

NEW SCHOLAR CHECKLIST

Scholar's Name: _____ Gender: _____

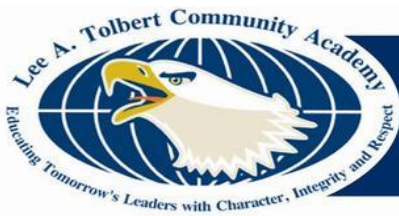
The following items are to be completed for every scholar attending Lee A. Tolbert Community Academy (LATCA). A checkmark indicates the item has been completed.

Provided by LATCA			
Required	Item	Enclosed <i>(Parent Check)</i>	Enclosed <i>(LATCA Check)</i>
✓	New Scholar Application		
✓	Authorization to Release Records		
✓	Immigrant Form		
✓	Media Release Authorization		
✓	Medication Authorization		
✓	Parent Assurances		
✓	Parent Portal Access Agreement		
✓	Safe Schools Assurance		
✓	Transportation Request		
*	Two-Party Affidavit <i>(Required only if you and your scholar in the home of a district patron. Residency verification of a current utility bill, lease, or mortgage is required.)</i>		
✓	DESE Parent Questionnaire		
✓	DESE Parent Survey Form Protocol		
✓	McKinney Vento Services		
Provided by Parent			
✓	Birth Certificate or Copy Of		
✓	Immunization Records		
✓	Proof of Residency <i>(Current Utility Bill, Lease, or Mortgage)</i>		

How did you hear about LATCA?

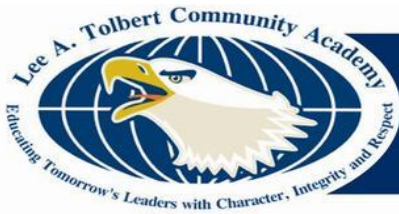
Friend Radio Television Newspaper Relative Church Other: _____

Screening Date: _____ Screening Time: _____



NEW SCHOLAR APPLICATION

Demographic Information				
Scholar's First Name	Scholar's Last Name	Scholar's Middle Name		
Scholar's Gender <input type="radio"/> Male <input type="radio"/> Female	Scholar's Date of Birth	Grade Applying For	Does Student have IEP?	If Yes, Docs Attached?
Scholar's Previous School		Previous School's City, State		
Scholar's Race / Ethnic Origin (check all that apply): <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Indian <input type="radio"/> Pacific Islander <input type="radio"/> Multi-Racial				
Is a language other than English spoken in your home? <input type="radio"/> Yes <input type="radio"/> No		Language:		
Home Information				
Scholar's Home Address		Scholar's Zip Code	Scholar's Home Number	
Scholar Lives With (check all that apply): <input type="radio"/> Both Parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Grandparents <input type="radio"/> Guardian <input type="radio"/> Uncle <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Other				
Name of Person Scholar Lives With, If <i>Other Than</i> the Parent:				
Are you sharing the home of another person due to <input type="radio"/> Economic Hardship <input type="radio"/> Loss of Housing <input type="radio"/> Other If Other, please explain.				
Are the scholar and family residing in a shelter? <input type="radio"/> Yes <input type="radio"/> No				
Due to economic hardship, does the scholar and family have a temporary housing arrangement or reside in a hotel, motel, car, or at a campsite? <input type="radio"/> Yes <input type="radio"/> No				
Parents / Guardian Information				
Mother's First Name	Mother's Last Name	Mother's Cell Number		
Mother's Employer / Employer's City, State		Mother's Work Number		
Father's First Name	Father's Last Name	Father's Cell Number		
Father's Employer / Employer's City, State		Father's Work Number		
Military Affiliation (Either Parent /Guardian) <input type="radio"/> Yes <input type="radio"/> No	Branch / Affiliation:			
Additional Scholars				
Name	Age	Relationship	Current Grade Level	Grade Applying For
Emergency Contact				
Name	Relationship	Address	Home Number	Cell Number
Parental / Guardian Consent				
Parent's / Guardian's Signature			Date	



AUTHORIZATION TO RELEASE RECORDS

Please do not withdraw the scholar until notified by the registrar.

Scholar Information

Scholar's Name: _____

Address / City / State / Zip: _____

Date of Birth: _____ Gender: _____

Scholar's Name: _____

Address / City / State / Zip: _____

Date of Birth: _____ Gender: _____

Former School Information

School Name: _____

Address / City / State / Zip: _____

School's Telephone / Fax: _____

RECORDS REQUESTED	
Cumulative Education	Psychological
Assessment Scores	Social
Attendance	Special Education/IEP/Section 504 Plan
Discipline	Outside Agency
Immunization	

ENROLLMENT / ADMISSION / READMISSION

In compliance with the Missouri Safe School Act, prior to enrolling or readmitting a scholar who has been suspended for more than 10 consecutive days, including expulsion, for an act of school violence, a conference must be held to review the conduct which resulted in the suspension/ expulsion regardless of whether or not the conduct occurred at a public, charter, or private school.

