

# Grandview

**ELEMENTARY SCHOOL**  
Dedicated to Relevant ◀ Challenging Learning



## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Date of Request \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL TRANSFERRING FROM: PLEASE FAX RECORDS OR EMAIL THEM TO:  
Fax: 636-944-3870 Email: [schuha@grandviewr2.org](mailto:schuha@grandviewr2.org)

Name \_\_\_\_\_

FAX # \_\_\_\_\_ PHONE # \_\_\_\_\_

We are in the process of enrolling this student in our school and would appreciate receiving the following information from you so that we may meet the needs of the student in a timely manner.

- Grades up to and at the time of withdrawal (transcripts) - explanation of grading scale
- Attendance records including the last date of attendance
- Cumulative Permanent School Record
- Psychological Records
- Standard Achievement Test Results
- Health Data (Immunizations)
- All Special Services information including IEP, Eligibility Report or 504 Plan
- Safe School Report or other discipline information including suspension/expulsions

The above named student wishes to enroll in our school. The written release of school records to other school systems in which the student seeks or intends to enroll is not required by PL90-246. This transfer is provided for in the Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. The new regulations no longer require an acknowledgement from the parent or eligible student that he or she has received notification before records may be released to other educational institutions (99.34).

Comments:

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

School Official \_\_\_\_\_ Title \_\_\_\_\_

Signature of Parent or Legal Guardian (Optional) \_\_\_\_\_

11470 Hwy C Hillsboro, MO 63050

**New Student Enrollment Information**

<i>Office Use Only</i>				
State MOSIS Number _____			Enrollment Date _____	
<input type="checkbox"/> Resident /	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Lonedell	<input type="checkbox"/> Richwoods	<input type="checkbox"/> Sunrise

**Parent/Guardian Information**

**Primary Household** – Parent/Guardian with whom student resides (circle if parent or guardian)

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/Zip code \_\_\_\_\_

Home Phone landline # - (leave blank if no landline) \_\_\_\_\_

Dad Cell _____	Dad work _____	Mom cell _____	Mom work _____
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Dad's Employers' name \_\_\_\_\_ Mom's Employer's name \_\_\_\_\_

Dad's email address \_\_\_\_\_ Mom's email address \_\_\_\_\_

**Secondary Household** – other parent/guardian with whom the student **DOES NOT** reside  Would like to receive mailings

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip code \_\_\_\_\_

Home Phone landline # - (leave blank if no landline) \_\_\_\_\_ Cell \_\_\_\_\_ Employer & Work phone \_\_\_\_\_

Email address \_\_\_\_\_

**Student Information**

Student's Full Legal Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Gender  Male  Female \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Student cell phone number \_\_\_\_\_

**Ethnicity:** (CHECK ONE)  Hispanic  Non-Hispanic

**Race:** (CHECK ONE) or more *regardless of Ethnicity*

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> White                     | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian    |

Is the student a foster child?  Yes  No If yes, please complete the MO Dept Social Services Form or provide the placement letter.  
A complete original copy of any legal documents/court orders pertaining to the student must be presented.  
(ex. Divorce decrees, custody, parenting plan, restraining order, etc.)

**Please list 3 contacts (other than Parent) that have permission to pick up and sign out the student from school.**

1. Name \_\_\_\_\_ # \_\_\_\_\_ relationship \_\_\_\_\_  
2. Name \_\_\_\_\_ # \_\_\_\_\_ relationship \_\_\_\_\_  
3. Name \_\_\_\_\_ # \_\_\_\_\_ relationship \_\_\_\_\_

**Other children in household**

- Name \_\_\_\_\_ Grade/Age \_\_\_\_\_  
Name \_\_\_\_\_ Grade/Age \_\_\_\_\_  
Name \_\_\_\_\_ Grade/Age \_\_\_\_\_  
Name \_\_\_\_\_ Grade/Age \_\_\_\_\_

**Identify All Schools Previously Attended.**

Grade(s)	School	District	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has the student ever attended Grandview before  Yes  No If Yes: When? \_\_\_\_\_ Grade(s)? \_\_\_\_\_  
Has the student ever been retained?  Yes  No If Yes: What Grade? \_\_\_\_\_

Does the student have a current Individual Education Plan (IEP) for Special Education Services?  Yes  No

Does the student have a Section 504 Individualized Accommodation Plan?  Yes  No

Has the student participated in a Gifted Program?  Yes  No

Has the student received remedial reading services?  Yes  No

Is the student receiving any other services (such as: speech, occupational therapy, remedial math)?

