



— EXCELSIOR SPRINGS —
HIGH SCHOOL
— *Passion For Excellence* —

New Student
Enrollment Packet
2015 - 2016

New Student Enrollment Procedure

The following steps need to be completed to enroll a new student at Excelsior Springs High School:

1. The parent/guardian obtains the enrollment packet. The forms* and documentation listed below are required. Additional information may be required in some situations.
 - Authorization for Release of Records
 - New Student Enrollment Form
 - Transportation Request Form
 - Technology Usage Form (both sides)
 - iPad Usage Agreement
 - Residency Verification Form
 - Student Health Information Form
 - Meal Replacement Forms
 - Request for Information Form
 - Activities Information Form
 - Student Drug Testing Consent Form
 - Birth Certificate
 - 2 Proofs of Residency (can be copies of utility bills, rental agreements, etc.)
2. The Registrar requests records from the sending school.
3. When the records are received, the Assistant Principal calls to set up an appointment.
4. The student and parent/guardian meet with the Assistant Principal to get approval to enroll.
5. The student and parent/guardian meet with the Counselor to discuss the student's schedule.

Notes: _____

* Please note that because many of the forms in this packet will be sent to different locations, it is extremely important to fill out all of the forms completely.



EXCELSIOR SPRINGS HIGH SCHOOL

612 Tiger Drive
Excelsior Springs, MO 64024

Phone: (816)630-9210
FAX: (816)630-9227
essd40.com

TO: SCHOOL REGISTRAR - _____ Previous Attending School Name _____ FAX Number _____

FROM: EXCELSIOR SPRINGS HIGH SCHOOL

(816)630-9210

(816)630-9227 / FAX

District Code: 024089

School Code: 1075

In order for students to enroll at Excelsior Springs High School, we have need of Immunizations, Current Transcripts, Birth Certificate, Discipline Records, IEP+ Summary, Attendance Records, Withdrawal Grades, US & MO Constitution Tests, State Test Scores, and A+ Records prior to students' enrollment. Please fax these records and mail any additional record to our school. If discipline was not a concern for the student, please note "No Discipline" on the return fax. Thank you for your cooperation in facilitating a smooth transfer for this student.

Cathy Logston

clogston@estigers.k12.mo.us

Registrar, Excelsior Springs High School
612 Tiger Drive
Excelsior Springs, MO 64024

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EXCELSIOR SPRINGS HIGH SCHOOL

612 Tiger Drive
Excelsior Springs, MO 64024

Phone: (816)630-9210
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Consent for Release of Information and Specialized Records

TO WHOM IT MAY CONCERN: I, _____, parent/legal guardian
of _____, grade _____, whose date of birth is ____/____/____,
request the release of the following information:

FROM: _____
Previous Attending School

District #: 024089 School #: 1075
TO: EXCELSIOR SPRINGS HIGH SCHOOL

Address: _____

612 Tiger Drive

City/State/Zip _____

Excelsior Springs, MO 64024

Phone#: (____) _____

FAX: (816)630-9227

FAX: (____) _____

ATTN: Cathy Logston, Registrar

The specific records to be released include the following: (Please check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Cumulative permanent school records
(including withdrawal grades, credits, etc.) | <input checked="" type="checkbox"/> Individual intelligence/cognitive test
results and reports |
| <input checked="" type="checkbox"/> Immunizations and health records | <input checked="" type="checkbox"/> Current IEP |
| <input checked="" type="checkbox"/> Attendance Records | <input checked="" type="checkbox"/> Diagnostic Summary/Evaluation Reports
from special education services evaluation |
| <input checked="" type="checkbox"/> Discipline Records | <input checked="" type="checkbox"/> Medical information and reports |
| <input checked="" type="checkbox"/> State Test Scores | <input checked="" type="checkbox"/> Psychological evaluation and reports to include:
social/emotional/behavioral information-please
include rating scales, observations, etc. |
| <input checked="" type="checkbox"/> Individual achievement tests | <input checked="" type="checkbox"/> Treatment plans and possible recommendations |
| <input checked="" type="checkbox"/> Group or grade level testing scores & information | <input checked="" type="checkbox"/> A+ Records |
| <input checked="" type="checkbox"/> Family case history/enrollment information | |
| <input checked="" type="checkbox"/> Anecdotal records | |
| <input checked="" type="checkbox"/> Screening instruments and results | |
| <input checked="" type="checkbox"/> US & MO Constitution Tests | |
| <input checked="" type="checkbox"/> Other: (Please specify) _____ | |