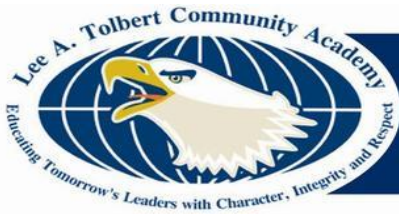
AFFIDAVIT

Prior to enrolling, Lee A. Tolbert Community Academy (LATCA) requires a parent/guardian to execute a sworn affidavit including whether the scholar has been expelled from any public, charter, or private school for violations of weapons, drug, or alcohol policy, and/or for the willful infliction of injury to another. Executing a false affidavit is a Class B misdemeanor. By law, LATCA cannot enroll or readmit a scholar who has been charged with, convicted of, or had petition(s) filed in court, or who has had a petition sustained that alleges any of the "acts of violence" listed above.

I authorize the release of the records as indicated above.

Parent's / Guardian's Signature

Date



IMMIGRANT / SEASONAL WORKER

Child(ren)'s Information

1. Child's Name: _____ Grade: _____

2. Child's Name: _____ Grade: _____

Please assist us in ensuring that your applicant receives all the educational benefits provided by the Lee A. Tolbert Community Academy (LATCA) staff by answering the following questions:

1. Is there another language(s), other than English spoken in your home? Yes No
Primary Language: _____ Secondary Language: _____
2. If you have moved from one school district to another within the last three years, your applicant may be eligible for a special program of supplemental services. Please answer the following questions:
 Yes No Before the move was either parent / guardian child or child's spouse employed in temporary or seasonal agricultural or agricultural-related work sch as: planting or harvesting crops, vegetables, fruits, cotton, etc.): transporting farm products to market; feeding poultry; gathering eggs; working in hatcheries; processing poultry, beef, hogs, fruits, vegetables, etc; working in dairy or catfish farm; cutting firewood or logs to sell?
 Yes No Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs?
 Yes No Is either parent / guardian, child, or the child's spouse now employed in any of the above kinds of work?
 Yes No During the summer months only, have you moved away with your child or has the child moved away to engage in crop harvesting or other seasonal agricultural work?
 Yes No Has the child ever been suspended from school for more than 10 days?
 Yes No Are you homeless? If yes, are you living in a: Shelter Other
Please Explain: _____
3. Is the applicant currently expelled from the last school he / she attended? Yes No
Please Explain: _____
4. Is the applicant currently serving a suspension of more than 10 school days? Yes No
Please Explain: _____

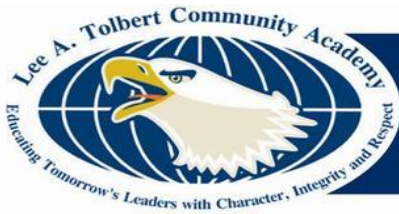
IMMIGRANT STUDENT SURVEY

1. The applicant wasn't born in any state and was been attending school in one or more states for less than three complete school years.
2. The applicant fits the definition of "immigrant" under the Immigrations and Nationality Act. As amended. Immigrant children: will include the children of lawful permanent resident aliens, refugees, asylees, parolees, persons of other immigrant status, and immigrant residents in the United States without proper documentation.
3. They will exclude children from foreign diplomats. United States citizens, children who were born abroad, and children of foreign residents temporarily in the United States for business or pleasure.
 In the United States Less than One (1) Year In the United States One (1) to Two (2) Years
 In the United States Two (2) to Three (3) Years Does Not Apply

Parent's / Guardian's Printed Name

Parent's / Guardian's Signature

Parent's / Guardian's Telephone Number



MEDIA RELEASE AUTHORIZATION

Scholar's Information

1. Scholar's Name: _____ Grade: _____
2. Scholar's Name: _____ Grade: _____
3. Scholar's Name: _____ Grade: _____
4. Scholar's Name: _____ Grade: _____
5. Scholar's Name: _____ Grade: _____

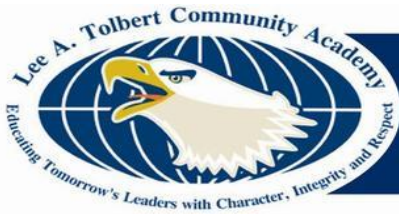
In consideration of my scholar being allowed to participate in any way at Lee A. Tolbert Community Academy (LATCA), in any official event and/or activity, the undersigned agrees that LATCA is hereby granted the unrestricted and exclusive right and permission, free from approval or review to copyright and/or use my scholar's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child when he/she may be included intact or in part for promotion or other commercial or organizational use.

