



Slater School District  
515 Elm  
Slater MO 65349  
660.529.2278

**Student Name:** First, Middle, Last                      **Grade**                      **Gender**                      **Age**                      **DOB**

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**Social Security Number:**                      **Ethnicity**                      **Race** (Please circle all that apply)  
(Optional/A+ Required)                      Hispanic                      Asian      Black      Hispanic      White  
\_\_\_\_\_                      Non-Hispanic                      Native American/Eskimo      Native Hawaiian/Pacific Islander

**Student's Primary Language (Please circle one):**                      **Military Family: (Please circle one)**  
English      Spanish      Other:                      YES                      NO

**Student's Physical Address:** \_\_\_\_\_  
**Street Address:**                      **Apartment Number:**                      **City, State, Zip**

**Home Phone:** \_\_\_\_\_                      **Parent Cell Phone:** \_\_\_\_\_

**Parent Email Address (required):** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_                      **Phone Number:** \_\_\_\_\_

**In the event of snow days and/or quarantine, what is your preferred method for Alternative Learning Education (Please Circle One):**      Online                      Packet

**Do you have the following in your home (Please Circle all that Apply):**      Desktop      Laptop      Tablet

**NOTE: IN ORDER TO BE A RESIDENT OF A SLATER SCHOOL DISTRICT, A MINOR STUDENT (UNDER 18) MUST RESIDE WITHIN THE SCHOOL DISTRICT AND THE CHILD'S PARENT OR COURT APPOINTED GUARDIAN MUST ALSO RESIDE WITHIN THE SCHOL DISTRICT. STUDENTS 18 OR OLDER MUST RESIDE WITHIN THE DISTRICT TO BE RESIDENT STUDENTS. NON-RESIDENT STUDENT MAY BE ELIGILBE TO ATTEND UNDER DETERMINING CIRCUMSTANCES.**

**Home School District:** \_\_\_\_\_                      **Resident**                      **Non-Resident**

**Proof of Residency Document (tax receipt, utility bill, etc)** \_\_\_\_\_

**Name, Age and Grade of All Children Living at Home:**

- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_

\_\_\_\_ Yes, I have a child under the age of 5 years and am interested in more information about the Parents as Teachers Program

**Primary Contact Information (Parent/Guardian 1 Contact)**

**Contact Type (Circle One):**

Parent/Guardian/Other

**Contact Name:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Employer:**

\_\_\_\_\_

**Relationship to Student (Circle One):**

Mother

Father

Other

**Circle all correspondence this contact should receive:**

Schedules

Medical Letters

Discipline Letters

Report Cards

Attendance Letters

**Employer Phone:**

\_\_\_\_\_

**Additional Contact Information (Parent/Guardian 2 Contact)**

**Contact Type (Circle One):**

Parent/Guardian/Other

**Contact Name:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Employer:**

\_\_\_\_\_

**Relationship to Student (Circle One):**

Mother

Father

Other

**Circle all correspondence this contact should receive:**

Schedules

Medical Letters

Discipline Letters

Report Cards

Attendance Letters

**Employer Phone:**

\_\_\_\_\_

**Emergency Contact 1:**

**Name/Relationship:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Home Phone**

\_\_\_\_\_

**Work Phone:**

\_\_\_\_\_

**Emergency Contact 2:**

**Name/Relationship:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Home Phone:**

\_\_\_\_\_

**Work Phone:**

\_\_\_\_\_

**Emergency Contact 3:**

**Name/Relationship:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Home Phone:**

\_\_\_\_\_

**Work Phone:**

\_\_\_\_\_

**After School Plan for students grades K-5 (Please explain how your student(s) will typically go home and with whom):**

\_\_\_\_\_

**Additional Information**

1. Does this student have, or has the student ever had, and Individual Education Plan (IEP) and is receiving, or ever received, special education services?

YES                      NO                      If yes, please describe and provide a copy of current IEP:

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

YES                      NO                      If yes, please describe:

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

YES                      NO                      If yes, please describe:

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4. Does this student receive and support from community agencies (i.e. Saline County Family Resources, DYS, Mental Health Agencies, etc.)?

YES                      NO                      If yes, please describe:

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5. Has the student ever been retained?      YES      NO                      If yes, what grade \_\_\_\_\_

6. Has the student ever been under the jurisdiction of the Family or Juvenile Court?      YES      NO

7. Is the student currently or has the student ever been suspended or expelled from any public, private or parochial school?      YES      NO

If yes, please list school and date of expulsion or suspension: \_\_\_\_\_

8. Has the student ever been in attendance at Slater School District?      YES      NO

9. Have you moved in the past three (3) years to seek/obtain temporary or seasonal work in farm related jobs such as harvesting/planting crops, feeding or processing poultry, beef, swine, dairy products, or fish?

