

Enrollment Information for Parents

When enrolling a new student in the Wentzville School District, please provide the following documentation:

- Proof of Residency – The District requires two proofs of residency. Acceptable proofs of residency are:

First Proof:

- Signed Lease Agreement (verify dates are valid);
- Closing Document for new home purchase (settlement statement); or
- Most recent Real Estate Property Tax Statement.

Second Proof:

- Current utility bill;
- Cable bill;
- Official mail from federal, state, county and city agencies;
- Most recent personal property tax paid receipt; or
- New Driver's License (issued after March 2013).
- Voter registration

If your family is residing with someone else, additional residency requirements include:

- Notarized letter from the person with whom the student is residing;
- Paid real estate tax receipt for the person with whom the student is residing or valid lease agreement;
- Second proof of residency for the person with whom the student is residing; and
- Proof of residency for the family residing with someone else should be received within 45 days and should be associated with the dwelling such as a current utility bill, cable bill, official mail from federal and state agencies, and most recent personal property tax paid receipt.

- Student's immunization record (required before the student can attend class);
- Student's birth certificate (requested but not required);
- Student's most recent report card (this information will be requested from the previous school but please provide a copy at the time of enrollment, if possible);
- Parent's driver's license or photo identification (requested but not required);
- Parenting plan or custody agreement (if applicable);
- Documentation regarding legal guardianship (must be court ordered guardianship or limited guardianship, not power of attorney) or foster care placement (required if applicable); and
- Most recent Individual Education Plan (IEP) and evaluation if the student receives special education services (this information will be requested from the previous school but please provide a copy at the time of enrollment, if possible).
- Students entering grades 7-12, please contact the school to set up an appointment to complete the enrollment process.

Parents are asked to complete an enrollment packet for each student enrolling in the District and go to the appropriate school to complete the process. Additional information may be required at the individual buildings at the time of enrollment.

To determine which school(s) your student(s) will attend: <http://wentzville.k12.mo.us/locator/>

A school may disclose directory information to anyone, without consent, if it has given parents: general notice of the information it has designated as “directory information”; the right to opt out of these disclosures; and the period of time they have to notify the school of their desire to opt out.

Does FERPA give me a right to see the education records of my son or daughter who is in college?

When a student turns 18 years old or enters a postsecondary institution at any age, all rights afforded to you as a parent under FERPA transfer to the student (“eligible student”). However, FERPA provides ways in which a school may—but is not required to—share information from an eligible student’s education records with parents, without the student’s consent. For example:

- Schools may disclose education records to parents if the student is claimed as a dependent for tax purposes.
- Schools may disclose education records to parents if a health or safety emergency involves their son or daughter.
- Schools may inform parents if the student, if he or she is under age 21, has violated any law or policy concerning the use or possession of alcohol or a controlled substance.
- A school official may generally share with a parent information that is based on that official’s personal knowledge or observation of the student.

Contact Information

For further information about FERPA, contact the Department’s Family Policy Compliance Office.

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave. S.W.
Washington, DC 20202-5920
202-260-3887

For quick, informal responses to routine questions about FERPA, parents may also e-mail the Family Policy Compliance Office at FERPA.Customer@ED.Gov.

Additional information and guidance may be found at FPCO’s Web site at: <http://www.ed.gov/policy/gen/guid/fpco/index.html>.



Parents' Guide to the *Family Educational Rights and Privacy Act:* Rights Regarding Children's Education Records



What is FERPA?

The *Family Educational Rights and Privacy Act (FERPA)* is a federal privacy law that gives parents certain protections with regard to their children's education records, such as report cards, transcripts, disciplinary records, contact and family information, and class schedules. As a parent, you have the right to review your child's education records and to request changes under limited circumstances. To protect your child's privacy, the law generally requires schools to ask for written consent before disclosing your child's personally identifiable information to individuals other than you.

The following questions and answers are intended to help you understand your rights as a parent under *FERPA*. If you have further questions, please contact the U.S. Department of Education's Family Policy Compliance Office using the contact information provided below.

My child's school won't show me her or his education records. Does the school have to provide me with a copy of the records if I request them?

