

# Gordon Parks Elementary School

## 2012—2013 NEW Student Enrollment Packet



Thank you for your interest in Gordon Parks Elementary School! Please complete and/or provide the following information so that your student's application can be processed quickly:

- Enrollment Application** (enclosed, three pages)
- Health Information Form** (enclosed)
- Overview of School Policies** (enclosed)
- Safe School Form** (enclosed)
- Academic Records Release Form** (enclosed)
  - Your child's application is **not** complete until **FULL** academic records are received from his or her current school.
- Consent for Release of Information** (enclosed, Operation Breakthrough students only)
- Completion of Screening Test** (for incoming kindergarten students only)
- Immunization Record**
- Birth Certificate**
- Medicaid Card, if applicable**
- Electric, Gas, or Water Utility Bill**
- One of the following:**
  - Copy of Deed of Trust
  - Copy of Rental/Lease Agreement
  - Copy of Jackson County paid (personal) property tax receipt

**Gordon Parks Elementary School**

3715 Wyoming, Kansas City, MO 64111  
Phone: 816-753-6700 Fax: 816-753-3436

# Gordon Parks Elementary School

## 2012—2013 Enrollment Application



### BASIC STUDENT INFORMATION

Student's **FULL** Legal Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Medicaid Number: \_\_\_\_\_

Student's Grade (2012-2013): \_\_\_\_\_

#### Office Use Only

MOSIS ID#: \_\_\_\_\_

Date App Rec'd: \_\_\_\_\_

### SPECIAL EDUCATION INFORMATION

Does your child have a 504 plan?

- Yes  
 No

Does your child have an Individualized Education Plan (IEP)?

- Yes  
 No

Student's Gender:

- Male  
 Female

Student's Race/Ethnicity:

- American Indian/Alaskan Native  
 Asian/Pacific Islander  
 Black/African American  
 Hispanic/Latino  
 White/Caucasian

### PREVIOUS SCHOOL INFORMATION

School Previously Attended (School Name and District): \_\_\_\_\_

Reason for Leaving Previous School: \_\_\_\_\_

### HOME INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

In case of emergency, what is the fastest way to reach you during the school day?

- Home Phone  
 Cell Phone  
 Work Phone

### SIBLING INFORMATION

Please provide the following information for all of this student's siblings:

Sibling Name: \_\_\_\_\_

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

Current School/Program: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

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

Current School/Program: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

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

Current School/Program: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

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

Current School/Program: \_\_\_\_\_

## OTHER CONTACTS

The following people may pick up this student and/or be contacted if the school cannot reach the parents/guardian(s).

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*In case of emergency involving your child, a Gordon Parks staff member will contact you as quickly as possible to arrange for medical care. If the school is unable to contact you the staff will seek treatment at the nearest hospital.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LEGAL DOCUMENTATION

For all students, the following information is needed at the time of enrollment:

- Adoption Papers
- Foster Care Information
- Order of Protection/Restraining Order
- Parenting Plans/Custody Agreements
- Any other legal documents signed by a judge pertaining to child custody

Please check the appropriate box below:

- All legal documents have already been provided to Gordon Parks Elementary.
- No, I do not have any legal documentation on my child that the school needs to be aware of.
- Yes, I do have legal documentation that Gordon Parks Elementary needs to keep on file. A copy of those documents are attached to this application.

*As the parent/guardian, it is my responsibility to keep Gordon Parks Elementary updated on any legal custody changes (temporary or permanent). I will provide the school with all appropriate documents as they are available.*

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

## NOTICE OF NON-DISCRIMINATION

Gordon Parks Elementary does not discriminate on the basis of sex, race, religion, color, national origin, ancestry, age, disability, sexual orientation, gender identity, or any other factor prohibited by law in its programs and activities. If you believe you have been subject to discrimination or harassment, or if you have inquiries regarding the school's non-discrimination policies, please contact the Administrative office at 3715 Wyoming, Kansas City, Missouri 64111, or call 816-753-6700.

