

Skyline Schools New Student Enrollment Checklist

Please bring the following information:

- Birth Certificate
- Social Security Card
- Shot Records
- IEP (if applicable)
- High School Transcript
- Proof of Residency (Real Estate Tax Receipt, Utility Bill)

For office:

- Assign Locker
- Bus Route

Hickory County R-1 Skyline Schools
20663 US Highway 65, Urbana, Missouri 65767

Mr. Jason Pursley
Superintendent

Mr. Kevin Cheek
9-12 Principal

Mrs. Kelli Cheek
9-12 Counselor

Jill Blankenship
H.S. Secretary/Registrar
jblankenship@skylineschools.net

Request for Release of Student Records

We are requesting records for:

Student's Name: _____

Grade: _____

Date of Enrollment: _____

Date of Birth: _____

Parent/Guardian Phone Number: _____

The following information should be included:

- ✓ **Academic Records** (Grades & Achievement Test Scores)
- ✓ **Health & Immunization Records**
- ✓ **All High School Attendance Records**
- ✓ **High School Discipline Records**
- ✓ **Psychological/Education Testing**
- ✓ **A+ records if applicable (High School only)**
- ✓✓✓ **SPECIAL EDUCATION RECORDS** Including Current I.E.P & Evaluation Information.
(If needed, please forward this request on to the appropriate office in the district.)

Records for students 9th through 12th Grades should be sent to:

Hickory County R-1, ATTN: Jill Blankenship, Registrar, 20663 US Highway 65, Urbana, Missouri 65767
Phone: 417-993-4226, Fax: 417-993-5947 jblankenship@skylineschools.net

Previous School Attended

School Name: _____

Address: _____

City, State & Zip: _____

Phone/Fax Number: _____

Skyline Schools

New Student Enrollment

Student's Social Security #:

Date Entered:

Must have

Name:

Boy Girl

First

Middle

Last

Home Address:

City

State

Zip

Home Phone #

County you reside in:

Date of Birth:

Place of Birth:

Age:

Emergency Name and Phone #:

Parent/Guardian email address:

Ethnicity:

Hispanic/Latino or of "Spanish Origin"

Non-Hispanic

Race (only if marked Non-Hispanic)

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Has your family moved within the past six years to obtain temporary farm-related work? Yes No

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

Parent Information

Father's Name

Place of Employment

Phone

Work Phone

Mother's Name

Place of Employment

Phone

Work Phone

If Applicable

Step-Father's Name

Place of Employment

Phone

Work Phone

Step-Mother's Name

Place of Employment

Phone

Work Phone

Legal Guardian's Name

Place of Employment

Phone

Work Phone

With Whom Does the Child Reside:

Mother

Father

Step-Mother

Step-Father

Other

Please list all children presently living in your home from oldest to youngest.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please list all persons authorized to pick up your child.

1.

Name _____ Relationship _____ Phone # _____

2.

Name _____ Relationship _____ Phone # _____

3.

Name _____ Relationship _____ Phone # _____

4.

Name _____ Relationship _____ Phone # _____

Transportation Data Form

Parent/Guardian Name: _____

Address: _____

Home Phone Number: _____

In case of Emergency

Name and Number of Person to Contact: _____

Please list all school age children in your household that ride the bus:

Name:

Grade Level:

1. _____

2. _____

3. _____

4. _____

5. _____

A.M. Bus # _____

Is this drop-off at **home**? Or **other**?

If other please specify: _____

Directions from pick-up point to school: _____

P.M. Bus # _____

Is this drop-off at **home**? Or **other**?

If other please specify: _____

Directions from school to drop-off. (Only complete if different than A.M. Bus): _____

Hickory County R-1
Safe Schools Act Student Discipline Enrollment Information

Date: _____

In accordance with the Missouri Safe Schools Act of 1996, this district requires that parents provide criminal and school disciplinary information. To implement that law, this district's Board policy requires that the following questions be answered by parents/legal guardians enrolling students.

