

**Cole Co. R-1 School District
Registration Packet**



Students must have the following items on file before enrolling:

- **Proof of Residency Form signed and proof verified**
- **Up to date immunizations record**
- **Proof of age verified by birth certificate, hospital record**
- **Discipline clearance by phone from previous school principal**
- **Foster care or Court ordered guardianship paperwork signed**

Proof of residency will be verified by providing one of the following: current unpaid utility bill, personal property tax receipt or rental agreement. Proof must show name and address of resident living within district.

Proof of residency if student and parent/legal guardian are living with another family: a notarized statement by the family they are living with explaining the student and parent or legal guardian are living in their home. The family that has residence in the district must show proof of residency.

Procedure for enrollment: student information is given to the principal who then calls the previous school's principal concerning any discipline problems. If the student is eligible to attend the previous school, the student will be admitted.

Procedure for special education students: student information is given to the special education department who will then call previous school concerning the IEP. The student will not receive Special Services until paperwork from the previous school is received.



Cole Co. R-1 School District
HOUSEHOLD CENSUS INFORMATION SHEET

HOUSEHOLD 1

ADULT 1

Name: _____
Relationship to student: _____
Cell Phone: _____
Home Email: _____
Employer: _____
Work Phone: _____
Work Email: _____

ADULT 2

Name: _____
Relationship to student: _____
Cell Phone: _____
Home Email: _____
Employer: _____
Work Phone: _____
Work Email: _____

Home Address: _____ County: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

HOUSEHOLD 2

ADULT 1

Name: _____
Relationship to student: _____
Cell Phone: _____
Home Email: _____
Employer: _____
Work Phone: _____
Work Email: _____

ADULT 2

Name: _____
Relationship to student: _____
Cell Phone: _____
Home Email: _____
Employer: _____
Work Phone: _____
Work Email: _____

Home Address: _____ County: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

FAMILY MILITARY INFORMATION:

Please provide the following family military information.

____ Not Military ____ National Guard or Reserve ____ Active Duty

EMERGENCY CONTACTS: Other Than Parents – List one name per line.

Please provide contact information for two individuals to whom the student may be released from school and who can make emergency decisions if a situation arises and the parents/guardians cannot be reached. List them in the order that you would like them to be contacted.

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

Name: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Signature of Parent/Guardian: _____ Date _____



Cole Co. R-1 School District Student Information

STUDENT'S LEGAL NAME:

Last _____ First _____ Middle _____

Grade _____ Gender: Male _____ Female _____ Date of Birth (mm/dd/yy) _____

Student's Social Security Number _____

(Social security numbers may be requested to determine student participation in the National School Lunch and Breakfast Program, to determine Medicaid eligibility for purposes of the district reimbursement for services, and for High School A+ eligibility.)

Country of Birth: United States _____ Other _____

If other, dated entered the United States: _____ If other, dated entered first US school: _____

RACE / ETHNIC ORIGIN:

The US Government requires the schools to make reports using the following categories for Race/Ethnicity.

Are you Hispanic or Latino? _____ Yes _____ No

Which of the following describes your Race? (Choose all that apply):

_____ White _____ Black or African American _____ Asian _____ American Indian or Alaska Native

_____ Native Hawaiian or other Pacific Islander

HOME LANGUAGE:

Is English the primary language spoken in the home? _____ Yes _____ No

Is a language other than English spoken in the home? _____ Yes _____ No If Yes, language spoken: _____

Does the student speak a language other than English? _____ Yes _____ No If Yes, language spoken: _____

EDUCATIONAL PROGRAMS AND SERVICES:

Does/Did this student receive special education services-have an Individual Education Plan (IEP)? _____ Yes _____ No

If Yes: _____ Currently Receiving _____ Received in the Past

Does/Did this student receive speech or language therapy in the school setting? _____ Yes _____ No

If Yes: _____ Currently receiving _____ Received in the Past

If information about the specific special education services the student receives/received are known, please list here:

Does/Did this student receive any of the services listed below?

Gifted Program _____ Yes _____ No

If yes, _____ Currently Receiving _____ Received in the Past

Title I Services; Reading Services _____ Yes _____ No

If yes, _____ Currently receiving _____ Received in the Past

Section 504 Plan _____ Yes _____ No

If yes, _____ Currently Receiving _____ received in the Past

English as a Second Language _____ Yes _____ No

If yes, _____ Currently receiving _____ Received in the Past

Other: _____

_____ Currently Receiving _____ Received in the Past

McKINNEY-VENTO ACT

These questions cover the definition of homeless that is within the NO CHILD LEFT BEHIND LAW. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? _____ Yes _____ No
 2. Are you currently living in a temporary housing arrangement due to economic hardship? _____ Yes _____ No
If you answered yes to either question above, please explain. _____

 3. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or due to economic reasons? _____ Yes _____ No
 4. Are you currently residing in a shelter? _____ Yes _____ No
-

