



BAKERSFIELD R-IV SCHOOL DISTRICT 2023-24 New Student Enrollment Form

**PLEASE SUBMIT COMPLETED APPLICATION TO THE BAKERSFIELD HIGH SCHOOL SECRETARY
OR MAIL TO: BAKERSFIELD R-IV SCHOOL P.O. BOX 38 BAKERSFIELD, MO 65609**

PLEASE BE PREPARED TO PROVIDE THE FOLLOWING DOCUMENTS UPON REGISTRATION:

*Birth Certificate, Current Immunizations, Proof of Residency
Parent/Guardian Legal Restriction Documentation*

Has the student previously attended Bakersfield R-IV Schools? Yes No

REQUEST FOR TRANSCRIPT OF RECORDS

Date: _____ Student Name: _____

Grade: _____ Date of Birth: _____

WE REQUEST THE RELEASE OF THE FOLLOWING INFORMATION FROM:

Name of Transferring School: _____

Address: _____

Phone: _____ Fax: _____

Please fax the following:

☒ Copy of Birth Certificate ☒ Copy of social security card ☒ Cumulative permanent school records

☒ Immunizations ☒ Health records ☒ Attendance

☒ Transcript ☒ Current Withdrawal grades ☒ Achievement Test Scores

☒ Psychological records ☒ Discipline Records ☒ Current Sports Physical

☒ Special education records including active IEP and current Diagnostic Summary

☒ Any documents or records to help us evaluate and better place the student in our educational setting.

Other _____

This information is requested for: Transfer of Student to this District / New Enrollment / Re-Enrollment

Federal Law 99.31 No parent signature is required for educational records sent to another educational agency.

In compliance with the Safe School Act, please include any information or statements concerning student's conduct or behaviors in reference to unlawful activities or violence and any information concerning the student's suspension and/or expulsion from your district.

EDMENTUM/MOCAP VIRTUAL LEARNING COURSES

Bakersfield High School uses EDMENTUM/MOCAP virtual learning courses as a way for credit recovery. Students are allowed to enroll in MOCAP. Many courses are available. Please visit the website at www.mocap.mo.gov. Please see the counselor for additional details. The enrollment process includes requesting a virtual course in the counselor's office. If you are denied enrollment into an online course, the decision may be appealed by getting an appeal form from the counselor or high school principal.

STUDENT INFORMATION (please complete all fields)Student's Name: _____
(First) (Middle) (Last) (Nickname)

Grade Level: _____ Date of Birth: _____ Gender: _____ County Student Resides In: _____

Race: (check more than one if applicable)

_____ Latino/Hispanic	_____ Asian
_____ American Indian/Alaska Native	_____ Black/African American
_____ Hawaiian/Pacific Islander	_____ White

Medicaid #: _____ Cell Phone: _____

Email Address: _____ Home Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____Physical Address: _____ City: _____ State: _____ Zip: _____

Household Siblings (first & last names): _____

Place of Birth: _____
(State) (City) (County)**PARENT/GUARDIAN INFORMATION** (please list in order of contact preference)Parent/Guardian Name: _____
(First) (Last)

Relationship to Student: _____ Educational Decision Maker? _____ Yes _____ No

Contact Order (Please note only 1 & 2 will receive School Messenger calls): 1

Send Post Office Mail Correspondence? _____ Yes _____ No

Student Lives with Parent/Guardian? _____ Yes _____ No

Lives with Parent/Guardian Days: __Sun __Mon __Tue __Wed __Thu __Fri __Sat

Mailing Address: _____ City: _____ State: _____ Zip: _____Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Phone Extension: _____ Employer Name: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION

(please list in order of contact preference)

Parent/Guardian Name: _____
(First) (Last)

Relationship to Student: _____ Educational Decision Maker? ____ Yes ____ No

Contact Order (Please note only 1 & 2 will receive School Messenger calls): 2

Send Post Office Mail Correspondence? ____ Yes ____ No

Student Lives with Parent/Guardian? ____ Yes ____ No

Lives with Parent/Guardian Days: __Sun __Mon __Tue __Wed __Thu __Fri __Sat

Mailing Address: _____ City: _____ State: ____ Zip: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Phone Extension: _____ Employer Name: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION

(please list in order of contact preference)

Parent/Guardian Name: _____
(First) (Last)

Relationship to Student: _____ Educational Decision Maker? ____ Yes ____ No

Contact Order (Please note only 1 & 2 will receive School Messenger calls): 3

Send Post Office Mail Correspondence? ____ Yes ____ No

Student Lives with Parent/Guardian? ____ Yes ____ No

Lives with Parent/Guardian Days: __Sun __Mon __Tue __Wed __Thu __Fri __Sat

Mailing Address: _____ City: _____ State: ____ Zip: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Phone Extension: _____ Employer Name: _____

Email Address: _____

IF THERE IS A LEGAL PARENT/GUARDIAN WHO CANNOT PICK UP A STUDENT, THE COURT RECORD STATING SUCH MUST BE PLACED IN THE STUDENT'S PERMANENT FILE.