Student Name _____

Date of Birth _____ **Social Security Number** _____

Parent/Legal Guardian _____

Address of Parent/Legal Guardian _____

Is the above student presently under suspension or expulsion from another school district? Yes No

If yes, describe: _____

Has the above student been convicted or charged with any of the following crimes? Please check all that apply and indicate offense.

- First degree murder under #565.020, RSMo
- Second degree murder under #565.021, RSMo
- First degree assault under #565.050, RSMo
- Forcible rape under #566/030, RSMo
- Forcible sodomy under #566.060, RSMo
- Robbery in the first degree under #569.020, RSMo
- Distribution of drugs to a minor under #195.212, RSMo
- Arson in the first degree under #569.040, RSMo
- Kidnapping, when classified as a class A felony under #565.100, RSMo

In accordance with #167.171, RSMo no student may be readmitted or enrolled in the school who has been convicted of or charged with an act which if committed by an adult would be one of the above. Nothing in the law shall prohibit the readmission or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above offenses.

I attest that all the above information is correct and true:

(Parent/Legal Guardian Signature)

**Hickory County R-1
Student Enrollment Checklist**

Parent/Guardian

Name _____
Address _____
City/State _____
Zip _____
Phone _____

Student

Name _____
Address _____
City/State _____
Zip _____
Phone _____

Address Verification – Parent/Guardian (Attach Copy of Document)

- Tax Bill – Personal Property/Real Estate
- Lease Signed by Both Parties
- Real Estate Contract Signed by All Parties
- Utility Bill
- Utility Deposit Receipt
- Other

Basis for Admission of Student (Section 167.020, RSMo)

- Resides with Parent in District
 - Resides with Legal Guardian in District – Copy of Court Order Must be Attached
 - Student is less than 21 years of age and lacks a fixed, regular and adequate nighttime residence (homeless child) because student is...
 - living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home
 - living in a community shelter facility
 - living in transitional housing for less than one year
 - Student is less than 21 years of age and has a permanent or temporary home in the district and...
 - is an orphan or has only one parent living
 - parents do not contribute to his or her support
 - Student's parents own real estate in the district provided
 - 80 acres or more are used for agricultural purposes
 - parent's residence is on real estate
 - at least 35% of the real estate is in the district
 - parent notified district on or before June 30th that student would be attending school in the district
- (To be eligible for admission, all 4 conditions above must be met)*
- Transportation hardship as agreed by both districts

Additional information supporting admission decision (address, location of where student is living, etc.)

Waiver Information

Student Denied Admission

Date of Denial _____

Waiver Requested

Date of Request _____

Waiver Requested By

Parent or Legal Guardian

Student – Must be at least 18 years old

Reason for Waiver Request

Parent is Teacher Under Contract with the District or other Regular Employee of District

Student is Living with Unrelated Person for Reasons other Than Attending School in the District

Student is Living With Grandparents or Other Relative for Reasons Other Than Attending School in the District

Name of Person/Relative _____

Relationship _____

Address _____

City/State/Zip Code _____

Phone Number _____

Reason Why Student is Living with Person/Relative

Other Hardship or Good Cause Basis for Waiver (Cannot be Athletics) - Explain:

Waiver Hearing Date (Must be within 45 days of Request) _____

Student Admitted Pending Decision on Waiver Request

Date Student Admitted _____

Waiver Granted

Date _____

Waiver Denied

Date _____

Date of Student's Permanent Admission: _____

***Hickory County R-1
Student Enrollment Affidavit***

Name of Student _____

Address _____

Phone Number _____

Parent/Guardian Name _____

I am the parent/legal guardian of _____ and I am providing this affidavit in support of the enrollment of my child in the Hickory County R-1 school district. My child is not currently under suspension or expulsion from any school district he/she has previously attended. I understand that it is a criminal offense (class B misdemeanor - Section 167.023 RSMO) to give false information concerning prior disciplinary actions taken against my child. I also understand that if this school district admits my child based on false information which I gave, I may be required to pay the school district for its costs in educating my child. (Section 167.023 RSMO)

