



## New Student Enrollment Checklist

All forms are available on the CPS Enrollment webpage – [www.cpsk12.org/enroll](http://www.cpsk12.org/enroll)

Building of Residence: \_\_\_\_\_

Phone Number: (573) 214-\_\_\_\_\_

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

(See the School Locator Tool on the CPS Enrollment webpage to view this information.)

### Required forms:

- ☐ New Student Information
- ☐ Declaration of Legal Residence
- ☐ Health Summary/Asthma History
- ☐ Release of Student Records
- ☐ Home Language Questionnaire
- ☐ Technology Usage Agreement
- ☐ Bus Conduct Agreement

### Additional Required Documentation:

- ☐ Birth Record (birth certificate, passport, visa, or hospital record)
- ☐ Record of Immunizations

Bring your child's immunization record from a physician or public health agency showing completed dates of immunizations. Month/day/year is required for all immunization dates. Missouri law requires proper immunizations for children to enroll in or attend school. If immunizations are needed, contact your physician or the Columbia-Boone County Public Health Department at (573) 874-7356.

- ☐ Parent/Guardian Legal Proof of Residence

Bring a current copy of one of the following:

- Contract of home purchase
- Real estate lease
- Current water, electric, or gas bill showing address
- Notarized letter from owner of residence with whom the family is living, along with owner's legal proof of residence as listed above.

- ☐ Foster Care or Court-Ordered Legal Guardianship documents (if applicable)
- ☐ Student's social security number (requested, but not required)

\*This checklist is provided for your convenience. Please review instructions on the forms or contact your school's registration office for further information.

## Columbia Public Schools - Language Interpreting and Translation

**English:** Free – Language interpreting is available for parents/guardians and students who require it. If you require an interpreter, please inform your student’s teacher or school, and we will arrange for an interpreter to assist you. If we do not have a CPS interpreter for your language, we will work to find someone who can help.