Schools must honor your request to review your child's education records within 45 days of receiving the request. Some states have laws similar to *FERPA* that require schools to provide access within a shorter period of time. *FERPA* requires that schools provide parents with an opportunity to inspect and review education records, but not to receive copies, except in limited circumstances.

Parents whose children receive services under the *Individuals with Disabilities Education Act (IDEA)* may have additional rights and remedies with regard to their children's education records. The school district, local special education director, or state special education director can answer questions about *IDEA*.

Who else gets to see my child's education records?

To protect your child's privacy, schools are generally prohibited from disclosing personally identifiable information about your child without your written consent. Exceptions to this rule include:

- disclosures made to school officials with legitimate educational interests;
- disclosures made to another school at which the student intends to enroll;
- disclosures made to state or local education authorities for auditing or evaluating federal- or state-supported education programs, or enforcing federal laws that relate to those programs; and
- disclosures including information the school has designated as "directory information."

What is directory information?

FERPA defines "directory information" as information contained in a student's education record that generally would not be considered harmful or an invasion of privacy if disclosed. Directory information could include:

- name, address, telephone listing, electronic mail address, date and place of birth, dates of attendance, and grade level;
- participation in officially recognized activities and sports;
- weight and height of members of athletic teams;
- degrees, honors, and awards received; and
- the most recent school attended.



DATE RECEIVED:

____/____/____

WENTZVILLE R-IV SCHOOL DISTRICT ENROLLMENT FORM - 2017-2018

(Please check one)

START DATE: ____/____/____

GRADE: _____

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Holt High School | <input type="checkbox"/> Wentzville Middle School | <input type="checkbox"/> Green Tree Elementary | <input type="checkbox"/> Prairie View Elementary |
| <input type="checkbox"/> Liberty High School | <input type="checkbox"/> Boone Trail Elementary | <input type="checkbox"/> Heritage Primary (K-2) | <input type="checkbox"/> Stone Creek Elementary |
| <input type="checkbox"/> Timberland High School | <input type="checkbox"/> Crossroads Elementary | <input type="checkbox"/> Heritage Intermediate (3-6) | <input type="checkbox"/> Wabash Elementary |
| <input type="checkbox"/> Frontier Middle School | <input type="checkbox"/> Discovery Ridge Elementary | <input type="checkbox"/> Lakeview Elementary | <input type="checkbox"/> Barfield ECSE |
| <input type="checkbox"/> South Middle School | <input type="checkbox"/> Duello Elementary | <input type="checkbox"/> Peine Ridge Elementary | |

NAME _____
Last First Middle☐ MALE ☐ FEMALEADDRESS _____
Number & Street

City Zip

SUBDIVISION _____

HOME PHONE (____) _____ - _____ DOB ____/____/____

Military Family Status:

- ☐ Not Military Connected
☐ Active Duty
☐ National Guard/Reserve

LIVES WITH: ☐ PARENTS ☐ MOTHER ☐ FATHER ☐ FOSTER PARENT ☐ OTHER (Explain _____)ETHNICITY ORIGIN: ☐ Hispanic ☐ Non-Hispanic

RACE**: ☐ White ☐ Black or African American ☐ Asian ☐ Am. Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander (Please select any and all that apply)

**This information is requested for purposes of reporting to Federal Compliance Agencies and is not used in determining admission status.

PRIMARY/CUSTODIAL PARENTS/GUARDIANS or people with permission to access student's records

Name _____ Relationship _____
 Cell Phone (____) _____ - _____ x _____
 Workplace _____
 Work Phone (____) _____ - _____ x _____
 Email _____
This address will be used for school communications.

Name _____ Relationship _____
 Cell Phone (____) _____ - _____ x _____
 Workplace _____
 Work Phone (____) _____ - _____ x _____
 Email _____
This address will be used for school communications.

SCHOOL TRANSFERRED FROM:

School Name _____
 District _____
 Address _____
 City _____
 State _____ Zip _____
 Phone (____) _____ - _____ Fax (____) _____ - _____

ALTERNATE/NON-CUSTODIAL PARENTS/ GUARDIANS (Complete if parents are not residing in the same home, or people with permission to access student's records) These addresses will be used for school communication.