FEDERAL MIGRATORY WORKER SURVEY

If you have a child 3 through 21 and you have moved from one school district to another within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

1. Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural related work such as: planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a daily farm or a catfish farm; cutting firewood or logs to sell?
_____ Yes _____ No
 2. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? _____ Yes _____ No
 3. Is either parent (or guardian) now employed in any of the above kinds of work? _____ Yes _____ No
 4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural work? _____ Yes _____ No
-

LEGAL DOCUMENTS

Are there any legal documents pertaining to this student, i.e. guardianship, divorce/parenting plan, juvenile court/juvenile officer, ex parte, etc.? _____ Yes _____ No

If yes, please explain below: _____

A complete, original copy of any legal documents/court orders pertaining to the student must be presented (i.e. divorce decrees, custody documentation, parenting plan, restraining order, etc.) to be placed into their permanent file.

ELIGIBILITY

In order to comply with Missouri law regarding the eligibility of children to attend public schools, the Cole Co. R-1 School District is required to compile certain information. Under penalty of perjury and subject to the laws of the State of Missouri making it a crime under Section 575.050 and Section 575.056 to make a false affidavit or false declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Cole Co. R-1 School District.

Signature of Parent/Guardian

Relationship to Student

Date



Cole Co. R-1 School District
REQUEST FOR STUDENT RECORDS

Student Name: _____ Current Grade: _____
Gender: _____ Male _____ Female Student DOB (mm/dd/yyyy) _____

Student Educational Information

Name of Last School Attended _____
District Name _____
School Address _____
City/State/Zip _____
School Phone _____ School Fax _____

Has this student ever been retained? _____ Yes _____ No If yes, what grade? _____
Has this student ever attended a Cole Co. R-1 School before? _____ Yes _____ No
If yes, what year? _____ Grade _____

Parent/Guardian Signature _____ Date _____

Office Use Only

Date _____

To: Building Administrator

From: Cole Co. R-1 School District

The Cole Co. R-1 School District request the following information on the student named above. Please Mail or fax the listed items to the following selected school.

<input type="checkbox"/>	Cole Co. R-1 Elementary 13111 Park Street Russellville, MO 65074 Phone: 573-782-4814 Fax: 573-782-3435	<ul style="list-style-type: none">• Grade records• Special Education records (if applicable)• Health Records• Attendance Information• Disciplinary records• MAP test scores (grades 3-8)
<input type="checkbox"/>	Cole Co. R-1 Middle School 13111 Park Street Russellville, MO 65074 Phone: 573-782-4915 Fax: 573-782-3775	
<input type="checkbox"/>	Cole Co. R-1 High School 13600 Rt C Russellville, MO 65074 Phone: 573-782-3313 Fax: 573-782-3262	<ul style="list-style-type: none">• Transcript of all grades and credits earned• Current withdrawal grades• Special Education records (if applicable)• Health records• Attendance Information• Disciplinary records• EOC and other standardized test scores including test scores including ACT, ASVAB, etc.• Missouri Constitution Test Passed _____ Yes _____ No• US Constitution Test Passed _____ Yes _____ No

ENROLLMENT AFFIRMATION FOR PARENT OR COURT-APPOINTED GUARDIAN

(Proof of Residency and Discipline Form)

The laws of Missouri, specifically the Safe Schools Act (HB 1301 and 1298), require that prior to registration of a student, the parent or legal guardian must establish proof of residency.

“Residency shall mean that a person both physically resides within the school district and is domiciled within the district. The domicile of a minor child shall be the domicile of the parent or court-appointed guardian.”

In order to satisfy the district’s residency requirements, the student, parent, court-appointed legal guardian or person acting as a parent must provide one (1) of the following items as proof of residency.

Property Tax statement
Utility Bill / Agreement
Real Estate Contract

Legal property description
Rental Agreement/Receipt
Telephone, Electric Bill

Under penalty of law, I, _____, affirm that I am the parent or court-
Name of Parent/Guardian

appointed legal guardian of the minor student, _____, and
Name of Student

that I reside within the boundaries of the **Cole Co. R-1 School District** at:

Address Where Student Is Living

and the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof of residency is true and correct to the best of my knowledge, information and belief. I further affirm that the student,

_____, has not been expelled from school attendance
Student’s Name

at any other school in the state or in any other state for an offense in violation of school policies related to weapons, alcohol or drugs, or the willful infliction of injury to another person, and that the other information that I have provided to the school district is true and correct to the best of my knowledge, information and belief. I understand that this statement will be maintained as part of the student’s scholastic record.

I understand that it is a Class A Misdemeanor criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file a civil action against me to recover cost of educating the student.

Signature of parent or guardian

Affidavit of Resident Landlord

1. I hereby certify that I, _____, own the property at:
Landlord's Name

_____ of
Property's Physical Address

which is located in the Cole Co. R-1 School District.