Parent/Guardian Signature

Date

Subscribed and sworn to before me, a notary public on the _____ day of _____, _____.
_____, Notary Public

My Commission Expires: _____

Commissioned in _____ County, Missouri

User Agreement and Parent Permission Form

As a user of the Hickory County R-1 Schools computer network, I hereby agree to comply with the rules stated below – communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

As outlined in Board Policy 6320 copy of which is available in school offices “The Board of Education recognizes that it is important for students to have access to electronic-based research tools and to master skills for their application to learning, problem solving, production of work, and presentation of information. The Board also recognizes that while these resources represent extraordinary learning opportunities and enriching educational materials, they also offer persons with illegal, immoral or inappropriate motives avenues for reaching students, teachers, staff, parents/guardians and members of the community. Additionally, these resources present tempting opportunities for users to explore areas that are either confidential, have restricted access, are inappropriate or are disruptive to the classroom or workplace. It is the purpose of District policy and regulations to outline acceptable student and employee behavior with respect to use of District technology and electronic resources.”

Access to electronic research requires students to maintain consistently high levels of personal responsibility. The following rules clearly apply to students conducting electronic research or communication: System users are expected to be polite. They may not send abusive, insulting, harassing, or threatening messages to others. - System users are expected to use appropriate language; language that uses vulgarities or obscenities, libels others, or uses other inappropriate references is prohibited. – System users may not reveal their personal addresses, their telephone numbers or the addresses or telephone numbers of students, employees, or other individuals during E-mail transmissions. – System users may not use the District’s electronic network in such a manner that would damage, disrupt, or prohibit the use of the network by other users. – System users should assume that all communications and information is public when transmitted via the network and may be viewed by other users. The system administrators may access and read E-mail on a random basis. – Use of the District’s electronic network for unlawful purposes will not be tolerated and is prohibited.

The use of District technology and electronic resources is a privilege, not a right, and inappropriate use will result in the cancellation of those privileges.

Student Signature

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use – setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Date _____
Parent Signature



Name of Student: _____

School Building: _____

Grade: _____

Social Security Number: _____

Birth Date: _____

Home Phone Number: _____

This agreement is valid through High School.

Hickory County R-I School District
Random Drug Testing Program Participation and Consent Form for Eligibility in the Athletics/Activity Program

Student's Name

Date

As a school's participant in athletics and/or activities I understand that participation is completely voluntary. I understand that my signature below authorizes the Hickory County R-I School District to obtain a urine sample from the student whose name appears below if his/her name is selected as part of the random selection procedures of the Drug Testing Program. I also understand that currently available instant screen tests are not 100% reliable and that an instant screen test that shows positive will always be followed with a more sophisticated laboratory test for confirmation as described in the Random Drug Testing Policy. I understand that if a "positive" test results, the student and parents or guardians may need to disclose to the laboratory or its medical review officer any over-the-counter or prescription medications the student is or has taken. I understand that if a violation of the drug-testing policy occurs that the parent/legal guardian of the student, building administration, and the respective coach/activity sponsor will be the only individuals made aware of this information. I further understand and agree that the Hickory County R-I School District will respond to a positive drug test result in accordance with the provisions of the Random Drug Testing Policy.

This completed form must be returned to the high school office within 10 days from entry into school. By signing this form, the parent/legal guardian and student understand and agree as follows:

1. The student and parent have read and understand the standards and guidelines for eligibility and participation in the Hickory County R-I School extra/co-curricular activities program as set forth by the board of education and student handbook.
2. I give permission for my child to participate in the Hickory County R-I Random Drug Testing Program.

Student Signature

Date

Parent Signature

Date

MSHSAA Transfer of Eligibility Information

Please provide the information requested below. The Missouri State High School Activities Association requires that our school provide this information to obtain athletic and activity eligibility for new students.

Thank you for your help!

