

WORTH COUNTY SCHOOL DISTRICT DATA SHEET 2020-2021

Student information				Today's date:	
Student's last name:		First:	Middle:	SS#	
Birth Date : / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Certificate #		State of Birth:	
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multi Cultural					
Family Military Status: _____ Not military connected _____ Active Duty _____ Reserves or National Guard					
Residence Address:			City/State	Zip:	
Mailing Address (if different from residence address):					
Student Will Attend Grade:					
Student's Country of Birth:		US Entry Date:	Total Years Living in the U.S.?	In Missouri?	
PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION					
List ONE person per box. Include biological parents (even those not in the home) and all parents/step-parents/guardians in the home.					
<u>First listed contact is designated as PRIMARY, Circle (1) either HOME or CELL phone number for District wide Emergency calls.</u>					
Last name:		First:	Middle:	Relationship	Home Phone:
Address		City/State		Zip	Cell Phone:
Employer:		Work Phone:		Email:	
Student lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to records? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last name:		First:	Middle:	Relationship	Home Phone:
Address		City/State		Zip	Cell Phone:
Employer:		Work Phone:		Email:	
Student lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to records? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last name:		First:	Middle:	Relationship	Home Phone:
Address		City/State		Zip	Cell Phone:
Employer:		Work Phone:		Email:	
Student lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to records? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last name:		First:	Middle:	Relationship	Home Phone:
Address		City/State		Zip	Cell Phone:
Employer:		Work Phone:		Email:	
Student lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to records? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last name:		First:	Middle:	Relationship	Home Phone:
Address		City/State		Zip	Cell Phone:
Employer:		Work Phone:		Email:	
Student lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to records? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attach a copy of any court order related to any of the above questions checked YES. A copy must be on file in the school's office.					
Is this student a foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please complete this section)					
Biological Parent Name:			Biological Parent Address:		
Biological Parent School District:			Case Worker Name:	Case Worker Phone:	
SIBLINGS (Children under the age 20 residing in home/Worth County School District-list additional on separate sheet)					
Name:		School:	Grade:	Birth Date: / /	
Name:		School:	Grade:	Birth Date: / /	
Name:		School:	Grade:	Birth Date: / /	

SCHOOLS PREVIOUSLY ATTENDED

All school(s) attended in previous 24 months (List additional school on separate sheet):

1. School:	City/State:	School Years attended:
2. School:	City/State:	School Years attended:
3. School:	City/State:	School Years attended:

Please indicate the programs attended in previous school:

Gifted & Talented
 Special Reading
 Speech
 Special Education
 504
 Title 1 Math
 Title 1 Reading
 ELL
 Other (List):
 Is there a current IEP, 504 plan, or ELL accommodation plan on file at a previous school?
 NO
 YES (School):

OTHER REQUIRED INFORMATION

1. Has the student ever been suspended for 10 or more days?
 YES NO
 2. Has the student ever been expelled from school?
 YES NO
 3. Have you moved in the last 3 years to seek/obtain temporary or seasonal work in farm related jobs such as planting/harvesting crops, feeding or processing poultry, bee, hogs, & dairy products, or fishing?
 YES NO
 4. Do you want to register to vote? YES NO REGISTERED
- Worth County R-III does participate in the MOCAP program. For more information, check our website.

- A) I authorize my student to go on trips to other locations and school sponsored field trips (I.E. art gallery, museum, concerts, etc.), with supervision, that may necessitate leaving the school grounds during the time they are enrolled at this school. YES NO
- B) I consent to have my student's name, address and telephone number listed in the school-wide directory. YES NO
- C) My student's name, address and telephone number may be released to military recruiters (high school only). YES NO
- D) I authorize the Worth County School District to make photographs, films, or sounds recordings for use in:
- Web sites, television stations or other electronic formats in news stories/promotional materials about/for WC (This will also allow my child to have photos/art projects displayed in school buildings, businesses, contests or for academic publicity.) YES NO
 - Year books or school publications YES NO
 - District Publications and honor roll recognition in newspapers YES NO
- The above consents only apply to non-profit and non-commercial purposes by the Worth County School District, or news organization or agencies. This consent will remain in effect for the current school year until revoked in writing.***
- E) Computer/Technology Usage Policy
- I understand that a copy of the district technology usage policy is available on the District Website (wc.k12.mo.us) or in the school handbook. I have read and discussed this policy with my student regarding safe and responsible technology usage. My student has agreed to abide by the district technology usage policy. YES NO
 - I would like to have access to see my child's grades online YES NO ALREADY HAVE

I grant permission for the items above checked YES and I certify that I am the legal parent/guardian of the student being enrolled and that the information listed on the student data sheet is current and accurate. Pursuant to RSMo Sec.167.020, submitting false statement or information relating to residence is defined as a class A misdemeanor. In addition, the District may seek to recover the cost of school attendance for any pupil who it enrolled pursuant to false information received from a parent or legal guardian regarding residence.

Student Signature: _____

Date _____

Parent Signature: _____

Date _____

For School Office Use Only

- | | | |
|--|---|--|
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Current IEP, if applicable | <input type="checkbox"/> Social Security # or card |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Copy of court ordered custody, if applicable | <input type="checkbox"/> Handbook Form |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> 504 Plan, if applicable | |

Home Room Assignment: _____

Locker Number: _____

WORTH COUNTY R-III
HOME LANGUAGE SURVEY

The state requires the district to collect a Home Language Survey from every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

If yes what language? _____

2. Does the student use a language other than English?

Yes _____ No _____

If yes what language? _____

3. Does parent need a Language Interpreter?

Yes _____ No _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11432(a). Your answers will help the administrator determine residency documents necessary for enrollment of your student(s).