2. I personally know _____ and am aware that,
Parent/Guardian

_____ is seeking to enroll in the Cole
(Name of Student)

Co. R-1 School District.

3. I further certify that _____ is a legal resident of, and
Parent / Guardian

domiciled in the Cole Co. R-1 School District. His / her permanent address is: _____

_____.

4. I hereby certify that all information in this Affidavit is true, accurate and complete to the best of my knowledge.

5. I understand that if I have provided any false information in this Affidavit or in the documents submitted in support of this Affidavit, that I may be charged with and convicted of a Class A Misdemeanor.

6. I further understand that falsely swearing or affirming upon an oath constitutes perjury, which is a felony under the criminal laws of the State of Missouri.

7. In the event that the representations in the Affidavit of _____
Parent / Guardian

or in this Affidavit are false, I agree to be jointly and severally liable to the Cole Co. School District for the full amount of tuition established by the Board of Education for the period of time in which the Student is enrolled.

Signature of the Resident Landlord

Date

*****Landlord needs to show proof of residency – i.e. Lease / Rental Agreement*****

Cole Co. R-1 School District Transportation Information

_____ YES _____ NO

By state law, all bus drivers must carry with them a roster of all students riding their bus. Please fill out the information below so that your student(s) will be included on the roster.

It is the Parent/Guardian's responsibility to have your child at the designated bus stop at least 5 minutes before the morning pick-up time and drop-off time in the afternoon. This allows extra time for a safe pick-up and drop-off in case of unforeseen circumstances, road conditions, inclement weather, substitute drivers, or mechanical problems.

Student's Name: _____ Grade: _____

Parent/Guardian: _____ Siblings: _____

Address _____ City-State-Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Does your student plan to use Cole Co. R-1 School District bus services throughout the year? Yes ☐ No ☐

If yes, Cole Co. R-1 School District bus services will be used for the purpose of ☐ Pick up ☐ Drop Off

Before School my child will:

_____ Ride the bus from this address –

_____ Walk

_____ Car rider with _____

After School my child will:

_____ Ride the bus to this address –

_____ After School Day Care

_____ Walk

_____ Car rider with _____

Students will only be allowed to ride one bus to one destination, either home or to an alternate site. We realize that on occasion there will be a need for your child to ride a different bus or be dropped off at an alternate location. We ask that you attempt to keep this to a minimum. On the day that your child does need to be dropped off at a spot other than your home/babysitter we ask that you inform the Office as early as possible so that personnel can prepare the bus pass. Building offices are very busy at the end of the day and waiting until then causes delays in buses being able to depart from school. The alternate stop must be on an established route.

Name _____ Phone Number _____

Address _____ City/State/Zip _____

This alternate address will be used for the purpose of: _____ Pick Up _____ Drop Off

Each day your child will be sent home as you have indicated above. Please notify the school office with any changes that may occurs in transportation and / or contact information.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only

AM Bus # _____

AM Pick Up Time _____

Driver _____

PM Bus # _____

PM Drop off Time _____

Driver _____



Cole R-1 School District Student Health Information

This form must be completed each year

STUDENT INFORMATION

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following.

Last _____ First _____ Middle _____
Grade _____ Gender: ☐ M ☐ F Date of Birth (mm/dd/yy): _____
Teacher (leave blank if NEW Student Enrollment) _____
Parent/Guardian _____ Home Phone _____
Father's Employer _____ Mother's Employer _____
Father's Work Phone _____ Mother's Work Phone _____
Father's Cell Phone _____ Mother's Cell Phone _____

EMERGENCY CONTACT INFORMATION -- Other Than Parents

Name _____ Relationship to Student _____
Phone Number _____
Name _____ Relationship to Student _____
Phone Number _____

MEDICAL INFORMATION

Doctor's Name _____ Phone Number _____
Dentist's Name _____ Phone Number _____
Hospital Preference: ☐ Capital Region Medical Center ☐ St. Mary's Hospital

Does your child have...

Allergies ☐ Yes ☐ No Please list: _____
(foods, drugs, latex, etc.) Has the allergy required emergency action in the past? ☐ Yes ☐ No
Comments: _____
Bee Sting Allergy ☐ Yes ☐ No Describe reaction: _____
Any difficulty breathing? ☐ Yes ☐ No Need emergency medication? ☐ Yes ☐ No
Asthma ☐ Yes ☐ No Triggered by: _____
Treatment: _____
Diagnosed by doctor (name): _____
Date diagnosed: _____
Diabetes ☐ Yes ☐ No Takes Insulin: _____
Date diagnosed: _____
Epilepsy/Seizures ☐ Yes ☐ No Describe seizure: _____
Date of last seizure: _____
Medication: _____
Heart Condition ☐ Yes ☐ No Describe condition: _____
Physical restrictions: _____
Bone or Joint Problem ☐ Yes ☐ No Describe: _____
Physical restrictions: _____
Emotional/Behavior ☐ Yes ☐ No Diagnosis or description: _____
Treatment (doctor, counselor, etc.) _____