**Jim Brown, Athletic Director
Skyline High School**

Student Name

Date of Birth

Current Grade Level

Address of student PRIOR to transfer (street address, city, state, zip code):

Address where the student CURRENTLY resides (street address, city, state, zip code):

Was there a full and complete move of the entire family into a permanent residence in the new school district's attendance boundaries corresponding with the date of transfer or preceding the date of transfer?

YES NO

Please provide the date of the student's change of residence:

_____/_____/_____
Month Date Year

What is the name and location of the last school the student attended before transferring to Skyline?

Name of School: _____

City and State: _____

Should we need additional information in order to complete this transfer form, what is the best phone number at which we can reach a parent/guardian for further assistance?

Skyline Schools Phone, Text, and E-Mail Notification Form

Parent Name

To assure we get the appropriate information to you, please list your children and grade level below: (this form needs to be completed once per household)

Student Name

Grade

Student Name

Grade

Student Name

Grade

Student Name

Grade

E-MAIL

Please write your email address(s) below. We will send notifications via email which may include lunch account balance notifications, attendance information, and grade cards.

E-mail Address: _____

E-mail Address: _____

TEXT/VOICE NOTIFICATION

Please list your phone numbers below: (please note if the number is a home/landline phone)

Name

Phone Number

Name

Phone Number

Name

Phone Number

Name

Phone Number

Skyline Student Cell Phone And Vehicle Registration Form

Student Name:

Student Mobile Phone Number:

(Cell phone numbers will be kept confidential and will be used for emergency and school informational purposes only.)

Vehicle Information

Make

Model

Color

License Plate

Information for Vehicle # 2

Make

Model

Color

License Plate

Information for Vehicle # 3

Make

Model

Color

License Plate

Foster Placement Form

**If the student you are currently enrolling at Hickory County R1 School is currently in foster care placement, please fill out the following information.
Thank you for your help.**

Student Name _____ Date of Birth _____

Name of Foster Parents _____

Primary Phone Number _____

Name of Agency responsible for the child _____

Name of Case Worker _____ Phone Number _____

Email of Case Worker _____

Please add any information concerning the child you believe the school needs to know:

Mr. Jason Pursley
Superintendent
Phone 417-993-4241
Fax 417-993-4269

Hickory County R-I Schools
“Skyline”

Mr. Kevin Cheek
High School Principal
Phone 417-993-4226
Fax 417-993-5947

Mrs. Julie Foster
Elementary Principal
Phone 417-993-4225
Fax 417-993-0216

20663 US Hwy. 65
Urbana, MO 65767
www.skylineschools.net

Mr. Jason Koele
Middle School Principal
Phone 417-993-4226
Fax 417-993-5947

Virtual Learning

In 2018, state law changed to require school districts to advertise and pay for virtual courses approved in the Missouri Course Access and Virtual School Program (MOCAP). MOCAP (formerly MOVIP) is operated by DESE. As required by the law, DESE screens course vendors and lists courses available for students to take. If an eligible student selects a course in MOCAP, the district is required to negotiate a contract and pay for that course. A student is eligible to enroll in a course through the district if the student resides in and is enrolled in the district full-time, and the student attended a public or charter school at least one semester immediately prior to enrolling in the MOCAP course. However, a student is excused from the requirement that he or she be enrolled in a public school for the previous semester if the student has documented medical or psychological diagnosis or condition which prevented him or her from attending school during that semester. A student may be denied enrollment in a virtual course if it is not in the best educational interest of the student. The window for enrollment in Virtual Course is five days prior to the first day of school and ends five days after the first day of school. Parents and students with questions about virtual courses can contact the Skyline High School Principal, Kevin Cheek. A list of MOCAP course providers and a course catalog can be found at <https://mocap.mo.gov/catalog/>. The Hickory County R-I School District currently has a working relationship with the Launch Virtual School Program, available through Springfield Public Schools. This program uses certified Missouri Teachers and offers a mean to keep updated on student progress.

