

# 2023-2024 ENROLLMENT FORMS

Please fill out all forms.

- Student information/registration form: New enrollment fill out blank form. Returning students make corrections, date and sign.
- HIGH SCHOOL HANDBOOK: Copies available at the following locations:
  - On the website [www.nppanthers.org](http://www.nppanthers.org)
  - In High School office
  - At Superintendent's Office
- TECHNOLOGY USAGE AGREEMENT: Allows students to use the school computers and connect to the internet.
- PHOTO/VIDEOTAPE/AUDIO RELEASE: Allows your child to be posted on a website and pictured in the yearbook.
- EMAIL CONSENT/PERMISSION FORM
- FERPA: This allows any non-guardian/step parent access to student's confidential information. Please ask if a form is needed.
- MO HEALTH
- DRUG TESTING: Must be signed and returned by August 23.
- HEALTH INFORMATION: All medication should be brought to the office by a parent or guardian.
- \$5.00 class dues. This is used to fund homecoming class floats, class skits, winter festival class gym decoration and senior trip.



# North Platte R-1 School District

## Student Registration Update Form

**STUDENT INFORMATION:** Please print in ink or type requested information. All information provided remains confidential.

School Year: \_\_\_\_\_ Grade level: \_\_\_\_\_ MOSIS ID# \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Physical Address (Where student Lives) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Mailing Address (Where student receives mail) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Is the student's ethnicity Hispanic?  Yes  No What is the student's race? \_\_\_\_\_

What is the student's first language? \_\_\_\_\_

Which language(s) does the student use (speak) at home and with others? \_\_\_\_\_

Which language(s) does the student hear at home and understand? \_\_\_\_\_

Is your student currently on an IEP or 504 plan?  Yes  No

Is the student living with their parent or legal guardian in someone else's house other than your own, living with a friend or family member other than their parent/guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)?  Yes  No

Is the student currently residing in an emergency or transitional shelter?  Yes  No

Has the student been abandoned in a hospital?  Yes  No

Is the student's primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings?  Yes  No

Is the student currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting?  Yes  No

**PARENT INFORMATION:** THE FOLLOWING INFORMATION IS REQUESTED TO HELP US BETTER SERVE OUR STUDENTS AND THEIR PARENTS AS THERE ARE MANY STUDENTS WHO LIVE IN JOINT CUSTODY RELATIONSHIPS OR HAVE NON-CUSTODIAL PARENTS WHO ARE ACTIVELY INVOLVED IN THEIR STUDENT'S SCHOOL PROGRESS. FURTHER, WE WISH TO HONOR ALL COURT ORDERS.

INDICATE WITH WHOM THE CHILD LIVES:

- PARENTS (BOTH)     MOTHER     FATHER  
 OTHER LEGAL GUARDIAN, PLEASE STATE RELATIONSHIP;

(Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specified purpose of school registration) (SB944)

IF PARENTS ARE DIVORCED, WHICH PARENT HAS PRIMARY CUSTODY: \_\_\_\_\_

\* IF A DIVORCE DECREE EXISTS, PLEASE PROVIDE THE PORTION OF THE DIVORCE DECREE DETAILING CUSTODY ARRANGEMENT.

- SEND DUAL MAILING TO BOTH PARENTS.  
 THERE IS A COURT ORDER RESTRICTING THE FOLLOWING PERSON/PEOPLE CONTACT WITH THE SCHOOL OR THIS STUDENT (ORIGINAL COPY OF COURT ORDER MUST BE PRESENTED)

NAME: \_\_\_\_\_

- STUDENT HAS BEEN PLACED IN FOSTER CARE BY DFS? IF CHECKED, DISTRICT PREVIOUSLY ENROLLED?
- \_\_\_\_\_

#### Employment Information

Have you moved within the past 3 years to seek or obtain work in the following areas? If so, check the appropriate categories:

- |  |   |
|--|---|
| <input type="checkbox"/> Feeding poultry, gathering eggs or working in a hatchery      | <input type="checkbox"/> Planting or harvesting crops                 |
| <input type="checkbox"/> Processing meat, poultry, fruit or vegetables, dairy products | <input type="checkbox"/> Commercial fishing or working on a fish farm |

