

# **SPRINGFIELD PUBLIC SCHOOLS**

## **KICKAPOO HIGH SCHOOL COUNSELING CENTER**

3710 SOUTH JEFFERSON • SPRINGFIELD, MISSOURI 65807 • TELEPHONE 417-523-8560 • FAX 417-523-8595

### **STUDENT ENROLLMENT REQUIREMENTS**

**The following items must be presented and/or completed  
prior to enrollment at Kickapoo High School.**

- Proof of Residency –acceptable forms (***A Driver's License is not acceptable***)
  1. **CURRENT** City utilities bill (or turn on receipt) with parent's/guardian's name and address
  2. Lease/rental agreement signed by landlord on letterhead with the landlord's address and phone number, OR
  3. Contract to purchase house with parent's name and address
  4. Major Credit Card bill
  5. Bank Statement
  6. Letter from Social Services
  7. Home Loan statement
  8. Cable Bill
- Copy of birth certificate & social security card
- Current Immunization Records (from birth to now). If you know your child needs a shot, call your doctor or contact the Health Dept. at 874-1220 to make an appointment.  
**YOUR CHILD CANNOT ATTEND SCHOOL IN MISSOURI  
WITHOUT CURRENT IMMUNIZATIONS.**
- Copies of records from prior school (***we will fax a records release for you but cannot enroll until the following records are received***)
  - Transcript
  - Withdrawal/Drop grades
  - Discipline
  - Current IEP
  - Attendance
- If a student has an IEP, a copy of the Individual Educational Plan and Diagnostic Summary must be received at Kickapoo High School prior to enrollment.
- Proof of Guardianship for student (only one (1) of these are needed)
  1. Student's birth certificate with guardians name on it
  2. Legal Adoption Papers
  3. Power of Attorney
  4. Affidavit of guardianship (educational only is acceptable)
  5. Divorce Decree showing educational or full custodial rights
- **Students not living with Parent/Guardian**  
If the student is under 18 yrs. of age and not living with either parent, an affidavit of guardianship is required. Unless you have legal court documents showing guardianship, an affidavit will be required. Affidavits are acquired from the Kraft Administration Center, 1359 E. St. Louis St. – 523-0230
- Completed Enrollment papers will be notarized at the school, with a parent/guardian signature. Please bring a photo ID with **CURRENT ADDRESS** (Example: drivers license/passport).
- **NO STUDENT WILL BE ENROLLED WITH THE REQUESTED RECORDS**









I certify that the information provided by me in this document, and other information which I have provided to the School District in support of student's Application for Enrollment in the School District, is true and correct. I understand that section 167.020 RSMo. States as follows:

Any person who knowingly submits false information to satisfy any requirement of [the residency requirements of the School District] is guilty of a class A misdemeanor.

In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent or legal guardian filed false information to satisfy any [residency requirement of the School District]."

I understand that this means that if I provide false information to the School District in order to satisfy the information requests of the School District it may constitute a violation of Missouri criminal law.

I further understand that this means that if any of the information provided by me herein is false, in addition to other penalties authorized by law, the School District may file a civil action to recover the costs of school attendance for the student who was enrolled in the School District on the basis of such false information.

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

\_\_\_\_\_  
[Signature]

State of Missouri

County of Greene

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to this Application for Enrollment in the School District, and acknowledged that the information provided by him/her is true and correct.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_

Name of school: \_\_\_\_\_

*Springfield Public Schools*  
**STUDENT HEALTH INVENTORY**

Current Grade: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

IF NEW Name of last school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has student previously attended another Springfield Public School?  No  Yes

Name of school OR previous program \_\_\_\_\_

**To Parent/Guardian:** Your child's learning depends upon good health. To provide the best educational experience it is important for school personnel to understand your child's health needs. To the best of your knowledge, does your child have any problems that may affect their learning, cause any concern and/or be important for school staff to know? For concerns, please circle "yes" and provide a comment:

CONCERN	YES	COMMENTS	CONCERN	YES	COMMENTS
ADD/ADHD	Y		Dental	Y	
Allergies (food, insects, latex, other)	Y		Developmental Delay	Y	
Allergies (environmental, seasonal, meds)	Y		Diabetes	Y	
Assistive Devices	Y		Head Injury/Concussion	Y	
Asthma (history or under treatment)	Y		Hearing (IE: aids, etc)	Y	
Autism	Y		Heart (not innocent murmur)	Y	
Behavioral and/or Emotional	Y		Migraines	Y	
Bladder	Y		Neuromuscular (IE: cerebral palsy, muscular dystrophy)	Y	
Bleeding	Y		Seizures (history or under treatment)	Y	
Bone or Joint Problems	Y		Sickle Cell Disease	Y	
Bowel	Y		Speech	Y	
Cancer (history or under treatment)	Y		Surgeries	Y	
Cystic Fibrosis	Y		Vision (IE: glasses/contacts)	Y	
Others Not Listed	Y				

Does your child take medication (prescription or over-the-counter) for any of the above concerns?

