

Basic Student Demographics

Office Use Only

School Year: 2024-25

New Returning

Teacher: _____ Room# _____ Student ID: _____

STUDENT INFORMATION

Entry Grade Level: _____

Gender: Male Female

Primary Contact Person: _____

Last Name: _____

Property Address: _____

First Name: _____

Apt. No: _____

Middle Name: _____

City: _____ State: _____

Birthdate: (MM/DD/YY) _____

Zip Code: _____

Have you or a family member moved with a child or children within the past 3 years to seek or obtain a temporary or seasonal agricultural, landscaping or food processing job?

Yes No

If "yes" moved from _____ to _____

Presently where is the student living? (*please check only one box*)

- In a shelter
 With more than one family in a house or apartment
 With family or friends (other than parent or guardian)
 In a motel, car, campsite or temporary housing

Is the student currently in Missouri Children's Division (DFS) custody, or residing in a foster home/residential facility?

Yes No Case Manager's Name: _____ Phone#: _____

PREVIOUS SCHOOL/DISTRICT

District: _____ School: _____

City/State: _____ Phone#: _____

MISSOURI SAFE SCHOOLS ACT DISPLINARY INFORMATION (*Class B misdemeanor for false information*)

Is the student presently under suspension or expulsion from another school or district for violating school board policies relating to weapons, alcohol, drugs or willful infliction of injury to another person?

Yes No If "yes", please describe: _____

LANGUAGE

Please fill out if not born in the United States. All the following questions MUST be completed in accordance with the Missouri Department of Education guidelines.

What was the student's first language? _____

Which language(s) does your child use/speak when at home with others? _____

Which language(s) does your child hear at home and understand? _____

Family's country of origin: _____

Date entered the United States: _____

ETHNICITY

Hispanic Non-Hispanic

RACE

- | | |
|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Multi-Racial |

Parent/Guardian Information

Parent I

First Name: _____
Last Name: _____
Relation: _____
Marital Status: _____
Home Phone: _____
Mobile Phone: _____
Email Address: _____
Head of Household: _____
Address same as student: Yes No
If not, list address: _____
City/State/Zip Code: _____

Parent II

First Name: _____
Last Name: _____
Relation: _____
Marital Status: _____
Home Phone: _____
Mobile Phone: _____
Email Address: _____
Head of Household: _____
Address same as student: Yes No
If not, list address: _____
City/State/Zip Code: _____

EMERGENCY CONTACT (please list someone other than yourself or spouse)

Contact I

Name: _____
Relation: _____
Address: _____
City/State/Zip: _____
Mobile Phone: _____
Allowed to pick-up: Yes No

Contact II

Name: _____
Relation: _____
Address: _____
City/State/Zip: _____
Mobile Phone: _____
Allowed to pick-up: Yes No

Contact III

Name: _____
Relation: _____
Address: _____
City/State/Zip: _____
Mobile Phone: _____
Allowed to pick-up: Yes No

Contact IV

Name: _____
Relation: _____
Address: _____
City/State/Zip: _____
Mobile Phone: _____
Allowed to pick-up: Yes No

SPECIAL SERVICES (Place a check mark by the services given to your child)

Does your child have an IEP: Yes No If yes, please provide the necessary documents.
Does your child have a 504 plan: Yes No If so, please specify: _____

- Physical Therapy
- Occupational Therapy
- Speech & Language
- Hearing

STUDENT TRANSPORTATION

Based on the information provided during enrollment will determine if your child will be provided transportation.

- Pickup
- Provide Bus
- Walker

Student Health Registration

(MEDICAL)

Name of doctor/practitioner: _____ Phone: _____

(DENTAL)

Name of dentist: _____ Phone: _____

(MEDICAL HISTORY)

Have you ever been told by a physician or health care professional that your child has ***asthma, diabetes, heart condition, seizure disorder, bleeding disorder, bone/muscle disease, skin disorder, learning disability, mental health condition (i.e. depression, anxiety, eating disorder) or any other illness:***

If so, please specify: _____

Does your child experience any ***nose bleeds, poor appetite, tire easily, frequent earaches, frequent stomachaches, frequent headaches, physical disability, emotional concern, overweight for age, underweight for age or any other conditions:***

If so, please specify: _____

Does any of the following condition(s) limit/effect your child (*please specify*): _____