<p><b>Arabic:</b> يتوفر ترجمة اللغة للوالدين/الأوصياء والطلاب الذين يحتاجون إليها. إذا كنت تحتاج إلى مترجم فوري، فيرجى إبلاغ معلم الطالب أو المدرسة، وسنتولى توفير مترجم فوري لمساعدتك. إذا لم يكن لدينا مترجمًا فوريًا في مدارس كولومبيا العامة، فسنعمل على إيجاد شخصًا يمكنه المساعدة.</p>	<p><b>Hindi:</b> विद्यार्थी और उनके परिवार को भाषा अनुवाद की सुविधा उपलब्ध है। अगर आपको भाषा अनुवाद की आवश्यकता हो तो विद्यार्थी के स्कूल या अध्यापक से संपर्क करें, और फिर हम आपकी मदद के लिए अनुवादक का प्रबंध करेंगे। अगर कोलंबिया पब्लिक स्कूल के पास आपकी भाषा के अनुवादक नहीं है तो हम किसी की मदद लेंगे जो आपकी भाषा में मदद कर सके।</p>	<p><b>Spanish:</b> GRATIS - La interpretación de idiomas está disponible para padres / guardianes y estudiantes que lo requieran. Si necesita un intérprete, informe al maestro de su hijo o a la escuela, y haremos los arreglos necesarios para que un intérprete le ayude. Si no tenemos un intérprete de CPS para su idioma, trabajaremos para encontrar a alguien que pueda ayudarlo.</p>
<p><b>Bosnian:</b> Bespatno -- Jezično tumačenje (prevođenje) je dostupno za roditelje/staratelje i učenike kojima je potrebno. Ako vam je potreban tumač, obavijestite nastavnika svog djeteta ili školu i mi ćemo se pobrinuti da Vam tumač pomogne. Ako nemamo CPS tumača za Vaš jezik, potrudimo se da pronađemo nekoga ko Vam može pomoći.</p>	<p><b>Cambodian-Khmer:</b> កម្មវត្ថុប្រកាសាភិបាលសម្រាប់វិទ្យាក្រុម/សាលាស្នាក់នៅ ពិសេស គឺជាការបំពេញតម្រូវការ។ ប្រសិនបើ អ្នកត្រូវការអ្នកបកប្រែ ឬសម្រាប់សិស្ស ពិសេសសាលាប្រសិនបើសិស្សត្រូវការជំនួយ យើងនឹងពិនិត្យ រៀបចំអ្នកបកប្រែ ដើម្បីជួយអ្នក។ ប្រសិនបើយើងមិនមានអ្នកបកប្រែ CPS ជាភាសាប្រសិទ្ធភាព យើងនឹងពិនិត្យស្វែងរកអ្នកបកប្រែដែលអាចជួយបាន។</p>	<p><b>Swahili:</b> Ukalimani wa lugha upo kwa wazazi/walezi na wanafunzi wanaouhitaji. Ikiwa unamhitaji mkalimani, tafadhali fahamisha mwalimu wa mwanafunzi wako au shule na tutaweka mipango ya mkalimani ili akusaidie. Ikiwa hatuna mkalimani wa CPS wa lugha yako, tutajitahidi kumpata anayeweza kusaidia.</p>
<p><b>Burmese:</b> ဘာသာပြန်ပညာရှင်များကို လိုအပ်သော မိဘ/အပိုင်းသုံးဝင်သူများကောင်းသားအားဖြင့် ရရှိနိုင်ပါသည်။ ဘာသာပြန်ပညာရှင်သမိုင်းအပါအဝင် သင့်တော်သောဆရာ သို့မဟုတ် ကောင်းသားကို အသိပေးပါ။ သင့်အား ကူညီပေးရန် ဘာသာပြန်ပညာရှင် ကဖြေဆိုပါ။ စီစဉ်ပေးပါမည်။ ကဖြေဆိုပါ။ ကဖြေဆိုသောဘာသာစကားအကြောင်း CPS ဘာသာပြန်ပညာရှင် မရှိပါက ကူညီပေးသူတစ်ဦးကို ရွာဖြေရန် ကဖြေဆိုပါ။ ဖုန်းနံပါတ်ပါမည်။</p>	<p><b>Kinyarwanda:</b> Kubuntu -- Gusemura indimi bikorerwa ababyeyi/abarezi bemewe n’amategeko n’abanyeshuri bamukeneye. Niba ukeneye umusemuzi, nyamuneka bimenyeshe umwarimu w’umunyeshuri wawe cyangwa ishuri, maze tuzagushakira umusemuzi uzagufasha. Niba tudafite umusemuzi muri CPS usemura ururimi rwawe, tuzakora uko dushoboye tukubonere umuntu ushobora kugufasha.</p>	<p><b>Tigrinya:</b> ገዢዎን ወለዲ/ኣብሓብቲን ተማሃሮን ናይ ትርኩስ ኣገልግሎት ኣሎ። ተርጓሚ እንተድልይኩም ብኸብረትኩም ንምምህር ወይ ድማ ቤት ትምህርት ውለድኩም ኣፍልጡ እቲ ተርጓሚ ንኸሓዝኩም ክንዳልው ኢና። ንቋንቋኹም CPS ተርጓሚ ዘይብልኩም እንተኸዮይኩ ክሓዝኩም ዝኸእል ሰብ ንምርካብ ክንፅዕር ኢና።</p>
<p><b>Chinese:</b> 可应要求，给父母/监护人提供语言口译员服务。如果请求口译员服务，请告知您的学生的老师或学校，而我们将安排口译员协助您。如果我们没有您对应语言的 CPS 口译员，我们将努力寻找一些可以帮助您的人员</p>	<p><b>Kirundi:</b> Ku buntu -- Igikorwa co guhindurira indimi abavyeyi/abarezi bemewe n’amategeko kiraboneka no ku banyeshure babisavye. Niba urondera umuhinduzi, nyabuna bimenyeshe umwarimu w’umunyeshure wawe canke ishure, maze tuzokuronderere umuhinduzi wo kugufasha. Niba tudafise umuhinduzi wa CPS uhindura ururimi rwawe, tuzokora uko dushoboye tukuronderere umuntu ushobora kugufasha.</p>	<p><b>Urdu:</b> جن والدین/سرپرست اور طلباء کو اس کی ضرورت ہے ان کے لیے زبان کے ترجمے کی خدمت دستیاب ہے۔ اگر آپ کو مترجم کی ضرورت ہے تو براہ کرم اپنے طالب علم کے استاد یا اسکول کو مطلع کریں اور ہم آپ کی مدد کرنے کے لیے ایک مترجم کا انتظام کر دیں گے۔ اگر ہمارے پاس آپ کی زبان کے لیے کوئی CPS مترجم نہیں ہوگا، تو ہم کسی ایسے شخص کو تلاش کرنے کی کوشش کریں گے جو مدد کر سکے۔</p>
<p><b>French:</b> Gratuitement - Nous offrons des services d’interprétation aux parents/tuteurs et aux élèves qui en expriment le besoin. Si vous avez besoin de services linguistiques, veuillez-en informer l’enseignant ou l’établissement que votre enfant fréquente, et nous vous fournirons les services d’un interprète. Dans l’éventualité où nous n’aurions pas déjà un interprète CPS parlant votre langue, nous ferons tout notre possible pour trouver quelqu’un.</p>	<p><b>Korean:</b> 통역이 필요한 학부모/후견인 및 학생에게는 통역 서비스가 제공됩니다. 통역사가 필요한신 경우에는 학생의 선생님이나 학교에 알려주시면 통역사가 도움을 드릴 수 있도록 하겠습니다. 사용하시는 언어에 대해서 CPS 통역사가 없는 경우에는 도움을 드릴 수 있는 사람을 찾아 볼 것입니다.</p>	<p><b>Vietnamese:</b> MIỄN PHÍ - Có sẵn dịch vụ thông dịch cho phụ huynh/người giám hộ và học sinh có nhu cầu. Nếu bạn cần thông dịch viên, vui lòng thông báo cho giáo viên hoặc trường học của học sinh và chúng tôi sẽ sắp xếp thông dịch viên để hỗ trợ bạn. Nếu chúng tôi không có một thông dịch viên CPS cho ngôn ngữ của bạn, chúng tôi sẽ làm việc để tìm một người có thể giúp đỡ.</p>
<p><b>Gujarati:</b> ભાષા અનુવાદ એવા માતાપિતા/વાલીઓ અને વિદ્યાર્થીઓ માટે ઉપલબ્ધ છે જેમને તેની જરૂર છે. જો તમને કોઈ દુભાષિયાની જરૂર હોય, તો કૃપા કરીને તમારા વિદ્યાર્થીના શિક્ષક અથવા શાળાને જાણ કરો, અને અમે તમારી સહાય કરવા માટે દુભાષિયાની વ્યવસ્થા કરીશું. જો અમારી પાસે તમારી ભાષા માટે કોઈ CPS દુભાષિયો ન હોય, તો અમે તમને મદદ કરી શકે તેવા કોઈ વ્યક્તિને શોધવા માટે કામ કરીશું.</p>	<p><b>Portuguese:</b> Gratuitamente - Disponibilizamos interpretação em outros idiomas para os pais/responsáveis que precisam. Se você precisar de um intérprete, informe ao professor ou à escola, e providenciaremos um intérprete para ajudá-lo(a). Se não tivermos um intérprete CPS para o seu idioma, buscaremos alguém que possa ajudar.</p>	<p><b>Somali:</b> BILAASHA - Turjumaada luqadda waxaa loo heli karaa waalidka/masuulada iyo ardayda u baahan iyadda. Haddii aad u baahantahay turjubaan, fadlan ku wargeli macalinka ardaygaaga ama dugsiiga, ama waxaanu habbayn doonaa turjubaan si uu kuu caawiyo. Haddii aanaan haysan turjubaanka CPS ee luqaddaada, waxaanu ka shaqayn doonaa inaanu helno qof ku caawin kara.</p>

**Karenni/Karen:**  
ကျိုက်အတာကျီးထံအိတ်ဝဲဒင်လာဂီဝါ ပုဂံကွတ်ထွတ်ဝဲထွတ်ဒီးကွတ်ထွတ်လာအလိင်ဘင်အဂီလီ.နမူလိင်ဘင်ပုဂံကျီးထံတာဝဲဒီး.ဝဲသးစုဘီးဘင် သုင်ညါနပုဂံကျီးထံသရ် နုင်မုတမုာ်ကျီးဒီးပကကတက်ကတီပုဂံကျီးထံတာဝဲလာကမေးစာနအဂီလီ.ပမုာ်တအိတ်ဒီး CPS ပုဂံကျီးထံတာဝဲလာနကျိုက် ဘင်ဒီး.ပကယုဒီးနပုဂံကလေးအမေးစာနသုဝဲနုင်လီ.



## NEW STUDENT INFORMATION

For Office Use Only		
School	Year	Student #

Please print requested information using blue or black ink.

