



ENROLLMENT PACKET

For student enrollment, we will need copies of the following:

PROOF OF RESIDENCY: UTILITY BILL OR
RENTAL AGREEMENT

CHILD'S: BIRTH CERTIFICATE
SHOT RECORDS

The mission of the Missouri Course Access and Virtual School Program (MOCAP) is to offer Missouri students equal access to a wide range of high quality courses and interactive online learning that is neither time nor place dependent (mcap.mo.gov).

Local school districts may approve online providers if they can ensure that the statutory requirements have been met. Knob Noster School District is very excited to offer K-12 students flexible learning options through Knob Noster Virtual Academy using accredited virtual courses from Edmentum and EdOptions Academy – tuition-free. For more information on virtual education opportunities, please contact Dr. Brad MacLaughlin at bmaclaughlin@knr8.net



Knob Noster R-VIII School District

401 E. Wimer, Knob Noster, MO 65336
Office: (660) 563-3186
Student Services: (660) 563-5597

Dr. Jerrod Wheeler, Superintendent

Mr. Michael Cohron, Assistant Superintendent

Dr. Angela Rolofson, Director, Student Services

Proud Past – Bright Future

TRANSCRIPT/RECORDS REQUEST

Subject: Authorization For Release of School Records and Other Reports

Previous School Name & Address: _____ Phone #: _____

_____ Fax #: _____

We Request You Forward All the Following Information to the School Circled Below:

Academic/Grade Records	Achievement/Intelligence Tests	Attendance Records
Records from other districts	Copy of most recent I.E.P.	Special Ed. Testing/Placement info.
Birth Certificate	Clinical/Medical Reports	Immunization
Behavior Records that regard In-School Suspension, Out-of-School Suspension, or Expulsion		

The Missouri SAFE SCHOOLS ACT OF 1996 requires that disciplinary files from the student’s previous school be reviewed prior to finalizing enrollment at our school. Therefore, we request you include a summary of the student’s records which involve any type of suspension or expulsion.

Student: _____
Last Name First Name Middle Name

Grade entering: _____ Birth Date: _____ Date of Enrollment: _____

Send Records To: (Circle One)

Whiteman Elementary School	Knob Noster Elementary School	Knob Noster Middle School	Knob Noster High School
Houx Drive, Building 3015 Whiteman AFB, MO 65305	405 E. Wimer St. Knob Noster, MO 65336	211 E. Wimer St. Knob Noster, MO 65336	504 S. Washington St. Knob Noster, MO 65336
Phone (660) 563-3028	Phone (660) 563-3019	Phone (660) 563-2260	Phone (660) 563-2283
Fax (660) 563-3443	Fax (660) 563-3781	Fax (660) 563-3274	Fax (660) 563-3384
asowers@knr8.org	tbivins@knr8.org	nmckeehan@knr8.org	

Comments: _____

School Official’s Signature: _____ Title: _____

I authorize the release of the above information:

Signature of Parent/Guardian

Date

Knob Noster R-VIII School District Student Registration Forms

ENROLLMENT CANNOT BE COMPLETED UNTIL A COPY OF IMMUNIZATION RECORDS FOR THE CHILD IS FURNISHED. PLEASE PRINT LEGIBLY.

1. Student Name _____
Legal Last Name First Middle

2. Grade _____ Birth Date _____ Gender _____

3. Please list the names and addresses of all schools attended in the last 12 months:

Name: _____ Address: _____ _____ Name: _____ Address: _____ _____ _____	Name: _____ Address: _____ _____ Name: _____ Address: _____ _____ _____
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4. Has your child been receiving special services? Yes No If yes, check all the programs that apply:

Early Childhood Spec. Ed.	IEP Emotional Disturbance
Title 1 Reading	IEP Learning Disability
Title 1 Math	IEP Speech/Language
English as a Second Language	IEP Intellectual Disability
Gifted	504 Plan
Counseling	

5. Person(s) with whom student is living:

Last Name	First Name	Last Name	First Name
Address	_____	Home Phone	_____
_____		_____	
Cell phone (dad)	_____	Cell phone (mom)	_____
Work number (dad)	_____	Work number (mom)	_____

6. E-mail address:

Dad-home _____	work _____
Mom-home _____	work _____

7. If you are a divorced parent or guardian, do you have a court order giving you legal custody of the student? Yes No Do you have joint custody? Yes No
 By law, non-custodial parents have equal access to the records of their child unless legal restrictions exist.
 Do such legal restrictions exist? Yes No
 If yes, a copy of the restrictions must be placed in the student's permanent record.
 If no, please furnish the name and address of the non- custodial parent:

	Address	
Last Name	First Name	_____
_____		_____
Email Address	Phone Number	_____

8. In case of emergency, if parents cannot be contacted, list in order of preference those persons to be contacted (**local numbers preferred**). Please indicate relationship by which your **child** knows this person (relative, friend, neighbor, day care, etc.)

