



LUTIE R-VI SCHOOL DISTRICT

ENROLLMENT PACKET

2026-2027

OFFICE USE ONLY
 Enrollment Date: _____
 MOSIS #: _____

Please print legibly

Legal Name on Birth Certificate-Last: _____ First: _____ Middle: _____

Enrollment Date: _____ Date of Birth: _____ SSN: _____ Grade: _____

Mailing Address: _____ City: _____ Zip Code: _____

Student Cell Phone #: _____ Personal Email address: _____

Resident District: Lutie ___ Mark Twain/MO ___ Thornfield ___ Arkansas ___

Race: White (Non-Hispanic), Hispanic, Asian, American Indian, Alaskan Native, Black,
 Native Hawaiian or Pacific Islander, Multiracial

Father's Name: _____ Phone #: _____ Work #: _____

Mother's Name: _____ Phone #: _____ Work #: _____

Personal Email address: _____

Relationship to student: _____ Is the student in foster care: ___Yes ___No

Directions to student's home: _____

Name, address, and phone # of any child care provider: _____
(Notify school officials in writing if there are any changes in care provider.)

What language do you use most frequently when you speak to your child? _____

What is your most commonly used language? _____

Do you have internet access? ___Yes ___No Type: _____ (Mobile Hotspot, DSL, Etc.)

Transfer students only:

Last date attended at previous school? _____

Name, address, and phone number of previous school: _____

Transfer students must provide updated Immunization Records

Was the student in Special Services? ___Yes ___No
 Special Education ___ 504 ___ Speech/Language ___ Remedial Reading ___ Remedial Math ___
 If the student has an IEP, those records will need to be made available.

MILITARY CONNECTION: Not Connected ___ Active Duty ___ National Guard or Reserves ___

Lutie R-VI Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date	Parent/Guardian First & Last Name
Student First Name	Student Last Name
Student's Date of Birth	Student Grade

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
- Yes. **Check all that apply and list the total number of months worked:**



Agriculture/Field Work
(planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



Dairy/Cattle Raising
(feeding, milking, rounding up)

Total Months Worked: _____



Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



Forestry (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



Commercial Fishing & Processing
(catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
- Yes. **How long have you resided at your current address?**

_____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address	Apt #
City	State
Telephone Number	Zip Code
Best Day of Week & Time of Day to Call	

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison.

Student State ID:	Enrollment Date:	District ID:
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LUTIE R-VI SCHOOL DISTRICT
EMERGENCY CARE AT SCHOOL
2026-2027

NURSES OFFICE USE ONLY Reviewed by: _____ Date Reviewed: _____

Student's Name: _____ Grade: _____

Date of Birth: _____ Age: _____

Mailing Address: _____ City: _____ Zip Code: _____

Guardian Name: _____ Phone #: _____ Relationship: _____

Guardian Name: _____ Phone #: _____ Relationship: _____

IN CASE OF ILLNESS, INJURY, OR ACCIDENT:

Which parent/guardian should be notified first? _____

List anyone authorized to pick up your child in case of illness or injury and you cannot be reached at the above numbers. Only those persons listed will be authorized to pick up your child without additional approval from you.

Emergency Contact 1: _____ Phone #: _____ Relationship: _____

Emergency Contact 2: _____ Phone #: _____ Relationship: _____

Emergency Contact 3: _____ Phone #: _____ Relationship: _____

Student's Doctor: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

AUTHORIZATION OF CARE IN CASE OF EMERGENCY

I authorize Lutie School, authorized personnel, and nurse to perform health screenings and access and treat my child in the event of illness, injury, or emergency. **Yes** _____ **No** _____

If parents/guardians and authorized doctor, named above, cannot be reached at time of an emergency, and if immediate observation and/or treatment is urgent in the judgment of Lutie School/school authorities, do you authorize and direct the school authorities to send your child by ambulance, Life Flight, or other transportation to the hospital of your choice, or the closest facility, in a life or death situation? **Yes** _____ **No** _____

In the event that none of the named persons can be contacted, Lutie School and its officials have my permission to take whatever action is necessary in an emergency for the health, safety, and well-being of my child.

I UNDERSTAND THAT LUTIE SCHOOL DISTRICT IS NOT RESPONSIBLE FOR ANY MEDICAL EXPENSES.

Parent/Guardian Signature

Date

PLEASE FILL OUT THE OTHER SIDE OF THIS PAGE

EMERGENCY CARE AT SCHOOL

Page 2

Please answer all the questions. This information will be used to assess the health status of your child. This information will help the school nurse provide the best care possible for your child.