Today's Date: \_\_\_\_\_

Has this child ever attended or applied for enrollment with Columbia Public Schools, including preschool, summer school, and/or Special programs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Student Information</b>				
Student Name (First, Middle, Last)		Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
Social Security Number	Student's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____	
Hispanic/Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (May Select More Than One) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
City and State of Birth	Country of Birth:	If not USA, Date Entered USA:		
Student's Birth Certificate Number:		First US Enrollment Date (the APPROXIMATE month, day and year this student began education in the US, including Preschool):		
Schools Previously Attended	Grade	School Address	City, State, Zip	Phone/fax
<b>PRIMARY HOUSEHOLD INFORMATION:</b> student's enrollment residence, residential guardian(s), and sibling information				
Street Address		Apt. No.	City, State, Zip	
<b>**Please let us know if your child will need bus transportation from the primary address.</b> Please note, elementary students who live within 1 mile of their school and secondary students who live within 2 miles of their school are not eligible for bus transportation. Bus transportation is not generally provided for any preschool.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> To School <input type="checkbox"/> From School <input type="checkbox"/> Both to and from School
<b>Student's Mailing Address</b> <input type="checkbox"/> Check here if same as Physical Address				
Mailing Address		Apt. No.	City, State, Zip	
<b>Parent(s)/Guardian(s) and siblings who reside at the PRIMARY HOUSEHOLD.</b>				
Guardian Name (First, Middle, Last)		Relationship:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:	Primary phone:		Other phone:	Date of Birth:
Guardian Name (First, Middle, Last)		Relationship:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:	Primary phone:		Other phone:	Date of Birth:
Sibling (First, Middle, Last)	Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Sibling (First, Middle, Last)	Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:

<b>SECONDARY HOUSEHOLD INFORMATION: If applicable, alternate residence, residential guardian(s), and sibling information</b>					
Street Address			Apt. No.	City, State, Zip	
<b>**Please let us know if your child will need bus transportation from the secondary address.</b> Please note, only addresses within the boundaries of the child's enrollment building will be provided bus transportation.			<input type="checkbox"/> Yes	<input type="checkbox"/> To School <input type="checkbox"/> From School	
			<input type="checkbox"/> No	<input type="checkbox"/> Both to and from School	
<b>Parent(s)/Guardian(s) and siblings who reside at the SECONDARY HOUSEHOLD.</b>					
<b>Guardian Name (First, Middle, Last)</b>		Relationship:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:	Primary phone:	Other phone:		Date of Birth:	
<b>Guardian or Stepparent Name (First, Middle, Last)</b>		Relationship:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:	Primary phone:	Other phone:		Date of Birth:	
Sibling (First, Middle, Last)		Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Sibling (First, Middle, Last)		Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Emergency Contacts</b>					
Name		Primary Phone		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name		Primary Phone		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>In case there is an emergency and you cannot be located, provide emergency treatment information:</b>					
Physician Name				Phone	
Physician Name				Phone	
Preferred Hospital: <input type="checkbox"/> Boone <input type="checkbox"/> University <input type="checkbox"/> Other, specify: _____					
<b>If student is under the care of:</b>					
<input type="checkbox"/> <b>Foster Parent(s):</b> Placement letter must be presented upon enrollment.					
1. Provide name and phone number of social worker/case manager: Name: _____ Phone: _____					
2. Provide name of biological parent(s) so they are on record, should they contact the school for reports of academic progress (proof of custody may be requested): Name: _____ Phone: _____					
<input type="checkbox"/> <b>Legal Guardianship: court documentation required; Power of Attorney is not sufficient to establish guardian status for enrollment.</b>					
1. Provide name and address of parent(s):  Name: _____ Phone: _____  Address: _____					

**Additional information**

1. Does this student have, or has this student ever had, an Individual Education Plan (IEP) and is receiving, or ever received, special education services? ☐ Yes ☐ No If Yes, please describe and provide a copy of current IEP.

2. Does this student have, or has this student ever had, a 504 Plan?

☐ Yes ☐ No If Yes, please explain:

3. Does this student receive other special services (Remedial Reading, Title I, frequent counseling, etc.)?

☐ Yes ☐ No If Yes, please describe:

4. Does this student receive any support from community agencies (i.e. Boone County Family Resources, Thompson Center, mental health agencies, etc.)? ☐ Yes ☐ No If Yes, please describe:

5. Has this student been designated as eligible for Gifted/Talented services in any school district?

☐ Yes ☐ No If Yes, please indicate which school district:

6. Has this student ever been retained?

☐ Yes ☐ No If Yes, what grade(s)?

7. Is this student presently suspended from another school?

☐ Yes ☐ No If Yes, what school and district?

8. Has this student ever been expelled from school?

☐ Yes ☐ No If Yes, when and from what school and district?

9. Has this student ever been under the jurisdiction of the Family or Juvenile Court?

☐ Yes ☐ No If Yes, provide the name of current juvenile officer:

10. Has this student officially withdrawn from the previous school?

☐ Yes ☐ No If No, why not?

11. Are you currently sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?

☐ Yes ☐ No If yes, please provide a brief explanation:

12. Are you currently residing in a hotel, motel, trailer parks, or camping ground due to the lack of alternative adequate accommodations? ☐ Yes ☐ No

13. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station, or similar setting? ☐ Yes ☐ No

14. Are you currently residing in an overnight shelter? ☐ Yes ☐ No

15. Is your primary nighttime residence a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings? ☐ Yes ☐ No

16. Has the student been abandoned in a hospital? ☐ Yes ☐ No

**RELEASE AGREEMENTS and DISTRICT ACKNOWLEDGEMENTS**

Media Participation – Must be updated annually.

- ☐ Yes - I consent to the school district to include my child's image, voice, and/or name in public or school media publications.
- ☐ No - I do not want my child to be photographed, interviewed, and/or video taped by representatives of Columbia Public Schools and/or media outlets. Any information or images obtained from these activities may not be reproduced by the school district and/or media outlets for use in advertising, publicity, or educational activities. This includes: CPS publications, videos, school websites, and school television programs.

Yearbook

If you are opting out of the media release, please indicate whether or not you want this child's image and name to appear in the yearbook.

- ☐ Yes, I agree to have this child's image and name appear in the school's yearbook.
- ☐ No, I do not consent to having this child's image and name appear in the school's yearbook.

Field Trip

- ☐ Yes - I give permission for this child to attend school-related curricular field trips.
- ☐ No - I do not consent for this child to participate in school-related curricular field trips.

\_\_\_\_\_ I accept responsibility for the content of the Student/Parent Handbook. I understand that the handbook contains information that my child and I may need during the school year. I understand that schools should be a safe place and that all students will be held accountable for their behavior. I understand that paper copies of this handbook are available at each school or may be accessed electronically at:

<https://www.cpsk12.org/cms/lib/MO01909752/Centricity/Domain/47/StudHandsec.pdf>

**Military Opt-Out: students in grades 11/12**

Federal law requires that school districts provide military recruiters certain information. The school district must provide, upon request by military recruiters, access to high school students' names, addresses, and telephone listings, unless the parent requests otherwise.

- Consent – The high school student (if 18 years old) or the parent of the student may request that the student's name, address, and telephone listing NOT be released to military recruiters.
- Access to students – Each district shall provide military recruiters the same access to high school students as it provides (in general) to higher education institutions, community colleges, and prospective employers.