YES      NO      If yes, please describe: \_\_\_\_\_

**HOME LANGUAGE SURVEY**

- |   |         |         |       |
|---|---------|---------|-------|
| 1. What is the student's native language?                 | English | Spanish | Other |
| 2. What language does the student speak most of the time? | English | Spanish | Other |
| 3. What language do parents speak most of the time?       | English | Spanish | Other |
| 4. What language do other people in the home speak?       | English | Spanish | Other |

**STUDENT HEALTH INFORMATION**

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

**Name of Insurance Company:** \_\_\_\_\_

**Type of Insurance (please circle):** None    Employer Provided    Self Pay    Straight Medicaid    Medicaid MC+  
If MC+, which plan? \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Well Child Exam in the Last Year:    YES                      NO

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Dental Exam in the Last Year:    YES                      NO

**My Child has Health Concerns:** YES                      NO

**My Child has the following special health concerns (please circle all that apply):**

**EYES:** Glasses    Reading    Distance    Contacts    Lazy Eye    Difficulty Seeing    Surgery

**EARS:** Frequent Infections    Tubes date inserted \_\_\_\_\_

Difficulty Hearing (please explain) \_\_\_\_\_

**Allergies (drugs, food, insects, pollens) Please list:** \_\_\_\_\_

**Seizures:** YES    NO    If yes, describe seizure: \_\_\_\_\_

Date of last seizure \_\_\_\_\_ Medication \_\_\_\_\_

**Attention Deficit Disorder (ADD/ADHD)** YES    NO

**Other Health Concerns (Please circle all that apply)** Diabetes    Bleeding    Eating    Sleeping    Bowels

Nose Bleeds    Bladder    Dental    Skin    Menstruation    Phobias    Blood Pressure    Lungs

Orthopedic    Neurologic    Headaches    Blood Disorder, Explain \_\_\_\_\_

**Other illness, injury or health problems which might affect performance at school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Health Concerns (specify):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate any physical condition which would restrict student from participating in physical education:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications (medications to be administered at school MUST HAVE a physician's order—Contact school nurse for medication form)**

Does student take daily medications at home? YES NO At School? YES NO

Allergic to any drugs? YES NO If yes, please list \_\_\_\_\_

**Medications taken at school:**

Name of Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

School Age Children (K-12): Missouri State Law, Section 1873181, RSMo 19 CSR 20-28.010 Immunization Rule requires school age children to be appropriately immunized or exempted in order to enroll in or attend school. Revised 1996

Please **initial** according to the permissions that you are granting. Permission will only be granted to those that are initialed.

\_\_\_\_\_ My student will comply with the **Slater Technology Use Agreement**. Please visit [slatermo.apptegy.us/o/district](http://slatermo.apptegy.us/o/district) for an online copy of the technology agreement.

\_\_\_\_\_ My student will comply with the **Slater School District Activity Handbook**. Please visit [slatermo.apptegy.us/o/district](http://slatermo.apptegy.us/o/district) for an online copy of the activity handbook.

\_\_\_\_\_ My student will comply with **Student/Parent Handbook**. Please visit [slatermo.apptegy.us/o/district](http://slatermo.apptegy.us/o/district) for an online copy of the Student/Parent Handbook.

\_\_\_\_\_ **Slater School District** has my permission to publish my student's name in local media, school publications and district social media.

\_\_\_\_\_ **Slater School District** has my permission to publish my child's photo in local media, school publications and district social media.

\_\_\_\_\_ The office may give the following medications to my student(s). Please circle the following that apply:

**TYLENOL      IBUPROFEN      TUMS      BENADRYL**

Please circle the school district you are living in. If anytime during the year you move out of district, please notify the appropriate office immediately.

**SLATER              OREARVILLE              GILLIAM C4              HARDEMAN RX              MIAMI RI**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT-STUDENT-SCHOOL LEARNING COMPACT  
ALEXANDER ELEMENTARY SCHOOL  
SLATER SCHOOL DISTRICT**

Parent/Caring Adult \_\_\_\_\_ Date \_\_\_\_\_

I understand that participation in my child's education will help his/her achievement and attitude. I agree to carry out the following responsibilities:

1. Provide a quiet place/time to do schoolwork and encourage my child to complete schoolwork.
2. Make sure my child gets adequate sleep and has a healthy diet.
3. Make sure my child is at school on time every day possible.
4. Spend at least fifteen minutes each day reading with my child or ensure that my child reads and writes on a daily basis.
5. Contact the school with any questions or concerns

Student \_\_\_\_\_ Date \_\_\_\_\_

I know my education is important to me. It will help me become a better person. I agree to the following:

1. Return completed school work on time.
2. Be at school on time
3. Be responsible for my own behavior
4. Help to keep my school safe.
5. Respect and cooperate with other students and adults.

Teacher \_\_\_\_\_ Date \_\_\_\_\_

I understand the importance of the school experience to every student and my role as a teacher. I agree to carry out the following responsibilities:

1. Teach necessary concepts to your child.
2. Be aware of the needs of your child.
3. Regularly communicate with you or your child's progress.
4. Provide a safe, positive and healthy learning environment for your child.
5. Respect the cultural differences of my students and their families





## CHROMEBOOK AGREEMENT

Slater School District student's grades 2-12 will have access to Google Chromebooks for use in school. This document provides students and their parents/guardians with information about taking care of the equipment, using it to complete assignments, procedures for loss or damage, and being a good digital citizen.