This information is requested for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Transfer of student to this/another district | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> New enrollment/re-enrollment of student | <input type="checkbox"/> Contractual placement |
| <input type="checkbox"/> Other: (Please specify) _____ | |

X _____
Signature of Parent/Legal Guardian, or Emancipated Student

Date

X _____
Telephone Number of Parent/Legal Guardian, or Emancipated Student

Excelsior Springs School District #40 New Student Enrollment Form

Please PRINT all student information

Student LEGAL Name: On birth certificate

Student Grade Level: _____

_____, _____, _____
Last First Middle Name Suffix i.e. JR, II

Preferred Name: _____

DOB: _____ Social Security Number: _____

Home Phone Number _____

(If no home phone number, please provide Primary Contact telephone number) Unlisted number Yes or No

Primary Residence SchoolMessenger Phone Number (Please list with area code)_(_____)_____-_____

SchoolMessenger is an automated telephone service we use to notify you of weather related school closings, absence notifications, and other important announcements. This must be a direct number - SchoolMessenger is unable to dial extension numbers. Unlisted number Yes or No

Secondary Residence SchoolMessenger Phone Number (If applicable)_(_____)_____-_____

This must be a direct number - SchoolMessenger is unable to dial extension numbers. Unlisted number Yes or No

Ethnicity: (Select only one)

<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Yes, Hispanic or Latino
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Race: (Check all that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	

Gender: (Check one)

County: (Check one)

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Clay	<input type="checkbox"/> Ray
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Home Address: _____

City: _____ Zip: _____

Mailing Address: _____

If applicable

City: _____ Zip: _____

Single Parent Household: True False

Circle all adult(s) with whom student is living

Both Parents	Mother	Father	Step-Mother	Step-Father	Grandparents	Specify Other: _____
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Biological Parents - Complete All Fields

Mother Name	Father Name
Employer	Employer
Day Phone	Day Phone
Cell Phone	Cell Phone
Home Phone	Home Phone
Address	Address
Email Address:	Email Address:
Does student reside with Mother? Yes No	Does student reside with Father? Yes No

Is there a court order that restricts either parent from contact with the student or access to student records? ___No ___Yes

If such a court order exists, it is the Parent/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office.

Additional Parent(s)/Guardian(s) other than Biological Parents that have Custodial and or Educational rights/permissions.

Name	Name
Does student reside with this Guardian? Yes No	Does student reside with this Guardian? Yes No
Relationship (circle one) Step-Mother, Step-Father, Grandparent, Foster Parent, Parent Companion, Specify Other_____	Relationship (circle one) Step-Mother, Step-Father, Grandparent, Foster Parent, Parent Companion, Specify Other_____
Employer	Employer
Address	Address
Email Address	Email Address
Day Phone	Day Phone
Cell Phone	Cell Phone
Should additional mailings be sent to Non-Custodial Parent(s)/Guardian(s) Yes No	
If yes, please specify who this is to go to:	

Sibling Information

Sibling Full Name	Gender	Age	Grade	School Attending

Emergency Contact/Medical (Local - Other than parent(s)/guardian(s) previously listed)

Contact #1

Name	Relationship (circle one) Aunt, Uncle, Brother, Sister, Friend, Grandparent, Neighbor, Caregiver, Specify Other_____
Best Phone	Phone Type (circle one) Cell Home Work
Cell Phone	Work Phone

Contact #2

Name	Relationship (circle one) Aunt, Uncle, Brother, Sister, Friend, Grandparent, Neighbor, Caregiver, Specify Other_____
Best Phone	Phone Type (circle one) Cell Home Work
Cell Phone	Work Phone

Contact #3

Name	Relationship (circle one) Aunt, Uncle, Brother, Sister, Friend, Grandparent, Neighbor, Caregiver, Specify Other_____
Best Phone	Phone Type (circle one) Cell Home Work
Cell Phone	Work Phone

Special Services - Please circle if this student receives or participates in any special programs beyond the regular classroom.

IEP	504 Plan	ELL Program	Speech/Language	Resident II School
Title 1 Reading	Gifted & Talented	Tutoring	Other _____	

Language in Home:

Primary Language Spoken in Home:_____Primary Language Spoken by Child:_____

Does student reside within a Military Family? Please CIRCLE one choice which best describes your family.

