



Slater School District  
515 Elm  
Slater MO 65349  
660.529.2278

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

**Social Security Number:** (Optional/A+ Required)      **Ethnicity**      **Race** (Please check all that apply)

Hispanic      Asian      Black      Hispanic      White  
Non-Hispanic      Native American/Eskimo      Native Hawaiian/Pacific Islander

**Student's Primary Language (Please check one):**      **Military Family: (Please check 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 Check One):**      Online      Packet

**Do you have the following in your home (Please Check 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 SCHOOL DISTRICT. STUDENTS 18 OR OLDER MUST RESIDE WITHIN THE DISTRICT TO BE RESIDENT STUDENTS. NON-RESIDENT STUDENT MAY BE ELIGIBLE 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 (Check One):**

Parent/    Guardian/    Other

**Contact Name:**

\_\_\_\_\_

**Employer:** \_\_\_\_\_

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

Mother                  Father                  Other

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

Schedules      Medical Letters      Discipline Letters

Report Cards      Attendance Letters

**Employer Phone:** \_\_\_\_\_

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

**Contact Type (Check One):**

Parent/    Guardian/    Other

**Contact Name:**

\_\_\_\_\_

**Employer:** \_\_\_\_\_

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

Mother                  Father                  Other

**Check 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 student's 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 check):**   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 check 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 check 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** 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** for an online copy of the activity handbook.

\_\_\_\_\_ My student will comply with **Student/Parent Handbook**. Please visit **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.

\_\_\_\_\_ My **high school student(s)** has my permission to **leave** the school grounds for lunch for the purpose of going home or dining off campus. I also assume responsibility for the child during this period of time. Absenteeism or tardiness could result in this privilege being revoked.

\_\_\_\_\_ The office may give the following medications to my student(s). Please check the following that apply: **TYLENOL** **IBUPROFEN** **TUMS** **BENADRYL**

**HS Only:**

Vehicle Color/Make/Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Please check 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** \_\_\_\_\_

## CHROMEBOOK AGREEMENT

Slater School District students 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.