Name _____ Relationship _____
 Address _____
 Street City State Zip
 Workplace _____
 Work Phone (____) _____ - _____ x _____
 Home Phone (____) _____ - _____
 Cell Phone (____) _____ - _____
 Email _____

Name _____ Relationship _____
 Address _____
 Street City State Zip
 Workplace _____
 Work Phone (____) _____ - _____ x _____
 Home Phone (____) _____ - _____
 Cell Phone (____) _____ - _____
 Email _____

IS THERE A SPECIAL CUSTODY CONCERN?

☐ No ☐ Yes Court documentation must be on file in the school office to comply with any restrictions.

BROTHERS/SISTERS LIVING IN THE HOME (INCLUDING PRESCHOOLERS):

Name	Birthdate	Grade	Name	Birthdate	Grade
_____	____/____/____	____	_____	____/____/____	____
_____	____/____/____	____	_____	____/____/____	____

People with permission to provide transportation and/or be contacted in case of an emergency. If no box is checked, the assumption is this individual can be an emergency contact and *can* provide transportation.

NAME _____	Relationship _____	<input type="checkbox"/> Provide Transportation	<input type="checkbox"/> Emergency Contact
Cell Phone _____	Home Phone _____	Work Phone _____	
NAME _____	Relationship _____	<input type="checkbox"/> Provide Transportation	<input type="checkbox"/> Emergency Contact
Cell Phone _____	Home Phone _____	Work Phone _____	
NAME _____	Relationship _____	<input type="checkbox"/> Provide Transportation	<input type="checkbox"/> Emergency Contact
Cell Phone _____	Home Phone _____	Work Phone _____	
NAME _____	Relationship _____	<input type="checkbox"/> Provide Transportation	<input type="checkbox"/> Emergency Contact
Cell Phone _____	Home Phone _____	Work Phone _____	

**WENTZVILLE R-IV SCHOOL DISTRICT
ENROLLMENT FORM**

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STUDENT NAME: _____

SITTER/DAYCARE INFORMATION

(Must be located in this school's attendance area unless student will be privately transported.)

NAME _____

Address _____

Phone (____) _____ - _____

☐ Pick-up and/or ☐ Drop-off from this location

SPECIAL SERVICES: Is your child currently receiving any of these services? ☐ Yes ☐ No (check all that apply)

☐ Remedial Reading

☐ Special Education

☐ Limited English

☐ Diagnosis _____

☐ Special Health Plan

☐ Current I.E.P.

☐ Gifted Services

☐ Section 504 Plan

☐ Other _____

RELATIVES ENROLLED IN SAME GRADE: _____

Has this child ever attended a school in the Wentzville School District? ☐ Yes ☐ No

If Yes: Grade _____ Building _____ Year _____

Was English the first language this student learned? ☐ Yes ☐ No

Did your child learn English as a second language? ☐ Yes ☐ No

Does your child use a language other than English? ☐ Yes ☐ No If Yes, what language? _____

Which language does this student use most often when speaking to friends? ☐ English ☐ Other

If Other, what language? _____

Which language does this student use most often when speaking to his/her parents? ☐ English ☐ Other

If Other, what language? _____

Is a language other than English used in your home? ☐ Yes ☐ No If Yes, what language? _____

We do not have permanent housing of our own at this time, due to economic conditions (living in a shelter, a hotel, or with friends) ☐ Yes ☐ No

If yes, please complete the following:

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? ☐ Yes ☐ No

Explain: _____

Are you currently residing at a hotel, motel, in a car, or at a campsite because your home has been damaged or because of economic reasons? ☐ Yes ☐ No

Are you currently living in a shelter? ☐ Yes ☐ No

Are you currently living in a temporary housing arrangement due to economic hardship? ☐ Yes ☐ No

In the last 3 years, has the parent/guardian worked or is currently working in any of these areas. If so, which ones?