If you do not want your student's name, address and telephone listing released to military recruiters, please indicate that preference here. **MUST** be received before Sept 30<sup>th</sup> annually. ☐ **Do NOT release my student's information for military recruitment.**

\_\_\_\_\_ **Allergy/Anaphylaxis:** In the event of an anaphylaxis episode, when an allergic reaction may be triggered by an insect bite, drug or food allergy or an unknown allergen, diphenhydramine (Benadryl®) and/or auto-injectable epinephrine may be administered to students. EMS (911) will be notified if epinephrine is administered.

\_\_\_\_\_ **Asthma:** In the event of a severe asthma episode where a student does not respond to his/her initial quick relief medication, or does not have a supply at school, immediate action will be taken. EMS (911) will be notified with continued signs of respiratory distress and Duoneb® will be administered.

\_\_\_\_\_ I acknowledge that I have access to the **Free and Reduced Lunch FAQ and application** as part of my scholar's annual enrollment, which is also available on the Nutrition Services department website: <https://www.cpsk12.org/nutritionservices>

\_\_\_\_\_ I acknowledge that I am aware of the **Debt Collection Procedures** document as part of my scholar's annual enrollment which may also be reviewed on the Nutrition Services department website under **Breakfast and Lunch Procedures**.

\_\_\_\_\_ I understand that students who qualify for the National School Lunch Program may also be eligible for additional financial support through the 2023-2024 school year. I give permission for my student's free/reduced lunch price status to be disclosed to the school counseling office for the purpose of connecting to other financial opportunities for my student.

Under penalty of applicable Missouri law, I certify that the information on this form is accurate. I understand that submitting incorrect information may immediately invalidate enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Declaration of Legal Residence

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Individual with Whom Student Resides

\_\_\_\_\_  
Student Home Address

(Check one)

Relationship:

☐

Parent

☐

Custodial Adult

☐

Legal Guardian

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
School

If you checked "legal guardian" above, you must provide a copy of the court order appointing you as a guardian. If a petition for guardian is in the process of being filed, you must provide a copy of the filed petition for guardianship.

If you checked "**custodial adult**", you must provide to the Registrar, at the Board of Education, 1818 W. Worley, a power of attorney stating you have been given the authority to make all educational and medical decisions. The power of attorney must state that the student will be living at your domicile full-time. At the Board of Education you must complete a waiver form for attending school for this arrangement.

1. I declare that my legal residence is that given above and the student(s) named above lives with me full-time at the address given above. I also declare that the information stated above is correct and give permission for the school official to verify if question arises.
2. I understand that if this student is admitted under false information, she/he is not legally enrolled and will not be allowed to continue attending school.
3. I understand that if there is any complaint about this student's residence or any reason for the school district to believe enrollment is not permissible under the Public School Law of Missouri or Columbia Public School policies, the district will take action to further verify residence, including but not limited to, follow-up visits to the residence by school officials.
4. I understand that **retroactive tuition** can be charged if my residence is found to be in non-compliance with school law.

I hereby certify that I have read the above statement and understand that I am required to list my present home address. I further certify by my signature that the information I have provided on this form is true and correct and that I shall notify the school if my address is changed at any time during the school year.

\_\_\_\_\_  
Signature of Parent, Guardian, Custodial Adult

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY (To be completed by Registrar's Office)**

A. Residence Proof Documentation

- ☐ Utility bills
- ☐ Apartment or home lease
- ☐ Property Deed
- ☐ Notarized letter from owner of residence in which family is living
- ☐ Other \_\_\_\_\_

B. Complete this section if the relationship is that of an individual other than a parent.

- ☐ Legal guardianship court papers presented and verification that state requirements have been met.
- ☐ Affidavit on file by custodial adult
- ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Date





DATE: \_\_\_\_\_

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

I hereby request and authorize the official person of:

\_\_\_\_\_  
Name of school **last attended**

\_\_\_\_\_  
mailing address of school

\_\_\_\_\_  
city

\_\_\_\_\_  
state

\_\_\_\_\_  
zip

To send a transcript of all **academic, discipline, test and health records**, including **special education diagnostic summary and IEP**, concerning my child to the Columbia Public School listed below.

### Parent or Guardian Signature

Former School: Please fill in and return with transcript

Missouri Constitution (year passed) \_\_\_\_\_ not taken \_\_\_\_\_

US Constitution (year passed) \_\_\_\_\_ not taken \_\_\_\_\_

Address to: (All addresses are in Columbia, MO)

☐ Alpha Hart Lewis Elementary School  
5801 Arbor Pointe Parkway, 65202  
Fax: 573-214-3209

☐ Benton Elementary School  
1410 Hinkson Avenue, 65201-7822  
Fax: 573-214-3611

☐ Blue Ridge Elementary School  
3700 Woodland Dr., 65202-2199  
Fax: 573-214-3581

☐ Beulah Ralph Elementary School  
5801 S Hwy KK, 65203  
Fax: 573-214-3841

☐ Cedar Ridge Elementary  
2345 Howell Mountain Drive, 65201-9200  
Fax: 573-214-3881

☐ Derby Ridge Elementary  
4000 Derby Ridge Drive, 65202-4506  
Fax: 573-214-3271

☐ Eliot Battle Elementary  
2600 Battle Ave, 65202  
Fax: 573-214-3791

☐ Fairview Elementary  
909 Fairview Road, 65203-0712  
Fax: 573-214-3591

☐ Grant Elementary  
10 Broadway East, 65203-4285  
Fax: 573-214-3521

☐ Locust Street Elementary School  
1208 Locust St, 65201-5098  
Fax: 573-214-3531

☐ Midway Heights Elementary  
8130 Highway 40 W, 65202-9583  
Fax: 573-214-3541

☐ Mill Creek Elementary  
2200 Nifong Blvd. W, 65203  
Fax: 573-214-3281

☐ New Haven Elementary  
3301 New Haven Road, 65201-5499  
Fax: 573-214-3641

☐ Parkade Elementary  
111 Parkade Boulevard, 65202-1498  
Fax: 573-214-3631

☐ Paxton Keeley Elementary  
201 Park DeVill, 65203-4000  
Fax: 573-214-3571

☐ Ridgeway Elementary  
107 Sexton Road E., 65201-4000  
Fax: 573-214-3551

☐ Rock Bridge Elementary  
5151 Highway 163 S, 65203-9310  
Fax: 573-214-3291

☐ Russell Boulevard Elementary  
1800 Rollins Road W., 65203-1799  
Fax: 573-214-3651

☐ Shepard Boulevard Elementary  
2616 Shepard Boulevard, 65201-6114  
Fax: 573-214-3661

☐ Two Mile Prairie Elementary  
5450 N. Route Z, 65202-8839  
Fax: 573-214-3561

☐ West Boulevard Elementary  
319 West Boulevard N, 65203-2600  
Fax: 573-214-3671