Parents/Guardians (Number in order of preferred contact)

Guardian Type: \_\_\_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Guardian Type: \_\_\_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Emergency Contact Information**

Emergency care contact: (Number in order of preference) If parent(s) cannot be reached, I/we authorize the school to call, share medical information with and release my child to:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Notify of Illness  Yes  No Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

May Pick up Student  Yes  No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Notify of Illness  Yes  No Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

May Pick up Student  Yes  No

**AFFIDAVIT OF ENROLLMENT, DISCIPLINE, AND LAW ENFORCEMENT HISTORY**

The School District requires a signed enrollment, discipline, and law enforcement history affidavit upon enrollment. Falsifying and or omitting essential information is a Class B misdemeanor under Missouri's Safe School Act of 1996. Enrollment may be temporarily or permanently denied as circumstances warrant.

I certify that \_\_\_\_\_ (please enter Student's Name)  
is not presently and/or has not been suspended or expelled from any school system, nor, is presently charged, or have been charged within the last 12 months with any crime involving weapons, alcohol, drugs, or acts of violence by a law enforcement agency, juvenile office, family court, or prosecuting attorney. Section 167.171 revised **Statutes of Missouri**.

\_\_\_\_\_  
Signature of parent or court-appointed guardian

\_\_\_\_\_  
Date

**Military Recruiter Access (High School Students Only):**

By law, the district must release to military recruiters the name, address, and phone number of high school students unless your Student, Parent, or Guardian notified the district in writing that they do not want the information released. Do you want this information released?

Yes       No

Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

**Verification:**

I verify that the information provided on this form is accurate and current. Submitting false statements or information relating to residency is defined as a Class A misdemeanor and the district may recover from you tuition payments for any pupil who is enrolled based on false information you provide

Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

This information is requested for purposes of reporting to Federal Compliance Agencies only and will not be used as criteria for determining admission status. NOTICE OF NONDISCRIMINATION ~ Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment are hereby notified that the School District does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, handicap, disability, or veteran status, in admission or access to, or treatment in employment practices.

Student/Parent Handbook Acknowledgment

I acknowledge that I have received and reviewed the 2023-2024 Student/Parent Handbook. I understand the policies and guidelines of the District and that violations of these policies and guidelines may result in disciplinary action.

Parent/Guardian Signature

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Parent/Guardian Name (please print):

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Date: \_\_\_\_\_

\*Students 18 years of age or older may sign this release form for themselves.

*Student Technology Usage Agreement*

*Students (for ages 13 and above)*

I have read, understand, and agree to the Technology Acceptable Use Policy when using electronic devices owned, leased, or operated by the District *or* while accessing the District Wi-Fi/Internet, even if using a personal device. Should I violate the policy, my access privileges may be revoked. I also understand that any violation of the policy is prohibited and may result in disciplinary or legal action.

Student Signature:

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Student Name (please print):

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Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent Technology Usage Agreement Permission Form*

As the parent/guardian, I have read, understand, and agree to the Technology Acceptable Use Policy when my student(s) or family are using electronic devices owned, leased, or operated by the District *or* while accessing the District Wi-Fi/Internet, even if using a personal device. Should my student(s) violate the policy, access privileges may be revoked. I also understand that any violation of the policy is prohibited and may result in disciplinary or legal consequences. I further understand that the District has taken steps to control access to the Internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree not to hold the District responsible for materials acquired on the network and accept responsibility when my student(s) uses District technology outside the school setting. I give permission for my student(s) to use District technology and network resources, including the Internet.

Parent/Guardian Signature:

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Parent/Guardian Name (please print):

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Date: \_\_\_\_\_

\*Students 18 years of age or older may sign this release form for themselves.

Throughout the school year, there may be times that the District staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school-related stories in a manner that would individually identify a specific student. These images or interviews may appear in District publications, District-approved social media sites, in the news, or other organizations' publications.