Student Health History (include communicable diseases, injuries, operations, family history of chronic illness, disability): _____

Does your child have any allergies? **Yes**____ **No**____ If yes, describe _____

Allergic to medication? **Yes**____ **No**____ If yes, name them _____

Allergic to food? **Yes**____ **No**____ **MUST HAVE DOCTOR'S ORDERS IF ALLERGIC TO ANY FOOD**

Allergic to insects? **Yes**____ **No**____ If yes, describe _____

If yes to insects, does your child carry an EPIPEN or "BEESTING KIT"? **Yes**____ **No**____

Are there any medications or treatments that your child takes routinely? **Yes**____ **No**____ If yes, describe _____

MEDICATIONS GIVEN AT SCHOOL

Will your student need to take medicine while at school? **Yes**____ **No**____

If yes, name of medication/dosage/frequency _____

The parent/guardian (not the student) must provide and deliver all medications to the school nurse in the original or pharmacy-labeled container. Written permission is required before any medication can be given at school. Medication forms are available in the school office and nurse's office.

PLEASE ANSWER AND SIGN THE FOLLOWING:

1. If my child complains of headaches, general aches and pains, or is having an elevated temperature, please give:
_____ Acetaminophen (Tylenol)
_____ Ibuprofen (Advil)
2. If my child has a minor skin wound (scratch, scrape, or cut), please clean the wound with soap and water and apply an antibiotic ointment (Neosporin). _____ **YES** _____ **NO**
3. If my child has a rash that is not considered serious, yet is uncomfortable, please apply hydrocortisone, Caladryl, or substitute. _____ **YES** _____ **NO**
4. If my child has a mild stomachache, please give Tums or substitute. _____ **YES** _____ **NO**
5. If my child has a minor toothache, please apply Anbesol or substitute. _____ **YES** _____ **NO**

My child has taken these medications without difficulty. _____ **YES** _____ **NO**

Parent/Guardian Signature

Date

CAREGIVER AUTHORIZATION FORM

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L107-110) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Act states specifically that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education.

Instructions:

Complete this form for a child/youth presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

- To authorize the enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below.

1. Name of Minor: _____
2. Minor's Date of Birth: _____
3. My Name (adult giving authorization): _____
4. My Home Address: _____
5. Check one or both (for example, if one parent was advised and the other could not be located):
____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objections.

____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
6. My Date of Birth: _____
7. My State Driver's License or Identification Card Number: _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Parent/Guardian Signature

Date

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES

NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage Form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Priced School Meals Family Application or return to the school office.

Print name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____



LUTIE R-VI SCHOOL DISTRICT

2026-2027

STUDENT AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS

STUDENT NAME: _____ Grade: _____
Last First

Student Section:

I understand and will abide by the Lutie R-VI *Student Acceptable Use Policy for Electronic Networks* (Located in the Student Handbook). I understand that the district and/or its agents may access monitor my use of the Internet, including e-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the district's electronic network connection and having access to public networks, I hereby release the school district and its board members, employees, and agents from any claims and damages arising from my use, or inability to use the internet.

USER SIGNATURE: _____ DATE: _____

Parent/Guardian Section:

I have read the Lutie R-VI *Student Acceptable Use Policy for Electronic Networks* (Located in the Student Handbook). I understand that access is designed for educational purposed and that the district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the district to restrict access to all controversial and inappropriate materials. I will hold harmless the district, its employees, agents, or board members for any harm caused by materials or software obtained via the internet. I accept full responsibility for supervision if and when my child's use in not in a school setting. I have discussed the authorization with my child. I hereby request that my child be allowed access to the Lutie R-VI Electronic Network.

PARENT/GUARDIAN NAME (Please Print): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR USING A PHOTOGRAPH OR VIDEO OF A STUDENT

Parent/Guardian Section:

___ I grant consent to Lutie R-VI to identify a picture of my child or ward, by full name and/or the school name, in any school-sponsored material, publication, video, or website. This consent is valid for the entire time my child or ward is enrolled in Lutie R-VI. I may revoke this consent at any time by notifying the Building Principal in writing.

___ I grant consent to Lutie R-VI to identify my child or ward in the Ozark County Times newspaper articles that pertain to school-sponsored events, honor roll/merit roll, and any other educational recognition.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MOVIE PERMISSION FORM

___ I give permission for my child to watch "G" and "PG" rated movies that pertain to the curriculum.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____