Daily Medications

At Home? ☐ Yes ☐ No Name of Medication: _____
Dosage Time: _____

At School? ☐ Yes ☐ No Name of Medication: _____
Dosage Time: _____

Emergency Only? ☐ Yes ☐ No Name of Medication: _____
Dosage Time: _____

Eyes

☐ glasses ☐ reading ☐ distance ☐ contacts ☐ crossed ☐ lazy eye ☐ difficulty seeing ☐ headaches

Ears

☐ frequent infections ☐ tubes ☐ hearing difficulty ☐ history of hearing problems in the family
☐ talks loudly ☐ hearing aid --- ☐ left ☐ right wears hearing aid at school ☐ Yes ☐ No

Other Concerns

☐ nosebleeds ☐ bowel ☐ bladder ☐ diapers ☐ catheterization ☐ bedwetting ☐ headaches ☐ lungs
☐ skin ☐ ADD / ADHD ☐ neurological ☐ blood disorder ☐ blood pressure ☐ menstruation

Childhood diseases, serious illnesses, and injuries: _____

Surgeries: _____

Low Birth Weight: ☐ Yes ☐ No

Any condition(s) that prevent PE participation: _____

DIETARY NEEDS

Special Diet: _____ Doctor who prescribed the diet: _____

Will your child require food substitution? ☐ Yes ☐ No

A specific form signed by a licensed physician is required before allowing meal or drink substitutions at school. This form can be obtained in the nurse's office or on the school website.

Requires special health care (explain): _____

Other health information or concerns: _____

Special procedures required: _____

If the School Nurse is expected to administer medication (Prescription or Non-prescription) to your child, a **MEDICATION FORM** must be completed and on file (see school website). When the medication is changed, a new form must be submitted. Medications **MUST BE** in the original bottle and **brought in by the Parent**.

Please circle below ALL medicines the Cole R-1 School District has your permission to give your student.

Acetaminophen(Tylenol) Ibuprofen Aleve Tums Cough Drops

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent /Legal Guardian Signature

Date



Cole R-1 School District Option to Withhold Information Media Release and Field Trip Permission Form

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

OPTION TO WITHHOLD STUDENT DIRECTORY INFORMATION

Parents who wish the school to withhold student directory information are required to submit notice to the building principal each year. The "opt out" only applies to the school year for which it is signed. By "opting out" parents understand that **NO** information can be released.

General Directory Information – The following information the district maintains about a personally identifiable student may be disclosed by the district to the school community through, for example, district publications, or to any person without first obtaining written consent from a parent or eligible student:

Student's name; date and place of birth; parents' names; grade level; enrollment status (e.g., full-time or part-time); student identification number; user identification or other unique personal identifier used by the student for the purposes of accessing or communicating in electronic systems as long as that information alone cannot be used to access protected educational records; participation in district-sponsored or district-recognized activities and sports; weight and height of members of athletic teams; dates of attendance; degrees, honors and awards received; artwork or course work displayed by the district; schools or school districts previously attended; and photographs, videotapes, digital images and recorded sound unless such records would be considered harmful or an invasion of privacy.

Limited Directory Information – In addition to general directory information, the following information the district maintains about a personally identifiable student may be disclosed to: school officials with a legitimate educational interest; parent groups or booster clubs that are recognized by the Board and are created solely to work with the district, its staff, students and parents and to raise funds for district activities;

governmental entities including, but not limited to, law enforcement, the juvenile office and the Children's Division (CD) of the Department of Social Services:

The student's address, telephone number and e-mail address and the parents' addresses, telephone numbers and e-mail addresses.

Examples of situations where information would be withheld include:

- Honor rolls published in the newspaper
- Yearbook pictures, class photo, and graduation pictures
- Awards and photographs for any honors
- Results of any sports contest of special school activity
- Names, pictures, height and weight in sports programs or newspaper
- Any District/School media or publications (i.e. classroom Web pages, building newsletters, District social media)

____ **WITHHOLD** my student's directory information

MEDIA RELEASE FORM STUDENT INTERVIEWS AND IMAGES

I give my permission for my child to be a part of the following media-related situations:

- Use of photographic image and/or interviews with local media (print, radio, TV)

**Students will not be interviewed for sensitive subject matter without parental/guardian permission.*

____ Yes, I give permission.

____ No, I do not give permission.

Field Trip Permission Form

The Cole R-1 School District supports classroom organized field trips throughout the school year to enhance student learning. Parents will be provided necessary information by the classroom teacher prior to the scheduled field trip.

I give my permission for my child to participate in classroom organized field trips.

