

Please Return a Copy of this Sheet When Faxing the
Information to Tipton R-VI



To:
Name: _____
School: _____
Address: _____
Phone: _____
Fax: _____

From: Name: _____
Tipton R-VI Junior/Senior High School, 305 US Hwy 50 East, Tipton, MO 65081
Phone: (660) 433-5528 Fax: (660) 433-2419

Consent for Release of Information

*Please fax the following educational records to the Tipton R-VI School District for
the purposes of enrollment of this student.*

Parent/Guardian Signature Date

The Tipton R-VI School District requests the following information on:

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

Please send the following information as soon as possible:

- Withdrawal Grades (please include a percentage)
- Cumulative permanent school records
- Missouri Constitution Test Records
- US Constitution Test Records
- Psychological reports; test records
- Health records
- Special Education records including active IEP and current Diagnostic Summary
- Attendance Record
- Discipline Record
- Other: _____

****Confidential Student Information****

Other Children Under The Age of 18 Living In The Home

First Name	Middle	Last Name	Birth Date	Gender (M or F)	Relation to Student	School Attending

Name Of Two Emergency Contacts: (Other Than Parent/Guardian Listed)

Name: _____ Relationship to Student _____
 Home Phone: _____ Cell Phone: _____
 Work Name: _____ Work Phone: _____
 Address: _____

Name: _____ Relationship to Student _____
 Home Phone: _____ Cell Phone: _____
 Work Name: _____ Work Phone: _____
 Address: _____

Schools Previously Attended	Grade	School Address	City, State, Zip	Phone

Is either parent or guardian a member of the armed forces? Yes No
 If yes what branch: _____

Transportation

Will your child ride the bus to and from school: Yes No
 If riding a bus where will your child be picked up? _____
 Where will your child go after school? _____



Declaration of Legal Residence

Tipton R-VI School District

Name of Student: _____

Student Home Address: _____

Grade: _____ Phone Number: _____

Name of Individual w/t Whom Student Resides: _____

Relationship: (Check One) Parent Legal Guardian Custodial Adult

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 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.

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 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 the student's residence or any reason for the school district to believe enrollment is not permissible under the Public School Law or Tipton R-VI Public School policies, the district will take action to further verify residence, including but not limited to, following-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:

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: _____

Student's Name: _____ Parent's Name: _____

Phone Number to Reach Parent @: _____

Mailing Address: _____

We would like to welcome you to the Tipton R-VI School District. In order to provide your child with the best education possible we need your help.

Please indicate below if your child was previously receiving any special services.

Special Services May Include:

_____ Title 1 Reading

_____ Speech (Sound System Disorder)

_____ Hearing Impaired/Deafness

_____ Visual Impairment/Blindness

_____ Specific Learning Disability (IEP or a 504)

_____ Intellectual Disability

_____ Emotionally Disturbance

_____ Other (Please Specify) _____

_____ My child did not receive any of the special services listed above.

YES NO During the past three years, has either the parent or guardian, or the child been employed (or are any of the aforementioned person currently employed) in some form of temporary or seasonal agricultural or agricultural-related (such as migrant) work?

YES NO Does the student use a language other than English?

YES NO Is a language other than English used the home? If so what: _____

YES NO Does the student currently reside with another family, or a person other than family, or in a temporary housing facility?

YES NO Do you consider yourself to be homeless?

YES NO Does this child have need of a surrogate parent?

Signature: _____ Date: _____



MU Healthcare System

1420 West Ashley Road, Boonville, MO, 65233
(660) 882-3420
Matt Rowlett, MS, ATC, LAT

Dear Athlete and Parent/Guardian,

In athletics, injuries are a frequent occurrence. Our school has the privilege to a licensed athletic trainer. This individual possesses a four year undergraduate degree, national certification, and a Missouri athletic trainer license. Under the direction of a licensed physician, licensed athletic trainers are trained to prevent, recognize, care, manage, treat, and rehabilitate sports injuries. Athletic trainers have many roles and capabilities; in coordination with appropriate health care personnel they are qualified to assess, treat, and safely return athletes to competition.

The athlete and/or parent(s)/guardian(s) understand that participation in athletics can be dangerous, and that the athlete could be risking bodily injury and even sudden death by participating. Participation in a sport is strictly voluntary. The athlete and/or the parent(s)/guardians(s) hereby assume full responsibility for any and all injuries and other losses that the athlete may suffer because of participation in athletics and release the athletic trainer from any claim or liability for any injury or other loss that the athlete may suffer due to participation in athletics, regardless of the cause of the injury or other loss. The athlete and/or the parent(s)/guardian(s) also agree to hold harmless the athletic trainer from any and all liability, damages, and expenses which may be caused to pay or incur as a result of any claim that may arise from the athlete's participation in athletics and to waive any litigation arising out of such activities.