LIFE-THREATENING CONDITIONS - *Requesting special meals or food substitution, a medical statement is required.*

Please list any ***life-threatening conditions*** such as ***allergies to animals, food, molds, drugs, bees, etc.*** and the treatment for each allergy specified: _____

HEARING, VISION, SPEECH & LANGUAGE

Do you have any concerns regarding your child's hearing, vision, speech and/or language: Yes No
Does your child wear a hearing aid, glasses or contacts: Yes No Please specify: _____
Do others have difficulty understanding your child: If yes, explain: _____

MEDICATION - If yes, please schedule a meeting with the school nurse

Does your child take any medication: Yes No Will medication be needed at school: Yes No

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand and assume full responsibility for the information given above which will be shared for the health and safety of my child. If either an authorized emergency contact person or I cannot be reached for a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. This also includes payment of any transport or emergency medical services related.

Parent/Guardian Signature: _____ Date: _____

SLPS Media Release Form

(This information must be filled out by the parent or guardian)

Through the school year, students may be highlighted in efforts to promote Saint Louis Public Schools (SLPS) activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspaper, radio, TV, the district website, social media, videos, displays, brochures, and other types of media.

I hereby give SLPS and its employees, representatives, permission to photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a. I understand that neither SLPS nor representatives will reproduce said photograph, interview, any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve SLPS, its Board of Education, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.
- c. I hereby irrevocably authorize SLPS to copy, exhibit, publish or distribute any and all such images and audio of my child or wherein he or she shall appear, including composite or artistic forms and media, for purposes of publicizing SLPS programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

I certify that I have read the Media Release Form statement and fully understand its terms and conditions.

Child's Legal Name: _____ **Birthdate:** _____

I hereby certify that I am the parent or guardian of the minor named above and do hereby give my consent without reservations to the above mentioned.

Parent/Guardian Signature: _____ **Printed Name:** _____ **Date:** _____

List additional SLPS students with the same parent/ guardian to be included in this release:

- | | |
|----------------------------|-------------------------|
| Child's Name: _____ | Birthdate: _____ |
| Child's Name: _____ | Birthdate: _____ |
| Child's Name: _____ | Birthdate: _____ |
| Child's Name: _____ | Birthdate: _____ |
| Child's Name: _____ | Birthdate: _____ |
| Child's Name: _____ | Birthdate: _____ |

Technology Usage Form

TECHNOLOGY

St. Louis Public Schools offer students the opportunity to continue their access to education services using District provided technology and equipment.

I, _____ and my parent/guardian, _____ agree to all the following provisions regarding student use of technology resources, including the use of any laptop, iPad and/or other technology equipment issued to me by the district.

Students are expected to use district technology safely, responsibly, and for educational purposes only. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned. ***Only (slps.org) email accounts are expressly prohibited.***

Students are expected to comply with all requirements of the District's Computer and Internet Acceptable Use Procedures P4847. Students shall have no expectation of privacy while using district provided technology. The use of the equipment may be subject to monitoring, including but not limited to software to manage use and track equipment location.

Students are prohibited from using district technology for improper purposes, including, but not limited to, use of district technology to:

- 1) Access, post display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive.
- 2) Bully, harass, intimidate, or threaten other students, staff, or other individuals (Cyber-bullying).
- 3) Infringe on copyright, license, trademark, patent, or other intellectual property rights.
- 4) Intentionally disrupt or harm district technology or other district operations (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission from teacher or district personnel or changing settings on shared computers).
- 5) Install unauthorized software.
- 6) Engage in/or promote any practice that is unethical or violates any law or Board Policy, administrative regulation, or district practice.

Students and their parents or guardians, accept full responsibility for the equipment and will reimburse St. Louis Public Schools for any damages, including loss or theft. I understand that if the equipment is stolen, my personal insurance will cover the cost, or I will assume financial responsibility. A theft report must be filed and provided to the district. The replacement cost for any lost or stolen iPad is **\$320** and iPad w/Wi-Fi capabilities **\$420**.

If my child withdraws from the district for any reason, I agree to return the property within 10 business days.

I have read, understand and agree with the requirements listed:

Student's Name: _____	Parent's Signature: _____
Student's Signature: _____	Parent's Email Address: _____
Grade Level: _____	Phone Number: _____
School: _____	iPad: _____ iPad w/Bluetooth: _____

Mobile Phone Usage Form

For students to be allowed to bring a cell phone to school, the below cell phone policy must be reviewed and signed by the parent and child. This completed document must be submitted to the classroom teacher.

