

WORTH COUNTY SCHOOL DISTRICT DATA SHEET 2022-2023

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, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native					
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:		
Does parent need a Language Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is there any language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?					
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:
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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 questioned 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 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"/> Safe Schools Form |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> 504 Plan, if applicable | <input type="checkbox"/> Handbook Form |

Home Room Assignment: _____

Locker Number: _____

Worth County R-III School District

Home Language Survey

The state requires the district to collect a Home Language Survey for 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 _____

What language? _____

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

Yes _____ No _____

What language? _____

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

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
- Special Education
- Medical
- Other: _____
- Behavioral

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)