- NM - Not Military Connected
 AD - Active Duty
 NGR - National Guard or Reserve
 UNK - Unknown

Miscellaneous District Enrollment Information: Please circle appropriate information.

- Is this a DFS, guardianship, or foster child placement? Yes No Specify_____
- Has family moved from one school district to another within the past 3 yrs to seek or obtain seasonal work in agriculture or related food processing business? Yes No
- List all schools/districts attended in the last 12 months: _____
- Where does the student stay at night? Please check one: ☐ In a house, apartment, or mobile home ☐ In a motel/hotel ☐ In a car ☐ At a campsite ☐ Temporarily with more than one family in a house, apartment, or mobile home ☐ Specify Other _____

Signature Required: I declare that the information on this form is true, complete, and accurate.

Parent/Guardian Signature

Printed Name

Date

Transportation Request Form

Excelsior Springs School District

Grade: _____ School: (circle one) EE LE WE MS HS CC EC

Name: _____
Last First Middle

Address: _____

City: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Work Phone: _____ Ext: _____

Father's Name: _____ Work Phone: _____ Ext: _____

Emergency Contact: _____

Emergency Phone: _____

Day Care: _____ Phone: _____

Day Care Address: _____

Bus #: _____ Pick-up Time: ____:____ AM Drop-off Time: ____:____ PM

Pick-up/Drop-off Point: _____

Early Out Drop-off Address: _____

____ Examine Location for bus accessibility

Remarks: _____

TECHNOLOGY USAGE
(Student User Agreement)

I have read the Excelsior Springs School District #40 Technology Usage policy and procedure and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including, but not limited to, suspension or revocation of my access to district technology and suspension or expulsion from school.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely. I understand that this form will be effective for the duration of my attendance in the district unless revoked or changed by the district or me.

Signature of Student

Date

Name of School: _____

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 02/12/2001

Revised: 04/14/2003; 02/11/2008

Excelsior Springs School District #40, Excelsior Springs, Missouri

TECHNOLOGY USAGE
(Parent/Guardian Technology Agreement)

I have read the Excelsior Springs School District #40 Technology Usage policy and procedure. I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages incurred by my child.

- ☐ I give permission for my child to utilize the school district's technology resources.
- ☐ I give partial permission for my child to utilize the school district's technology resources.
I do not wish for my child to utilize: _____
- ☐ I do not give permission for my child to utilize the school district's technology resources.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

Name of Student: _____

Name of School: _____

Signature of Parent/Guardian

Date

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Student iPad Usage Agreement



At ESHS, our teachers and students use Apple iPads in the classroom to enhance learning. The goal of this effort is to increase student productivity and engagement, to increase collaboration, creativity, and critical thinking, and to prepare students for 21st Century expectations. Please read this information carefully before signing and dating below. Students will not be able to use the iPads until this signed agreement has been returned.

Acceptable Use

To ensure educational, productive use of the iPads, the student is expected to:

- Use the iPad assigned to them by the teacher;
- Use the iPad in a responsible, respectful, and safe manner;
- Follow all classroom instructions given by the teacher;
- Protect the iPad by keeping it on a level, stable surface away from food and drink;
- Report issues, including signs of misuse or damage, to the teacher immediately; and
- Follow the district Technology Usage Agreement at all times.



Unacceptable Use

The following uses for the iPad are not permitted. Any student violating these expectations may lose use of the iPads and/or face disciplinary consequences. The student will not:

- Damage or misuse the iPad;
- Change the settings on the iPad or in individual apps;
- Install or delete apps;
- Use the camera or other apps in an inappropriate manner;
- Remove the iPad from the classroom;
- Remove or damage the iPad's cover; and
- Engage in off-topic activities or internet browsing, such as checking email or social networks.

The student will be responsible for the repair or replacement cost for an iPad damaged by misuse or neglect. Also, the iPads are school district-owned, and the contents of the iPad can be viewed at any time. If you have any questions or concerns about the iPads, please do not hesitate to contact the classroom teacher.

I, _____, have read and understand the expectations outlined in this agreement. I understand that failure to meet these expectations may result in the loss of use of the iPads and/or disciplinary consequences and that I am responsible for repair or replacement costs for an iPad damaged by my misuse or neglect.