Yes \_\_\_\_\_  No

(please list services)

Is the student currently under suspension, expulsion and/or pending disciplinary action from previous school?

Yes (Please list reason) \_\_\_\_\_  No

**Home Language**

Is English the language that is predominantly spoken in the home?  Yes  No

Does the student speak a language other than English?  Yes If yes: language spoken \_\_\_\_\_  No

Does or has the student received ESL (English as Second Language) Services? If yes, date entered the U.S. \_\_\_\_\_

**Current Living Situation – Please check the box(es) that apply. All information will be kept confidential.**

The Title X McKinney-Vento Assistance Act protects the educational rights of students that are experiencing homelessness.

- in a shelter (emergency housing or safe house)  living with friends/extended family members due to loss of housing  
 in a transitional housing program  unaccompanied youth (not in the physical custody of parent/guardian)  
 in a motel, hotel, car, or campsite  inadequate housing (lacks kitchen or bathroom facilities)

**Federal Migratory Worker Survey**

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

Yes  No Has either parent or guardian or the student or student's spouse, been employed within the past three years (or currently employed) in some form of temporary or seasonal agricultural or agricultural-related work such as : planting or harvesting crops (vegetables, fruits, cotton, etc.); transporting farm products to market: feeding or processing poultry, beef, hogs; gathering eggs or working in hatcheries; working on a dairy farm or catfish farm, cutting firewood or logs to sell; landscaping?

**SCHOOLREACH: SCHOOL MESSENGER:** (instant message) *will automatically contact your HOME phone (landline)* should we dismiss early due to snow or in the event of an emergency. Two additional back-up numbers can be called to deliver a message. If you do not wish to provide additional numbers, you will only be contacted at the home (landline) number.

\_\_\_\_\_

Additional Number 1

\_\_\_\_\_

Additional Number 2

I certify that I am the legal parent/guardian of the student being enrolled and that the information listed is current and accurate. Any person submitting false information relating to residency is defined as a Class A misdemeanor. The school board may institute a civil action suit to recover costs of education for any student whose registration was based on false information.

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

## Parent Portal Access

The Grandview R-II School District has implemented a Student Information System. Part of this system enables us to provide you with Internet access to your child's school information such as attendance, lunch accounts, and grade information. Once we enter your application into the system, you will be able to access this information by following the link and password information provided to you via email.

We need one or more email addresses to enter into the database for each adult wishing to access the secured site. Your email address will be your user access ID and the system will automatically generate and email you a password for each registered account. Upon receipt of your password you will be able to access the Parent Portal of the Grandview R-II School SIS.

The screens are easy to use and contain access to a help system should you require assistance navigating the site. We consider this information to be private for you and your child and suggest that you protect your password in order to prevent unauthorized people from viewing these pages. We encourage you to stay in contact with the school regarding your child's education and attendance and this link is to be considered a supplemental tool for you to stay in touch. It is not to be considered a replacement for personal contact with all of our students and their families.

The *Application for Parent Portal Access* form should be filled out if you are interested in registering for this service. If you do not have Internet access in your home, you can access this site from work or any public access site, such as a library. If you do not have an email account you can get a free one at [www.hotmail.com](http://www.hotmail.com) or [www.yahoo.com](http://www.yahoo.com)

Check Here if you have already enrolled for parent portal access or have provided it in the above primary household section.

### Application for Parent Portal Access

1. Name of Parent/Guardian: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Name of Parent/Guardian: \_\_\_\_\_

Email address: \_\_\_\_\_

Please list students in your *household*:

Student - (Last, First name)	GRADE

I understand that this service is supplied as a convenience and that the information is secured. I understand that the District may revoke this privilege at any time should abuse of the system occur.

Signed \_\_\_\_\_  
Parent/Guardian 1

Signed \_\_\_\_\_  
Parent/Guardian 2

Admission and Withdrawal

Affidavit Regarding Prior Discipline

**OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE  
TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT**

I, \_\_\_\_\_ having been duly sworn upon my oath,  
Parent/Guardian

or having affirmed that I will tell the truth, do hereby state and depose as follows:

I am the parent/guardian, or other person having custody or charge of

\_\_\_\_\_, a student seeking to enroll in  
Student

**Grandview R-II School District** and am legally authorized to make educational  
decisions for the Student.

I hereby certify as follows: (Check one, and provide all additional information requested.

