



2015 E. 72<sup>nd</sup>  
Kansas City, MO 64132  
Office (816) 621-7100 Fax (816) 621-7101

Student needs to be 5 yrs. old by **October 1<sup>st</sup>** to be eligible for Kindergarten.

# PATHWAY ACADEMY 2016-2017 ENROLLMENT PACKET

Greetings New Pathway Academy Parents:

Thank you for your interest in enrolling your student(s) in Pathway Academy for the 2016-2017 school year. We fully acknowledge that you have many options for your child’s education and are honored that you chose our school. Attached is the 2016-2017 Enrollment Application. Once you have completed the application completely, please return it to our front office with all of the required documents. **Only parents or legal guardians may enroll students.** If you are a legal guardian, please provide a copy of the legal documentation affirming your guardianship.

**The following documents are required before your child’s enrollment will be completed:**

- Completed 2016-2017 Pathway Academy Enrollment Packet
- Child’s current Immunization Records (all shots will be verified prior to enrollment)
- Child’s social security card and birth certificate
- Current Disciplinary Records or letter stating there isn’t any disciplinary record (from the prior school)
- Copy of IEP (Special Education Students) and/or 504 Plan
- Proof of legal guardianship (if applicable)
- **\*Two proofs** of residency within the Kansas City Missouri School District Limits. These must include:

**ONE OF THESE**

**AND**

**ONE OF THESE**

- Gas Bill  
or  
Water Bill  
or  
Electric Bill  
or  
Lease/Rental agreement (signed by all parties)  
or  
Real Estate Contract (signed by all parties)

- Driver’s License or State Identification Card  
or  
Bank Statement  
or  
Paycheck Stub  
or  
Land Line (Home) Phone Bill

**\*Proofs of residency must be current (within last 30 days), and may not indicate “final notice” or “disconnect notice”. Cable TV and cell phone bills ARE NOT acceptable proofs of residency.**

**PLEASE NOTE:**

**Acceptance to Pathway Academy is pending receipt of records from the student’s previous school.**

# Pathway Academy

## Student Enrollment Form



### Student Information (please print)

Date: \_\_\_\_\_ Gender:  Male  Female Grade: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: Kansas City State: MO Zip: 64

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Is this student Hispanic/Latino (check one)?  No  Yes (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of what race is selected below)

Race (check all that apply):  Black or African American  Caucasian  American Indian or Alaska Native  
 Asian  Native Hawaiian or Other Pacific Islander

### Primary Parent/Guardian Information (please indicate address of residence)

Name(s) of person(s) with whom student is living:  Both Parents  Mother Only  Father Only  
 Guardian  Mother/Step-Father  Father/Step-Mother  Other \_\_\_\_\_  
Court documentation required with this selection

Has the child been retained?  No  Yes If yes, what grade? \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_  
Last First Relationship

Address: \_\_\_\_\_  
Street City State Zip

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

Email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_  
Last First Relationship

Address: \_\_\_\_\_  
Street City State Zip

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

Email: \_\_\_\_\_

### Sibling Information

Please list the names and grades and indicate whether they are applying or already attending Pathway Academy:

Brother or Sister's Name: \_\_\_\_\_  Applying  Attending Grade \_\_\_\_\_

Brother or Sister's Name: \_\_\_\_\_  Applying  Attending Grade \_\_\_\_\_

Brother or Sister's Name: \_\_\_\_\_  Applying  Attending Grade \_\_\_\_\_

Brother or Sister's Name: \_\_\_\_\_  Applying  Attending Grade \_\_\_\_\_

*The information provided on this form is true and accurate. I understand that any false information or the use of any fraudulent means to achieve an enrollment shall be cause for revocation of the student's enrollment at Pathway Academy and I may be charged with a violation of Missouri Law.*

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

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

# Pathway Academy

## Guardianship & Residency Affirmation



Missouri Statutes provide that in order for a pupil to register in Pathway Academy, the parent or legal guardian of the student, or the student himself/herself shall provide at the time of registration proof of residency in the District. Proof of residency, as defined by the Statute, means that a person both physically resides within the District and is domiciled (residing) within the District, i.e., is a resident of the District with the present intention to remain there. Further, the Missouri Statutes provide that the domicile of a minor child shall be the domicile of a parent or court-appointed legal guardian.