Students and their parents/guardians are reminded that use of district technology is a privilege and not a right and users of the electronic devices must adhere to the Slater School District Technology Agreement. Inappropriate use of District technology may result in limited or banned computer use and/or disciplinary action as outlined in the Student Handbook.

Responsibility for the Chromebook:

- \*Treat your device with care and never leave it in an unsecured location.
- \*Use only the device that is assigned to you. DO NOT let other students use or borrow your device.
- \*If you notice that something is wrong with the device, report to your teacher immediately.
- \*Students will use their district assigned log in and email accounts for the Chromebooks.
- \*Do not remove or interfere with the serial number or other identification tags.
- \*Student should not personalize their devices including decals, sticker, downloading any software, application or short cuts that have not been allowed by the teacher.
- \*No food or drink allowed around the devices.
- \*Students will log off and shut down their Chromebook at the end of each day and return to their assigned charging stations.
- \*Data will be stored through the district's student server and/or Google Doc account.
- \*Loss, breakage or theft of the device will be the responsibility of the student and will result in the student being charged the full \$260.00 replacement cost.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

By signing this document, I understand and will abide by the above guidelines. I further understand that any violation is unethical and may result in the loss of my network and/or technology privileges as well as other disciplinary action.



# Registration Assessment

The following questions apply to your enrolled student. Responses are confidential and private information will be used to properly allocate and link services only. Statistical information, without personal and private information, will be gathered for documentation of district need. Please complete ONE FORM PER ENROLLED STUDENT.

\* Required

*Skips to question 20/14 to question 7*

## Student Information

Thank you for your time and consideration of the following questions.

Sometimes families find themselves in difficult situations and may need extra assistance. We are available as a source of support during these difficult and stressful times. If we cannot give direct assistance, we will try to connect you with other resources for assistance. Please contact us if, at anytime, you need assistance in any situation., emergency/crisis, or otherwise.

1. Student Name\* First and last name (Please list ALL of your student(s) first and last name/current age/grade) \*

.....

2. What is your student's current age?\* \*

.....

## 3. Grade\* \*

Mark only one oval.

- PreK
- Kindergarten
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Internet

## 4. Do you have internet access at home? \*

Mark only one oval.

- Yes
- No

5. Do you have a desktop computer or laptop at home on which your student(s) can access the internet?

*Mark only one oval.*

Yes

No

6. Number of desktop computers available for your student(s) to use?

.....

7. Number of laptops available for your student(s) to use?

.....

### Healthcare

8. Does your child have health insurance coverage? \*

*Mark only one oval.*

Yes

No

## 9. If "Yes," in what health plan is your child currently enrolled? \*

Check "No Coverage" if your child is not currently insured.

*Check all that apply.*

- No coverage
- Missouri Care
- United Healthcare
- Straight Medicaid (For children with disabilities only)
- Private Insurance- Please list company below
- TRICARE
- Home State Health

## 10. If you have private insurance, please list the provider below:

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## 11. If "No," Would you like help in applying for coverage for your child? \*

*Mark only one oval.*

- Yes
- No
- Not Applicable

### Food Availability

## 12. Does your family currently receive SNAP (Food Stamp) benefits? \*

*Mark only one oval.*

- Yes
- No

13. If "No," do you need assistance in applying for benefits? If you already have benefits or do not need them, choose "not applicable." \*

*Mark only one oval.*

- Yes
- No
- Not applicable

14. Would you like help obtaining food for your family? \*

*Mark only one oval.*

- Yes
- No

15. Did your child participate in the summer food program at the park, at school, or at the Slater Housing Authority? \*

*Mark only one oval.*

- Yes
- No

## Housing

16. Are you (Student) sharing the housing of other persons (grandparent, aunt, uncle, friend, etc.) due to loss of housing, economic hardship, or similar reason? \*

*Mark only one oval.*

- Yes
- No

17. Do you (Student) currently reside at a motel/hotel, in a car, or at a campsite because your home has been damaged, or due to economic reasons? \*

*Mark only one oval.*

Yes

No

18. Do you (Student) currently reside in a location that is not appropriate for people to sleep? \*

*Mark only one oval.*

Yes

No

19. Are you (Student) currently residing in an emergency or transitional shelter? \*

*Mark only one oval.*

Yes

No

20. Have you moved in the past three (3) years to seek/obtain temporary or seasonal work in farm related jobs such as harvesting/planting crops, feeding or processing poultry, beef, hogs and dairy products, or fishing? \*

*Mark only one oval.*

Yes

No



21. Do you have any other housing or concern about your living condition that you would like assistance with? \*

Mark only one oval.

Yes

No

22. If you answered "Yes" to the question above, please list your housing concern below:

Text area for listing housing concerns with horizontal lines.

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