☐ Gentry Middle School  
4200 Bethel Street, 65203  
Fax: 573-214-3241

☐ Jefferson Middle School  
713 Rogers Street, 65201  
Fax: 573-214-3211

☐ John Warner Middle School  
5550 Sinclair Road, 65203  
Fax: 573-214-3891

☐ Lange Middle School  
2201 Smiley Lane E., 65202  
Fax: 573-214-3251

☐ Oakland Middle School  
3405 Oakland Place, 65202-2097  
Fax: 573-214-3221

☐ Smithton Middle School  
3600 West Worley, 65203  
Fax: 573-214-3261

☐ West Middle School  
401 Clinkscales Road, 65203-1193  
Fax: 573-214-3231

☐ Battle High School  
7575 East St. Charles Road, 65202  
Fax: 573-214-3301

☐ Hickman High School  
1104 Providence Road N., 65203-4398  
Fax: 573-214-3058

☐ Rock Bridge High School  
4303 Providence Road S., 65203-7198  
Fax: 573-214-3124

☐ Douglass High School  
310 Providence Road N., 65203-4399  
Fax: 573-214-3681

☐ **SPECIAL SERVICES DEPARTMENT**  
1818 W. Worley, 65203-1099  
Fax: 573-214-3402





Language:  
Language Use Survey – Home Language Questionnaire

For more information, contact  
the CPS English Learners  
department at 573-214-3965

Please answer **ALL** questions on **both pages** of this form

School Building of Residence: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

<b>Student Information</b>		
1. What was your student's <b>first language</b> ? (native/home language)	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
2. Which language(s) does your student <b>mostly</b> use ( <b>speak</b> ) at home and with others?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____ Please note: This question is about <b>native language</b> . It is not about a language other than English the student is <b>learning</b> .
3. Which language(s) does your student hear and understand at home? (Which language do the <b>adults</b> in the student's home <b>mostly</b> speak?)	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____

4. Please describe the language your student uses to communicate. **Choose only one.**

- ☐ Communicates only in the native language and no English.
- ☐ Communicates mostly in the native language and some English.
- ☐ Communicates in the native language and English equally.
- ☐ Communicates mostly in English and some of the native language.
- ☐ Communicates only in English.

Comments: \_\_\_\_\_

**Family Information**

5. Have you or your family moved in the last three (3) years? **YES NO**

6. In the last three (3) years, have you worked or are you currently working in any of these areas?  
**Check all that apply**

- |   |  |
|---|--|
| <input type="checkbox"/> Work in a nursery (plants)         | <input type="checkbox"/> Feeding poultry, gathering eggs, working in a hatchery      |
| <input type="checkbox"/> Planting or harvesting crops       | <input type="checkbox"/> Processing meat, poultry, fruit, vegetables, dairy products |
| <input type="checkbox"/> Milking cows on a dairy farm       | <input type="checkbox"/> Commercial fishing or work on fish farm                     |
| <input type="checkbox"/> Growing & tending trees to be sold | <input type="checkbox"/> Other: _____  |

Parent's/Guardian's Place of Employment: \_\_\_\_\_

7. Do you identify as a Refugee, or have you been given refugee status through the U.S. government? **YES NO**

**Parent/Guardian Language Information**

8. **Language of Correspondence for Parents/Guardians (please choose one):** In which language do the parents/guardians (family) prefer to receive communication from the school, if possible?

Check **one**: ☐ English ☐ Arabic ☐ Chinese ☐ Swahili  
☐ Spanish ☐ Korean Other: \_\_\_\_\_

**Parent/Guardian Language Information, continued**

9. Does at least one parent or guardian speak a language other than English? **YES** **NO**

**If the answer to #9 is YES, please complete Questions 10-12.**

**If the answer is NO, please skip to the bottom of the page.**

10. Does at least one of the parents/guardians prefer a language interpreter, if available? Please choose one answer per family. **YES** **NO**

11. **Parent/Guardian #1—Print Name:** \_\_\_\_\_

Relationship to student:      Mother      Father      Guardian

What is your first/native language? \_\_\_\_\_

a. Do you read in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
b. Do you write in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
c. Do you speak & understand English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
d. Do you read in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
e. Do you write in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No

List other language(s) you use or understand: \_\_\_\_\_

12. **Parent/Guardian #2—Print Name:** \_\_\_\_\_

Relationship to student:      Mother      Father      Guardian

What is your first/native language? \_\_\_\_\_

a. Do you read in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
b. Do you write in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
c. Do you speak & understand English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
d. Do you read in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
e. Do you write in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No

List other language(s) you use or understand: \_\_\_\_\_

**Student Information:** Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

**First** U.S. Enrollment Date (the **first** time your student enrolled in a U.S. School): \_\_\_\_\_

Former School City & State: \_\_\_\_\_ Former School's Phone Number: \_\_\_\_\_

Most Recent Grade Completed: \_\_\_\_\_ How long will you be in Columbia Public Schools? \_\_\_\_\_

Has the student been in ELL/ESL classes before? YES NO Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Office Use only: CPS Registrars/Secretaries:** Please input ALL answers above into eSchool. Place a copy of this form in student's PERM folder. If any question is answered "yes" or a language other than English is listed in any answer, send a copy to the EL teacher or EL department at Aslin. If a language listed above is NOT an option in the dropdown menus in eSchool, please add that information in the COMMENTS section of the Home Language Questionnaire screen.



Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**TECHNOLOGY USAGE ACKNOWLEDGEMENT**  
*(Parent/Guardian Technology Agreement)*

I acknowledge the Columbia Public Schools' Technology Usage policy and regulations (EHB), (EHB-R1) and (EHB-R2)

<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=EHB&Sch=42&S=42&C=E&RevNo=1.21&T=A&Z=P&St=ADOPTED&PG=6&SN=true>

<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=EHB-R1&Sch=42&S=42&C=E&RevNo=1.01&T=A&Z=A&St=ADOPTED&PG=6&SN=true>

<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=EHB-R2&Sch=42&S=42&C=E&RevNo=1.01&T=A&Z=A&St=ADOPTED&PG=6&SN=true>

I acknowledge the Columbia Public Schools' Student Use of Personal Electronic Devices for Instructional Purposes policy (EHBA).

<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=EHBA&Sch=42&S=42&C=E&RevNo=1.01&T=A&Z=P&St=ADOPTED&PG=6&SN=true>

I understand that violation of these provisions in the policies may result in disciplinary action taken against my student including, but not limited to, suspension or revocation of my student's access to district technology and suspension or expulsion from school.

I understand that my student's use of the district's technology resources is not private and that the school district may monitor my student's electronic communications and all other use of district technology resources.

**Verification:**

I verify that I am the legal parent/guardian of the student.