To help determine if your child qualifies for a federal program, please circle "Yes" or "No" to the following questions:

- |  |            |           |
|--|------------|-----------|
| 1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?<br>- If a similar reason, please explain: _____  | <b>Yes</b> | <b>No</b> |
| 2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?   | <b>Yes</b> | <b>No</b> |
| 3. Are you currently residing in a shelter?  | <b>Yes</b> | <b>No</b> |
| 4. Are you currently living in a temporary housing arrangement due to economic hardship?   | <b>Yes</b> | <b>No</b> |
| 5. Do you live in federal subsidized housing?  | <b>Yes</b> | <b>No</b> |
| 6. Does your student speak a language other than English?  | <b>Yes</b> | <b>No</b> |
| 7. Is there a language other than English spoken at home?  | <b>Yes</b> | <b>No</b> |
| 8. Has the student's parent/guardian(s) been employed within the past three years in some form of temporary or seasonal agricultural work such as planting/harvesting, transporting farm products to market, working on a dairy or catfish farm, feeding or processing poultry, beef, or hogs, cutting firewood or logs to sell, or gathering eggs or working in hatcheries? | <b>Yes</b> | <b>No</b> |
| 9. Does the parent/guardian(s) work for the federal government?  | <b>Yes</b> | <b>No</b> |
| 10. Does your student live with both of his/her parents?   | <b>Yes</b> | <b>No</b> |

### PUBLIC INFORMATION RELEASE

Gordon Parks strives to publicize and promote the accomplishments of its students, including awards, human interest stories, and other events that highlight the many successes which occur in our school. Should the opportunity arise for students to be featured in media-related projects, only children with completed releases will be considered. Sign and complete the following:

*I give my consent and permission for my student, \_\_\_\_\_, to be interviewed on radio, photographed, and/or videotaped for use in news stories and/or promotional material about/for Gordon Parks Elementary School. The consent applies only to the use of my child for non-profit, promotional purposes by Gordon Parks Elementary, news organizations, or agencies representing the school.*

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

### FIELD TRIP PERMISSION FORM

During the school year students will go on field trips to different destinations in the area. Information for each trip will be provided in the weekly principal's newsletter. In order for your student to participate in these field trips, a parent/guardian must agree to and sign the following:

*I give my consent and permission for my student, \_\_\_\_\_, to go on field trips throughout the school year. In case of emergency I understand that I will be notified as quickly as possible. The principal or staff member in charge can make immediate arrangements for any medical treatment for my student. If the school is unable to contact me, I authorize treatment at the nearest hospital.*

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

### COUNSELING PROGRAM RELEASE

Gordon Parks Elementary employs counselors licensed by the State of Missouri to work with students. The counselors will conduct individual therapy as well as classroom programming on such issues as conflict resolution, relationships, and community building.

*I give permission for the counselors at Gordon Parks Elementary School to work with my student, \_\_\_\_\_, while he/she is attending the school.*

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

*This consent remains in effect until revoked in writing.*

### PARENT/GUARDIAN SIGNATURE

The signature of a parent/guardian is required in order for this application to be valid.

*I have correctly listed all information on this application form.*

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

# Gordon Parks Elementary School

## 2012—2013 Health Information Form



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

### HEALTH QUESTIONNAIRE

- Does your child have a regular medical provider?  
 Yes  
 No
- Where is your child receiving regular medical care/treatment?  
 Doctor's Office  
 Emergency Room  
 Community Health Clinic  
 Other, please specify: \_\_\_\_\_
- Has your child had a physical exam in the past two years?  
 Yes  
 No
- Check the type of health insurance your child has:  
 Private policy or Employer paid policy  
 Medicaid or MC+  
 No insurance at the present time
- Does your child have a regular dental provider?  
 Yes  
 No
- Where is your child receiving regular dental care/treatment?  
 Private dental office  
 Dental Clinic (Truman-East, UMKC, etc.)  
 Clinics based-up on school referral  
 Other, please specify: \_\_\_\_\_
- When was the last time your child went to the dentist?  
 Past 12 months  
 Past 2 years  
 Never been to the dentist
- Check the type of dental insurance your child has:  
 Private policy or Employer paid policy  
 Medicaid or MC+  
 No insurance at the present time
- Has your child been diagnosed with a medical condition?  
 No  
 Yes, please specify: \_\_\_\_\_

### MEDICATION INFORMATION

- My student **is** taking medications that will need to be administered during regular school hours.
- My student **is NOT** taking medications that will need to be administered during regular school hours.