Student: _____ Parent/Guardian: _____

School last attended: _____ Phone/Pager: _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (Circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- With friends or family members (other than parent/guardian)
- Shelter or other temporary housing

If you are living in shared housing, please check all of the following reasons that apply:

- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- To enable child to attend _____ Schools
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living without your parents or guardians? Yes No

Residency and Educational Rights

Students who are in a temporary, inadequate, and homeless living situations have the following rights:

1. Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying even if they do not have all of the documents normally required at the time of enrollment;
2. Access to free meals and textbooks, Title I and other educational programs, and other comparable services including transportation;
3. To attend the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situations.

Any questions about these rights can be directed to Mrs. Pottorff, the local McKinney-Vento Liaison, at (660) 564-3320.

By signing below, I acknowledge that I have received and understand the above rights.

SIGNATURE OF PARENT/GUARDIAN/UNATTACHED YOUTH

DATE

Signature of McKinney-Vento Liaison

Date

SHARE INFORMATION FORM

Worth County R-III School personnel are only allowed to share educational information with parents or guardians of our students unless permission is granted by the parent or guardians. If you would like for school personnel to share educational information with step-parents, grandparents, babysitters, siblings, doctors, counselors or anyone who is not a parent or guardian then you will need to fill out the information below.

CONSENT FOR RELEASE OF INFORMATION

Name of Student(s): _____ Grade: ___ Date of Birth: _____
_____ Grade: ___ Date of Birth: _____
_____ Grade: ___ Date of Birth: _____
_____ Grade: ___ Date of Birth: _____

I give my permission for Worth County School Personnel to exchange information with

Name Relationship

Name Relationship

Name Relationship

Name Relationship

I give my permission for Worth county School Personnel to exchange the specified information below:

- Academic Medical Behavioral
- Special Education Other: _____

I have been informed of the reason and need for this exchange of information. I understand that all information exchanged by these persons or agencies is confidential and will not be disclosed to any other party without prior written consent of the parent or legal guardian except as permitted by law. Information exchanged by these persons or agencies may be used only for the purpose for which it was released.

I authorize and consent to the disclosure/release of the records/information indicated above effective as of the date below. I understand that I have a right to revoke this authorization at any time. If I revoke this authorization I must do so in writing. I further understand that actions already taken based on this authorization, prior to revocation, will not be affected.

Parent/Guardian Signature Date

Expiration Date: (indefinite unless otherwise specified)

Worth County R-III Request for Release of Records

Elementary Student Information

Date: _____

Student Name: _____ D.O.B.: _____ Grade Level: _____

Prior School Information: (to be completed by parent/guardian): For enrollment purposes, the parent/guardian has authorized the designated school to release, fax and/or mail any school records on the above student maintained by such school. Failure to complete prior school information may delay placement.

Name of school last attended: _____

Fax #: _____

Phone #: _____

Send Records to: Worth County R-III Attention: Anita McClellan

Phone/Fax #: (660) 564-3320

Email: amcclellan@wc.k12.mo.us

Parent/Guardian Signature: _____

Description of information to be released

Missouri State ID #: _____

- Cumulative Permanent School Records
- Birth Certificate
- Discipline Records
- Special Education Records (including): Active IEP Evaluation Report and Current Diagnostic Summary including Permission for Placement, 504 Accommodation Plan
- Assessment Scores
- Psychological Reports
- Current MAP or other Standardized Test Scores
- Immunization records
- Other (Specify): _____



510 EAST AVENUE | GRANT CITY, MO 64456 | PHONE/FAX: 660-564-3320 | WEB: WC.K12.MO.US



DR. MATTHEW MARTZ
SUPERINTENDENT
660-564-3389
mmartz@wc.k12.mo.us

KANDICE HUGHES
BOARD SECRETARY
660-564-3389
ksorensen@wc.k12.mo.us

JON ADWELL
SECONDARY PRINCIPAL
660-564-2218
jadwell@wc.k12.mo.us

CHUCK BOREY
ELEMENTARY PRINCIPAL
660-564-3320
cborey@wc.k12.mo.us

CHRIS HEALY
TECH ADMINISTRATOR
ATHLETIC DIRECTOR
660-564-2218
chealy@wc.k12.mo.us

JH/HS STUDENT CONSENT FOR RELEASE OF INFORMATION

Student's Name _____ Birthdate _____ Grade _____
(as it appears on school records)

SCHOOL LAST ATTENDED:

Name of School: _____

Address of School: _____

Please forward the following information:

- _____ Cumulative Permanent School Records (including transcript)
- _____ Psychological Reports/Test Data
- _____ Health Records
- _____ Special Education records including: active I.E.P. and current Diagnostic Report
- _____ Grades earned to date for this grading period
- _____ Other (specify) _____

Please forward to the following address:

Worth County R-III School District
Attention: Student Records
510 East Avenue
Grant City, MO 64456

I am aware of my rights under the provision of Public Law 93:380 and I hereby give my permission to release the information requested above.

_____ Date

_____ Signature – Parent, Guardian or Legal Age Student