- YES** – I want my scholar's name and photograph included in the school directory, yearbook, social media, and all other print material.
- NO** – I do ***not*** want my scholar's name and photograph included in the school directory, yearbook, social media, and all other printed material.

I authorize the release of the information as indicated above.

Parent's / Guardian's Signature

Date



MEDICATION AUTHORIZATION

Scholar Information

Scholar's Name: _____ Grade: _____

Date of Birth: _____ Gender: _____

Allergies: _____

Physician's Name: _____

Physician's Telephone Number: _____

I authorize that my scholar be administered the following over-the counter medications by the Lee A. Tolbert Community Academy (LATCA) nursing staff who are qualified to administer medication.

Over-the-Counter Medication (Check all that apply)

Children's Tylenol
(Dose: 1 to 2 pills)

Ibuprofen
(Dose: 1 to 2 pills)

Hydrocortisone Cream
(Relieves itching)

Neosporin Ointment
(Soothes cuts and scrapes)

Prescription Medication

Name of Medication: _____

Prescription Number: _____ Time: _____

Method of Dispense (Pills / Drops / Liquid): _____

Dose: _____ Start Date: _____

Reason for Medication: _____

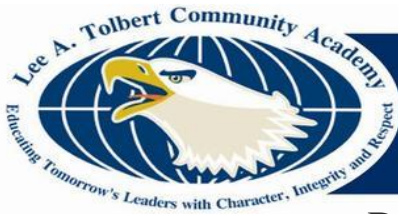
AUTHORIZATION TO RELEASE MEDIAL INFORMATION

The undersigned parent/guardian/legal representative of the above named Lee A. Tolbert Community Academy (LATCA) scholar hereby authorizes the exchange of health/medical information and records between LATCA and the above named physician. Use and disclosure shall be for the planning and implementation of any health-related care that is provided during school hours and at school-related activities.

I further authorize the LATCA nursing staff to share records and/or information that is pertinent to my scholar's academic progress with school personnel and/or other health care providers too which my child may be referred. By signing this authorization. I am certifying to the LATCA nursing staff and the above named physician that I have the lawful right to make this request and that I consent to the release of health/medical information. I understand and agree that unless previously revoked, this authorization will expire one year from the date written below.

Parent's / Guardian's Signature

Date



PARENT ASSURANCES

Scholar's Information

1. Scholar's Name: _____ Grade: _____
2. Scholar's Name: _____ Grade: _____
3. Scholar's Name: _____ Grade: _____
4. Scholar's Name: _____ Grade: _____
5. Scholar's Name: _____ Grade: _____

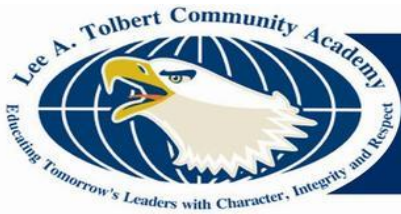
I understand that Lee A. Tolbert Community Academy (LATCA) is a public charter school and that the following efforts will be part of my responsibilities as a parent/guardian of a LATCA scholar. Therefore, I agree to the following assurances so that my scholar will be eligible to enroll:

1. I agree to participate and abide by the rules set forth in the Parent/Scholar Handbook.
2. I agree to purchase the uniform, which is required.
3. I will:
 - a. Help my scholar establish regular attendance and punctuality. (Scholars with irregular attendance and excessive tardiness will not be guaranteed a spot for the following school year.)
 - b. Attend school activities, meetings, parent-teacher conferences, mandatory Parent meetings, and all pertinent school functions.
 - c. Pay donations and classroom fees within the designated timeframe.
 - d. Follow through and see that my scholar does his/her homework assignments.
 - e. Participate and assist with Parent Board projects and functions.
4. I will monitor my scholar's academic performance and agree to:
 - a. Instructors will identify scholars not meeting the requirements for promotion by the end of first quarter.
 - b. A conference will be held with the administrator, teacher(s), and parent(s) to discuss academic concerns.
 - c. A collaborative plan will be devised for the scholar, with the understanding that I will work with LATCA to bring the scholar's performance to a satisfactory level.
 - d. Methods to assist the scholar may include tutoring, mentoring, peer tutoring, Saturday School, and/or alternate methods of evaluation.
 - e. If Saturday School is needed for my scholar's success, I will ensure that he/she attends.
5. Fundraisers:
 - a. In an effort to offset expenses for activities and supplies, I agree to support any fundraising activities. I agree to participate and sell \$200.00, profit per family for the combined fall and spring fundraisers.
 - b. I understand that in lieu of selling or participating in the fundraisers, I may donate \$200.00 to the school. The donation must be paid the first day of second quarter or my family will be expected to participate in the fundraisers.
6. In conjunction with the school, I agree to support community outreach events.
7. With a minimum of 20 volunteer hours per school year, I agree to participate in LATCA's Parent Work Service Program.