Are you a resident of the Kansas City, Missouri School District?  Yes  No

**Note: If the student and/or parent misrepresents his/her legal residence or enrollment information, the student will be immediately withdrawn from school and may be charged tuition in accordance with Board Policy.**

I \_\_\_\_\_ (parent) am the natural/adoptive parent, legal guardian, or other person having custody or charge of \_\_\_\_\_ (student), a student seeking to enroll in Pathway Academy, and am legally authorized to make educational decisions for that student. I certify that these statements are true.

**Proof of guardianship/custody, if other than parent:** \_\_\_\_\_

My child is not currently under suspension or expulsion from any school district he/she has previously attended. I understand that it is a criminal offense (class B misdemeanor – Section 167.023 RSMO) to give false information concerning prior disciplinary actions taken against my child. I also understand that if this school admits my child based on false information that I provided, I may be required to pay the school for its costs in educating my child (Section 167.020 RSMO). I hereby swear or affirm that all information I have provided in this document is true, accurate, and complete to the best of my knowledge.

Parent/Guardian Name (please print): \_\_\_\_\_

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

# Pathway Academy

## Emergency Contact Information



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

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

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

Kansas City, MO Zip Code: 64 \_\_\_\_\_

Grade Level: \_\_\_\_\_

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

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

Work: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**The following persons ARE authorized to pick up my child and  
may be used in an emergency if the parent/guardian cannot be located:  
(ID must be presented before student is released.)**

Name	Relationship	1 <sup>st</sup> Phone Number	2 <sup>nd</sup> Phone Number
1.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
2.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
3.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
4.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
5.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
6.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

**After school, my child will:**

ride the bus home     
  get picked up by parent     
  Boys & Girls Club

**IN AN EXTREME EMERGENCY:** If your child should become seriously ill or injured at school and the parent cannot be reached within a reasonable length of time, may we have your permission to take appropriate action to see that the child gets emergency hospital care?       YES       NO

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

# Pathway Academy

## Request for Bus Transportation



I DO NOT need bus transportation for my student.

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

YES, I DO need bus transportation for my student.

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

TRANSPORTATION Address \_\_\_\_\_

The above address is a DAYCARE address.

Kansas City, MO Zip 64 \_\_\_\_\_

PLEASE CHECK ONE BELOW:

My student only needs transportation **TO** school in the mornings.

My student only needs transportation **FROM** school in the afternoons.

My student needs transportation **BOTH TO & FROM** school in the mornings and afternoons.

Cell \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Comments: \_\_\_\_\_



# Pathway Academy

## Request for Release of Confidential Student Records



### Student Information (to be completed by parent or guardian)

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

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

### Agency Information (to be completed by parent or guardian)

*For enrollment purposes, the parent or guardian has authorized the designated school to release and mail/fax any school records on the above student maintained by such school.*

Name of School or Agency: \_\_\_\_\_

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

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

### Description of Information to be Released

- |                                                                                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Cumulative Permanent School Records/Transcripts                                                                          | <input type="checkbox"/> Psychological Reports / Counseling Forms |
| <input type="checkbox"/> Immunization Records                                                                                                     | <input type="checkbox"/> Assessment Scores                        |
| <input type="checkbox"/> Birth Certificate                                                                                                        | <input type="checkbox"/> All Test Results                         |
| <input type="checkbox"/> Behavior/ Discipline Records                                                                                             | <input type="checkbox"/> 504 Plan                                 |
| <input type="checkbox"/> Special Education Records (including): Current IEP<br>and current diagnostic summary, including permission for placement |                                                                   |

*NOTE: Under law, the natural parent, legal guardian or foster parent may give permission for the release of records. If you are not the parent/guardian, please provide the name and address of the person who has legal authority to sign this release.*

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

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

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

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

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's records from all schools, facilities, or state agencies (e.g. The Dept. of Social Services, The Dept. of Mental Health, DESE and all subdivisions thereof), and entities involved with the placement of the student within the last 24 months. Records for the homeless student, as defined in Section 167.022 RSMo. shall be requested from all schools previously attended by the pupil within the last 24 months.