1. _____ phone # _____ relationship _____
2. _____ phone # _____ relationship _____

9. Race: *please check all that apply*

White Black Asian Hispanic

Native Hawaiian or other Pacific Islander American Indian or Alaska Native

10. What was your student's first language? English Other: _____

Which language(s) does the student use (speak) at home with others? English Other: _____

Which language(s) does the student hear at home and understand? English Other: _____

Have you moved within the past three years to see or obtain work? Yes No

Does the work fall into any of the following categories? Yes No

If yes, mark those that apply:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Planting or harvesting crops |
| <input type="checkbox"/> | Feeding poultry, gathering eggs, working in a hatchery |
| <input type="checkbox"/> | Processing meat, poultry, fruit or vegetables, dairy products |
| <input type="checkbox"/> | Commercial fishing or working on a fish farm |

11. 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 arrangement due to economic hardship?

Yes No

12. Behavior Affirmation Statement

Missouri law provides that prior to admission the Knob Noster School District Board may require the parent, guardian, or other person having control or charge of a child of school age to provide upon enrollment, a sworn statement or affirmation indicating whether the student has been suspended or expelled from school attendance at any school in this state or in any state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a false statement or affirmation shall be guilty upon conviction of a Class B misdemeanor. The registration document shall be maintained as part of the student's scholastic record.

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

I, (parent/guardian) _____, affirm that (student) _____

Has **not** Has

been suspended or expelled from school attendance at a private school or public school in Missouri or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Parent/Guardian Signature

Date

13. Please share with us any information that would ensure a successful transition to our school:

In order to register the student the parent or guardian must provide either (1) proof of residency (the term residency means that a person both physically resides within a school district and is domiciled with that district) or (2) proof that a request for waiver of residency requirement has been submitted to the district superintendent within the past forty-five days. NOTE: A copy of the court document awarding guardianship must be presented if student is living with a legal guardian—a power of attorney is no longer acceptable because of THE SAFE SCHOOL ACT OF 1996.

NOTICE: Missouri law provides that Knob Noster School District may file a civil action against a parent or guardian to recover the costs of school attendance for any pupil enrolled at Knob Noster School District whose parent or legal guardian provides false information on this form. Missouri law also provides that any person who knowingly submits false information on this form is guilty of a Class A misdemeanor.

“AFFIDAVIT OF RESIDENCE”

Full legal name of child: _____ (print)

Full legal name of father: _____ (print)

Full legal name of mother: _____ (print)

Full legal name of legal guardian: _____ (print)

Is this student living in a foster care family? Yes No

If yes, please provide the name and address of the student’s parents:

Name: _____ Name: _____
Address: _____ Address: _____

The parents/guardians, _____, hereby declare that (student) _____ is living with them in the Knob Noster School District and the child is under the care, custody, and control of said parents/guardians who is a district resident.

The undersigned parents understand that the child listed above must reside and is residing in the Knob Noster School District in order to attend Knob Noster Public Schools.

The parents/guardians agree that the District can and will take all reasonable steps to verify the accuracy of the information in this affidavit.

By signing this affidavit, the parents/guardians agree to be liable for the full amount of per pupil expenditure cost for the Knob Noster School District in the event the facts in the affidavit are false. It is also understood that knowingly providing false information in the affidavit is a Class A misdemeanor and that falsely swearing or affirming on oath constitutes perjury, which is a felony under the criminal laws of the State of Missouri.

Parent/Guardian Signature

Date

Knob Noster R-VIII School District
Federal Impact Aid Form

The information required on this form will be used to verify claims for federal impact aid to the Knob Noster School District. This information is available only to authorized school district and/or federal government officials and is not prohibited under the privacy act.

A. Is a parent or guardian (where student resides) on active duty in a branch of the uniformed military service? Yes No

B. As active military, where do you live? on base off base

C. Name of parent(s)/guardian(s) on active duty: _____

D. Branch of service: (circle one) Air Force Air National Guard Army National Guard Navy

Other: _____

E. Rank: (circle one)

AF(Air Force) = AB(E-1) Amn(E-2) A1C(E-3) SrA(E-4) SSgt(E-5) TSgt(E-6) MSgt(E-7)
SMSgt(E8) CMSgt(E-9) 2Lt(O-1) 1Lt(O-2) Capt(O-3) Maj(O-4) LtCol(O-5) Col(O-6)

ARNG (Army National Guard) = E-1 E-2 E-3 E-4 E-5 E-6 E-7 E-8 E-9
O-1 O-2 O-3 O-4 O-5 O-6 WO1(W-1) CW2(W-2) CW3(W-3) CW4(W-4)