☐ Planting or harvesting crops

☐ Feeding poultry, gathering eggs, working in a hatchery

☐ Processing meat, poultry, fruit, vegetables, dairy products

☐ Milking cows on a dairy farm

☐ Working in a nursery

☐ Commercial fishing or working on a fish farm

☐ Growing and tending to trees to be sold

If you checked any box above, did you move to seek or obtain that job? _____ Yes _____ No

**IF YOU HAVE A SIGNIFICANT EDUCATIONAL CONCERN REGARDING YOUR CHILD'S
PLACEMENT, PLEASE CONTACT THE PRINCIPAL'S OFFICE.**

**ENROLLMENT WILL NOT BE COMPLETE UNTIL ALL STUDENT RECORDS
(ACADEMIC, DISCIPLINARY, AND IMMUNIZATION) ARE RECEIVED IN THIS OFFICE.**

I attest that the above information is accurate to the best of my knowledge and understand that if I am not a resident of the Wentzville R-IV School District, my children will be removed from school and I will be charged tuition for the time they were enrolled.

Parent Signature

Printed Name



"Learning Today, Leading Tomorrow"

REQUEST FOR RECORDS

Today's Date _____ First Date of Attendance _____

Student _____ Grade _____ Birth date _____

Last School Attended _____ Last School District _____

School Address _____

City, State, Zip _____

School Phone (____) _____ FAX (____) _____

Please forward the following information:

- ☐ All academic and test records
(including state test records, constitution test information, and school grading scale)
- ☐ Attendance records
- ☐ School profile and/or schedule information
- ☐ Health and immunization records
- ☐ Withdrawal date and grades if transferring during the current school year
- ☐ Any psychological or educational evaluation(s) completed by your school, outside agency, or treatment center, including special education testing and the **Current Diagnostic Summary and IEP/Section 504/Title II Plan**
- ☐ Any testing regarding the Gifted Program
- ☐ Any testing regarding the ELL/ESL Program
- ☐ Disciplinary records

The Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, states that the signature of a parent or guardian IS NOT REQUIRED for school records to be sent to another educational facility. However, when a parent or guardian is available, we do require his/her signature.

I give permission for records to be released to Frontier Middle School.

Parent/Guardian Signature

Date

Thank you for your cooperation.

MAIL, FAX OR EMAIL RECORDS TO:

Frontier Middle School

9233 Hwy. DD

O'Fallon, MO 63368

Phone: 636-625-1026

FAX: 636-561-0097

christineeaton@wsdr4.org



Form 2230.2

**Statement of Disciplinary History
in Reference to the Missouri Safe Schools Act**

In accordance with the Missouri Safe Schools Act, Wentzville School District requires that a student/parent/guardian provide a statement indicating whether a student was previously expelled for violation of school board policies relating to weapons, alcohol or drugs, or willful infliction of injury to another person. Persons making a false statement could be guilty of a Class B misdemeanor.

Student Name: _____ Date of Birth: _____

Were you ever expelled/suspended from school for:

- | | | |
|--|----------|---------|
| • Possession or use of a weapon at school | Yes ____ | No ____ |
| • Possession or use of alcohol | Yes ____ | No ____ |
| • Possession or use of drugs | Yes ____ | No ____ |
| • Willful infliction of injury on another person | Yes ____ | No ____ |

If (**Yes**) on any of the above, please explain the circumstance relating to the expulsion/suspension of the incident and the name of the school in which it occurred. _____

Information Provided By:

_____ Parent/Guardian

_____ Student (if independent)

Signature: _____

Date: _____

INFORMATION ON DISPENSING MEDICATION AT SCHOOL

In case you are unfamiliar with school's policy on the administration of medication to students by school personnel, we would like to bring you up to date on this matter. If your child must have medication of any type given during school hours, including over-the-counter drugs, you have the following choices:

1. You may come to school and give the medication to your child at the appropriate time(s);
2. You may obtain a copy of a medication form from the school nurse or school secretary. Take the form to your child's doctor and have him/her complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered. This form must be completed and signed by the physician for both prescription and over-the-counter drugs.