DO SUCH LEGAL RESTRICTIONS EXIST: ____ Yes ____ No

If yes, please furnish the Name of the Custodial Parent: _____

Has Legal Documentation Been Provided to the School? : ____ Yes ____ No

EMERGENCY CONTACT INFORMATION Please do not list parents/guardians in this section – they will be contacted first. Please list a minimum of 2 emergency contacts in case parents/guardians cannot be contacted.

Name: _____ Contact Order: 1
(First) (Last)

Relationship to Student: _____ May Pick Up Student? ____ Yes ____ No

May Be Informed in Case of Illness? ____ Yes ____ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Contact Order: 2
(First) (Last)

Relationship to Student: _____ May Pick Up Student? ____ Yes ____ No

May Be Informed in Case of Illness? ____ Yes ____ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Contact Order: 3
(First) (Last)

Relationship to Student: _____ May Pick Up Student? ____ Yes ____ No

May Be Informed in Case of Illness? ____ Yes ____ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Contact Order: 4
(First) (Last)

Relationship to Student: _____ May Pick Up Student? ____ Yes ____ No

May Be Informed in Case of Illness? ____ Yes ____ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

TECHNOLOGY INFORMATION

Do you have internet access at home: Yes No

If you have internet access, please circle which devices are available for your student's use:

Phone Tablet Desktop Laptop

Is there a cell phone signal at your home: Yes No

In order to register the student, the parent/guardian or court appointed legal guardian must provide proof of residency (the term residency means that a person both physically resides within a school district and is domiciled within the district). Note: A copy of the court document awarding guardianship must be presented. A power of attorney is no longer acceptable as per THE SAFE SCHOOLS ACT OF 1996.

Proof of Residency Provided: ☐

Utility Bill/Deposit Receipt: ☐

Real Estate Contract signed by all Parties: ☐

Rental Contract: ☐

Other, such as payroll check, driver's license, W-4 employment documents: ☐

Has the above named student had prior suspensions or expulsions from any other school for violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person? ____ Yes ____ No

If yes, furnish details: _____

DIRECTIONS TO YOUR HOME: _____

Bus Rider ☐

Car Rider ☐

Bus Driver's Name if Known: _____

Is Student Enrolled in Special Education or Services? ____ Yes ____ No

If yes, what subjects did student receive services in (i.e. Math, Reading, etc.)? _____

Student's diagnosis if known: _____

Does Student have an active Individual Education Plan (I.E.P.)? ____ Yes ____ No

Does Student have a 504 Plan? ____ Yes ____ No

Is Student Currently Enrolled in a Gifted Program? ____ Yes ____ No

Is Student Currently Enrolled in an A+ Program? ____ Yes ____ No

During the past 3 years, has either the parent or guardian, or the parent or guardian's spouse, or the child, or the child's spouse been employed (or are any of the aforementioned persons currently employed) in some form of temporary or seasonal agriculture or agriculture related work such as:

- Planting, harvesting or processing crops (vegetables, fruit or cotton, etc.)
- Transporting farm products to market
- Feeding or processing poultry, beef or hogs.
- Gathering eggs or working in hatcheries.
- Working on a dairy farm or a catfish farm.
- Cutting firewood or logs to sell.

____ Yes ____ No
 ____ Yes ____ No
 ____ Yes ____ No

Does the student use a language other than English?

Is a language other than English used in the home:

HOMELESS FORM

Homeless child (means person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:

1. Currently living in a temporary housing arrangement or sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? ____ Yes ____ No
 Explain if it is a similar reason: _____

2. Currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons? ____ Yes ____ No
 If yes, please explain: _____

3. Currently residing in a shelter: ____ Yes ____ No

PARENT/SCHOOL INVOLVEMENT COMPACT

TEACHER/SCHOOL:

I understand the importance of the school experience to every student and my role as a teacher and model. Therefore, I agree to carry out the following responsibilities to the best of my ability.