No  Yes  (Name of medication(s)/reason for taking) \_\_\_\_\_

\*\*\*Medication to be taken at school requires additional forms. Contact school nurse for policy guidelines.

Does your child require any special procedures? (catheterization, ostomy care, suctioning, tube feeding, etc?)

No  Yes  (describe) \_\_\_\_\_

Additional information regarding your child's health: \_\_\_\_\_

Name	Approx. date of last visit
Pediatrician/Primary Care Provider	
Specialist	
Hospital Preference	
Dentist	
Orthodontist	
Outside Counseling	
Case Worker (if applicable)	Phone Number _____

Health Insurance  None  Private Health Insurance  Medicaid (MoHealthNet) SPECIAL EDUCATION or SERVICES student receives:  IEP  504  Dietary 504  Modified PE  PT  OTTransportation to/from school:  Walk  Car  Bus (# \_\_\_\_\_)  Daycare (\_\_\_\_\_)

Name of daycare/program \_\_\_\_\_

I understand if my child is injured or becomes seriously ill and the school nurse, principal or designee cannot notify me by telephone, they will secure medical attention for my child and use ambulance services if necessary. I also understand that I will be responsible for the costs of such medical services and care.

Signature of legal parent/guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_



# Springfield Public Schools Student Home Language Survey

(English/Spanish)

*Encuesta del Idioma en el Hogar*

(TO BE COMPLETED BY STUDENTS NEW TO SPS)

(Para los nuevos estudiantes)

1. Student Name \_\_\_\_\_

1. Nombre del alumno

2. Date of Birth \_\_\_\_\_

2. Fecha de Nacimiento

3. Country of Birth \_\_\_\_\_

3. ¿En que país nació el alumno?

4. Is a language other than English used at home? Circle YES or NO

(list all if more than one) \_\_\_\_\_

4. ¿Hay otro idioma además de inglés usado en casa? Marque SI o NO (incluye todos si hay más que uno)

5. Does the child use another language other than English? Circle YES or NO

(list all if more than one) \_\_\_\_\_

5. ¿Usa el alumno otro idioma además de inglés? Marque SI o NO (incluye todos si hay más que uno)

6. In what language would you like to receive communication from school? \_\_\_\_\_

6. ¿En que idioma quisiera recibir correspondencia desde la escuela?

7. Date student entered the U.S. \_\_\_\_\_

7. La fecha en que entró el alumno en los EE.UU

Parent/guardian Name \_\_\_\_\_

Nombre de padre/guardián

Signature \_\_\_\_\_

Firma

Date \_\_\_\_\_

Fecha

Phone number(s) \_\_\_\_\_

Número(s) de teléfono

Missouri state codes require schools to determine the language(s) used at home for each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. El Código de Educación de Missouri requiere que las escuelas determinen ellos idioma(s) que se habla(n) en el hogar de cada estudiante. Esta información es indispensable para que las escuelas puedan proveer una enseñanza esencial a cada estudiante. Les pedimos su ayuda para poder cumplir este requisito tan importante. Gracias por su cooperación.



# Springfield Public Schools

## MELL Program Parent Survey

Student Name: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 School: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS TO DETERMINE ELIGIBILITY:** Please complete the following survey. Your child may be eligible for special services to better serve them in their education.

1. Have you moved in the past 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, date of move: \_\_\_\_\_

2. In the last three (3) years, have you or your spouse worked or do you or your spouse currently work in any of these areas? YES \_\_\_\_\_ If YES, which ones? \_\_\_\_\_ NO \_\_\_\_\_

- Working in a nursery (A place where plants are grown for sale, transplanting, or experimentation.)
- Planting or harvesting crops
- Feeding poultry, gathering eggs, working in a hatchery
- Processing meat, poultry, fruit, vegetables, dairy products
- Milking cows on a dairy farm
- Commercial fishing or working on a fish farm
- Growing and tending to trees to be sold

3. If you checked any box above, did you move in order to seek or obtain any of those jobs? YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If you answered YES to #2 and/or #3, please complete the form and list all children in the home including pre-kindergarten age.*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Place(s) of employment: \_\_\_\_\_

Name of Child (include ALL children in home)	Date of Birth	School Building	Grade

**Attention School Staff:** Please turn forms in to school office. If YES was checked on questions #2 and/or #3, keep a copy in the student's file and mail/fax the original surveys to:

Rhonda Hittenberger Ortiz  
 District Migrant Coordinator  
 Doling Building  
 1423 W. Atlantic St.  
 Springfield, MO 65803  
 Phone 523-1135 Fax 523-1185  
 rhittenbergerortiz@spsmail.org

**Attention Parents:** If you answered yes to any of the questions above, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for additional educational opportunities/support.