All medicines must be delivered to school by the parent/guardian or a responsible adult. It must be in the pharmacy-labeled bottle which contains instructions on how and when the medication is to be given and should not exceed a 30-day supply. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions. Or

3. You may discuss with your doctor an alternative schedule for administering medication (e.g., outside of school hours).
4. In the event of your child attending a field trip, a single dose of medication will be administered by a trained school employee.

There will be no exception to this policy. If you have questions about the policy, or other concerns related to the administration of medication in the schools, please contact your building's school nurse.

Thank you for your cooperation.

Student Health/Emergency Information



Student Name: _____

Last Name

First Name

Middle

Teacher: _____ **Grade:** _____ **Date of Birth:** _____ **Gender:** M F

This permission will remain in place for the duration of your child's enrollment. In the event of a critical emergency the parent/guardian will be contacted first, if possible. If we are unable to contact the parent/guardian, the emergency ambulance service will be utilized. In a critical emergency, I understand that my child will be taken to the closest hospital at the discretion of the emergency medical service (EMS). I accept full financial responsibility for charges connected with the use of an ambulance and for charges connected with the care at the hospital.

Does Your Child Have:	No	Yes	Please Specify:	List Treating Physician:
Allergies	No	Yes		
Food	No	Yes		
Drug	No	Yes		
Other	No	Yes		
Allergy Requiring Epi-Pen	No	Yes		
Asthma	No	Yes		
Epilepsy/Seizures	No	Yes		
Diabetes	No	Yes		
Insulin	No	Yes		
Heart Condition	No	Yes		
Kidney Disease	No	Yes		
Severe Nosebleeds	No	Yes		
Orthopedic Problems	No	Yes		
ADD / ADHD	No	Yes		
Anxiety	No	Yes		
Autism	No	Yes		
Bipolar	No	Yes		
Depression	No	Yes		
Emotional Condition	No	Yes		
Serious Illness / Hospitalization	No	Yes		
Glasses or Contacts	No	Yes		
Hearing Loss	No	Yes		
Hearing Aid or Cochlear Implant?	No	Yes		
Need Restrictive PE? If yes requires doctor documentation.	No	Yes		
Daily Medication	No	Yes		
Medication at School	No	Yes		
Other Health Conditions not listed.	No	Yes		

I hereby state that I have read and fully understand and agree to the Dispensing Medication policy (noted on back) regarding the administration of any type of medication to my child during school hours. I agree to release the District and/or all District personnel from liability for any and all injuries that may result from my child taking or neglecting to take medicine prescribed.

In the best interest of my child, I agree to the sharing of medical information with school faculty and staff on a need to know basis, including but not limited to medications, diagnosis, and physical restrictions or limitations.

Print Parent Name

Parent Signature

Date

Wentzville R-IV School District Parent Portal Registration Form

For security purposes, you must return this completed form to your child's school **in person**. You will be asked to show a **photo ID** when you register. One parent/guardian (in person) may register additional parents/guardians. Once you are registered, the information will be put into the District student management system at your child's school and then the Parent Portal system will email the registered email address(s) the login password in a few days. Your login username will be your registered email address. You do not have to register every school year. You may access the Parent Portal on the Wentzville School District Website <http://www.wentzville.k12.mo.us> and click on Parent Portal.

All students have access to the Student Portal. Students can view their individual information but are not able to edit family data or make online meal payments. If you do not wish for your student to have access to the Student Portal, please submit your request in writing to the school office.

Please Check the Appropriate Item(s):

- _____ I am registering for the first time.
_____ Update my information in Parent Portal (ie. new email account).
_____ Add another student to my existing Parent Portal account.
_____ Reset my login password.

Parent/Guardian First and Last Name	
Email Address	

Parent/Guardian First and Last Name	
Email Address	

Parent/Guardian First and Last Name	
Email Address	

	Student 1	Student 2	Student 3
School			
First Name			
Last Name			
Birthdate			
Grade			

Signature and Photo ID are required to access student information on Parent Portal.

Parent/Guardian Signature _____

Date _____

For Office Use Only:

Building

Date

Identification Verified		
Entered into SIS		