**Please submit the requested records to:**  
**Pathway Academy**  
**2015 East 72<sup>nd</sup> Street**  
**Kansas City, MO 64132**  
**Phone: (816) 621-7100 • Fax: (816) 621-7101**

# Pathway Academy

## Student Service Intake Form



Pathway Academy is fully committed to providing quality education to all of our students, including those with special needs. We need your help, so please complete this page with care.

**Please check Yes or No as applicable:**

	Yes	No
Was your child involved with Early Intervention services (birth to 3)?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been screened for special education?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what school/facility did that testing? _____		
Did your child qualify for special education services?	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she currently qualify? <i>If yes, please complete section 2 of this form.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take medication for any medical reason (ADHD, Diabetes, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what medication does he/she take? _____		
Does your child wear glasses?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 2:

Please complete this section only if your child has a current IEP or 504 Plan:

What type of plan does your child have?  IEP     504 Plan

If your child has either of these, you must submit a copy to Pathway Academy IMMEDIATELY.

Diagnosis (check all that apply):

**Learning Disability in**  Reading     Math     Written Expression

- |                                                                  |                                                           |                                                |
|------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Mental Retardation                      | <input type="checkbox"/> Traumatic Brain Injury           | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Emotional Disturbance/Behavior Disorder | <input type="checkbox"/> Speech/Language Impairment       | <input type="checkbox"/> Visual Impairment     |
| <input type="checkbox"/> Hearing Impairment                      | <input type="checkbox"/> Orthopedic (Physical) Impairment | <input type="checkbox"/> Developmental Delay   |
| <input type="checkbox"/> Other _____                             |                                                           |                                                |

**Please indicate which of the following services your child has received through that IEP or 504 Plan.**

(check all that apply)

- |                                                  |                                                      |                                             |
|--------------------------------------------------|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Speech and Language     | <input type="checkbox"/> Resource Room               | <input type="checkbox"/> Inclusion Services |
| <input type="checkbox"/> Occupational Therapy    | <input type="checkbox"/> Self-contained Classroom    | <input type="checkbox"/> Counseling         |
| <input type="checkbox"/> Physical Therapy        | <input type="checkbox"/> Adaptive Physical Education | <input type="checkbox"/> Visually Impaired  |
| <input type="checkbox"/> Deaf or Hard of Hearing | Other _____                                          |                                             |

Your signature indicates that all information on this form is correct.

**Please sign below to indicate that you have provided full and accurate information.**

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

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

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

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

# Pathway Academy

## Home Language Survey



**THIS FORM IS MANDATORY FOR ALL STUDENTS**

Pathway Academy has a program for students who are developing their English communication ability. In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. The following survey will be used to plan classes, etc. for students who do not speak English or who speak a language in addition to English. Your assistance in answering these questions is greatly appreciated.

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

Birth date: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Date entered the USA: \_\_\_\_\_ (or birthday if born in the United States)

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

What language did the student learn when he or she first began to talk? \_\_\_\_\_

What other language(s) does the student know? \_\_\_\_\_

What language(s) does the family speak at home most of the time? \_\_\_\_\_

What is the native language of each parent/guardian? \_\_\_\_\_

Can an adult family member speak English? \_\_\_\_\_ Can he or she read English? \_\_\_\_\_

How many years has your child attended school in the USA? \_\_\_\_\_

In your opinion, how well does your student understand, speak, read and write English (please check)?

