



# LUTIE R-VI SCHOOL DISTRICT

## ENROLLMENT PACKET

### 2024-2025

<b>OFFICE USE ONLY</b>
Enrollment Date: _____
MOSIS #: _____

*Please print legibly*

Legal Name on Birth Certificate-Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Resident District: Lutie \_\_\_ Mark Twain \_\_\_ Thornfield \_\_\_ Arkansas \_\_\_

Race: Circle One- 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 #: \_\_\_\_\_

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.)

Other siblings who reside in the home: Name: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_

Name: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Name: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_

Name: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Name: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_

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

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 SCHOOL DISTRICT

## Student Residency Form

### McKinney-Vento Act

The McKinney-Vento Education of Homeless Children and Youth Assistance Act is a federal law that ensures immediate enrollment and educational stability for homeless children and youth. The information requested on this form fulfills a requirement of this Act. The answers you give will help determine the services your child may be eligible to receive.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Do you have a **PERMANENT residence** (such as a house, an apartment, or a condo)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Complete Section A & B IF** you are living in a **TEMPORARY residence**.

**Complete Section B** if you are living in a **PERMANENT residence**.

#### SECTION A: Please answer each question.

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain if it is a similar reason:  
\_\_\_\_\_
2. Are you currently residing at a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you currently residing in an emergency or transitional shelter? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has the student been abandoned in a hospital? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station or similar setting? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION B:** I understand that the information provide above is correct, true, and current.

\_\_\_\_\_  
Signature of Parent/Guardian or Other Person Completing Form

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

## 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.

<b>Today's Date</b>	<b>Parent/Guardian First &amp; Last Name</b>
<b>Student First Name</b>	<b>Student Last Name</b>
<b>Student's Date of Birth</b>	<b>Student Grade</b>

**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.**

<b>Home Street Address</b>	<b>Apt #</b>
<b>City</b>	<b>State</b>
<b>Telephone Number</b>	<b>Zip Code</b>
<b>Best Day of Week &amp; Time of Day to Call</b>	

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

<b>Student State ID:</b>	<b>Enrollment Date:</b>	<b>District ID:</b>
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**LUTIE R-VI SCHOOL DISTRICT**  
**EMERGENCY CARE AT SCHOOL**  
 2024-2025

<b>NURSES OFFICE USE ONLY</b> Reviewed by: _____ Date Reviewed: _____
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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): \_\_\_\_\_

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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 \_\_\_\_\_

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### 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.

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### 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).
3. If my child has a rash that is not considered serious, yet is uncomfortable, please apply hydrocortisone, Caladryl, or substitute.
4. If my child has a mild stomach ache, please give Tums, Simethicone, or substitute.
5. If my child has a minor toothache, please apply Anbesol, Oragel, or substitute.

My child has taken these medications without difficulty.

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

\_\_\_\_\_  
Date

## CAREGIVER AUTHORIZATION FORM

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L.107-110) 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

2024-2025

## 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: \_\_\_\_\_