X \_\_\_\_\_  
SIGNATURE of Parent/Guardian PRINT Name of Parent/Guardian Date

***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

## Damage-Theft-Loss of CPS One-to-One Devices and Specialized Keyboards

### Student and Staff Policy

Columbia Public Schools reserves funds to cover some instances of damage or theft of one-to-one/personal learning devices and equipment (including keyboard cases/attached keyboards). There are some situations where it is necessary to assess fines in order to promote accountability and responsibility. Fines may be paid at the school or through the district's online payment system.

---

#### Instances of Accidental Damage and Theft

1<sup>ST</sup> Instance: No Charge

2<sup>nd</sup> Instance: \$25.00

3<sup>rd</sup> Instance: \$50.00

All Subsequent Instances: Charged at current CPS purchase price

\*Instances per Individual will be cleared annually but will follow students from school to school within CPS.

\*Fines remain on the student account until they are paid

\*Stolen devices MUST be reported to the school with the police report case number within one week of the theft.

\*In cases where there is obvious neglect or intentional damage, per instance criteria may be adjusted by the school's administration.

---

#### Instances of LOSS

1<sup>st</sup> Instance iPad: \$50.00

1<sup>st</sup> Instance Keyboard: \$50.00

1<sup>st</sup> Instance laptop: \$100.00

Note: Maximum of \$100 fine for first loss

All Subsequent Instances and Students NOT Returning to CPS: Charged at current CPS purchase price

\*Instances of Loss will NOT be cleared annually.

\*If the device is found in usable condition within the same school year, the fine will be refunded.

---

#### Device Chargers

One cable and power brick (collectively the "charger") will be issued for each one-to-one device. Each patron will keep the charger and case (for iPads) as long as they are associated with Columbia Public Schools. Each device must be returned with a case in good condition and with a complete working charger\* or a fine will be assessed at the current CPS purchase price. It is important for safety reasons that chargers be Dell certified or Apple compatible.

\*Note: Full size iPads require a 12 watt charger and sync cable (5 watt is insufficient for effective charging)

Each school will track this information for their students and staff. Alternative payment arrangements may be made at the school's discretion as needed.

## COLUMBIA PUBLIC SCHOOLS – SCHOOL BUS PASSENGER EXPECTATIONS

The safety of all students riding the bus to and from school is a responsibility we all share. It takes all of us working together to ensure safety: students, parents, bus drivers and school officials. The District has established the student conduct expectations to ensure all of our students are transported in the safest environment possible. Students who fail to observe these expectations will be subject to disciplinary action. Their failure to do so may affect the safety of others. Failure to follow bus expectations and regulations may result in suspension of bus riding privileges as well as school consequences depending on the severity of the violation.

If you should have any issues or concerns and need to talk with your child's driver, it is best to call the STA Office at (573) 214-3860 to schedule a time or email [cpstransportation@cpsk12.org](mailto:cpstransportation@cpsk12.org). If you need to approach the bus, please **do not** step into the bus or on the step. Signal to the driver you would like to talk and proceed to the driver's side window. For the safety of all bus riders, school bus drivers are instructed to close the entrance door when approached and direct you to their side window. Keep in mind the bus has other stops and a schedule to keep meaning the driver has limited time at individual stops. Under Missouri Law unauthorized entrance on a school bus is trespassing. For the safety of the students we transport, Columbia Public Schools supports this law and has posted warnings on all buses and violators will be prosecuted.

### **In accordance with Board policy JG-R1:**

“Any offense committed by a student on transportation provided by or through the district shall be disciplined in the same manner as if the offense had been committed at the student's assigned school. In addition, transportation privileges may be suspended or revoked.”

### **Riding the School bus is a Privilege that can be lost**

1. Follow the bus driver's directions
  2. Be at the bus stop 5 minutes before and stay at Least 5 minutes after your stop time
  3. Line up in a single line at the side of the road
  4. Sit on your assigned seat, not on knees or backpack
  5. Speak quietly to each other
  6. Keep hands, feet and other items to yourself on the bus.
  7. No food/drinks/gum/candy on the bus
  8. Ensure your student knows the danger zone outside the bus
  9. The safest stop is the stop with an adult present
- Students are expected to help keep the bus clean and not purposely or carelessly destroy transportation equipment.
  - Damage resulting from misbehavior shall be paid for by the student/parent. Suspension from the bus will occur and continue until all damage is paid for.
  - Students will show consideration for other students and the bus driver by being courteous and well mannered.
  - No profanity or other abusive language.

Any action that would create an environment contrary to the District's, Schools and Transportation Department's missions will not be acceptable. If the action creates an environment in which learning, safety and caring for others are not the primary focus, disciplinary action will result, including possible loss of bus service. Students are expected to follow safe riding expectations listed above.

### **Mobile Electronic Devices**

At the discretion of the **school bus driver** and Building Principal district provided electronic devices may be permitted to be used on the school bus for educational purposes. If permitted, the user must follow the expectations outlined in Board Policy and School Handbook. Sound must be muted or earphones and/or similar device must be used.

No other mobile electronic use is permitted

### **Consequences**

Students failing to follow expectations will be issued “Bus Conduct Reports”. Drivers will turn these into building administration. Building administration follow the progressive discipline matrix and dependent on the severity and frequency of occurrence consequences may be issued.

- For minor infractions such as not staying seated, excessive noise and other level 1 & 2 infractions:  
1<sup>st</sup> = Parent notification, 2<sup>nd</sup> = Second parent notification, 3<sup>rd</sup> = 3-day bus suspension, 4<sup>th</sup> = 5-day bus suspension each consecutive conduct report goes up by 5 days until the 7<sup>th</sup> instance when revocation of bus privileges may occur
- Level 3, 4 and 5 infractions may be issued school consequences and bus consequences including revocation of bus privileges
- Acts of violence and/or other criminal behavior may be reported to the police

## Parent Expectation for School Bus Safety

The safety of all students riding the bus to and from school is a responsibility we all share. Parents/guardians are responsible for the supervision of their children to, from, and while at school bus stops. Students should always use their assigned bus stop. Parents hold a key, vital role in ensuring School Bus Safety. The information contained on this page is provided to give you the tools to help teach your child to be safe on the walk to and from the stop, at the stop and on the bus.

### Getting Ready for School

- Support your driver - Remind your child of the importance of following the drivers' instructions and directives
- Remind your child how to ride safely by staying in their seat, keeping hands to self and talking quietly
- Remind your child not to be a distraction to the driver so the driver can watch the road
- Have your children put everything they carry in a backpack or school bag so that they won't drop things along the way.
- Encourage your child to wear bright, contrasting colors so they will be more easily seen by drivers.
- Ensure loose drawstrings, chains or other dangling objects are removed from clothing, coats, and bags.
- Make sure they leave home on time so they can walk to the bus stop and arrive before the bus is due, typically at least 5 minutes before. Running to a moving bus is very dangerous and should never be done.