1. Teach necessary concepts to your child.
 2. Try to be aware of the needs of your child
 3. Regularly communicate with you concerning your child's progress.
- ____ X Yes

STUDENT:

I know my education is important to me. It will help me be a better person. I know my parents want to help me, but I am the one who has to do the work. Therefore, I agree to do the following:

1. Do my class work on time.
 2. Attend school regularly.
 3. Be responsible for my own behavior.
 4. Put forth my best effort.
- ____ Yes ____ No

PARENT/CAREGIVER:

I realize that my child's years are very important. I also understand that my participation in my child's education will help his/her achievement and attitude. Therefore, I agree to carry out the following responsibilities to the best of my ability:

1. Go over my child's assignment with him/her.
 2. Give my child a quiet place to study.
 3. Make sure my child gets enough sleep each night.
 4. Make sure my child is at school on time.
 5. Spend at least 20 minutes each day reading with my child.
 6. Participate in my child's education and encourage his/her effort.
- ____ Yes ____ No

Bakersfield R-IV Chromebook Policies and Procedures

The Chromebook device that has been issued to you is the property of Bakersfield R-IV School District. This Chromebook is on loan to the student and must be used in accordance with the following policies and procedures, the district's Acceptable Use Policy, and any applicable laws. Use of this Chromebook, as well as access to the Chromebook network, the Internet and email is a privilege and not a right. These items are provided for educational purposes only and are intended to support learning objectives of Bakersfield High School/Middle School.

Student Chromebook Use and Expectations

- Students and parents are financially responsible for any purposeful damage done to a Chromebook. Any violation of these rules that cause damage to the Chromebook will be the financial responsibility of the student and parents.
- Chromebooks stay at school and are for school use only. Students will pick up their Chromebook in their 1st period class, and return it to their 1st period class at the end of the day.
- In the event of your child being homebound, quarantined, Covid-19 positive, or if you choose the online option, your assigned Chromebook may be taken home for use with all school user rules applying.
- At the end of 3rd period, Middle school students will take their Chromebook to their 5th hour class and leave it at their assigned seat.
- Chromebooks may only log onto school Wifi.
- Use your school email only.
- Lower the lid when the teacher is talking.
- Only use your Chromebook in the classroom, in a clear, flat space.
- Chromebooks are not allowed in the bathroom, locker room or during lunch.
- Use your Chromebooks in the classroom only when instructed to use it.
- Do not visit pages or documents that are not directly related to your assignment.
- Web browsing is for educational/school use only.
- School-approved games are allowed only when teachers give permission to play them.
- Sound should be muted on Chromebook at all times. Use of your headphones is permitted, when granted by the teacher.
- In your classroom, carry your Chromebook with the lid closed using two hands.
- When moving between classrooms, carry your Chromebook with the lid closed using two hands.
- Do not place the Chromebook in your backpack.
- Never throw, slide, drop or press hard on your Chromebook.
- No food or drinks allowed near the Chromebook.
- Students have no expectation of privacy in the use of school Chromebooks including email, stored files, or Internet sites. Using Chromebooks to visit sites that are inappropriate and that do not meet the educational purposes of the program may result in the revocation of privileges.
- At the end of the day, return your Chromebook to the assigned charging station and shut it down.

We, the undersigned, do affirm that we are aware of and agree to follow the policies and procedures contained within the Bakersfield R-IV MS/HS Handbook & this Enrollment Form:

1. Homeless Form & Involvement Compact
2. Drug Testing Policy
3. Internet Policy
4. Technology (Parent/Student Portal) Policy
5. Chromebook Policies & Procedures
6. Free & Reduced Application
7. MS/HS Handbook
8. Directory Information
9. School Messenger: Please Check One

☐

Yes, I want to receive School Messenger

☐

No, I do not want to receive messages from School Messenger at this time

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Student Printed Name: _____

Student Signature: _____

Date: _____

1. Involvement Compact School Signature:

Stephanie Buffey

2. Drug Testing Consent

My Child and I have read and discussed the Bakersfield R-IV School District Drug Testing Policy. We understand that this is an effort by the district to prevent the use of illegal drugs. My child plans to participate in athletics or an extra-curricular activity. My child and I understand that to participate in these activities my child will be available for random drug tests throughout the school year. If my child tests positive we understand the steps that will be taken and the restriction that will be placed on my child.

Parent/Guardian Signature: _____

In accordance with law, the district strictly prohibits discrimination and harassment against employees, students or others on the basis of race, color, religion, sex, national origin, ancestry, disability, age, genetic information or any other characteristic protected by law.