	<b>Very Well</b>	<b>Only a Little</b>	<b>Not at All</b>
Understand English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of person completing survey: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:  Potential ELL  English Proficient



# Pathway Academy

## Picture Release Form



The program at Pathway Academy is an educational program that collaborates with teachers, students, parents and the community. Photos may be taken while students are participating in activities. It is our goal to educate others about and invite them to join our school. This may be done through written communication, brochures, second-party publications (i.e., newspapers), newsletters and a website. These pictures may also be used for our school-wide yearbook, posting of pictures around the school for winning of prizes and use on our monitor in the school lobby with information about events or activities. Pictures speak a thousand words and are very effective in promoting the types of activities students are involved in, as well as informing the general public about the type of activities students participate in while at Pathway Academy.

We ask for permission to be able to use photographs that may contain your child while participating in Pathway Academy activities.

**Yes**, I give Pathway Academy or others designated by Pathway Academy permission to use my child's photograph for educational and informative purposes.

**No, I DO NOT** give Pathway Academy or others designated by Pathway Academy permission to use my child's photograph for educational and informative purposes.

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

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

Parent's Name (please print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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



# Pathway Academy

## Emergency Health Information



Student's Legal Name: \_\_\_\_\_  
First Middle Last

Gender:  Male  Female      Grade: \_\_\_\_\_      Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**NOTE: Beginning July 1, 2008, every child enrolling in kindergarten or first grade in a Missouri school shall have a comprehensive vision examination done by an optometrist or physician.**

Health Information (please print)	
Physician's Name:	Physician's Phone Number:
Date of Last Visit:	Hospital Preference:
Dentist's Name:	Dentist's Phone Number:
Date of Last Visit:	

Does your child take medication daily?  No  Yes Reason for medication: \_\_\_\_\_

**Before medication of any kind can be administered at school, a medication authorization form, available from the nurse, must be completed by a parent/guardian and/or a physician and kept on file.**

List all known food allergies your child has **accompanied by a current physician's statement:**

\_\_\_\_\_

List all other allergies your child has that may cause a problem at school:

\_\_\_\_\_

**Do you have any concerns about your child's:**

- |                                                                    |                                                                                 |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Attention Span: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No  | Ability to Learn: <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Emotional Development: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavior: <input type="checkbox"/> Yes <input type="checkbox"/> No | Physical Development: <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**Has your child had (or have) any of the following? If so, please give date or age.**

- |                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| ADD/ADHD _____                     | Anxiety/Panic Attack _____      | Asthma _____             |
| Blood Disorder (Sickle Cell) _____ | Bowel Problem _____             | Cerebral Palsy _____     |
| Diabetes _____                     | Heart Condition _____           | Kidney/Urinary _____     |
| Muscle Disorder _____              | Neurological Concern _____      | Orthopedic Problem _____ |
| Seizures/Epilepsy _____            | Cancer _____                    | Skin Disorder _____      |
| Ear, Nose or Throat Disorder _____ | Gynecological Disorder _____    | Hearing Disorder _____   |
| High Blood Pressure _____          | Migraine/Severe Headaches _____ | Surgeries _____          |

Additional health concerns or comments you wish to share including any other factors that the school nurse, counselor or your child's teacher(s) should know which may affect your child's school experience:

\_\_\_\_\_

If your child has a serious medical condition, it is vital that you discuss this with the school nurse and teacher(s) immediately. It is very important to know of LIFE THREATENING conditions (for example, asthma, diabetes, nut/insect allergies).

In order to provide a safe and healthy environment for your child, health information will be accessible to the following people: School nurse, your child's teacher, office manager, director of student services, personnel responsible for health room coverage and emergency medical personnel.

In case of serious illness or serious injury while attending Pathway Academy, I understand the school will attempt to contact parents or guardians, then other names I have listed. If none of these are available, the school may make whatever arrangements deemed necessary for my child's health. Parent/Guardian Signature: \_\_\_\_\_

# Pathway Academy

## Over-the-Counter Medication Policy



Student's Name: \_\_\_\_\_  
First
Middle
Last

Gender:  Male  Female      Grade: \_\_\_\_\_      Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Over-the-Counter (OTC) medications will be administered sparingly when indicated to make your child more comfortable and able to remain at school. For example, the medication may be used for dental pain, mild headaches, or orthopedic pain related to a recent injury. You may still be contacted for further care of your child. If your child does have a fever (100.0 F or higher), he/she will be sent home from school and not allowed to return until fever-free without medication for 24 hours.