### Walking to the Bus Stop

- Walking your child to the bus stop is best or have children walk in groups. There is safety in numbers; groups are easier for drivers to see.
- Practice good pedestrian behavior: walk on the sidewalk, and if there is no sidewalk, stay out of the street.
- If you must walk in the street, walk single file, face traffic and stay as close to the edge of the road as you can.
- Stop and look left, right and then left again if you must cross the street. Do the same thing at driveways and alleys. Exaggerate your head turns and narrate your actions so your child knows you are looking left, right and left.

### At the Bus Stop

- Wait in a location where the driver can see you as they drive down the street. Never wait in a house or car
- Do not play in the street.
- Playing with balls or other toys that could roll into the street is dangerous.
- Arrive at the stop 5 minutes prior to the scheduled bus arrival.

### Getting On and Off the Bus

- Warn children that if they drop something, they should never pick it up. Instead, they should tell the driver and follow the driver's instructions. If they bend over to pick up a dropped object, they might not be seen by the driver and could be hurt if the driver pulls away from the stop.
- Remind children to look to the right before they step off the bus.
- Teach your children to secure loose drawstrings and other objects that may get caught in the handrail or door of the bus as they are exiting.
- If you would like your child to get off at a stop other than the one assigned, please be aware that the driver isn't allowed to let a child off at another stop without written permission from the school.
- If you meet your child at the bus stop after school, wait on the side where the child will be dropped off, not across the street. Children can be so excited at seeing you after school that they dash across the street and forget the safety rules.
- Have a backup plan in case you are not home
  - How to get home in case you are not at the stop.
  - Teach your children what neighbor to go to if this happens.

### Riding the Bus

- Failure to follow safe riding expectations may endanger themselves and others
- Failure to follow safe riding expectations may result in school consequences and loss of school bus riding privileges for example:
  - 1<sup>st</sup> bus ticket = warning
  - 2<sup>nd</sup> bus ticket = 3-day bus suspension
  - 3<sup>rd</sup> bus ticket = 5-day bus suspension
  - Each ticket after 3 adds an additional 5-day bus suspension

Actual consequences will be based on severity of violation
--

## **Columbia Public Schools School Transportation Program**

To: Parents of all CPS students

From: Dr. Brian Yearwood, Superintendent of Schools

An important objective of the Columbia Public Schools and our contracted transportation provider, is to offer a safe, effective, and efficient transportation program. In order to achieve this objective, it is necessary to establish rules and regulations for the conduct of students riding school buses. The regulations are intended to serve the best interests of all students.

The guidelines established for the conduct of Columbia school bus riders are attached. Please review this information with your student and complete the following:

-----

I have read the attached guidelines for the student conduct and safety pertaining to school bus transportation, and I have discussed them with my student.

---

Date

---

Student's Name (please print)

---

Parent/Guardian Signature





# Health Summary

## COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ STUDENT # \_\_\_\_\_

NAME \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_  
 PARENT/GUARDIAN #1 \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 PARENT/GUARDIAN #2 \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 EMERGENCY CONTACT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name Relationship Phone #

DOCTOR/CLINIC \_\_\_\_\_ Phone# \_\_\_\_\_

DENTIST \_\_\_\_\_ Phone# \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

TYPE OF INSURANCE ☐ Employment ☐ Private Self-Pay ☐ Straight Medicaid (red card) ☐ MO Healthnet ☐ None

☐ NONE OF THE HEALTH CONCERNS LISTED IN THE BOX BELOW APPLY TO MY CHILD

MY CHILD HAS THE FOLLOWING SPECIAL HEALTH CONCERNS:

☐ ALLERGIES: (drugs, food, insects, pollens) Please list \_\_\_\_\_

Has allergy required emergency action in the past? ☐ Yes ☐ No Describe reaction: \_\_\_\_\_

*A FOOD ALLERGY SUBSTITUTE REQUIRES A PHYSICIAN'S STATEMENT OF DISABILITY*

☐ ASTHMA \*\* If yes, must complete Asthma History form\*\*

☐ ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: Medications \_\_\_\_\_ Taken at: ☐ Home ☐ School

☐ DIABETES: ☐ Insulin Dependent ☐ Non-Insulin Dependent Physician: \_\_\_\_\_ Comments: \_\_\_\_\_

☐ EARS: ☐ frequent infections ☐ tubes (☐ Right ☐ Left, date inserted \_\_\_\_\_) ☐ hearing difficulty (explain) \_\_\_\_\_

☐ hearing aid (☐ Right ☐ Left, wear at school? ☐ Yes ☐ No) ☐ other \_\_\_\_\_

☐ EYES: ☐ glasses (☐ reading ☐ distance) ☐ contacts ☐ lazy eye ☐ difficulty seeing ☐ previous surgery

☐ MENTAL HEALTH DIAGNOSES: ☐ Anxiety ☐ Depression ☐ Other: \_\_\_\_\_

☐ SEIZURES: Describe seizure \_\_\_\_\_ Physician: \_\_\_\_\_

Date of last seizure \_\_\_\_\_ Medication(s) \_\_\_\_\_

☐ OTHER MEDICATIONS: \_\_\_\_\_ Reason(s) \_\_\_\_\_ Taken at: ☐ Home ☐ School

OTHER HEALTH CONCERNS WHICH COULD AFFECT SCHOOL: \_\_\_\_\_

•The Columbia Public School district assures that it will provide a free, appropriate public education to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. If you suspect that your student has an unidentified educational disability that would fall under IDEA or Section 504, contact the special services department at (573) 214-3462. If your student already has an individual education program (IEP) or a 504 accommodation plan, contact the building's department chair.

**\*\* Copy of current immunization record must be presented to enroll \*\***

In accordance with the Board of Education policy, parents/guardians will be notified as soon as possible in case of serious illness or injury. Students will be given emergency care by school personnel as indicated in the Student Handbook. Parents/guardians who do not wish their child cared for in accordance with this policy should indicate this in writing to:

**HEALTH SERVICES COORDINATOR; 1818 W. Worley, Columbia, MO 65203.**

My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Asthma History

# COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

**Complete ONLY if student has asthma or history of asthma** and return form to the school nurse.

Student \_\_\_\_\_ Student number \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ Date \_\_\_\_\_

Triggers that might start an episode for this student? (check all that apply)

- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Animal Dander         | <input type="checkbox"/> Cigarette smoke, strong smells | <input type="checkbox"/> Cockroaches            | <input type="checkbox"/> Dust Mites |
| <input type="checkbox"/> Emotions (when upset) | <input type="checkbox"/> Exercise                       | <input type="checkbox"/> Food Allergy           | <input type="checkbox"/> Irritants  |
| <input type="checkbox"/> Molds                 | <input type="checkbox"/> Pollens                        | <input type="checkbox"/> Respiratory Infections |                                     |
| <input type="checkbox"/> Temperature Changes   | <input type="checkbox"/> Other _____                    |   |                                     |