Woodward's Mobile Phone Policy

Woodward is not responsible for cell phones or other electronic devices brought to school. It is recommended that these devices remain at home. Cell phones, cameras, or other recording devices may not be utilized on school property unless the teacher or administration provides written permission.

- Parents may want their child to have a cell phone for emergencies at the bus stop or while their child is traveling to and from the bus stop. Parents will review Woodward's expectations for electronic devices and acknowledge receipt and understanding of the expectations.
 - Students that choose to bring a cell phone must turn the phone off and always keep it in a secure location while on school property, including the bus.
 - Students that utilize their electronic device on school property, including the bus, will be subject to disciplinary action. This includes making calls, sharing files or images, or recording other students or staff members. (Students attending school that need to call a parent for emergencies, may use the office phone with permission.)
1. First offense: warning and confiscation of the phone, to be stored in the office safe until the conclusion of the school day. The phone will be returned to the student and the parent will be contacted by the classroom teacher. Woodward's Mobile Phone Permission Form
 2. Second offense: confiscation of the phone, to be stored in the office safe, and parents will be responsible for retrieving the item. Parents will be contacted by the office administration.
 3. Third offense: confiscation of the phone, to be stored in the office safe, the student will no longer be allowed to bring an electronic device to school and additional consequences may be given according to the **District Code of Conduct Book**. A parent will be responsible for retrieving the device from the office.

If a student continues to bring an electronic device to school after the third documented offense, the student will be given an additional consequence according to the **District Code of Conduct Book**. If a student refuses to provide the electronic device to the staff member, the parent will be contacted, and the student will be given an additional consequence according to the **District Code of Conduct Book**.

I, _____, give my child, _____, permission to bring a cell phone to school and I understand and will abide by the above stated policy.

Parent name: (Print) _____

Student name: (Print) _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Portal Agreement

(Please include a copy of your driver's license for verification and to receive an email listing your sign-on information and password)

Please fill out this form and include all the names of children at this school you would like **Parent Portal** access to:

Student's Name: _____	School: _____	Grade: _____
Student's Name: _____	School: _____	Grade: _____
Student's Name: _____	School: _____	Grade: _____
Student's Name: _____	School: _____	Grade: _____

Please provide an email address to use for **Parent Portal** and **Student Information Notifications**

Parent's Name: _____	Parent's Email: _____
Parent's Name: _____	Parent's Email: _____

I understand my responsibility to protect my Parent Portal password. I should not share my password with my children. I understand that the Parent Portal system may not be available 24 hours a day due to maintenance on the computer network, weather, related interruptions, etc.

Parent's Signature: _____ Date: _____

Print Name: _____

Please cut and keep for your records

ST. LOUIS PUBLIC SCHOOLS NON-DISCLOSURE AGREEMENT (PLEASE READ)

This policy agreement pertains to the St. Louis Public Schools (SLPS) Student Information System (SIS), which contains individual data on SLPS schools, and students. SIS is the student information repository with student state identification numbers.

Under the auspices of the Superintendent of Schools, the Office of Technology Services will manage SIS. It will be maintained and accessed in accordance with the Family Educational Rights and Privacy Act (FERPA), the Individuals with Disabilities Education Act (IDEA), the Protection of Pupil Rights Amendment (PPRA) and all Missouri statutes and regulations essential to maintaining the confidentiality of student records as they are collected and maintained.

Data security and student confidentiality are of the utmost importance to the St. Louis Public Schools, both as a district and within its individual buildings. As an SIS user, you have restricted access to view material and information that must be kept confidential and secure. Please treat all viewed information as confidential. This policy intends to ensure that only those persons with a legitimate educational interest have aggregate access to the SIS system.

As a user, you are expected to not reproduce any information, directly or indirectly, and to not disclose the content of materials viewed unless it is in the scope of your parenting. Information needed for organizational or individual research, must be requested through the official process approved by St. Louis Public Schools. Please do not put any SLPS school or student at any unfair advantage by sharing information with others. Consequences for inappropriate release or use of student or school information will be at the discretion of the Superintendent of Schools.

We are certain that you share our concern that student information is to be handled in a professional, secure, and confidential manner.

Thank you for your cooperation