I understand that failure to meet the above expectations will cause my family to forfeit pre-enrollment opportunities.

Parent's / Guardian's Signature

Date



PARENT PORTAL ACCESS AGREEMENT

STUDENT INFORMATION SYSTEM

I understand that in order for me to have access to my scholar(s) electronic records. I must have a signed and dated parent portal access agreement on file with the Lee A. Tolbert Academy (LATCA) network administrator. Also, I understand that complete Student Information System Parent Portal, username and password instructions will be sent to me via email. Therefore, I am giving LATCA permission to send instructions to the following email that I have provided. Furthermore, this email address will grant me access to my scholar(s) electronic records.

Scholar's Information

1. Scholar's Name: _____ Grade: _____
2. Scholar's Name: _____ Grade: _____
3. Scholar's Name: _____ Grade: _____
4. Scholar's Name: _____ Grade: _____
5. Scholar's Name: _____ Grade: _____

Parental Consent:

Primary Parent's / Guardian's Name (Printed): _____

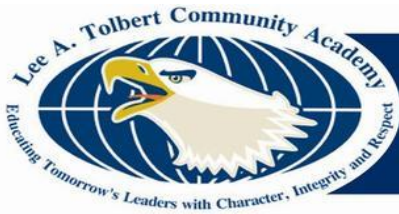
Primary Parent's / Guardian's Email Address: _____

Secondary Parent's / Guardian's Name (Printed): _____

Secondary Parent's / Guardian's Email Address: _____

Parent's / Guardian's Signature

Date



SAFE SCHOOLS ASSURANCE

Name: _____ Date of Birth: _____

Social Security Number: _____ Current Grade: _____

Please complete the following questions by checking yes or no. If you answer yes to any question, an explanation ***must*** be provided.

1. Has the applicant ever been charged or convicted of a felony? Yes No

Please explain: _____

2. Has the student ever been adjudicated (appeared before a judge) to have committed an act, which if committed by an adult would be one of the following:

✓ First Degree Arson	✓ Felonious Restraint	✓ Property Damage
✓ First Degree Assault	✓ Possession of a Weapon	✓ Rape or Sodomy
✓ Burglary	✓ Kidnapping	✓ First Degree Robbery
✓ Child Molestation	✓ Manslaughter	✓ Sexual Abuse
✓ Distribution of Drugs to a Minor	✓ First or Second Degree Murder	✓ Sexual Assault
		✓ Sexual Misconduct

Please explain: _____

3. Is the applicant currently serving a suspension of more than 10 days? Yes No

Please explain: _____

4. Is the applicant currently serving a suspension of more than 10 days? Yes No

Please explain: _____

5. Is the applicant currently serving a suspension of more than 10 days? Yes No

Please explain: _____

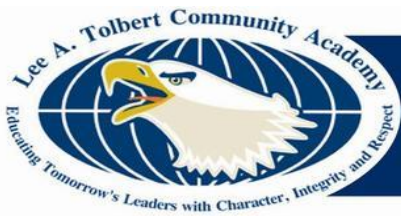
SAFE SCHOOLS ACT, HOUSE BILL 1301

Prior to admission to any public school, a school board may require the parent, guardian or other person having control or charge of a child of school age to provide, upon enrollment, a sworn state or affirmation indicating whether the student has been expelled from school attendance at any school in this state or in any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a misdemeanor. The registration document shall be maintained as a party of the student's scholastic records.

I understand this statement will be maintained as part of the applicant's scholastic record.