Hickory County R-1 School

Skyline Health Office

Phone 417-993-5851

Please fill out front and back

Student name: _____ Birth date: _____ Male/Female: _____ Grade: _____

Mother/Guardian's name: _____

Home phone: _____ Work: _____ Cell: _____

Father/Guardian's name: _____

Home Phone: _____ Work: _____ Cell: _____

Parent email address: _____

Emergency contact numbers (If parents cannot be reached)

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

My Child: (Please answer all the following questions with a Yes or No.)

May have Tylenol? <input type="checkbox"/> Yes <input type="checkbox"/> No	May have Ibuprofen? <input type="checkbox"/> Yes <input type="checkbox"/> No	May have Tums? (Middle School and HS only) <input type="checkbox"/> Yes <input type="checkbox"/> No	May use Oragel? <input type="checkbox"/> Yes <input type="checkbox"/> No	May use Liquid Band Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has braces or dental appliance <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had a physical exam in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had a dental exam in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wears glasses/or contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	May use Sunscreen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	May use Benadryl For emergencies ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child covered by a Health Ins. Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Health History: Please check yes or no and if yes describe

	YES	NO	Date of last occurrence	DESCRIBE
Allergies to Food/Medication				
Allergy to bee/wasp sting				
Allergies: seasonal				
Asthma				
Autism				
Bone and Joint Issues/Pain				
Had Chicken Pox Date:				If yes, according to state regulations, if your child was enrolled in Kindergarten or Pre-school in 2010 or later, you must have a signed statement from a doctor with the date disease occurred.
Diabetes				If yes, Please fill out Diabetes form in Health Office
Dental Issues				
Frequent Headaches				
Frequent Stomach Issues				
Hearing or Vision Issues				
Heart Conditions/Issues				
Issues Affecting Behavior (ADHD, Depression, OCD, etc...)				
Routine Daily Medication(s)				
Cont' Daily Medications ----- →				
Surgeries/Serious Accidents				
Skin Issues (ex... eczema)				
Special Diet Needed				<u>Signed statement from doctor MUST be on file in Health Office</u>
Seizure Disorder				If yes, Please fill out Seizure Disorder form in Health Office

Please continue to back →→→→→→→→→→→→→→→→→→

Please list educational concerns due to health conditions/issues here.

Dear Parents/Guardians,

The goal of our office is to provide your child a basic school health service program. This service is not meant to replace the care your child receives from your regular doctor or clinic but will provide:

- Basic emergency and first aid care (band aids, wound cleaning, injury assessment, etc)
- Administration of medications to your child with a doctor's order and your signed request. **(Note: According to Missouri State Law, students are prohibited from carrying any prescription or over the counter medications with them or on school premises. Students with asthma, anaphylaxis or any potentially life threatening respiratory illness may carry "rescue" medications with them, after demonstrating proper use in the Health Office. Parent, physician and school nurse must document permission or provide documentation of compliance)**
- Screening exams for vision, hearing, speech, dental and spinal problems. We will assist in any way possible to find medical professionals to further evaluate/correct any problem(s) discovered.
- Health information for you and your child.
- Health care plans for students with special needs, developed with students and parents.
- Maintain immunization records.
- Additional health education based on a risk assessment regarding healthy lifestyles, nutrition, personal hygiene, injury prevention and personal safety.

Our health service program is voluntary. You may withdraw permission, in writing, at any time. If you want your child to receive these services, please sign and return this form to the Health Office.

I give permission for _____ to participate in the school health program. I understand the purpose of the program and agree for my child to receive the above services EXCEPT FOR:

By my signature below, I attest all information provided on this form to be true and accurate. I hereby give permission for Health Office staff to administer the medications I have indicated on the front of this form as needed. I agree I will update Health Office staff regarding any health or medication changes my child may experience throughout the course of the school year.

Parent/Guardian Signature: _____ **Date:** _____

Please list any siblings or relatives attending or working at Skyline.