Student signature

Parent/Guardian signature

Date

Residency Verification Form Excelsior Springs School District

Past experience has made it necessary to request information at the time of student enrollment regarding residency. Frequently, students not eligible for school attendance have attempted to enroll in the Excelsior Springs School District. Therefore, this information is requested to verify residency in order to provide efficient use of resources and promote optimum student achievement. This form shall be completed for any student(s) enrolling in the District for the first time. Thank you for your cooperation.

Student Name: _____

Present Address*: _____

Previous Address: _____

Student will be living with: (Parent or Legal Guardian) _____

Home Phone: _____ Work Phone: _____

School student last attended: _____

Address: _____

Is the student currently under short or long-term suspension in his/her previous school district:

YES _____ NO _____

Please attach the following items as necessary to prove residency:

1. Homeowners will provide a recorded document proving ownership such as a deed.
2. If leasing a home, please provide a valid lease agreement with the name, address, and telephone number of the lessor.
3. If the parent's or guardian's name of the student being enrolled is not on the homeowner's deed or lease agreement, a School Admissions Resident's Affidavit must be submitted by the resident owner.
4. Married students will provide a copy of their marriage certificate and proof of home ownership or a valid lease agreement. If such students' names are not on the deed or lease, a School Admissions Resident's Affidavit must be submitted by the resident owner.
5. Copies of two different utility bills must be provided.

Failure to give correct information concerning residency may result in termination of enrollment at Excelsior Springs School District and/or a charge of retroactive tuition. It is your responsibility to notify school district personnel immediately of a change in address.

*The school district reserves the right to visit the address listed above to verify that the student is domiciled at this address, the person(s) named as residents of the Excelsior Springs School District shall become liable for out-of-district tuition payment retroactive to the start of school.

Excelsior Springs School District Health Enrollment Form

PLEASE PRINT

Student Name _____

Date: _____ Grade _____ Date of Birth: _____ Age: _____ Gender: _____

As a convenience to the patrons of our school district, "First Aid" will be administered on a limited basis, through the Health Office in the Excelsior Springs School District. If your child requires routine medications, please notify the Health Office.

In the event of a life threatening emergency, your child may be administered Albuterol (0.09 mg/puff) via inhaler or Albuterol (2.5mg per 3 ml) via nebulizer and/or Epinephrine via Epi-pen. If administration is required, calls will be made to both 911 and parents. If an injury or illness requires immediate attention and the school is unable to locate the parent, emergency care will be provided by school /emergency medical personnel and the student may be taken to a hospital emergency room. The school district is not responsible for the subsequent treatment or medical expenses incurred after administration of first aid.

If you do not wish for these medications to be given, please notify the school health room for an OPT OUT form.

X Legal Responsible Person (please print name)

X Signature of Responsible Person

Date ____/____/____

Does your child have specific health limitations/needs that would require special consideration at school or wear glasses/contacts If yes, please explain:

Does your child have any of the following illnesses? Please circle all that apply:

Asthma - Diabetes - Seizures - Heart Condition - Migraines - ADD/ADHD - Vision - Hearing - Mental

If your child has asthma, diabetes, seizures, or food, drug or environmental allergies, your child will need to be seen by a physician and an ACTION PLAN for that diagnosis will need to be provided to the school.

***If your child has any medications, either prescribed or over the counter that you wished administered at school, even if your child is self-administering, we will need a medication consent form signed.**

***If your child will be carrying an inhaler or diabetic medications and equipment for self-administration, we will need consent to carry form filled out and signed.**

***If your child requires routine medications, please notify the Health Office.**

Does student have any specific condition alert/illness/physical problem that might affect their academic or physical activity at school? Yes No

If yes, please list below

Medical diagnosis_____medication_____

Medical diagnosis_____medication_____

Medical diagnosis_____medication_____

Medical diagnosis_____medication_____

The "Safe School Act" requires documentation from the student's physician in order for the student to carry their inhaler. It is highly recommended a second inhaler be kept in the health office as a back up. Please pick up the proper forms in the Health Office.

 Allergy to: (**Foods** - Peanut butter, nuts, etc.)

List Foods:_____ Degree of Reaction(s):_____

NOTE: STUDENT MUST HAVE "YEARLY" WRITTEN DOCUMENTATION OF "FOOD ALLERGY" AND AN ACTION PLAN FOR STUDENT, FROM THE STUDENT'S PHYSICIAN, REGARDING ANY FOOD-PEANUT BUTTER-NUT ALLERGY. THIS MUST BE ON FILE IN THE HEALTH OFFICE.

