

# Tri-Lakes Cooperative ECSE

Physical Address: 2404 State Hwy 248 Ste 4 | Branson, MO 65616

Mailing Address: 2404 State Hwy 248 Ste 4 | Branson, MO 65616

Phone: 417-320-5040 Fax: 417-348-1240

www.trilakescooperative.com

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## STUDENT INFORMATION RELEASE FORM

Name of student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current grade: \_\_\_\_\_

*I give my permission for Tri-Lakes Cooperative ECSE to receive medical, discipline, diagnostic, and testing information (both verbally and written) from:*

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

We request the release of the following information:

- \_\_\_\_\_ Cumulative permanent records
- \_\_\_\_\_ Psychological reports
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Special Education records, including IEP and Diagnostic
- \_\_\_\_\_ Other

**For immediate enrollment please fax:**

- \_\_\_\_\_ Shot records
- \_\_\_\_\_ Social Security Number
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Missouri State ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Start date at school enrolling \_\_\_\_\_
- \_\_\_\_\_ Mail the rest to:

**Tri-Lakes Cooperative**  
**2404 State Hwy 248 Ste 4 Branson, MO 65616**  
**Phone # (417) 320-5040 Fax # (417) 348-1240**

Thank You!

Principal Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

# APPLICATION FOR ENROLLMENT

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## TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

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

Student's legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Parent/Guardian's name: \_\_\_\_\_

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

With whom does the child reside? \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

911 / Physical address: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please check the racial or ethnic identity of your child. This data is used in reporting of core data to the state department.

White  Black/AfricanAmer.  Hispanic  Amer.Indian/Alaska Native  
 Native Hawaiian/Other Pacific Islander  Asian  Multi-Racial

Select one: Not Military Connected  Active Duty  National Guard or Reserve

Primary language spoken:  English  Spanish  Other (\_\_\_\_\_)

Student's home phone: ( ) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's cell#: \_\_\_\_\_ Father's cell#: \_\_\_\_\_

Mother's work#: \_\_\_\_\_ Father's work#: \_\_\_\_\_

### Emergency Contact:

1<sup>st</sup> Name: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_ Relationship to student: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### CHECK HERE

If there are custody issues, the school needs a copy of the appropriate documents. (i.e. court document, custody ruling, etc.)

List names of Siblings: Name & grade (or age)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Please list any person that has your permission to pick you child up from school.  
**Only the people listed will be allowed to pick your child up.**

	Relationship
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____

**Legal Issues (Custody or Restraining Orders)**

The school recognizes that issues related to the legal and physical custody of students are complicated and can impact the student’s educational experience. Parents and legal guardians of students are strongly encouraged to stay involved with their student’s academic progress. Unless a court order decrees otherwise, either parent or a legal guardian may view education records and attend school functions or school meetings regarding the student. Official notices and report cards will be sent to the parent or legal guardian with primary physical custody of the student during the school year. It is the responsibility of the parent or legal custodian with primary physical custody to provide current copies of court orders to the school. Child visitation and exchange of custody should not take place during school hours or on school property. The school will assume no responsibility for enforcing visitation or custody orders and reserves the right to prohibit parents or legal guardians from entering school property if their conduct becomes disruptive to the school environment. Concerns regarding custody and visitation should be directed to the school principal.

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(Parent/Guardian Signature)

(Date)

# Enrollment Affirmation For Parent or Court-Appointed Guardian

*(resident student with no prior expulsions)*

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Under penalty of law, I affirm that I am the parent or \*court-appointed legal guardian of the minor student, \_\_\_\_\_, that I reside within the boundaries of the \_\_\_\_\_ school district, and the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof of residency is true and correct to the best of my knowledge, information and belief. I further affirm that the student, \_\_\_\_\_, has not been expelled from school attendance at any other school in this state or in any other state for an offense in violation and that the other information that I have provided to the school district is true and correct to the best of my knowledge, information and belief. I understand that this statement will be maintained as part of the student's scholastic record. I understand that it is a criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file a civil action against me to recover the cost of educating the student.