____ Yes, I give permission.

____ No, I do not give permission.

Student Last _____ First _____ Grade _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____

Cole R-1 School District
Student Technology Usage Agreement

1. All network and computing resources of the Cole R-I School District and access to the Internet exist to support the instructional and educational needs of the district and use of the network for non-school related work is prohibited.
2. The District network is not for private or commercial business use, political, or religious purposes.
3. Students are prohibited from changing or, in any way, altering a network device, a device or peripheral name, file and/or folder names.
4. Network resources, including hardware, peripherals, and software, may not be used for personal entertainment (games) and/or any private activities.
5. District computers may not be used illegally to duplicate copyrighted software.
6. No student will use District owned computers, peripherals or the Internet to deliberately access obscene, pornographic or otherwise non-educational material or show others how to do the same.
7. No student will deliberately or willfully cause damage to computer equipment or software or assist others in doing the same.
8. Sending material likely to be offensive, objectionable, or harassing is strictly prohibited.
9. Any use of the District network, which accesses outside resources must conform to this Student Technology Usage Agreement.
10. Students are responsible to take precautions to prevent a virus infection on the equipment of the Cole R-1 School District and immediately report to an instructor if a virus is detected.

Access is a privilege that entails responsibility. Individual users of the District's computer network are responsible for their own behavior and communications over the network. The district shall not be responsible for any information that may be lost, damaged, or unavailable when using the network or for any information retrieved via the Internet.

Violation of any of the items listed will result in disciplinary action as outlined in the Cole R-I High School Student Handbook. Further, serious violations may be punishable under Missouri criminal statutes covering unlawful access, altering or damaging any computer system, network, software or database, with the intent to interrupt the normal functional of any organization.

DISCLAIMER: The Cole R-I School District will not be responsible for any virus transferred from District operated equipment to systems outside the District. It is highly recommended that any data obtained through the use of District operated equipment should be thoroughly checked for viruses before use outside the District.

Cole R-1 School District
Student Technology Usage Agreement
Signature Sheet

Please complete all items below and return to your Principal's Office as soon as possible.

Last Name _____ First Name _____ Grade _____

Parent or Guardian

Please sign below indicating that you allow your student to be assigned a district network account, have content filtered Internet access, and to use various Web 2.0 tools as deemed necessary and appropriate by classroom instructors. If you grant permission and find it necessary to withdraw permission at a later date, please contact your district Principal's Office.

Parent / Guardian's Name (please PRINT): _____

Signature _____ Date _____

Student

Please read and/or discuss the Student Technology Usage Agreement with your parents/guardians. In accepting a District network account, you accept the responsibility of using the network and accessing the Internet in a responsible and appropriate manner. It is important that you understand your responsibilities as well. Your signature, indicating that you have read and agree with the guidelines stated in the Agreement, is required before an account will be issued.

I have read and understand the Student Technology Usage Agreement as it applies to my use of computers and Internet access. I agree to abide by all rules stated in this Agreement. I also understand there may be consequences for violating these which could include termination of my privileges.

Student's Name (please PRINT): _____

Signature _____ Date _____



SIS Parent Portal Application Form

Please complete the following information, we will be sending GRADE CARDS, announcements and other important information by email.

Student name: _____

Grade: _____

Parent name: _____

Parent email: _____

Parent name: _____

Parent email: _____

Parent/Guardian Signature: _____

Date: _____

THIS FORM WILL BE USED FOR MY STUDENT'S ENTIRE ENROLLMENT AT COLE CO. R-1 SCHOOL DISTRICT. IF ANY OF THE ABOVE INFORMATION CHANGES I WILL CONTACT THE OFFICE AS SOON AS POSSIBLE.



Personal Wireless Electronic Device Policy

The Cole Co R-I School District recognizes the value technology devices add to the educational experience of all students as well as aid in improving communication with parents. Therefore, the use of personally-owned wireless electronic devices including laptops, netbooks, ipods, cell phones and others are permitted for students and staff.

Such possession or use of these personal wireless devices may not, in any way,

1. Disrupt the educational process in the school district
2. Endanger the health or safety of the student or anyone else
3. Invade the rights of others at school
4. Involve in illegal or prohibited conduct of any kind

In addition, students shall not be allowed any personal use during class time.

In addition to the guidelines outlined in this policy, the Acceptable Use Policy (AUP) of the Cole Co R-I School District applies to personal devices that are brought to school. These guidelines are in effect while the student is on school premises. School premises include any place which is owned, rented, or under the control of the Cole Co R-I School District.

Possession or use of any personal wireless devices by a student is a privilege, which may be forfeited by any student who fails to abide by the terms of this policy.

Access and Appropriate Use

Access is for educational purposes only. The user experience will vary depending on the device used. Use of personal wireless devices is prohibited in locker rooms, dressing rooms, bathrooms, or other locations that are private in nature.

Technical support will not be provided for personal devices. The student must take full responsibility for setting up and maintaining the device. Students are responsible for ensuring their personal wireless device has virus protection and free of any viruses or other files that may affect the district network.