I, Parent/Guardian of (please print) \_\_\_\_\_, provide to my child's school and to the District permission to use my child's photographs, image, and/or recordings for the purposes mentioned above. I understand and agree that the District may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. Further, I consent that such photographs, images, recordings are the property of the school for District use clear of any claim on my part. I therefore agree to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organization for school related stories or articles.

Parent/Guardian Signature:

\_\_\_\_\_

Parent/Guardian Name (please print):

\_\_\_\_\_

Date:

\_\_\_\_\_

\*Students 18 years of age or older may sign this release form for themselves.



*F-265-P                      Technology                      Form A*  
*Email Consent/Permission Form*

The faculty of the District strives to communicate and work together with the parents and guardians of our students. Email is one tool that promotes convenient, two-way communication between families and teachers. Though the District network is secure, we cannot guarantee that an email sent from the District server will remain secure once it leaves our system. When teachers or administrators receive email from outside sources, the identity of the person cannot always be easily discerned.

Therefore, permission must be granted by the parent/guardian to allow teachers or administrators to use email for communication. To remain compliant with the Family Educational Rights and Privacy Act (FERPA), email will not be used to send grading, attendance, discipline information of students, or other personally identifiable information without permission to do so. The District also encourages parents to access the District's parent portal, a secure measure, to check your child's school information and progress.

I, Parent/Guardian of (please print) \_\_\_\_\_, provide to my child's school and to the District permission to email academic, attendance, discipline, or other personally identifiable information to the email address(es) listed below. I understand that by giving this permission, there is no guarantee that the information will be fully secure and do not hold the District liable for any inappropriate release of student information that may violate the FERPA regulations as a result of any email communication. Should your email address change, please contact the District.

Name of Student (please print:)

\_\_\_\_\_

Email Address(es):

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian Name (please print):

\_\_\_\_\_

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 Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Random Drug Testing Consent for Eligibility*  
**School Year 2023-2024**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

This completed form must be returned to the high school office within ten days from entry into school.

By signing this form, the parent/legal guardian and student understand and agree as follows:

The student will be placed in the District's random drug testing pool. The student agrees to comply fully and completely with all requirements of the drug-testing program as stated in school policies and by-laws. I understand that participation in extracurricular activities and/or permission to park on District property is a privilege, not a right. I further understand that if I violate the District's drug testing policy that my parents/guardians, building administration and the applicable coach or activity sponsor will be informed of the violation.

I understand that if I commit a violation of the drug testing policy that my parent/legal guardian, building administration and the respective coach/activity sponsor will be the only individuals made aware of this information.

(Please Circle one)

Yes. I agree to take part in the North Platte School District's random drug testing pool. I, along with my parent/legal guardian, have read and understand all the school district's athletic and/or activity policies in the handbook. In order to be eligible for participation or to park on the campus, I understand I must comply with all the requirements listed.

No. I do not agree to have my child's name placed in the District's random drug testing pool. I further understand that by making this decision I relinquish my child's privileges to represent the District in extracurricular activities or to park on the campus.

Student Signature Date

\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_

***For Office Use***

Date Received in the Principal's Office:

**FOR OFFICE USE**

**Date Received in the Principal's Office** \_\_\_\_\_

**PLEASE REMOVE AND RETURN TO HS OFFICE**

# 2023-2024 Health Information Form

Student's Name \_\_\_\_\_

Student's Grade \_\_\_\_\_

## Dispensing of Medications

For the current school year, I give permission for the school nurse OR other trained personnel to dispense over-the-counter medications (Tylenol, Ibuprofen, throat lozenges, antacids, etc.) for minor discomfort as well as medication prescribed by my child's physician. I understand that ALL medication will be given according to label or physician instructions.

Date: \_\_\_\_\_

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

Please list ANY food, medication, or insect allergies:

\_\_\_\_\_

Please list the reaction to the allergy (hives/rash, breathing difficulty, swelling of lips, tongue, throat, etc.):

\_\_\_\_\_

**(If your child has a severe allergy that may cause difficulty breathing you must provide an epi pen and an emergency action plan from their physician.)**

**Turn Over**

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Please list ANY medical conditions your child has been diagnosed with:

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Please list ANY medications your child takes on a daily basis:

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