 Allergy to: (**Medications**)List Medication(s): _____ Reaction(s): _____

 Allergy to: (**Bites/Stings**)List Bites/Stings: _____ Reaction(s): _____

 Allergy to: (**Seasonal/Environmental**/trees, pollen, pets) _____ Reaction(s)_____

 Milk Intolerance Yes No (**Please check one**)

NOTE: IN ORDER FOR A STUDENT NOT TO HAVE MILK ON THEIR LUNCH TRAY AND/OR RECEIVE A MILK SUBSTITUTE, STUDENTS WITH A MILK/DAIRY INTOLERANCE MUST HAVE YEARLY WRITTEN DOCUMENTATION, FROM THEIR PHYSICIAN, REGARDING MILK ALLERGY AND AN ACTION PLAN, ON FILE IN THE HEALTH OFFICE.

Does student have private insurance? Yes / No Medicaid? Yes / No Medicaid #:

Doctor's Name: _____ Phone _____ Seen in the last 12 months? Yes / No (circle one)

Dentist's Name: _____ Phone _____ Seen in the last 12 months? Yes / No (circle one)

Eye Doctor's Name: _____ Phone _____ Seen in the last 12 months? Yes / No (circle one)

Hospital Preference: _____



LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Excelsior Springs School District** offers healthy meals every school day. Breakfast costs **\$1.45**; lunch costs **\$1.95 Elementary, \$2.10 Middle School, \$2.20 High School**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO MAY RECEIVE MEAL BENEFITS?

All children in households receiving benefits from **[Missouri SNAP]**, [the Food Distribution Program on Indian Reservations (FDPIR)] or **[Missouri TANF]**, are eligible for free meals.

Foster children that are under the legal responsibility of a foster care agency or court, Children participating in their school's Head Start program, and Children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Annually	Monthly	Weekly
1	\$21,775	\$1,815	\$419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each add'l person add	+ 7,696	+ 642	+ 148

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call **our School District Social Worker at (816)630-9230**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **your student(s) school**.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Valerie Allenbrand or Debbie Starr at (816)630-9200** immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to:

EXCELSIOR SPRINGS SCHOOL DISTRICT CENTRAL OFFICE
300 W BROADWAY
EXCELSIOR SPRINGS MO 64024
OR CALL 816-630-9200

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Valerie Allenbrand or Debbie Starr at (816)630-9200 to receive a second application.**
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office or call **1-855-373-4636.**

If you have other questions or need help, call **816-630-9200.**

Sincerely,

Valerie Allenbrand or Debbie Starr
Administrative Assistants

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Meal Application Instructions

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Excelsior Springs School District. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Valerie Allenbrand or Debbie Starr at 816-630-9200.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Excelsior Springs School District, *regardless of age*.

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *Is the child a student at Excelsior Springs School District?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend which building in our District.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or [Missouri SNAP]
- TANF for Needy Families (TANF) or [Missouri TANF]
- The Food Distribution Program on Indian Reservations (FDPIR)

A) IF *NO ONE* IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- *Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.*
- *Leave STEP 2 blank.*

B) IF *ANYONE* IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- *Circle 'YES' and provide a case number for SNAP, TANF, or FDPIR.* You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: [State/local agency contacts here]. You must provide a case number on your application if you circled "YES".
- *Skip to STEP 4.*

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked “Total Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a job where they earn a salary or wages.
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor’s Benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:**Who should I list here?**

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household’s income **and** do not contribute income to your household.
- Children and students already listed in Step 1

How do I fill in the income amount and source?**FOR EACH TYPE OF INCOME:**

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B) List Adult Household member’s name. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from Pensions/Retirement/All other income. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SS#.”

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

C) Write Today’s Date. In the space provided, write today’s date in the box.

