

Gordon Parks Elementary School

2012—2013 RETURNING Student Enrollment Packet



Thank you for your interest in re-applying to 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)
- Consent for Release of Information** (enclosed, Operation Breakthrough students only)
- 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: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone: _____	Home Phone: _____
Cell 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?
- If a similar reason, please explain: _____ | Yes | No |
| 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? | Yes | No |
| 3. Are you currently residing in a shelter? | Yes | No |
| 4. Are you currently living in a temporary housing arrangement due to economic hardship? | Yes | No |
| 5. Do you live in federal subsidized housing? | Yes | No |
| 6. Does your student speak a language other than English? | Yes | No |
| 7. Is there a language other than English spoken at home? | Yes | No |
| 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? | Yes | No |
| 9. Does the parent/guardian(s) work for the federal government? | Yes | No |
| 10. Does your student live with both of his/her parents? | Yes | No |

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

1. Does your child have a regular medical provider?
 Yes
 No
2. Where is your child receiving regular medical care/treatment?
 Doctor's Office
 Emergency Room
 Community Health Clinic
 Other, please specify: _____
3. Has your child had a physical exam in the past two years?
 Yes
 No
4. Check the type of health insurance your child has:
 Private policy or Employer paid policy
 Medicaid or MC+
 No insurance at the present time
5. Does your child have a regular dental provider?
 Yes
 No
6. 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: _____
7. When was the last time your child went to the dentist?
 Past 12 months
 Past 2 years
 Never been to the dentist
8. Check the type of dental insurance your child has:
 Private policy or Employer paid policy
 Medicaid or MC+
 No insurance at the present time
9. 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:

1. Medication will not be administered at school without a written order from the student's physician.
2. Gordon Parks Elementary will not administer over-the-counter medications to students.
3. Please bring all medication to the office where they will be kept in a locked cabinet.
4. 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.
5. Please provide any necessary items needed to administer the correct dosage (teaspoons, etc.).
6. 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">A letter from the principal and a call from the family outreach coordinator explaining school guidelines and state laws regarding school attendance
5 per Trimester	<ul style="list-style-type: none">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.Creation of an attendance contract between the school and the parentIf 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
7 per Trimester	<ul style="list-style-type: none">School may make referral to the Department of Family Services

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

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