



RETURNING STUDENT - NO CHANGES REGISTRATION / ENROLLMENT

Student Name: _____
(Please print)

School Name: _____

PARENT CHECKLIST	REQUIRED FOR REGISTRATION :	STAFF INITIALS ONLY
<input type="checkbox"/>	RESIDENCY	_____
<input type="checkbox"/>	DATA ENTRY	_____
<input type="checkbox"/>	ATTENDANCE AGREEMENT	_____
<input type="checkbox"/>	PHOTO / VIDEO RELEASE	_____
<input type="checkbox"/>	TITLE I COMPACT	_____
<input type="checkbox"/>	IMMUNIZATIONS/STUDENT HEALTH CARD	_____
<input type="checkbox"/>	TURN IN COMPLETE PACKET TO SCHOOL	_____



HICKMAN MILLS C-1 SCHOOL DISTRICT
9000 Old Santa Fe Rd.
Kansas City, Missouri 64138
(816) 316-7000

ATTENDANCE AGREEMENT

The attendance protocol adopted by the Hickman Mills School District is the attendance ordinance set forth by the city of Kansas City, Missouri. The compulsory school Attendance Ordinance #120180 was developed to decrease the dropout rate, increase attendance and decrease crime in Kansas City.

In part, the compulsory attendance ordinance states:

1. **After 2 days of any absence** a letter will be sent home addressing the importance of attendance.
2. **After 3 days of any absence** a family resource specialist will conduct a phone conference with a plan to assess the family's needs.
3. **After 5 days of any absence** the family resource specialist will visit home with a citation warning.
4. **After 7 days of any absence** a citation issued by the Kansas City Police Department for a mandatory appearance at truancy court.

REPEAT OFFENDERS MAY FACE UP TO A \$500.00 FINE

To view the entire attendance protocol for Hickman Mills, as well as ordinance information, please visit hickmanmills.org and search attendance protocol. You may also pick up a copy of the protocol at your student's school.

Student Name _____ School _____

Please print: Parent/Guardian _____

Signature: Parent/Guardian _____

Parent/Guardian Birth date _____

Parent/Guardian Drivers license# _____



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ACUERDO DE ASISTENCIA

El protocolo de asistencia adoptado por el Distrito Escolar de Hickman Mills es la ordenanza de asistencia establecida por la ciudad de Kansas City, Missouri. La Asistencia Obligatoria fue desarrollado para disminuir el abandono escolar, aumentar la asistencia escolar y reducir el crimen en la ciudad de Kansas City.

En parte, La ordenanza de asistencia obligatoria declara:

1. **Después de 2 días de ausencias** se enviara una carta remitiendo la importancia de la asistencia.
2. **Después de 3 días de ausencias**, un especialista de recursos familiares conducirá una conferencia telefónica con un plan para evaluar las necesidades de la familia.
3. **Después de 5 días de ausencias**, el especialista de recursos familiares visitara el hogar con una citación de advertencias.
4. **Después de 7 días de ausencias** una citación mandataría será emitida por el Departamento de Policía de Kansas City de aparición en la corte de truancy.

OFENSORES QUE REPITEN LAS OFENSAS MENTIONADAS PUEDEN ENFRENTAR HASTA UNA MULTA DE \$500.00.

Para ver todo el protocolo de asistencia de Hickman Mills, y la información de la ordenanza, por favor visite a hickmanmills.org y busque el protocolo de asistencia. También puede obtener una copia del protocolo en la escuela del estudiante.

Nombre del Estudiante _____ Escuela _____

Por Favor letra de molde: Padre/Guardián _____

Firma: Padre/Guardián _____

Padre/Guardián Fecha de Nacimiento _____

Padre/Guardián Licencia de Manejo# _____



Hickman Mills C-1 Schools District

Photo/Video Release Form

Throughout the school year, there may be times when Hickman Mills C-1 Schools (HMC-1) staff, the media, or other organizations, with the approval of the school principal, take photographs of students, audiotape/videotape students, or interview students for school-related stories in a way that would individually identify a specific student. Those photographs and/or audio/videotaped images or interviews may appear in district publications; in district video productions; on the district Web site; in the news media; or in other nonprofit, education-related organizations' publications. Please complete this form and return it to your child's school.

- I hereby grant unto my child's school and the Hickman Mills C-1 School District (HMC-1) permission to use my child's photograph and/or videotaped image for the purposes mentioned above. I understand and agree that HMC-1 may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant unto HMC-1 permission to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school-related stories or articles.

PLEASE PRINT:

Student's Name: _____

School: _____

Parent's/Guardian's Name: _____

Street Address: _____

City/State: _____

Telephone Number: _____

Email: _____

Parent's/Guardian's Signature: _____

Date: _____



Title I Home-School Learning Compact 2016 - 2017 SY

School Commitment:

The School and its entire staff will provide high quality curriculum and instruction in a supportive and effective learning environment that will enable each student to make progress towards meeting the Missouri Show-Me Standards as follows:

- Hire and retain highly qualified principals and teachers.
- Provide instruction, materials, and high quality professional development.
- Involve parents in an organized, ongoing, and timely way in the planning, review, and improvement of programs under Title I by holding annual meetings at various times, and if necessary, providing transportation, child care, or home visits.
- Provide an interpretation of the school's annual performance report, and if requested, hold regular meetings to formulate suggestions and to participate, when appropriate, in decisions relating to the education of their children.
- Provide timely response to suggestions made by parents in meetings and include comments from parents of participating children who find any aspect of the school wide plan unsatisfactory when it is submitted to the school district.
- Maintain a safe and positive school climate.
- Hold an annual parent-teacher conference to discuss the student's progress during first quarter.
- Provide and explain this compact to parents as it relates to the individual child's achievement.
- Provide parents with student's achievement levels Send home quarterly reports and schedule further conferencing if needed.
- Provide suggestions from Title I teacher and classroom teachers.
- Be accessible to parents through phone calls, letters, or face-to-face meetings.
- Acknowledge that parents are vital to the success of this school and its students.
- Ensure the implementation of a parent involvement policy that facilitates meaningful parent involvement.
- Ensure that all information related to school and parent programs, meetings, and other activities be sent to the parents of all children in a format and language that is understood by all parties.

