block the driver's view, are not allowed on the bus
- Collect your belongings together before reaching your stop
- Wait until the bus completely stops before getting up from your seat
- Always follow the bus driver's directions

Exiting the Bus

- Use the handrail when exiting
- If crossing in front of the bus, walk as least 10 feet away from the front bumper or until you can see the driver
- Wait for the driver to signal before crossing
- Always walk, do not run to the other side of the road
- When the driver signals, look left, right, then left again- Keep an eye out for traffic
- If you drop something near the bus, never pick it up without first communicating with the bus driver
- If your vision is blocked, move to an area where you can see other drivers and they can see you
- Retrieving mail from your mailbox after being unloaded is highly discouraged

Bus Safety Rules created by the National Safety Council and Missouri Department of Social Services.



Richards R-V School District

2023 | 2024 Enrollment Forms

School Bus Safety Rules and Procedures (Cont.)

I have read the bus rules to my child(ren). I understa assign discipline.	nd if these rules are violated, the administration wi
	Grade:
Student Name	
Parent/Guardian's Signature	Date

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

Dear Parent/Guardian:

Children need healthy meals to learn. Richards R-V School District offers healthy meals every school day. Breakfast costs [\$1.60]; lunch costs [\$2.10]. Your children may qualify for free meals or for reduced price meals. Reduced price is [\$.30] 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>	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each add'l person add	+9,509	+793	+183

- 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 Richards R-V School District
- 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: Richards R-V School District, 3461 Co Rd 1710 West Plains, MO. 65775, 417-256-5239.
- 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 Richards R-V School District, 3461 Co Rd 1710 West Plains, MO. 65775, 417-256-5239 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 <u>may</u> 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: Richards R-V School District, 3461 Co Rd 1710 West Plains, MO. 65775, 417-256-5239.
- 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 <u>normally</u> 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 [name, address, phone number, e-mail] 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.
- 16. **(OPTIONAL STATEMENT)** CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [website] to begin or to learn more about the online application process. Contact Richards R-V School District, 3461 Co Rd 1710 West Plains, MO. 65775, 417-256-5239 if you have any questions about the online application.

If you have other questions or need help, call 417-256-5239.

Sincerely.

USDA Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

- 2. **fax:** (833) 256-1665 or (202) 690-7442; or
- email: <u>Program.Intake@usda.gov</u>

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 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 your children attend more than one school in Richards R-V School District. The application must be filled out completely to certify your children for free or reduced what to do next, please contact Amy Stowers, Richards R-V School District, 427-256-5042, astowers@richardsschool.k12.mo.us.

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 Richards R-V School District, regardless of age

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

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

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.

participate in one of these programs and do not know your case number, contact: State number 1-855-Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you If anyone in your household participates in any of the above listed programs:

Go to STEP 4.

373-4636.

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.
- o 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 educed to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)

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 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

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

Only count foster children's income if you are applying for them together with the rest of your household 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."

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.
- People who live with you but are not supported by your household's income AND do not contribute income to your household

o infants, children and students aiready listed in SIEP 1.	y listed in Sier 1.
List adult household members' names.	Report earnings from work. Report all total gross income fr
Print the name of each household member	work in the "Earnings from Work" field on the application. T
in the boxes marked "Names of Adult	usually the money received from working at jobs. If you are
Household Members (First and Last)." Do	employed business or farm owner, you will report your net
not list any household members you listed	income,
in STEP 1. If a child listed in STEP 1 has	
income, follow the instructions in STEP 3,	What if I am self-employed? Report income from that work
part A.	net amount. This is calculated by subtracting the total opera
	expenses of vour husiness from its gross receipts or revenue

rating rom e se

members, as the size of your household affects your eligibility for back and add them. It is very important to list all 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 Adults)." This number MUST be equal to the number of household members in the field "Total Household Members (Children and Report total household size. Enter the total number of household

Report income from

"Pensions/Retirement/ All Other Income" Report all income that applies in the pensions/retirement/all other income.

field on the application.