Parent's / Guardian's Signature

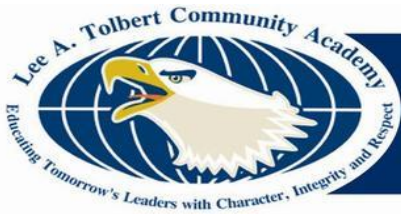
Date



TRANSPORTATION REQUEST

NOTE: 2024-2025 Fall Enrollment
 ALL request for transportation forms **MUST** be submitted by
MONDAY, JULY 8

Scholar Information			
Scholar's Name		Scholar's Grade	
Scholar's Name		Scholar's Grade	
Scholar's Name		Scholar's Grade	
Scholar's Name		Scholar's Grade	
Scholar's Name		Scholar's Grade	
Home Address			
Scholar's Home Address		Scholar's Zip Code	Scholar's Home Number
Transportation Needs			
AM – On most days, my scholar(s) will: <input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Ride the Bus <input type="checkbox"/> Walk <input type="checkbox"/> LINC <input type="checkbox"/> Other (<i>Please explain</i>) _____			
PM – On most days, my scholar(s) will: <input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Ride the Bus <input type="checkbox"/> Walk <input type="checkbox"/> LINC <input type="checkbox"/> Other (<i>Please explain</i>) _____			
Transportation Address <i>(If different from Home Address)</i>			
Scholar's Transportation Address		Trans. Zip Code	Trans Phone Number
Parents / Guardian Information			
Mother's Name		Mother's Cell Number	Mother's Work Number
Father's Name		Father's Cell Number	Father's Work Number
Emergency Contact <i>(In the event a parent cannot be reached)</i>			
Emergency Contact	Relationship	Home Number	Cell Number
Parental / Guardian Consent			
Parent's / Guardian Signature		Date	
Transportation Department Use Only			
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason Approved or Denied	Start Date
Pick Up Time	AM Bus Stop	AM Route Number	AM Route In SISK12 <input type="checkbox"/> Yes <input type="checkbox"/> No
Drop Off Time	PM Bus Stop	PM Route Number	PM Route In SISK12 <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation Director's Signature		Date	



New Scholar

Reprove

TWO-PARTY AFFIDAVIT OF RESIDENCE

For scholar / family living with a district homeowner / lease holder

I understand that the following information will be fully investigated by Lee A. Tolbert Community Academy (LATCA).

I/we, _____, am/are residing at
Parent / Legal Guardian Name(s)

_____ with _____
Address / City / State / Zip Homeowner / Lease Holder's Printed Name

In the LATCA school district. I have been residing there since _____. I
Date
have no other residence.

List previous address(es) within the past year:

The scholar for whom I am applying for admission to LATCA is/are as follows:

Scholar's Name(s)	Grade	School

I/we have provided accurate and truthful information to the best of my/our knowledge and belief. I/we have not knowingly withheld, concealed, or misrepresented any information that would have material bearing upon the eligibility of the above scholar(s) to attend the LATCA school district.

Further, I/we understand that persons making a false "Affidavit of Residence" are committing a Class A misdemeanor. Violators may be charged with such, and, upon conviction, may be jailed and/or fined. In the event, LATCA will recover costs of school attendance of pupil(s) who attend under a false affidavit. Therefore, I/we understand we will be obligated to pay any tuition monies then due and the scholar(s) will be removed from the district.

Parent / Guardian's Printed Name

Homeowner / Lease Holder's Printed Name

Parent / Guardian's Signature

Homeowner / Lease Holder's Signature

Parent / Guardian's Telephone Number

Homeowner / Lease Holder's Telephone Number

In addition to a signed affidavit, a current utility bill (in the homeowner's / lease holder's name) is required as proof of residency. A current utility bill is within the last 30 days. A Two-Party Affidavit is valid for one school year only.



PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT MIGRANT CONTACT	ENROLLMENT DATE

DIRECTIONS

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

Mail the completed form to Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contact Grants and Resources at 573-526-6989.

RELOCATION HISTORY

Have you moved to the school district in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)		

Pork, beef processing 	Milking Cows 	Nursery/Greenhouse 	Planting/Harvesting Crops
Planting, harvesting or ginning cotton 	Chicken processing, feeding poultry, gathering eggs, working in a hatchery 	Harvesting and packing apples 	Other: Fruit and vegetable processing Potatoes Feeding livestock Growing, tending to and felling trees

PARENT INFORMATION

PARENTS/GUARDIANS

ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME	DATE OF MOVE		

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480, telephone number 573-526-4757 or TTY 800-735-2966, email: lrchris@edse.mo.gov.



ENCUESTA FAMILIAR

DISTRITO ESCOLAR	CODIGO DEL CONDADO-DISTRITO
PERSONAL ESCOLAR A CARGO DE LOS ESTUDIANTES MIGRANTES	FECHA DE INSCRIPCION

DIRECCIONES

Favor de completar este formulario. Sus hijos pueden ser elegibles para recibir servicios especiales para ayudarlos en su educación. Si contestaran "si" a cualquiera de las preguntas abajo, puede que sea contactado por un representante educativo para determinar si usted, su(s) hijo(s), o cualquier miembro de su familia es elegible para servicios educacionales adicionales.