Permission is hereby granted to Mizzou Physical Therapy and Sports Medicine athletic trainers:

- to provide athletic training services in the form of care, treatment, evaluation, management, and rehabilitation of any acute sports injury suffered by the athlete designated below, and
- to make an emergency referral to an appropriate physician if, in the opinion of the athletic trainer, immediate treatment or further evaluation is necessary.

*This authorization will need to be completed annually.

Name of Athlete: _____ School: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/ Guardian: _____ Date: _____

Contact Information: Please fill in the preferred method(s) for emergency and non-emergency situations.

Parent/Guardian Name: _____ Relationship to Athlete: _____

Cell: _____ Home: _____ Work: _____

E-mail: _____

*Please Read Back

Release of Protected Health Information

I authorize Mizzou Physical Therapy and Sports Medicine athletic trainers to review my medical records and other protected health information as it relates to the services they are providing. In addition, I understand my consent to the authorization or failure to consent will not impact the participation of the athlete in this program.

You may revoke this authorization at any time (with written notice to the address at the top of this form) except the event that information has already been viewed in reliance on this authorization.

Name of Athlete: _____ School: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/ Guardian: _____ Date: _____

Missouri State High School Activities Association

Refer to the concussion materials located on the MSHSAA website.

<http://www.mshsaa.org/SportsMedicine/>

→ Concussions

→ A Parent's Guide to Concussion

Read the provided information and discuss the information with your student. For a printed copy, contact the Tipton Junior High & High School Office.

Students must agree to abide by all academic, citizenship, and Missouri State High School Activities Association rules stated in the co-curricular handbook. Violation of any of the rules published in the handbook is grounds for dismissal from the activity.

Students and/or parents who have concerns about co-curricular activities must follow these procedures:

- First, contact the coach or sponsor of the activity in question during school hours— not during practices or at the activity.
- If not satisfied, contact the Athletic & Activities Director.
- Finally, follow the Tipton R-VI due process rules: Principal, superintendent, and then the Board of Education.

Students and parents must understand there are risks involved in student participation of sports and activities. It must be understood that the risk to the student includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or serious or permanent disability.

By signing below,

I/we agree to acknowledge that we have received and reviewed the MSHSAA Parent's Guide to Concussion either online or paper copy.

I/We agree to abide by all academic, citizenship, and MSHSAA rules stated in the co-curricular handbook, and understand the penalty for violation of said rules.

I/We agree to accept risk as a condition of the student's participation in sports and activities.

Student Signature

Student Name (Printed)

Date

Parent/Guardian Signature

Parent/Guardian Name (Printed)

Date

Citizen standards of eligibility for all co-curricular activities have been approved as school policy for the Tipton R-VI School District and are applicable to any student who represents the school.

Participation in student activities is privilege and not a right; therefore, the School Board believes that the student must adhere to the standards of behavior which will be credit to the individual student, the particular activity, the school, and the community.

The School Board insists that a student's behavior be in compliance with School Board Policy, with Student Handbook regulations, and with public laws. Behavior not in compliance may result in suspension or exclusion from all co-curricular activities. While it is not possible to cite every example of behavior that violates policies, regulations, or public laws, there are certain behaviors that are more frequently a problem for school systems than others and will be addressed herein. NOTE: CITIZEN VIOLATIONS WILL ACCUMULATE FROM YEAR TO YEAR AND ACTIVITY SEASON TO ACTIVITY SEASON.

STANDARDS:

1. PROHIBIT THE USE OF TOBACCO
2. PROHIBIT THE USE, POSSESSION OR DISTRIBUTION OF ALCOHOL
3. PROHIBIT THE USE, POSSESSION OR DISTRIBUTION OF DRUGS
4. ANY INTERNET (FACEBOOK, TWITTER, ECT.) IN WRITTEN OR VISUAL FORM THAT DOES NOT ADHERE TO CITIZENSHIP POLICY

The penalties for violation of standards are as follows:

- First offense: Suspension from all activities for a minimum of two (2) calendar weeks.
For athletes, this is competitive weeks.
- Second offense: Suspension from all activities for a minimum of nine (9) calendar weeks.
For athletes, this is competitive weeks.
- Third offense: Suspension from all activities for 52 weeks.

I agree to abide by the above standards and to accept the penalty if I violate any of these standards.

Student Signature	Student Name (Printed)	Date
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I have read the above agreement and I am aware of the standards my student must follow and the penalties for violating these standards.

Parent/Guardian Signature	Parent/Guardian Name (Printed)	Date
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1 | **Both sides of this agreement must be signed by student and parent/guardian**

Tipton Health Inventory & Release

To assist in providing health services at school, please complete and return to the school nurse.

Student: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Names: _____

Address: _____

Home Phone - Mother: _____ Cell: _____ Work: _____

Home Phone - Father: _____ Cell: _____ Work: _____

TWO EMERGENCY NUMBERS (if unable to reach parents):

Name: _____ Phone: _____

Name: _____ Phone: _____

May your child be given if needed: Tylenol _____ Ibuprofen _____ Tums _____ Cough Drops _____

Does your child have any of the following health conditions?