#### Medications Policy:

- Medication will not be administered at school without a written order from the student's physician.
- Gordon Parks Elementary will not administer over-the-counter medications to students.
- Please bring all medication to the office where they will be kept in a locked cabinet.
- All medication, including inhalers, must be accompanied by a prescription and provided in a manufacturer labeled container and labeled with your student's full name.
- Please provide any necessary items needed to administer the correct dosage (teaspoons, etc.).
- Students with asthma must have an Asthma Action Plan on file.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, do hereby give permission to Gordon Parks Elementary School to administer the following prescribed medication to my student:

Name of Medication: \_\_\_\_\_

Condition for which medication is prescribed: \_\_\_\_\_

Time to be Given: \_\_\_\_\_ Amount to be Given: \_\_\_\_\_

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

### ALLERGY AND FOOD RESTRICTION INFORMATION

- My student **does NOT** have any allergies or food restrictions that would affect him/her during the school day.
- My student **does** have the following allergies or food restrictions that would affect him/her during the school day:

Parents/guardians must provide a doctor's note describing all allergy conditions and/or medically-related food restrictions.

# Gordon Parks Elementary School

## Overview of School Policies



Complete versions of policies are available in the parent handbook

### DRESS CODE

Students are required to wear khaki, navy or black bottoms, Gordon Parks' t-shirts or sweatshirts, and tennis shoes. Students will participate daily in physical activities and it is important that proper shoes are worn everyday. During winter, students may wear boots to school but must also bring a pair of tennis shoes. Skirts must be at least fingertip length with shorts, leggings, or tights worn underneath. Students should wear belts to keep pants on their waist. The only jewelry allowed are small post earrings and watches. Students not in proper dress code will lose Star Points and will be required to change. Continual dress code infractions may result in disciplinary actions.

### ATTENDANCE

Absences	Action Taken
3 per Trimester	<ul style="list-style-type: none"><li>A letter from the principal and a call from the family outreach coordinator explaining school guidelines and state laws regarding school attendance</li></ul>
5 per Trimester	<ul style="list-style-type: none"><li>Meeting with the principal, family outreach coordinator, and counselor to review school guidelines, state laws, and the role of the Department of Family Services in addressing educational neglect.</li><li>Creation of an attendance contract between the school and the parent</li><li>If parent is unable to attend, the meeting will be rescheduled once. If parent does not attend the re-scheduled meeting, the school may refer to the Department of Family Services</li></ul>
7 per Trimester	<ul style="list-style-type: none"><li>School may make referral to the Department of Family Services</li></ul>

### PROMOTION AND RETENTION

Students at Gordon Parks Elementary School will be promoted on the recommendation of the classroom teacher and approval of the principal. The classroom teacher and principal will base their recommendation upon the following criteria:

- The student must master at least 70% of Missouri state standards for communication arts and mathematics in the assigned grade level as measured by unit assessments and class work. Parents may request a copy of the Missouri state standards at any time during the school year.
- The student must be reading within one year of his or her grade level as measured by the Columbia University Teachers College Reading Assessment.
- The student must maintain an 85% attendance rate.
- Standardized test scores, grades, IEP, social/emotional development, and other pertinent data will also be considered in determining promotion.

### DISCIPLINE

The Gordon Parks Elementary staff takes a proactive approach to helping students who struggle with behavior through two behavioral programs: BIST and Love & Logic. Students who are disruptive will go to the think spot, buddy room, or care room, dependent upon where the misbehavior stops. Parent meetings occur at the following intervals:

- 5 Care Room visits/trimester:** \*Parent meeting # 1
- 10 Care Room visits/trimester:** \*Parent meeting #2
- 15 Care Room visits/trimester:** Begin the Discipline Hearing process (see below).

\*Students may not return to school until a parent meeting takes place.

In order to maintain a nurturing, academic environment for all students, it may be necessary to suspend a student from school when behavior exhibited is harmful to oneself, other students, or staff. Students may receive either an In-School or Out-of-School Suspension depending on the severity of the behavior infraction as determined by the administration.