The following OTC medications are typically stocked in the nurses' office. School personnel must have parental consent in order to administer them. If parents send their own OTC medications to be administered at school, they must complete the "Authorization for Medications" form which can be obtained from the school nurse.

**The school nurse or delegated staff person will administer the approved medications listed below as deemed necessary using his/her judgment:**

Acetaminophen (like Tylenol)	Antacids (like Tums)
Ibuprofen (like Motrin or Advil)	Allergy medicines (like Benadryl)
Throat Lozenges/Cough Drops	Visine AC for Eyes
Lotions, Creams or Ointments (like Calamine, Cortaid or Neosporin)	

**This section is to be completed for any OTC medications (supplied by the parent) to be given at school**

Health Condition for which medication is needed:	Name of medication: _____ Dose: _____ How often should this be taken? _____
How is medication to be given? <input type="checkbox"/> By mouth <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	About what time does medication need to be administered? _____ a.m.                                  _____ p.m.
The medication is to be given from: Start date: _____ End date: _____	Any precautions (side effects) that school personnel need to know? _____

**Yes**, I hereby give permission for my child to receive any of the medications listed on this form, as deemed necessary by the school nurse or delegated staff person. I understand that any school employee who administers these medications, according to proper dosages, shall not be held liable for damages as a result of an adverse reaction to the medication administered.

**I DO NOT** want the following medications to be given to my child at school:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**OR**

**No, I DO NOT** want **ANY** medications to be given to my child at school.

Parent/Guardian Name (please print): \_\_\_\_\_

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

# Pathway Academy

## Administration of Medication Request



To ensure the safety of all students at Pathway Academy, the following guidelines must be followed when medications are sent to the school:

1. All medications (prescription and non-prescription) must be taken directly to the clinic by the parent or guardian for safe storage.
2. All medications, both prescription and over-the-counter, must be accompanied by **this form**.
3. All medications must be in the ORIGINAL CHILD-PROOF CONTAINER. Prescription medications must be in the labeled prescription bottle. **Medications stored in envelopes, baggies, etc. will not be accepted.**
4. Administration of prescription and over-the-counter medicine (even for a short period of time) is discouraged. Parents should check with their physician regarding the need for medications to be administered during school hours. Medications prescribed for three times daily often can be given before school, after school, and at bedtime. If you have any questions about this procedure, please call.
5. **Medications must be picked up at the end of the year, or will be disposed of by the school.**

(PLEASE PRINT)

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

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

Reason Medication Given: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for the principal or designee to assist in administration of medication listed above for my child, \_\_\_\_\_, while at school, or when on field trips.

I understand that the school personnel cannot assure that anything more than a reasonable effort will be made to assist the student and I further agree to waive any claims of liability that may arise against any school personnel relative to the administration of this medication to my child according to the instructions provided above.

Contact Numbers:

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

Parent/Guardian Name (please print): \_\_\_\_\_

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

# Pathway Academy

## Vision Examination (Kindergarten or First Grades ONLY)



### For kindergarten or first grade enrolling students only:

We would like to express our appreciation to you for choosing Pathway Academy to assist you in nurturing and educating your child. It is our desire to make you aware of all state laws and practices that pertain to your student.

The state of Missouri passed a law that all enrolling **kindergarten** or **first grade** students shall receive one comprehensive vision examination performed by a state licensed optometrist or physician. A parent may choose to opt out of this by submitting a written request to the school. The exam is due by January 1, 2017. **(Please be aware this is an off-site exam not to be confused with the eye exam given by the school for all 1<sup>st</sup> and 3<sup>rd</sup> grade students.)**

If you choose to **opt out**, please complete the section below:

### PLEASE PRINT

I am selecting to **OPT OUT** of the one comprehensive vision examination performed by a state licensed optometrist or physician for my child(ren).