1. Does this student have a current prescription for any of the following medications to be taken daily to control respiratory problems? (check all that apply)

- |                                     |                                       |                                     |                                   |                                      |
|-------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> None       | <input type="checkbox"/> Advair®      | <input type="checkbox"/> Albuterol  | <input type="checkbox"/> Alvesco® | <input type="checkbox"/> Asmanex®    |
| <input type="checkbox"/> Atrovent®  | <input type="checkbox"/> Dulera®      | <input type="checkbox"/> Pulmicort® | <input type="checkbox"/> QVar®    | <input type="checkbox"/> Singulair®  |
| <input type="checkbox"/> Symbicort® | <input type="checkbox"/> Theophylline | <input type="checkbox"/> Tilade®    | <input type="checkbox"/> Xopenex® | <input type="checkbox"/> Other _____ |

2. How many times in the last 3 years has this student required urgent or emergency care due to respiratory problems?

- ☐ Zero ☐ 1-2 ☐ 3-5 ☐ 6 or more

3. How many times in the last 3 years has this student been hospitalized due to respiratory problems?

- ☐ Zero ☐ 1-2 ☐ 3-5 ☐ 6 or more

5. Previous admission to Intensive Care Unit (ICU) for respiratory problems? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

6. How many days of school did this student miss last school year due to respiratory problems?

- ☐ Zero ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10 or more

7. What seasons of the year make this student's asthma symptoms worse? (check all that apply)

- ☐ Seasons do not affect asthma ☐ Fall ☐ Winter ☐ Spring ☐ Summer

8. Does this student recognize his/her early signs of worsening asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Approximately how often in a year does this student require the use of quick relief medicine, Albuterol (ProAir®, Proventil® or Ventolin®) or Xopenex®, to relieve respiratory problems?

- ☐ Zero ☐ 5 or fewer days per year ☐ 5 or fewer days per month ☐ 2 or fewer days per week ☐ more than 2 days per week

10. Does this student use more than 3 canisters of quick relief medicine per year? Yes \_\_\_\_\_ No \_\_\_\_\_

11. How many times in the last year was the student prescribed a systemic steroid (ex. Prednisone, Predipred®, Orapred®, Medrol®) for treatment of an respiratory flare up?

- ☐ Zero to 1 ☐ 2-3 ☐ 4-5 ☐ 6 or more

12. How often does this student awaken during the night having difficulty with coughing, wheezing or breathing?

- ☐ Zero- 1 time/month ☐ twice/month ☐ 3-7 times/month ☐ 6 or more times/month

**Medication plan for school (check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No medications at school/does not carry inhaler   | <input type="checkbox"/> Quick relief inhaler to be kept in nurse's office                 | <input type="checkbox"/> FEV1 or Peak Flow monitoring supplies to be kept in nurse's office |
| <input type="checkbox"/> Inhaler for sports/extra-curricular only  | <input type="checkbox"/> Daily asthma medications to be kept in nurse's office             |   |
| <input type="checkbox"/> Student will carry quick relief inhaler during school hours ( <b>Middle School and Senior High School students ONLY</b> ) | <input type="checkbox"/> Nebulizer tubing and medications to be kept in the nurse's office |   |

Columbia Public School's nurses recommend having an Asthma Action Plan for all students with asthma. Students who will be receiving asthma medications at school must have an asthma action plan on file. A form is available from the school nurse. If your physician has already developed an asthma plan, please provide a copy to the school nurse.

**\*\*\*Please note: If your child has not used asthma medication in more than 3 years and no longer meets the criteria of persistent asthma, the health record may be changed to reflect 'history of asthma'. For questions, please contact your school nurse.**



## School Asthma Action Plan-1

## COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Teacher/Team:** \_\_\_\_\_ **School:** \_\_\_\_\_

### 1. Triggers that might start an asthma episode for this student

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Animal Dander | <input type="checkbox"/> Cigarette smoke, strong smells | <input type="checkbox"/> Cockroaches         | <input type="checkbox"/> Emotions (when upset) |
| <input type="checkbox"/> Exercise      | <input type="checkbox"/> Food Allergy                   | <input type="checkbox"/> Irritants           | <input type="checkbox"/> Molds                 |
| <input type="checkbox"/> Pollens       | <input type="checkbox"/> Respiratory Infections         | <input type="checkbox"/> Temperature Changes |  |
| <input type="checkbox"/> Other _____   |   |  |  |

### 2. Control of the school environment

\_\_\_\_\_ Environmental measures to control triggers at school \_\_\_\_\_

\_\_\_\_\_ Pre-medications (prior to exercise, choir, band, etc.) \_\_\_\_\_

\_\_\_\_\_ Dietary restrictions \_\_\_\_\_

### 3. Peak flow monitoring

\_\_\_\_\_ Monitor FEV1 or peak flow:

Personal best peak flow \_\_\_\_\_ Monitoring times \_\_\_\_\_

### 4. Routine asthma and allergy medication schedule

Medication Name	Dose/Frequency	When to Administer	
		At Home	At School

**5. Field trips - Asthma medications and supplies must accompany student on all field trips. A staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan and contact phone numbers.**

Parent Contact: \_\_\_\_\_

Parent Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Number: \_\_\_\_\_



## School Asthma Action Plan-2

### COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

**\*\*Immediate action is required when the student exhibits shortness of breath and any one of the following signs of respiratory distress. Always treat symptoms even if a FEV1 or peak flow meter is not available.**

Severe cough	Agitation	Sucking in of the chest wall	Difficulty breathing when walking
Chest tightness	Pulse > 120	Shallow, rapid breathing	Difficulty breathing when talking
Wheezing	Rapid, labored breathing	Blueness of fingernails & lips	Decreased or loss of consciousness
Prefers sitting	O2 saturation < 90%	FEV1 or PEF < 70% predicted	

### Steps to Take During an Asthma Episode

- 1. Call EMS (911) if the student does not respond to a repeat of his/her initial quick relief medication and continues to exhibit shortness of breath and one or more of the above signs of respiratory distress.**
- 2. Initiate CPS Management of Asthma Exacerbation Protocol. Emergency asthma medication will be provided by the school district.**
- 3. Notify parent that EMS has been notified and protocol has been initiated.**

### Parent Consent for Management of Asthma at School

I, the parent or guardian of the above named student, request that this School Asthma Action Plan be used to guide asthma care for my child. I agree to:

1. Provide all necessary personal medications and supplies (mask, spacer, etc.).
2. Notify the school nurse of any changes in the student's health status.
3. Allow school nurse to inform appropriate school staff interacting directly with my child of his/her respiratory needs while at school.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by School Nurse \_\_\_\_\_ Date \_\_\_\_\_

*Teachers: If you have any information that would warrant consideration for special education and related services, in addition to the Individual Health Plan or other mitigating measures being implemented, contact the nurse to submit a referral under IDEA or Section 504.*