Students that repeatedly exhibit behavior problems may be subject to a Discipline Hearing. Hearings will take place at the following intervals\*:

- Discipline Hearing #1:** 2 ISS or OSS
- Discipline Hearing #2:** 5 ISS or OSS
- Discipline Hearing #3:** 7 ISS or OSS

\*For violations of the Missouri Safe Schools Act, the Discipline Hearing Committee may suspend or expel a student at any time

I have read, understand, and will abide by the Dress Code, Attendance, Promotion/Retention, and Discipline policies of Gordon Parks Elementary School.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

# Gordon Parks Elementary School

## Safe School Form



Student's Full Name: \_\_\_\_\_

**Instructions:** This form must be completed for all new students enrolling at Gordon Parks Elementary. Submitting false statements or information to a student's disciplinary history is defined as a Class B misdemeanor. Students could face removal from school for submitting false statements and/or information regarding residency or disciplinary history.

Current School/Program Name: \_\_\_\_\_ District: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Dates Student Attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Please answer the following questions. An explanation must be provided if you answer "yes" to any of the questions.**

1). Has this student ever been suspended from a school/program? **Yes No**  
- If yes, state the date and reason (attach copy of discipline report): \_\_\_\_\_

2). Is the student currently on long-term suspension (11-180 days) or expulsion from any in-state or out-of-state school previously attended? **Yes No**  
- If yes, state the date and reason (attach copy of discipline report): \_\_\_\_\_

3). Is this student currently charged with, ever been charged with, or convicted of a crime? **Yes No**  
- If yes, state the charge/conviction: \_\_\_\_\_

4). Please list all schools your child has attended within the past twenty-four months. Include each school's name, city, and state in which they are located: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing and submitting this form I support my child's enrollment at Gordon Parks Elementary. I understand that it is a criminal offense to give false information concerning prior disciplinary actions taken against my child. I acknowledge and accept responsibility for the consequences of submitting false statements or information for the purpose of enrollment.*

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

# Gordon Parks Elementary School

## Academic Records Release Form



**Student's Full Name:** \_\_\_\_\_

For enrollment purposes, the parent/guardian has authorized the following school and/or Operation Breakthrough to release, fax, and/or mail any school records on the above listed student by such school.

Name of School Last Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Student Attended Last School/Operation Breakthrough: \_\_\_\_\_

*Pursuant to Section 167.020(7) and 167.022, RSMo, the school official enrolling a pupil, including any special education pupil, shall request the student records from all schools, facilities or state agencies and entities involved with the placement of the student within the last twenty-four months.*

*Signature of Parent:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Please provide the following applicable information regarding this student:**

- Health Records
- Report Cards
- Behavior/Discipline Reports (including Safe Schools Act violations)
- Special Education Reports
- Standardized Test Scores

Within five business days of this request, the school and/or Operation Breakthrough must submit all applicable above listed cumulative school records and reports to:

**Gordon Parks Elementary School**

**3715 Wyoming**

**Kansas City, MO 64111**

Phone Number: 816-753-6700

Fax Number: 816-753-3436

# Gordon Parks Elementary School

## Consent for Release of Information



Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Family Advocate's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Please help Gordon Parks Elementary School and Operation Breakthrough  
cooperate to improve services to your student.*

Occasionally, Gordon Parks Elementary may request the following types of information from Operation Breakthrough:

- Health Records
- Teacher Reports / Academic Progress Notes
- Behavior / Discipline Reports
- Mental Health Services / Psychological Reports
- Special Education Reports / IEP / IFSP
- Family Information
- Any information helpful in determining appropriate programming and services for your student
- Other: \_\_\_\_\_

This information assists Gordon Parks Elementary in identifying programming that will help your student be more successful in the classroom.

- My student **IS** enrolled at Operation Breakthrough.
- My student is **NOT** enrolled at Operation Breakthrough.

*I consent that Family Advocates and other staff members at Operation Breakthrough may share the above types of information about my student and our family with staff members at Gordon Parks Elementary School. I understand that the information will be kept confidential and will be used solely to determine appropriate services for my student.*

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Within five business days of the request, Operation Breakthrough will provide all requested information to Gordon Parks Elementary School.

**Gordon Parks Elementary School**

**3715 Wyoming**

**Kansas City, MO 64111**

Phone Number: 816-753-6700

Fax Number: 816-753-3436