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(Signature of Parent or Court-Appointed Guardian)

***\*Please attach supporting documentation for court-appointed legal guardian***

# **Title X-McKinney Vento Act Questionnaire Enrollment Form**

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**The following questions are required to meet federal regulations within the No Child Left Behind Act, as well as MSIP Standard 8.3.1 for enrollment identification.**

**Please answer the following questions with consideration given to your current living situation.**

Student's name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ (person completing the form)

Today's date: \_\_\_\_\_

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? IF YES, PLEASE EXPLAIN

\_\_\_\_\_ yes \_\_\_\_\_ no

Explain: \_\_\_\_\_

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? IF YES, PLEASE EXPLAIN

\_\_\_\_\_ yes \_\_\_\_\_ no

Explain: \_\_\_\_\_

# MELL PROGRAM: PARENT SURVEY

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

If you have moved from one school district to another and you have worked in agriculturally based employment in the last three years, your children may be eligible for special services to better serve them educationally. Please complete the following survey information and return it to your teacher or school office.

1. Have you moved to this area in the past three years? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. In the last three years, have you worked or are you currently working in any of these areas? If so, which ones?

- Planting or harvesting crops
- Transporting farm products to market
- Feeding poultry, gathering eggs, working in hatchery
- Processing meat, poultry, fruit, vegetables, dairy products
- Milking cows on a dairy farm
- Cutting firewood or logs to sell
- 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 to seek or obtain this job? \_\_\_\_\_ YES \_\_\_\_\_ NO

Parents/Guardians: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Children's Names	Age	Grade

# STUDENT HOME LANGUAGE SURVEY

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

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

Relationship of person completing survey:

- Mother
- Father
- Guardian
- Other (Please specify) \_\_\_\_\_

Circle the best answer to each question.

1. Was the first language the student learned English?    YES    NO

2. Can the student speak a language other than English?    YES    NO  
If yes, what language? \_\_\_\_\_

3. Which language does the student use most often when speaking to friends?  
English    Spanish    Other (please specify) \_\_\_\_\_

4. Which language does the student use when speaking to parents?  
English    Spanish    Other (please specify) \_\_\_\_\_

5. Does anyone in your home speak a language other than English?    YES    NO

6. Language background if other than English:

- Spanish
- Arabic
- Korean
- Vietnamese
- Russian
- Chinese
- Other (please specify)

# PERMISSION FOR MEDICAL TREATMENT

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At your school, a nurse is available to assist your child in maintaining good health. Your school nurse makes every effort to reach you when your child is ill or injured. In the rare event of a life threatening injury or illness the school nurse reserves the right to administer lifesaving treatment even if we are unable to reach you. Sometimes minor ailments and injuries can be treated in our health services office, enabling your child to return to class.

## PRESCRIPTION MEDICATIONS and OVER THE COUNTER MEDICATIONS

All prescription medications and over the counter medications sent from home, to be administered at school must be accompanied by a **signed note** from the parent/guardian with the following information:

- |                               |                                   |
|-------------------------------|-----------------------------------|
| A. Date and time note written | B. Child's complete name          |
| C. Grade and teacher          | D. Name of medication             |
| E. Dosage of medication       | F. Time medication is to be given |

All medication should be sent in the original prescription container with the physician's instructions on the container. Over the counter medications should be sent in the original packaging. Any pharmacy will be happy to give you an extra container with the written doctor's order on it for this purpose. To remain current, all prescriptions must be renewed each calendar year or within a 12 month period.

**No medication will be administered at school unless the above procedure is carried out as stated above.**

## OVER THE COUNTER MEDICATION AVAILABLE AT SCHOOL

According to our school policy, permission slips for administering over-the-counter medications must be renewed on a **yearly** basis. This form must be signed by a parent/guardian and returned to school for your child to receive any over-the-counter medication.