**WARNING:** Under Missouri law, the failure to provide true, accurate, and complete information to each and every question and subpart thereto may result in your being charged with and convicted of a Class B misdemeanor.)

\_\_\_\_\_ The Student **has never been suspended or expelled** from any school in this state or any other state for any offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

\_\_\_\_\_ The Student **has been suspended and/or expelled** from school in this state or another state for one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

For each and every suspension and/or expulsion, provide the following information (request additional information sheets, if necessary):

1. Name and Address of School District
  
2. Name of School
  
3. Nature of Offense
  
4. Date of Offense
  
5. Date Suspension/Expulsion Began
  
6. Date Suspension/Expulsion Ended/Is Scheduled to End.

I hereby certify that I have provided true, complete, and accurate information for each and every suspension and/or expulsion imposed upon the Student for each and every offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

I hereby swear or affirm that all information I have provided in this document is true, accurate and complete to the best of my knowledge.

I understand that if I have provided any false information in this document that I may be charged with and convicted of a Class B misdemeanor.

I also understand that this registration document will be maintained as part of the Student's permanent scholastic record.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## GRANDVIEW R-2 STUDENT HEALTH INFORMATION

Please use blue or black ink to complete form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ School Bus # \_\_\_\_\_

Child lives with (please circle) - Mother Father Stepmother Stepfather Grandparents Other \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Since the care and treatment of the student is primarily the responsibility of the parent, every effort will be made to contact the parent first.**

Please list ***other substitute contacts*** who can be contacted regarding the student's care in the event the parent cannot be reached. **PLEASE NOTE: Only those listed below will be permitted to pick your child up in case of illness or emergency.**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

List anyone who is NOT PERMITTED to visit/pick up your child from school. Are court order custody papers on file in the office? Y N

Name: \_\_\_\_\_ Name: \_\_\_\_\_

### AUTHORIZATION FORM

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

I hereby authorize the emergency treatment of anesthesia and surgical treatment for my minor child in the event of an emergency medication situation occurring during my absence or when school hospital/medical authorities are unable to contact me. I release from responsibility and liability, hospital/medical authorities for performing medical procedures deemed necessary during my absence.

I do not wish my child to receive emergency medical/treatment administered at a hospital/medical center in my absence.

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_



# GRANDVIEW R-2 STUDENT HEALTH INVENTORY

NAME \_\_\_\_\_

GRADE \_\_\_\_\_

May your child be given Tylenol? Yes \_\_\_\_\_ No \_\_\_\_\_

May your child be given Tums? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have:

Allergies Y N To drugs, foods, insects, pollen, animals? Please list \_\_\_\_\_

Describe reaction: \_\_\_\_\_

Asthma Y N Difficult breathing? Y N Need emergency medication? Y N

Triggered by: \_\_\_\_\_

Treatment: \_\_\_\_\_

Carries inhaler? Y N Required paperwork completed? Y N

Diagnosed by physician: \_\_\_\_\_ Date: \_\_\_\_\_

Diabetes Y N Takes Insulin? Y N Type: \_\_\_\_\_

Insulin Pump: \_\_\_\_\_

Epilepsy/Seizures Y N Describe Seizure: \_\_\_\_\_

Date of most recent seizure: \_\_\_\_\_ Medication: \_\_\_\_\_

Heart Condition Y N Describe: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Other concerns? \_\_\_\_\_

Daily Medications: At Home? Y N List medication/dosage/time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

School Meds? Y N List medication/dosage/time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Glasses/Contacts (circle one if appropriate) Date of last exam: \_\_\_\_\_

The above information may be shared with other school personnel on a need to know basis.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**Student Educational Records**

**FERPA Notice of Designation of Directory Information**

**NOTICE OF DESIGNATION OF DIRECTORY INFORMATION**

Dear Parents and Guardians:

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Grandview School District, with certain exceptions, obtains your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the Grandview School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Grandview School District to include this type of information from your child's educational records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you **do not** want the Grandview School District to disclose directory information from your child's educational records without your prior written consent, you must notify the District in writing by *October 31, 2018*. The Grandview School District has designated the following information as directory information:

***[THE FOLLOWING ARE SUGGESTED INCLUSIONS. IF A DISTRICT WISHES TO ADD OR DELETE, IT SHOULD CONSULT WITH ITS LEGAL COUNSEL.]***

- |                           |  |
|---------------------------|--|
| ▪ Student's name          | ▪ Grade Level  |
| ▪ Address                 | ▪ Participation in officially recognized activities and sports |
| ▪ Telephone listing       | ▪ Weight and height of members of athletic teams               |
| ▪ Photograph              | ▪ Degrees, honors and awards received                          |
| ▪ Date and place of birth |  |
| ▪ Dates of attendance     |  |

October 15, 2018

Dear Parents/Guardians,

Grandview teachers and instructional staff are dedicated to providing an individualized approach to reading that helps all students succeed and grow in their skills. This letter provides information about our district's efforts to identify all students who may need individualized instruction to meet grade-level expectations in reading. Beginning this year, all students in grades K-3 will complete screening tests provided by iReady, in addition to other district-selected assessments. These screeners not only help our educators identify areas of reading difficulty for individual students, but they also meet the new mandate that is in place for Missouri schools, which requires that:

\*All students in grades K-3 must be screened for components of dyslexia.

\*Any student in grades 4-12 may be screened at the request of a parent or teacher.

\*All instructional staff will receive two hours of training on dyslexia.

\*Schools will communicate with parents/guardians regarding the interventions created for their student as a result of screening.

For detailed information about this state mandate from the Missouri Department of Elementary and Secondary Education, [click here](#).

These screeners will not tell us if your child has dyslexia; however, they will provide valuable information about your child's reading level to his or her teacher and our team of educators so we can plan for further instructional support if necessary.

All students in grades K-3 will be assessed this fall, with additional testing in the winter and spring for students who do not meet the benchmark score. If a child does meet the benchmark scores during the first test administration, he or she will not be tested again unless a teacher and/or parent recommends additional testing.

If you have questions about your child's school performance, or screening scores, please contact your child's teacher. We look forward to working with your child this school year.

Sincerely,

Mr. Matt Zoph  
Superintendent  
Grandview R-II Schools

Grandview R2 School District  
Computer/Internet Access Acceptable Use Policy  
Student

Internet access is available to students and teachers in the Grandview R2 School District through the Missouri Research and Educational Network (MOREnet), a state funded educational Internet access program. The goal of the Grandview R2 School District in providing Internet services to students and teachers is to promote educational excellence by facilitating resources sharing, research, innovations, and communication.

Information Content & Uses of the System: Along with national and international access to computers, people, and information valuable to the education process comes availability of material that may not be considered of educational values in a school setting. The Grandview R2 School District takes precautions to restrict access to controversial materials by teaching students responsible computer and Internet use, and through the possible utilization of "firewall" software, block student access to inappropriate materials. Users are advised that some sites may contain defamatory, inaccurate, abusive, obscene, sexually oriented, threatening, offensive, or illegal material. Grandview R2 School District does not condone the use of such materials and does not permit usage of such materials in the school environment. Users knowingly bringing such materials into the school environment may be subject to disciplinary action. Use of the Grandview R2 School District internet connection is an education privilege, not a right. Commercial uses of the system are strictly prohibited. Inappropriate use of computers, software, or the Internet will result in cancellation of these privileges.

Users may not attempt to copy, disclose, transfer, change, or delete information or programs belonging to another user. Do not use another person's account, disclose passwords or attempt to log in as an administrator.

Names OR pictures of students may be used on web pages and electronic correspondence but will never be linked together.

The District will not tolerate any form of cyber bullying through the use of electronic communications. Anyone who engages in this will be in violation of this agreement and subject to disciplinary action.

In addition, Grandview R2 School District reserves the right to inspect any material stored in files, whether obtained from the schools system or brought in from other sources, and will delete any material believed to be inappropriate.

Copyrighted Material: Grandview R2 School District expects Students to be familiar with copyright law and ethical use of copyrighted materials. Copyrighted material must not be placed on any system connected to the Grand without the author's permission. Users may download copyrighted material for their own use. Reproductions of copyrighted material is strictly forbidden without authorization of the author. Illegal (pirated) software will not be allowed on the System under any circumstances.

Your signature indicates you agree to the terms and conditions of this document and understand its significance.

Grades PK-5

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_