Student Name: \_\_\_\_\_ Grade:  Kindergarten  1<sup>st</sup> Grade

Student Name: \_\_\_\_\_ Grade:  Kindergarten  1<sup>st</sup> Grade

Student Name: \_\_\_\_\_ Grade:  Kindergarten  1<sup>st</sup> Grade

Student Name: \_\_\_\_\_ Grade:  Kindergarten  1<sup>st</sup> Grade

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

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

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

# Pathway Academy

## Federal HEARTH Act Residency Information

(Also known as the McKinney-Vento Act)



In order to comply with federal law, Pathway Academy needs the following information from your family. We must gather this data to ensure that families who qualify as *homeless* (as defined by the HEARTH Act - AKA McKinney-Vento Act) are located to receive any additional support that may be needed, as afforded them under No Child Left Behind, to guarantee homeless children and youths an education equal to what they would receive if not homeless.

If you answer yes to any of the following questions, Pathway's Homeless Liaison will be contacting you to review your eligibility and, if you qualify, inform you of your rights under federal law and of available McKinney-Vento services. If you have any questions regarding the content of this form, you may reach the Homeless Liaison at (816) 621-7100.

### PLEASE COMPLETE THIS ENTIRE FORM

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

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

Contact Number: \_\_\_\_\_

**1. Are you currently residing in any of the following settings because your home has been damaged or because of economic hardship? (Check all that apply)**

- |                                                                                |                                                          |
|--------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Hotel or Motel                                        | <input type="checkbox"/> Emergency Shelter               |
| <input type="checkbox"/> Car                                                   | <input type="checkbox"/> Transitional Shelter or Housing |
| <input type="checkbox"/> Campsite                                              | <input type="checkbox"/> Abandoned Building              |
| <input type="checkbox"/> Other Public place, bus station,<br>public park, etc. | <input type="checkbox"/> <i>None of the Above</i>        |

**2. Are you currently sharing the housing of other persons (doubled-up) due to loss of housing, economic hardship, or a similar reason?**

- No     Yes, please explain: \_\_\_\_\_

**3. Have you moved within the past 3 years to seek or obtain temporary or seasonal agricultural employment to provide a living for your family?**

- No     Yes, *See Question 4*

**4. If you answered yes on question 3, does the agricultural work fall into any of the following categories?**

- Planting or harvesting crops  
 Feeding poultry, gathering eggs, working in a hatchery  
 Processing meat, poultry, fruit or vegetables, dairy products  
 Commercial fishing or working on a fish farm  
 *None of the Above*

I, \_\_\_\_\_, attest that the above information has been completed truthfully and to the best of my knowledge.

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



Access to the computers, network, internet, e-mail, and other technology services is a privilege, not a right. With this privilege, there also is a responsibility to use these technologies safely for education purposes and not to access or to share inappropriate or unauthorized materials. Although technology resources are vital instructional tools for our students, abuse by any person will not be tolerated.