Other—Branch _____ Rank/Pay Grade _____

Name of Squadron: Father _____ Mother _____

F. If living with civilian parent(s)/guardian(s), does either parent/guardian work on federal property?
 Yes No

If yes, please complete the following questions:

Name of parent(s)/guardian(s) working on federal property: _____

Does the civilian parent/guardian work on Whiteman Air Force Base? Yes No

Does the civilian parent/guardian work on any other federal properties? Yes No

Federal Employment Site: (circle any that apply)

- Lake City Army Am. Depot, Independence, MO
- Bendix Plant, Kansas City, MO
- Federal Building, Bannister Road, Kansas City, MO
- Federal Building, Ward Parkway, Kansas City, MO
- Navy Reserve Training Center E. 47th Street, Kansas City, MO

KNOB NOSTER R-VIII HEALTH ASSESSMENT FORM

Student's Name: _____ Grade: _____
Date of Birth: _____ Age: _____ Gender: _____

The following information will allow the school staff to identify and care for your child's individual health care needs while at school. If your child does not have any special health care needs, please complete this form by marking "My child has no special health care needs" and sign and date at bottom of the form.

My child has no special health care needs

Please indicate if any of the following are relevant to your child. Provide additional information for the following conditions in the space provided.

ASTHMA? YES Diagnosed by a doctor? Yes No Date? _____
Triggered by _____ Treatment _____

ALLERGIES? YES To medication, food, insects, pollen? Please list: _____
Has this required emergency action in the past? Yes No
Is medication required at home? Yes No At school? Yes No

STING YES Need emergency medication? Yes No List: _____

ALLERGY?

DIABETES? YES Takes insulin? Yes No Date/age diagnosed _____
Daily testing at school? Yes No Daily snacks? Yes No

SEIZURES? YES Age of onset _____ Describe seizures _____
Date of last seizure _____

BONE/JOINT YES Describe _____

CONDITION? Any physical restriction? Yes No Describe _____

OTHER ILLNESS/ YES Describe _____

INJURY

***If you answered YES to any of the above questions, please meet with the school nurse to set up an Emergency Action Plan or to set up meeting to arrange for an Individualized Health Care Plan.*

Emotional/Behavioral Disorder? Yes No Describe _____
 ADHD Autism Spectrum Bipolar Depression OCD ODD
Other _____

Takes daily medication? Yes No At home? Yes No At school? Yes No
Emergency Only? Yes No

Name of medication _____ Dosage _____
Reason _____

If a student requires medication at school, please obtain the appropriate form in the school health office. Parents must deliver all medication to the school in a properly labeled pharmacy bottle with a signed request for administration.

HEARING: Does your child: require preferential seating? Yes No wear a hearing aid? Yes No
VISION: Does your child: wear glasses? Yes No wear contacts? Yes No

I know of no health reason(s), other than the information indicated on this form, why my child should not participate in any school activity. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature _____ Date _____

MEMORANDUM:

FROM: _____
[Insert name of installation, school, camp, facility]

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor

1. This letter is to inform you about the Child and Youth Behavioral Military and Family Life Counseling (CYB-MFLC) program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs, Department of Defense Education Activity schools, Local Education Agencies, DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve camps, and Operation Military Kids Camps.
2. The CYB-MFLC counselors may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
 - Observe, participate and engage in activities with children and youth.
 - Provide direct interaction with military children.
 - Model behavioral techniques and provide feedback.
 - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
 - Provide outreach to military parents when they are available such as when they drop off or pick up their children or at family events.
 - Be available for military parents to contact for guidance and support.
 - Facilitate psycho-educational groups.
 - Conduct training for staff and parents.
 - Recommend referrals to military family programs and other resources as needed.
3. The counselor may assist military parents, military children and centers with the following type of issues:
 - Communication
 - Self-esteem/self-confidence
 - Resolving conflicts
 - Behavioral management techniques
 - Bullying
 - Helping children deal with angry feelings
 - Sibling/parental relationships
 - Deployment and reintegration issues
4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.

5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.
6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.
7. The counselor may use only OSD approved materials for trainings, groups, and any other activities.
8. **With the exception of mandatory state, federal, and military reporting requirements (i.e., domestic violence, child abuse, and duty-to-warn situations), as well as oversight review by DoD of the service you received should an adverse or harmful event occur, MFLC support is private and confidential to encourage the greatest level of participation.**

Print Name of Child: _____

Select only one check box below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC services. This authorization is valid for the duration of my child's enrollment. I understand I can revoke this authorization at any time in writing.

I do not authorize my child to participate in CYB-MFLC services.

PARENT OR GUARDIAN SIGNATURE

DATE