Mande esta encuesta completa a: Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102.

PREGUNTAS: Contacte a Grants & Resources, Office of Quality Schools, P.O. Box 480, Jefferson City, MO 65102 o 573-526-6989.

HISTORIAL DE REUBICACION

¿Se han mudado de un distrito escolar a otro en los últimos tres (3) años?	<input type="checkbox"/> Si	<input type="checkbox"/> No
¿En cualquier lugar dentro de los últimos tres (3) años, ha trabajado o actualmente está trabajando en uno de los siguientes empleos en las fotos abajo? (por favor marque las que aplican)	<input type="checkbox"/> Si	<input type="checkbox"/> No
¿Si no ha trabajado con plantas, animales, o en la pesca, usted piensa conseguir un trabajo de estos?	<input type="checkbox"/> Si	<input type="checkbox"/> No

<p>PictProcesando carne de puerco, res, pollo</p>	<p>Ordeñando vacas</p>	<p>Vivero</p>	<p>Sembrando, cosechando o cultivando</p>
<p>Plantando o cosechando algodón, o trabajando en el "gin"</p>	<p>Alimentando pollo, recogiendo huevos, trabajando en una incubadora</p>	<p>Cosechando o empacando manzanas</p>	<p>Otros: Procesando frutas o verduras Empacando papas Cuidando/alimentado ganado Cultivando o cortando arboles</p>

INFORMACION DE LOS PADRES

PADRES O GUARDIANES			
DIRECCION	CIUDAD	ESTADO	CODIGO
TELEFONO	LUGAR DONDE TRABAJA		
CUANTOS NINOS HAY EN CASA			FECHA EN QUE LLEGARON

INFORMACION DEL ESTUDIANTE

NOMBRE DEL NINO	FECHA DE NACIMIENTO	EDIFICIO ESCOLAR	GRADO

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator, 1116 West 11th Street, 5th Floor, Jefferson City, MO 65102, telephone number 573-757-1777 or TDD 800-735-7966, email: civilrights@desse.mo.gov



QUESTIONNAIRE POUR PARENT

NOM DU DISTRICT SCOLAIRE	CODE DU DEPARTEMENT ET DU -DISTRICT
DISTRICT MIGRANT CONTACT	DATE INSCRIPTION

DIRECTIONS

Veuillez compléter le questionnaire. Votre enfant peut être éligible à un enseignement supplémentaire gratuit. Si vous répondez par oui à une des questions ci-dessous, un représentant de l'éducation pourrait vous contacter pour voir si vous ou un membre de votre famille est éligible pour des services éducationnels supplémentaires gratuits.

Envoyez le formulaire complété à Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contactez Grants and Resources à 573-526-6989.

DEMEMAGEMENTS PRECEDENTS

Avez-vous déménagé dans le district scolaire au cours des trois (3) dernières années?	<input type="checkbox"/> Oui	<input type="checkbox"/> Non
Dans n'importe quel endroit au cours des trois (3) dernières années, avez-vous travaillé dans les secteurs de l'agriculture ou de la pêche? Si oui, veuillez choisir tout ce qui s'applique.	<input type="checkbox"/> Oui	<input type="checkbox"/> Non
Si vous n'avez pas travaillé dans le secteur de l'agriculture ou de la pêche dans le passé, planifiez-vous s'engager dans ce type d'emploi bientôt?	<input type="checkbox"/> Oui	<input type="checkbox"/> Non

Au cours des trois (3) dernières années, avez-vous travaillé ou travaillez-vous actuellement dans l'un de ces domaines? Si oui, lesquels? (veuillez encercler)

<p>Transformation Porc ou boeuf</p>	<p>Traire les vaches</p>	<p>Pépinière/Serre</p>	<p>Plantation/récolte des cultures</p>
<p>Plantation, récolte et engrenage du coton</p>	<p>Transformation, alimentation de la volaille, collecte des œufs, travail dans le couvoir</p>	<p>Récolte et emballage des pommes</p>	<p>Autres: Transformation de fruits et légumes, patates (ou pommes de terre) Nourrir le bétail, cultiver, entretenir et abattre des arbres</p>

INFORMATION PARENT

PARENTS/TUTEURS

ADRESSE	VILLE	ETAT	CODE POSTAL
TELEPHONE MAISON	LIEU D'EMPLOI		
NOMBRE D'ENFANTS DANS LA MAISON		DATE DU DEMENAGEMENT	

INFORMATION ELEVE

NOM DE L'ENFANT	NAISSANCE	BATIMENT DE L'ECOLE	NIVEAU

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number: 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov

Missouri Parent Survey Form Protocol

So far in the 2020-2021 school year, our Migrant Education Program has noticed a significant drop off in the number of Parent Surveys received from Missouri school districts. We understand that COVID-19 has caused many issues when it comes to enrollment and communicating with parents. Hopefully, the information provided in this memo will help in completing this process.