1. In compliance with the Children's Internet Protection Act (CIPA), Pathway Academy uses filtering software to restrict access to retrieve or transmit any visual depictions that are obscene, child pornography, or "harmful to minors" as defined in the CIPA. However, no filtering or blocking device is foolproof. Students are required to notify a teacher or principal if they encounter materials that violate these guidelines. Disabling or evading, or attempting to disable or evade, the filtering software is prohibited.
2. All use of the network, internet, and e-mail services must be in support of education and research. Transmission or copying of any materials in violation of any federal or state laws or regulations is prohibited; this includes, but is not limited to, copyrighted materials (for example, movies, videos, music and video grams), threatening or obscene material, or material protected by trade secret. Access to computer systems and networks owned, or operated by Pathway Academy, imposes certain responsibilities and obligation on users and is subject to the Code of Conduct and local, state, and federal laws.
3. Acceptable use is always ethical, reflects honesty, and shows restraint in the consumption of shared resources. It demonstrates respect for intellectual property, ownership of information, system security mechanisms, and the individual's rights to privacy and freedom from intimidation, harassment, and unwarranted annoyance. The school's policy regarding hazing and bullying, including cyber-bullying will be strictly enforced.
4. Students may not use or access social networking web sites such as Facebook, Instagram, Twitter, Snap Chat and/or Bebo, or internet chat rooms.
5. Commercial use of technology resources is strictly prohibited. Students may not use the system for political activities or to seek to impress or impose personal views on others.
6. Students may use technology resources only for instructional purposes.
7. Users are not permitted to download or open unauthorized executable files. Large files should be downloaded during off-peak hours whenever possible.
8. Students will not post or circulate chain letters or any unnecessary message broadcasted to a large number of people.
9. Students will not post personal information about themselves or others, including birthday, social security number, address, telephone numbers, or other personally identifiable information.
10. Students will promptly disclose to an administrator, teacher, or other school employee any message they receive that is inappropriate or makes them feel uncomfortable, including, but not limited to, requests to meet in-person or requests for personally identifiable information.
11. Students will not attempt to gain unauthorized access to the e-mail system, the Pathway Academy Web pages, or any proprietary systems. This includes attempting to log in through another person's account, access another person's files, e-mail and/or network access.
12. Students will not use the Pathway Academy system to engage in any other illegal act, such as arranging for a drug sale or the purchase of alcohol, engaging in criminal gang activity, threatening the safety of another person, or any other



activity that violates existing Pathway Academy policies or procedures. Reference to such activities, whether intended to be a prank or otherwise, will be treated as threats, and prosecuted accordingly.

13. Students will not share their account information (User ID and/or password) or attempt to log in to another user's account. Any sharing of User ID or password will result in immediate restriction or removal of account privileges.
14. Students will immediately notify a teacher or administrator if they have identified a possible security problem.
15. Students will not disrupt the computer system performance or destroy data by spreading computer viruses or by any other means. These actions are illegal.
16. Students will not knowingly vandalize or cause damage to Pathway Academy equipment or software.
17. Students will not use technology resources to access or send material that is profane, lewd, vulgar, indecent, libelous, obscene, pornographic, or that advocates illegal acts, violence, or discrimination towards other people.
18. Students who mistakenly access inappropriate information or images should immediately report this to a teacher or administrator, to initiate proceedings to have the materials blocked.
19. Students are expected to follow parental guidance regarding limitation of access to additional types of inappropriate materials.
20. Students will not repost or e-mail a message that was sent to them privately without permission from the person who originally sent the message.
21. A student does not have a legal expectation of privacy in the student's electronic communications or other activities involving the district's electronic resources. The district may examine all information stored on district electronic resources at any time. The district monitors student technology usage. Electronic communications, all data stored on the district's technology resources, and downloaded material, including files deleted from a student's account, may be intercepted, accessed or searched by district administrators or designees at any time. All district technology resources are school property.
22. Pathway Academy and its affiliates make no warranty, either expressed or implied, for the technology services provided, and will not be responsible for any damages suffered by any user. This includes loss of data resulting from delays, non-deliveries, misdirected deliveries, or service interruptions caused by the system's negligence, user errors, or omissions. Use of any information obtained via the Internet is at the user's own risk. Pathway Academy specifically denies any responsibility for the accuracy or quality of information obtained through its services.
23. I, the undersigned student, understand and accept the above conditions for the acceptable use of technology resources. I also understand and agree that any violation of these conditions can and will result in disciplinary action, up to and including loss of technology privileges and dismissal. Furthermore, I acknowledge that I will be held responsible with civil or criminal due process for any violations of law or any damages to technology resources resulting from any violation of this acceptable use policy.

\*Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Will have the student sign at the beginning of the school year and attend an internet safety presentation before using the computers at school.**

As the parent or guardian of the above student-user, I understand these conditions for acceptable use of technology resources and will support this Technology Acceptable Use Policy. I further understand that I am responsible for any violation demonstrated by the above student.

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

Date \_\_\_\_\_