Support/Alimony" field on the application. Do not report the payments should be reported as "other" income in the next chart. If income is received from child support or alimony, only cash value of any public assistance benefits NOT listed on the Report all income that applies in the "Public Assistance/Child Report income from public assistance/child support/alimony report court-ordered payments. Informal but regular

the right labeled "Check if no SSN." eligible to apply for benefits even if you do not have a Social Security Number, leave this space blank and mark the box to their Social Security Number in the space provided. You are adult household member must enter the last four digits of Provide the last four digits of your Social Security Number. An Security Number. If no adult household members have a Social

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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. 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

to contact you.
both is optional, but helps us reach you quickly if we need
school meals. Sharing a phone number, email address, or
make your children ineligible for free or reduced price
available. If you have no permanent address, this does not
address in the fields provided if this information is
Provide your contact information. Write your current

signing the application and and write today's date. "Signature of adult." Print the name of the adult Print and sign your name that person signs in the box Mail Completed 5239. R-V School District 65775, 417-256-West Plains, MO. , 3461 Co Rd 1710 Form to: Richards

Share children's racial and ethnic identities (optional). On the price school meals. does not affect your children's eligibility for free or reduced back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and

Date Received by LEA (LEA use only)

STEP1 List ALL	List ALL Household Members who are infants, children, and st	s, children, and students up to and including	tudents up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)	ies, attach another sheet of paper)
Definition of Household	Child's First Name	MI Child's Last Name	Building Name	Vame Foster Migran, Foster Migran, Grade Child Runaway
Member: "Anyone who is living with you and shares income and expenses, even if not related."				
Children in Foster care and children who meet the definition of Homeless.				
Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School				
Meals for more information.				
STEP 2 Do any I If you answered NO > Co	Do any Household Members (including you) currently partici red NO > Complete STEP 3. If you answered YES > Write a case number here		pate in one or more of the following assistance programs: SNAP, TANF, or FDPI then go to STEP 4 (Do not complete STEP 3) Case Number:	FDPIR? Circle one: Yes / No Write only one case number in this space.
STEP 3 Report	Report Income for ALL Household Members (Skip this step	irs (Skip this step if you answered 'Yes' to STEP 2)		
Are you unsure what Income to Include here?	A. Child income Sometimes children in the household earn income. Please include STEP 1 here.	come. Please include the TOTAL gross income earned by all children listed in	by all children listed in \$ Child Income Weekly BI-Weekly 2x Month Monthly	onth Monthy
Flip the page and review the charts titled "Sources of Income" for more	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) each source in whole dollars (no cents) only. If they do not receive in	cluding yourself) > 1 (including yourself) even if they do not receive Incon f they do not receive income from any source, write '0'. If y	even if they do not receive Income. For each Household Membér listed, if they do receive income, report gross income (before taxes) for noome from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.	eport gross income (before taxes) for thet there is no income to report.
The "Sources of Income	Name of Adult Household Members (First and Last)	How often? Earnings from Work Weekly B-Weekly 2x Month Menthly	Public Assistance/ Weakly B-Weakly 2x MonthMonthly Pensions	How often? Pensions/Retirement/ [Weestel Bi-Weestel Bi-
for Children" chart will help you with the Child income section.				
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	Total Household Members (Children and Adults)	S Social Security Number (SSN) of Delivery Wards of Social Security household momber	Number (SSN) of X X X X X X X X X X X X X X X X X X	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
STEP 4 Contact	Contact Information and adult signature		inool District	
"I certify (promise) that all informatic information, my children may, lose m	"I certify (promise) that all information on this application is true and that all income is reported. I understand that this in information, my children may lose meel benefits, and I may be prosecuted under applicable State and Federal laws."	d. I understand that this information is given in connection with the state and Federal laws."	formation is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false	ation. I am aware that if I purposely give false
Street Address (if available)	Apt#	City State	Zip Daytime Phone and Email (optional)	0
Printed name of adult completing the form	ifing the form	Signature of adult completing the form	Today's date	5
DO NOT FILL OUT THIS SECTION. ANNUAL INCOME CONVERSION: V	DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY. ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A M.	ONTH X 24,	TIPLE FREQUENCY)	変色を発
□Food Stamps/Tempora Eligibility: □Free □Redu	□rood Stamps/Temporary Assistance Household size:	Total Income:	Per: Date withdrawn: Dat	□Twice a Month, □Month □Year
Error Prone Application: (Confirming Official's Sign.	Error Prone Application: ☐ Yes ☐ No (<i>Optional</i> — See FAQS) Dete Confirming Official's Signature (For verification purposes only):	Determining Official's Signature:	Date Approved/Denied:	Date:

NSTRUCTIONS Sources of Income

Sources of Inc.	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

r Children	S	Sources of Income for Adults	lts
Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
as a regular full or part-time job y earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad
blind or disabled and receives Social	 Net income from self- employment (farm or business) 	 - Worker's compensation - Supplemental Security Income (SSI) 	 Private pensions or disability benefits
Is disabled, retired, or deceased, and receives Social Security benefits	If you are in the U.S. Military:	- Cash assistance from State or local government	 Regular income from trusts or estates Annuities
or extended family member gives a child spending money	 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) 	 Alimony payments Child support payments Veteran's benefits 	- Investment income - Earned interest - Rental income
eceives regular income from pension fund, annuity, or trust	 Allowances for off-base housing, food and clothing 	- Strike benefits	 Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

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. 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

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

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Familles (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language) information may be made available in languages other than English. Persons with disabilities who require alternative policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339

Discrimination Complaint Form which can be obtained online at: To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program

date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and must contain the complainant's name, address, telephone number, and aiwritten description of the alleged <u>17Fax2Mail.pdf</u>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28

* MAIL: U.S. Department of Agriculture FAX: (833) 256-1665 or (202)

Office of the Assistant Secretary for 690-7442; or

Civil Rights EMAIL: Program.Intake@usda.gov

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

Return completed form to your child's school.

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 you	r family have hea	althcare insurance?	
	YES		
	NO NO		
MO HealthNet (Medicaid	d) is considered	healthcare insurance.	
If NO is checked the school district Healthcare Coverage form for the f		Does Your Child Need	
Completion of this form is not a con and Reduced Price Meals Family Appression of the Complete Control of the Complete Control of the Complete Comp	oplication will be	-	
Submit this request with your Free Application or return to your schoo		ce School Meals Family	
Printed name of parent/guardian:			
Mailing Address:			,
City:			

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities, Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.



Does your child need health care coverage?

MO HealthNet for Kids may be the answer.

MO HealthNet for Kids is a program that provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines)

Who Is Eligible?

A child:

- who is under age 19;
- who has or applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration);
- the parent must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support; and
- who has countable family income which meets the income guidelines.

MO HealthNet for Kids Non-SCHIP

- 196% Federal Poverty Level (FPL) for children under age 1
- 148% FPL for ages 1-18

MO HealthNet for Kids (SCHIP) Non-Premium

- Family gross income over 148% FPL up to 150% FPL; and
- Child is uninsured

MO HealthNet for Kids (SCHIP) Premium

- Family gross income over 150% FPL up to 300% FPL;
- Child is uninsured; and
- Children in families with gross income over 150% FPL without access to affordable health insurance (from \$115 to \$311 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to ensure that no family pays more than 5% of their income for coverage.

To Apply:

- On line at mydss.mo.gov/healthcare. Please send an email to Cole.MHNPolicy@dss.mo.gov with subject line "School" to let us know to watch for your application.
- By telephone at 1-855-373-9994. When speaking with a representative please tell them this is a "School Application".
- Request an application from 1-855-FSD-INFO (1-855-373-4636). Please write "SCHOOL" at the top of the application.
- <u>Print an application</u> online at <u>dssmanuals.mo.gov/wp-content/uploads/2020/09/IM-1SSL-Fillable-Secured-6-24-21.pdf</u>. Please write "SCHOOL" at the top of the application.