Terms of Service

The Cole Co R-I School District is providing wireless connectivity as a guest service and offers no guarantees that any use of the wireless connection is in any way secure, or that any privacy can be protected when using this wireless connection. . Cole Co R-I School District also does not guarantee that all areas of the district have wireless coverage. Use of the wireless network is entirely at the risk of the user, and the Cole Co R-I School District is not responsible for any loss of any information that may arise from the use of the wireless connection, or for any loss, injury or damages resulting from the use of the wireless connection.

Safety and Security

Students who bring in electronic wireless devices do so at their own risk. The Cole Co R-I School District shall not be responsible for the safety, security, loss, or damage of personal electronic devices that students choose to bring to school. Investigation by school officials of loss, theft or damage will be minimal unless it can be established that the student adequately secured the device, such as keeping it in a locked locker.

The Cole Co R-I School District does not provide personal property insurance for any personally owned wireless communication devices. Such insurance can be obtained by an independent carrier.

Consequences of Appropriate Use

Loss of access to personal wireless devices can occur if the district becomes concerned about its appropriate use. Examples of District concerns include safety, potential for disruption to educational processes, and security issues related to connecting a personal computer to the District network.

When the devices are used on school property, they will be treated as school property. The district may examine the personal electronic devices and search its contents if there is reason to believe that school policies, rules or regulations have been violated. The building administration may involve law enforcement if the device is used for an illegal purpose or for a purpose that causes harm to others.

Permission for student use of personal wireless devices is allowed after the Acceptable Use Policy agreement is signed by the student and a parent/guardian.

Personal Wireless Electronic Device Policy Agreement Form

Name:	
Grade:	

Wireless Devices Being Registered to Use at School:

_____ **Laptop**

Make/Model

_____ **Tablet/eReader (i.e. iPad, Nook, Kindle, etc.)**

Make/Model

_____ **Cell Phone**

Make/Model	Carrier	Phone Number

We have read and discussed the Personal Wireless Electronic Device Policy and agree to use the wireless devices listed above according to the guidelines outlined within the policy. We also understand that information provided in this signed agreement will be used for school data purposes only.

Student Signature

Date

Parent Signature

Date

Student Drug Testing Form for High School Students Only

STUDENT DRUG TESTING

Definitions

Covered Activities – Activities regulated by the Missouri State High School Activities Association (MSHSAA), all extracurricular clubs/organizations (excluding all activities for which students receive an academic grade for participation), and parking on school premises..

Drug Testing – Testing for alcohol and illegal and/or performance-enhancing drugs.

I. General Procedures for All Student Drug Testing

Sample Collection

Samples (ex. Urine, Saliva, Hair) will be collected using a method intended to minimize the intrusiveness of the procedure. The superintendent or designee will appoint a same-sex employee or contracted test administrator (the monitor) to accompany the student to a bathroom or locker room. The student will provide the sample behind a closed stall door. The monitor shall supervise the collection from outside the closed stall door, listening for normal sounds of urination. The monitor shall also verify the warmth and appearance of the specimen. If at any time the monitor suspects the sample is being tampered with, the monitor may end the collection process and notify the superintendent or designee, who will determine whether a new sample should be obtained.

Protection of Information (Privacy)

Each randomly selected student will be assigned a specimen number that shall serve as the identifier for all materials sent to the lab. The student and his or her parent/guardian shall have access to the specimen number. Either immediately before or shortly after sample collection, students selected for testing will provide to the district, in a sealed envelope, a list of any medications they have taken in the last 30 days, including legally prescribed and over-the-counter medications. The parent/guardian is responsible for submitting a separate list to the district, also in a sealed envelope, of medications the student has taken within the last 30 days, which will be used by the testing facility for confirmation purposes in the event of a positive test result. The sealed envelopes will only be opened in the event of a positive test result. If the sample does not test positive, the envelopes will be shredded without being opened.

The laboratory will report positive test results directly to the superintendent or designee. The superintendent or designee will only notify the student, the appropriate extracurricular sponsor, the parent/guardian of the student and other persons the superintendent or designee determines need to know the information to implement district policies or procedures. All files pertaining to drug testing will be kept confidential and separate from the student's other education records, and only school personnel with a need to know the information will have access to the information.

Positive Test Results

If a positive test result occurs, the result will be verified on the same specimen. Following a confirmed positive result, the student and his or her parent/guardian shall be given the opportunity to submit additional information to the district administration or the laboratory. The district may consult with the laboratory in determining whether the positive result was caused by something other than the consumption of prohibited substances.

II. Random Drug Testing

Notification and Consent

An orientation session shall be held before the commencement of random drug testing to inform students and parents/guardians of the sample collection process, privacy arrangements and the drug testing procedures that will be used. Students wishing to participate in covered activities, clubs, organizations, or parking on school grounds shall receive a copy of the drug testing policy and related administrative procedures. Additionally, each student shall be required to return a signed drug testing consent form to the high school office within 3 days of receiving the form. A signed consent form shall be valid for all covered activities and will remain effective for the duration of the student's enrollment in the District, or until revoked in writing by the parent/guardian. Students who do not return the signed consent form shall not be allowed to participate in covered activities.