ALLERGIES: (Drugs, Food, Pollen, Animals, etc.) _____

Epi-pen or other medication needed? _____ Has allergy caused emergency action before? _____

SEIZURES: Yes ___ No ___ Describe seizure _____

Date of last seizure _____ Medication? _____

ASTHMA: Yes ___ No ___ Medication needed? What? _____

ADD ___ ADHD ___ Autism ___ Bone/Joint ___ Bowel/Bladder ___ Cancer ___ Cerebral Palsy ___
Diabetes ___ Cystic Fibrosis ___ Hemophilia ___ Emotional/Behavior Disorder ___ Epilepsy/Seizures ___
Gastrointestinal ___ Heart Condition ___ Nosebleeds ___ Migraines ___ Skin Disorders ___
Other _____

*Please describe above health conditions(List any restrictions to diet or P.E.) _____

Medications- Name, dosage, and time taken that your child takes both at home and at school.

Eyes: Glasses ___ Contacts ___ Other ___

Ears: Frequent Infections ___ Tubes ___ Hearing Aids ___

In the event my child is injured or becomes ill & needs medical attention, for any reason I cannot be contacted, this Authorization will serve as release to the school to call the ambulance service for the purpose of conveying my child to the hospital & authorize medical treatment to my child. I fully understand I shall be responsible for all cost of ambulance service, all medical care and/or treatment provided to my child in case of an emergency.

Doctor's Name: _____ **Phone Number:** _____

Hospital Choice: _____

Parent/Guardian Signature: _____ **Date:** _____

Tipton School District Photo and Video Release Form

Tipton School District captures pictures of students for the purpose of student recognition in area newspaper and publications. Pictures or videos may be also used in publications, presentations, videos, or in the Tipton School District web site in order to publicize student activities and recognize student achievements. We also use pictures to describe the schools' vocational, academic and athletic programs to possible future students. Images are sometimes made available for purchase for minimal cost and funds received from these sales are used to support the journalism program. Your signature on the following release form is appreciated.

By signing this agreement, I agree to have no claim to photographs or reproductions of photographs and give permission for the Tipton Junior/Senior High School publications, publicity campaigns and fund raising, as the school deems appropriate.

I do not expect compensation and no representation or promise of compensation has been made.

Name of Student (please print)

Signature of Student

Parent or Guardian Signature

Date: _____ Graduation Date: _____

This release form is valid from the date signed until graduation date.

TECHNOLOGY USAGE
(Parent/Guardian Technology Agreement)

I have read the Tipton R-VI School District Technology Usage policy and procedure. I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages caused by my child's misuse of district technology.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

Name of Student: _____

Signature of Parent/Guardian

Date

* * * * *

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

Implemented: 11/15/2004

Revised: 7/6/2012

Tipton R-VI School District
Tipton, MO 65081

Missouri Department of Elementary & Secondary Education
No Child Left Behind Act of 2001 (NCLB)
COMPLAINT PROCEDURES

This guide explains how to file a complaint about any of the programs¹ that are administered by the Missouri Department of Elementary and Secondary Education (the Department) under the No Child Left Behind Act of 2001 (NCLB)².

Missouri Department of Elementary and Secondary Education Complaint Procedures for NCLB Programs Table of Contents	
General Information 1. What is a complaint under NCLB? 2. Who may file a complaint? 3. How can a complaint be filed?	
Complaints filed with LEA 4. How will a complaint filed with the LEA be investigated? 5. What happens if a complaint is not resolved at the local level (LEA)?	Complaints filed with the Department 6. How can a complaint be filed with the Department? 7. How will a complaint filed with the Department be investigated? 8. How are complaints related to equitable services to private school children handled differently?
Appeals 9. How will appeals to the Department be investigated? 10. What happens if the complaint is not resolved at the state level (the Department)?	

1. What is a complaint under NCLB?

For these purposes, a complaint is an allegation that a local education agency (LEA) or the Missouri Department of Elementary and Secondary Education (the Department) has violated a federal statute or regulation that applies to a program under NCLB.

2. Who may file a complaint?

Any individual or organization may file a complaint.

3. How can a complaint be filed?

Complaints can be filed with the LEA or with the Department.

4. How will a complaint filed with the LEA be investigated?

Complaints filed with the LEA are to be investigated and attempted to be resolved according to locally developed and adopted procedures.

5. What happens if a complaint is not resolved at the local level (LEA)?

A complaint not resolved at the local level may be appealed to the Department.

¹ Programs include Title I, A, B, C, D, Title II, Title III.A.2, Title IV.A, Title VI, Title VII.C

² In compliance with NCLB Title IX Part C. Sec. 9304(a)(3)(C)