If you have any questions concerning our medication policy, please feel free to contact me at 417-320-5040 during the school day.

Lorri Osbourn  
Director



The following non-prescription medications are available from the health office for minor injuries/ailments:

- Acetaminophen (generic Tylenol)
- Ibuprofen (generic Advil and Motrin)
- Hydrogen peroxide
- Alcohol wipes
- Triple Antibiotic Ointment
- First Aid Spray
- Caladryl lotion and spray
- Petroleum Jelly
- Saline Eye Wash
- Antacids
- Blistex
- Anbesol
- Hydrocortisone cream

In order for these items to be available to your child, please sign the permission slip below.

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

My child, \_\_\_\_\_ has my permission to be treated in the health services' office according to school policy and to receive the above listed non-prescription medications.

Any known allergies: \_\_\_\_\_

Current home telephone number: \_\_\_\_\_

Current work telephone number: \_\_\_\_\_

**Emergency telephone number:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# HEALTH INFORMATION UPDATE

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

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

Parent/Guardian Phone No.: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name Relationship to student Telephone number

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*Check any of the following health concerns which pertain to your child:*

EYES: glasses \_\_\_\_\_ (reading \_\_\_\_\_ distance \_\_\_\_\_) contacts \_\_\_\_\_ crossed \_\_\_\_\_ lazy eye \_\_\_\_\_  
difficulty seeing \_\_\_\_\_ other(explain) \_\_\_\_\_

Date of last vision exam (other than school screening) \_\_\_\_\_

EARS: frequent infections \_\_\_\_\_ tubes \_\_\_\_\_ hearing difficulty(explain) \_\_\_\_\_

hearing aid \_\_\_\_\_ right \_\_\_\_\_ left \_\_\_\_\_ Wear at school? Yes \_\_\_\_\_ No \_\_\_\_\_

ALLERGIES: (drugs, food, insects, pollens) Please list: \_\_\_\_\_

Has the allergy required emergency action in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

ASTHMA: Yes \_\_\_\_\_ No \_\_\_\_\_ Triggered by: \_\_\_\_\_

Treatment(s): \_\_\_\_\_

Diagnosed by physician(date): \_\_\_\_\_

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

SEIZURES: Yes \_\_\_\_\_ No \_\_\_\_\_ Describe seizures: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Medication: \_\_\_\_\_

OTHER MEDICATIONS: Home: \_\_\_\_\_ School: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

OTHER HEALTH CONCERNS: diabetes \_\_\_\_\_ heart problem \_\_\_\_\_ bleeding \_\_\_\_\_ eating \_\_\_\_\_

sleeping \_\_\_\_\_ bowel \_\_\_\_\_ bladder \_\_\_\_\_ dental \_\_\_\_\_ skin \_\_\_\_\_ menstruation \_\_\_\_\_

phobias(fears) \_\_\_\_\_ blood pressure \_\_\_\_\_ lungs \_\_\_\_\_ neurologic \_\_\_\_\_ headaches \_\_\_\_\_

blood disorders \_\_\_\_\_ orthopedic \_\_\_\_\_ Comments: \_\_\_\_\_

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

# STUDENT HANDBOOK & MEDIA/WEB PAGE RELEASE

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

Teacher's Name: \_\_\_\_\_

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

## Parent/Guardian Student Handbook Awareness Statement

I have received the Tri-Lakes Cooperative ECSE student handbook, including general information, rules and regulations, and procedures for TLCO. I understand that I am responsible for reading and adhering to its contents.

Please Initial

## Media/Web Page Release of Information

Please initial one:

\_\_\_\_\_ I give consent for my child's photo and/or name to be released to media or web page as it pertains to school participation in activities, awards, or student achievement.

\_\_\_\_\_ I **do not** give consent for my child's photo and/or name to be released to media or web page as it pertains to school participation in activities, awards, or student achievement.