Random Selection

The district will randomly select participating students for drug testing periodically throughout the school year. The random selection process will result in an equal probability that any participating student could be chosen. District employees shall not have the authority to waive the testing of any student selected using the random selection process.

Testing

Samples shall be tested for THC/marijuana, benzodiazepines, cocaine/benzoylecgonine, amphetamines, barbiturates, phencyclidine, methamphetamine, opiates/morphine, methadone, oxycodone, MDMA, and propoxyphene. Samples may also be tested for alcohol or other performance-enhancing substances.

Consequences

Following a confirmed positive test result, the superintendent or designee will immediately suspend the student from all covered activities and will schedule a conference with the student, the parent/guardian and the covered activity sponsor. Positive random drug test offenses shall be cumulative throughout grades nine through twelve. Depending on the timing of the drug test, the student may be excluded from participation in activities at the end of the school year, over the summer and/or into the beginning of the next school year.

First Offense – The first time a student tests positive under the random drug testing program, the student shall be suspended from participation in all covered activities for a minimum of 30 calendar days and must pass a drug test administered by the district prior to resuming participation in covered activities.

Alternative First Offense – With the consent of the student and his or her parents/guardians, the superintendent may reduce the suspension so that the student is only prohibited from participating in covered activities for a total of ten calendar days as long as the student meets the following requirements:

- < Within one week of the conference, the student must receive or be enrolled in substance abuse counseling from an alcohol and drug abuse agency that is certified by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. The parents/guardians are responsible for all costs associated with the counseling. The parent/guardian must provide written verification that the student has been seen by the alcohol and drug abuse agency at least once before the student is allowed to begin participation again. If the student does not attend and successfully complete counseling as promised, the district will immediately implement the original consequences.
- < The student will be required to submit to drug tests every time the district conducts random drug testing on other students for the rest of the school year.

Second Offense – Students with two positive test results for drugs or alcohol will be prohibited from participating in all covered activities for a minimum of 60 calendar days and must pass a district-administered drug test district prior to resuming participation in covered activities.

Third Offense – Students with three positive test results will be prohibited from participating in all covered activities for 365 days.

Refusal to Submit or Falsifying Results

A student refuses to submit for drug testing when he or she fails to provide adequate urine for testing when notified of the need to do so or engages in conduct that clearly obstructs the testing process. A participating student who refuses to submit to drug testing or who takes deliberate action to falsify results will be suspended from all covered activities for one calendar year and will forfeit eligibility for all awards and honors given for covered activities from which the student was suspended.

Self-Reporting

When a student, of his or her own volition, self-reports consuming drugs or alcohol in violation of district policy to an administrator, coach or covered activity sponsor before receiving notification that he or she will be tested, that student shall be allowed to continue to participate in covered activities under the same restrictions imposed on a student who had an initial positive test even if the student had tested positive previously. A self-report is considered the same as testing positive for the purpose of future positive tests. A student may only take advantage of self-reporting once between ninth and twelfth grade.

III. Suspicion-Based Drug Testing

A student may be required to submit to a drug test when there is reasonable suspicion that the student is under the influence of or has recently consumed alcohol or any drug prohibited by district policy. Staff members will report such suspicions to the building administrator or designee as soon as possible. The building administrator or designee will determine if reasonable suspicion exists. The district's attorney may be consulted as necessary.

Consequences

Students who test positive under this section will be disciplined in accordance with the district's discipline code and may also be temporarily or permanently excluded from all district extracurricular activities in accordance with other district policies or practices.

FILE: JFCI-AP1
Critical

FILE: JFCI-AP1
Critical

Refusal to Submit or Falsifying Results

A student refuses to submit for drug testing when he or she fails to provide adequate urine for testing when notified of the need to do so or engages in conduct that clearly obstructs the testing process. A student who refuses to submit to testing or takes deliberate action to falsify results may still be disciplined under the district's discipline code for being under the influence of alcohol or drugs. A student who takes deliberate action to falsify results may also receive additional disciplinary consequences.

* * * * *

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

Implemented:

Russellville High School

13600 HWY C

Russellville, MO 65074

STUDENT DRUG TESTING
(Consent Form)

I, _____, [student's name] have received, read, understand and agree to abide by the Cole R-1 School District drug testing policy and procedures. As a condition of participating in covered activities and privileges in the Cole R-1 School District, I agree to provide urine and/or alternative (saliva, hair, etc.) specimens when directed and authorize the district to have the specimens tested for illegal drugs, performance-enhancing drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Cole R-1 School District and to my parents/guardians.