The Missouri Migrant Education Program (MO MEP) is a federally funded program [Title I, Part C] that funds high quality education programs for migratory children. Student eligibility is determined through an interview with the family conducted by a member of the MO MEP Identification and Recruitment (ID&R) team. To support the team's efforts to identify potential migratory students and/or families in your district, please have families complete and return the "MO MEP Parent Survey Form" as part of your registration process. Below are the steps involved in the Parent Survey process.

1. **Place the "MO MEP Parent Survey Form" in all school registration packets, both paper and electronic.** This form should be given to every student as part of the yearly registration process. If a student enrolls in the school district during the year, they should complete a search form as well. The PDF forms are available for [download at this link](#) in [English](#), [Spanish](#) and [French](#).
2. **Send "yes" Survey Forms to the MO MEP office.** If the family answers "yes" to either of the questions on the form, please send the completed form via mail or email to the MO MEP office. The form can be mailed to the following address: Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. A scanned copy of the form can be sent via secure email to the following email address: shane.nerx@dese.mo.gov.
3. **ID&R team determines eligibility:** The MO MEP ID&R team will follow up with the family to determine if the family is eligible for the MEP. A complete list of the ID&R team members that may be contacting you or these families is listed on the second page of this letter. If they are unable to reach the family, the ID&R team will contact the district for additional or updated contact information. The district's federal programs staff will be notified if the family is found to be eligible for the MO MEP.

If you have any questions, please contact Yeni Vasquez at (417) 813-6030.

With thanks for your support of the MO MEP,



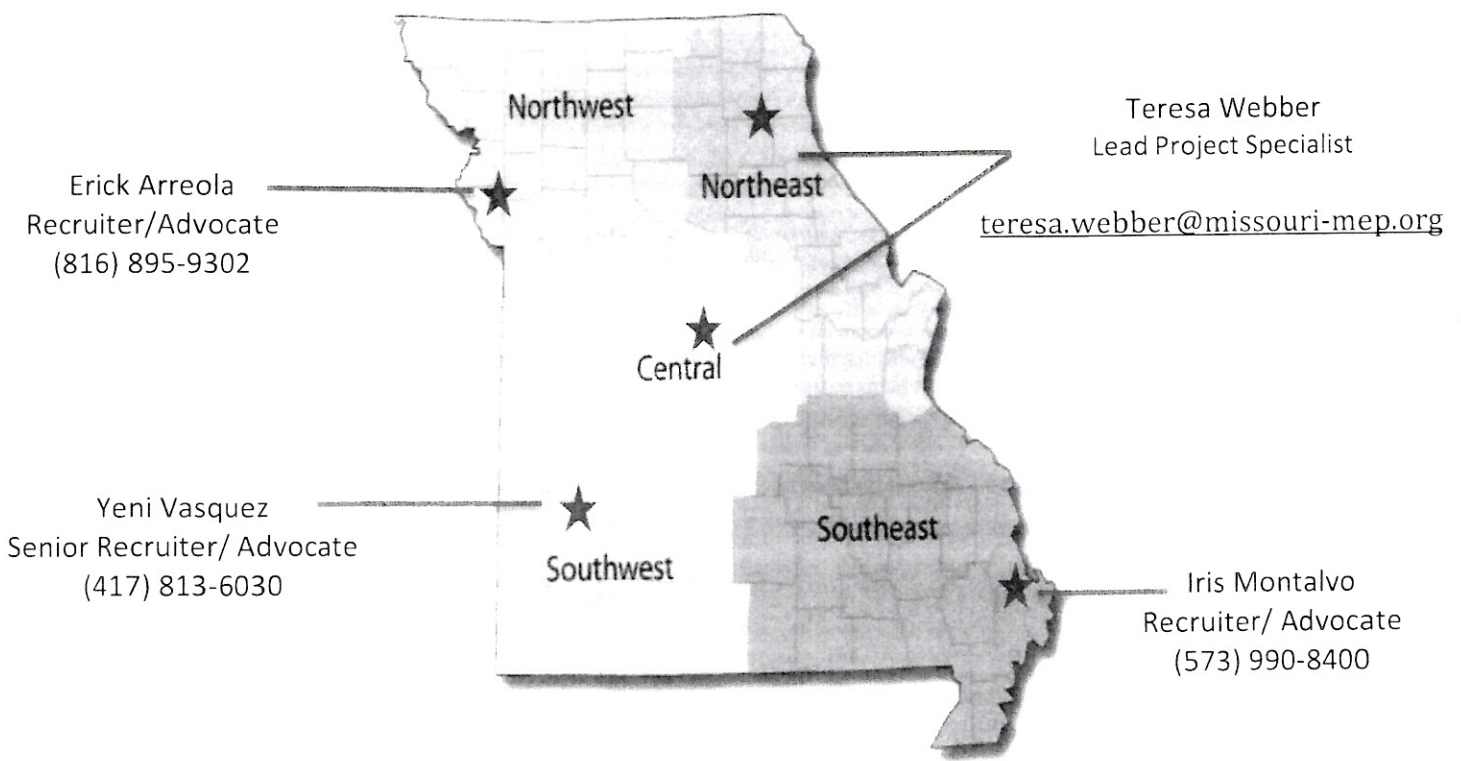
Shawn Cockrum
Director of Student Support Services