Principal (on behalf of staff): _____

Date: _____

Parent Commitment:

We realize the importance of working cooperatively with the school. We want and expect our student to have the best possible education. We, therefore, join with our student's school and provide an appropriate learning environment in the home and will:

- Send my student to school regularly, on time and in appropriate school uniform.
- Provide adequate space and sufficient time for my student to do homework and monitor homework completion.
- Appropriately supervise and monitor television viewing and encourage positive use of extracurricular time.
- Read with my student on a regular basis (at least 30 minutes/day).
- Attend school functions, conferences, and volunteer and/or observe in the student's classroom when necessary.
- Participate in decisions relating to the education of the student.
- Stay informed about my student's education by reading all school communications and responding appropriately.
- Encourage my student to demonstrate respect for themselves, school personnel, their classmates and school property.

Parent(s) or Guardian: _____

Date: _____

Student Commitment:

I realize the importance of doing my part in school. I want to have the best possible education. I, therefore, join with my school and my parents and will:

- Come to school regularly, on time, and in uniform.
- Do my homework and ask for help when I need it.
- Limit my television viewing.
- Read daily for at least 30 minutes and log.
- Show respect for myself, school personnel, my classmates and school property.

Student: _____

Date: _____



STUDENT HEALTH INFORMATION

INSTRUCTIONS: Complete this form and return to the School Nurse. Please print.

Today's date: _____ School: _____

Student Name: _____ Date of Birth: _____ Grade: _____ Male/Female

Parent/Guardian: _____ Best Emergency Number: _____

Mark all boxes that apply to your child. Please list all medications your child takes at home or school.

1. **Allergies:** Food _____

Drug _____ Bee/Insect Latex Seasonal Other _____

Allergies cause: Nose/Eyes water Rash/Hives Swelling Trouble Breathing Vomit Diarrhea

****Special meal accommodations for food allergies must have a Medical Statement for Students Requiring Special Meals *form signed by doctor*****

List any medications taken for allergies: _____ Epi Pen prescribed

Religious food preferences (not a food allergy): _____

2. **Asthma:** List triggers: _____ Long term care inhaler (Flovent, QVar)

Quick-acting inhaler (albuterol) Inhaler for school ****Inhaler must have original prescription label****

3. **Seizure Disorder:** Absence seizure Tonic-Clonic seizure Other : _____

When was the last seizure? _____ List any medications: _____ Diastat prescribed

4. **Diabetes:** (High Blood Sugar) Type 1 (takes insulin) Insulin Pump Insulin Injections

Type 2 (diet/med controlled) List diabetic medications: _____

5. **Behavioral/Emotional Diagnoses:** ADHD/ADD Autism Bipolar Depression Mood disorder

OCD ODD PTSD Other: _____

6. **Blood Disorder:** Anemia Sickle Cell Anemia Other: _____

7. **Muscle/Bone/Mobility Disorder:** _____

Physical Restrictions: _____ ****Must have a new doctor's note each year****

8. **Major Operations/ Injuries or Severe Illnesses:** _____

9. **Vision Impairment:** Wears Glasses Contacts Eye cover Blind Other: _____

10. **Hearing Impairment:** Uses Hearing Aides Cochlear implant Deaf Other: _____

11. **Skin Disorder:** Eczema Cystic Acne Other: _____

12. **Bowel or Bladder Impairment:** _____ ****Must have a new doctor's note each year****

13. **Takes Other Medications:** List all medications that are taken at home or school that are not listed above:

****In case of emergency it is important that we know all of the medication the child takes****

MEDICATION/DOSE: _____ TIMES: _____ SCHOOL DOSE: _____

MEDICATION/DOSE: _____ TIMES: _____ SCHOOL DOSE: _____

MEDICATION/DOSE: _____ TIMES: _____ SCHOOL DOSE: _____

COMPLETE OTHER SIDE

Student Name: _____

Comments or other Health Information: _____

OVER THE COUNTER MEDICATION PERMISSION

I give my permission for the following medications to be given in recommended doses to my child as needed, at the discretion of the school nurse or her designee:

(Please mark either Yes or No. Drugs marked with *are not recommended for those with asthma.)

Acetaminophen (Tylenol) Yes No

Ibuprofen (Motrin, Advil)* Yes No

Cough Syrup (Robitussin)* Yes No

The Nurses also have physician's standing orders for the following over the counter medications for minor concerns: Antacid, Throat Spray, Topical Dental Pain Reliever, Eye Drops, Menthol Rub and topical Antibiotic ointment. *Such medications will be used at the nurse's discretion.*

PHYSICIAN AND EMERGENCY TREATMENT PERMISSION

Doctor's Name: _____ Phone: _____

Address: _____

Hospital Preference: _____

Address: _____

I give my permission, in case of medical emergency (when parents cannot be reached), for a representative (nurse, teacher, coach, principal) of Hickman Mills C-1 School District to act on the behalf of the above named student to seek medical attention. This permission is valid during current school year, as long as the student is enrolled in the district.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Please contact the School Nurse to discuss any health concerns.

The Hickman Mills C-1 School district does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The follow person has been designated to handle inquiries regarding the non-discrimination policies: Human Resources Department, 9000 Old Santa Fe Road, Kansas City, Missouri 64138 (816) 316-7214.