Student Signature

Date

I, _____, [name of parent/guardian] have received, read, understand and agree to abide by the Cole R-1 School District drug testing policy and procedures. As a condition of my student's participation in covered activities and privileges in the Cole R-1 School District, I authorize the district to collect urine and/or alternative (saliva, hair, etc.) specimens from my student and authorize the district to have the specimens tested for illegal drugs, performance-enhancing drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Cole R-1 School District.

Signature of Parent/Guardian

Date

This consent form will remain in effect for the duration of the student's enrollment within the Cole R-1 School District, unless revoked in writing by the parent/guardian.

* * * * *

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

Implemented: Russellville

High School 13600 HWY C

Russellville, MO 65074

ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2020

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$16,588	\$1,383	\$319	\$23,606	\$1,968	\$454
2	22,412	1,868	431	31,894	2,658	614
3	28,236	2,353	543	40,182	3,349	773
4	34,060	2,839	655	48,470	4,040	933
5	39,884	3,324	767	56,758	4,730	1,092
6	45,708	3,809	879	65,046	5,421	1,251
7	51,532	4,295	991	73,334	6,112	1,411
8	57,356	4,780	1,103	81,622	6,802	1,570
Each add'l member	+ 5,824	+ 486	+ 112	+ 8,288	+ 691	+ 160

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Gross Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers.

Foster Children whose care and placement is the responsibility of the State, or who is placed by a court with a caretaker household, is categorically eligible for free meals and may be certified without an application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non-foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Children for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

LETTER TO PARENTS

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Cole County R-I School District offers healthy meals every school day. Breakfast costs EL- \$1.45, MS- \$1.55, HS \$ 1.55; lunch costs EL - \$ 2.20, MS - \$ 2.50, HS - \$2.50. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the **Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP)**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Annually	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
For each add'l person add	+ 8,288	+ 691	+ 160

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Lucas Morris, Counselor, 573-782-3045, lmorris@coler1indians.org.**

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Charlotte Dewrock, 13600 Rt. C, Russellville, MO, cdewrock@coler1indians.org.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Charlotte Dewrock, 13600 Rt. C, Russellville, MO 65074 or cdewrock@coler1indians.org immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: PERRY GORRELL, SUPERINTENDENT, 13600 RT. C, JEFFERSON CITY, MO 65074, 573-782-3534

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local

If you have other questions or need help, call 573-782-3534

Sincerely,

Perry Gorrell, Superintendent

USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

DIRECT CERTIFICATION ELIGIBILITY
NATIONAL SCHOOL LUNCH /SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

Cole County R-I School is participating in the Direct Certification program. Direct Certification means that children who are from families currently approved for SNAP, TANF or Foster can be automatically approved for free meals at schools under the National School Lunch Program and the School Breakfast Program.

Each student listed below has been approved for free meals during the 2020-2021 school year, based on his/her eligibility for SNAP, TANF or Foster.

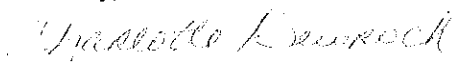
Name of Child	Name of School

If there are other children in your household who aren't listed above, contact the school the children attend, they may qualify for free meals. SNAP/TANF benefits may be extended to other household members. Foster students do not extend eligibility to other members of the household.

Please KEEP THIS LETTER for your records. Do not return it to the school.

If for some reason you do not want your child(ren) to receive free meals or if you have any questions, please contact your child's school immediately.

Sincerely,


Charlotte Dewrock

USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Cole County R-I. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Charlotte Dewrock, Determining Official, 13600 Rt. C, Russellville, MO 65074 or cdewrock@colerindians.org.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12			
<p>Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> • Children age 18 or under AND are supported with the household's income; • In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; • Students attending, EL, MS or regardless of age. 			
<p>List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>Building name/Grade. If child is a student, list building name and grade.</p>	<p>Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>	<p>Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.</p>
STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?			
<p>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</p> <ul style="list-style-type: none"> • The Supplemental Nutrition Assistance Program (SNAP) • Temporary Assistance for Needy Families (TANF) • The Food Distribution Program on Indian Reservations (FDPIR). 			
<p>If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636 or Cole County FSD Office 1-855-373-4636. • Go to STEP 4. 		
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS			
<p>How do I report my income?</p> <ul style="list-style-type: none"> • Use the charts titled "<u>Sources of Income for Adults</u>" and "<u>Sources of Income for Children</u>," printed on the back side of the application form to determine if your household has income to report. • Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. <ul style="list-style-type: none"> ○ Gross income is the total income received before taxes ○ Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay. <p style="text-align: right;">(Information follows on the reverse side.)</p>			

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.

- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1**.

List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in **STEP 1**. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3**, part A.

Report earnings from work. Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

Report income from pensions/retirement/all other income.
Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

Print and sign your name and write today's date.
Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Mail Completed
Form to: Cole Co. R-1
School District,
13600 Rt. C,
Russellville, MO
65074

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.