Missouri Parent Survey Form Protocol

ID&R Team Members

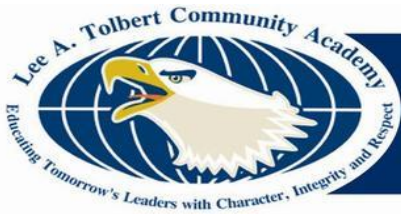
These individuals will contact the families listed on the search forms in order to determine their eligibility for the MO MEP.



MO MEP DESE Staff

These individuals oversee the MO MEP from the Department of Elementary and Secondary Education in Jefferson City.

<p>Shawn Cockrum Director of Student Support Services (573) 751-8280 Shawn.Cockrum@desse.mo.gov</p>	<p>Diane Herx Administrative Assistant (573) 526-6989 diane.herx@desse.mo.gov</p>
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MCKINNEY VENTO SERVICES

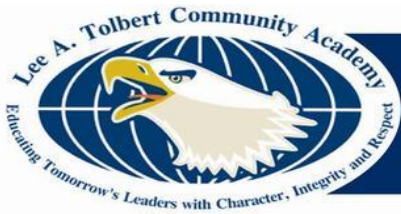
Student Name: _____ Grade: _____

PLEASE NOTE:

The McKinney Vento Services are for Students/Families who are Homeless/In-Transition. Please select the services that you need assistance with:

- Uniforms: Please Include the Size _____
- Transportation
- Field Trip Fee Assistance
- Field Trip T-Shirt
- Mattresses
- Referral to Dental, Medical, Mental Health or Other Service
- If you have already provided your information to office staff please select this box

Please proceed to the next page to fill out Eligibility Questionnaire



MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

All information is confidential

This questionnaire is intended to address the McKinney-Vento Act, 42 U.S.C. 11435. The answers to these questions will help determine services a student may be eligible to receive.

Is your current address a temporary living arrangement? Yes ____ No ____

Is your temporary address due to loss of housing or economic hardship? Yes ____ No ____

If you answered "NO" to either of the questions above you may stop here.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please complete the remainder of this form. You may fill out one form for all children.

Name of Student: _____ Date of Birth: _____

Age: ____ Gender: ____ Grade: ____ School most recently attended: _____

Name of Parent(s) Legal Guardian(s) _____

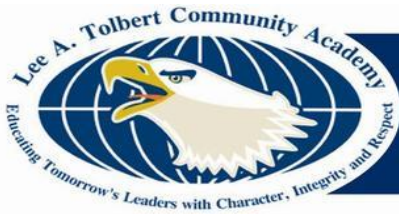
Temporary/Physical Address: _____

Length of time at Address: _____

Phone Number: _____

1. Where is the student presently living? (Check on box)
 - Doubled up: Temporarily living with family or friends due to lack of adequate housing or financials.
 - In a transitional housing program
 - In a motel: Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: _____
 - In a place not considered traditional "housing": Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation—Please provide information regarding area in which student is living: _____
 - In a shelter: Please provide name of shelter: _____
Address: _____
 - Moving from place to place
 - Abandoned at hospital
2. Do you also have pre-school children at home? Yes ____ No ____

CONTINUE ON NEXT PAGE



MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE CONTINUED

All information is confidential

3. Are you a high school student who is currently living on your own due to hardship? Yes ____ No ____

Unaccompanied youth also qualify for services under this law

4. Are there any pressing needs that could prevent your child from being successful in school? Yes ____ No ____

Yes....Please Explain: _____