D) Share children’s Racial and Ethnic Identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an

individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

2015-2016 REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Student(s) name: _____

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Activities Information Form



"HOME OF THE TIGERS"

Activities Director - Joe Greim/ Roger Siegel, Assistant Activities Director
612 Tiger Drive Excelsior Springs, MO 64024

Our Phone: (816)-630-9284 Our Fax: (816)-630-9225 E-mail: jgreim@estigers.k12.mo.us

PLEASE FILL THIS OUT IF YOU ARE INTERESTED IN PARTICIPATING IN ANY ACTIVITIES

Student's Name: _____ Date Enrolled: _____

Student's Date of Birth _____

Home Phone Number: _____ Cell number: _____

Parents' name: _____

Parents' previous address: _____

Current address: _____

Has the entire family had a complete change of residence? (by Law 238)
Yes ____ No ____

Date of change of address: _____

Is this address within the geographic attendance district of your school ?
Yes ____ No ____

Was the former address in your attendance area? Yes ____ No ____

Name of previous school _____/ School Phone # _____

Grade in School ____7th____8th____Fr. ____ Soph ____ Jr. ____ Sr.

Activities interested in: _____

EXCELSIOR SPRINGS SCHOOL DISTRICT DRUG TESTING POLICY GRADES 9-12

Background and Purpose

The administration of the Excelsior Springs School District has noted and documented, both formally and informally, an increase in the use of drugs by students, including those students participating in extracurricular activities, as well as those who park on school property.

The educational program and drug testing program described in these materials is part of an overall health program at Excelsior Springs School District. The goal is not to levy discipline but rather to aid in the discovery and prevention of possible drug-related problems. The key component of this program is opening the lines of communication between students and parents about the serious matter of drug usage and abuse.

A student using drugs is a danger to him/herself as well as other students. All students in the Excelsior Springs School District who choose to participate in extracurricular activities and those who choose to park on school property are entitled to do so in a drug-free environment.

As a condition of participating in extracurricular activities and receiving a parking pass to park on school property, high school students and their parents must consent to random drug testing of the students as further defined in the policy and administrative procedures.

This program does not affect other policies and practices of the Excelsior Springs School District in dealing with drugs or alcohol use or possession where reasonable suspicion is obtained by means other than the mandatory and random sampling discussed here.

All students who will participate in extracurricular activities during the school year and who complete and return the consent forms within the deadlines set by the superintendent or designee will be included in the testing pool and may be selected for testing as soon as the student is officially enrolled in the drug testing program, even if the extracurricular activity has not yet begun. If a student is 18 years of age and living with a parent/guardian, he/she still must have both student and parent/guardian signatures. If the student is 18 years of age and has established a residence on his/her own, the student's signature is all that is required.

Definitions

“Consent form”- means the Parent/Guardian Drug Testing Consent Form which is adopted by the district’s administration.

“Extracurricular Activities”: means any school sponsored extracurricular activity and/ or a performance in which a student represents the District, in the opinion of the District’s Administration. Extracurricular activities that will be tested are all MSHSAA(Missouri State High School Activities Association) regulated activities and events such as athletics, band, choir, cheerleading, academic competition, FBLA(Future Business Leaders of America), FCCLA(Family Career Community Leaders of America), Forensics, Drama, Science Olympiad, Math Relays, and Color Guard. This list is subject to change on a yearly basis. The list of extracurricular activities to be tested will be published at the yearly drug testing program informational session before school starts. When an activity or performance is part of a course offered by the school, such as band, choir, or forensics, the student’s grade or enrollment in the course will not be conditioned upon consenting to drug testing. However, the student will be given an alternative assignment in lieu of the activity or performance if the student and his/her parents do not consent to drug testing. The students enrolled in these courses will be notified at the beginning of each semester, if possible, which activities or performances they will be precluded from participating in and the alternative assignments.

“Parking on school property”-means any **student** who parks on school property during the school day. The car(s) that the student regularly parks must be registered with the high school office. The student is required to park in the designated student area on school property.

“Performances”-means the scheduled games, matches, contests, or performances (including district, sectional and state contests) for the activities listed above.

“SAMSHA”- Substance Abuse Mental Safety Health Administration

Procedures and Guidelines

Each school year, prior to a student’s participation in a specified activity, each participating student and a parent/guardian will be invited to attend a drug awareness session. At the session, each student and parent/guardian shall receive information about the problems of drug use and receive a copy of the Excelsior Springs School District drug testing policy and its procedures. During each session, students and parent(s)/guardian(s) will have the opportunity to ask

questions regarding the program. Students and parent(s)/guardian(s) need to sign up for the drug testing program even if they are not sure the students will participate in an extracurricular activity or request a parking pass that school year. If a student is new to the district, he/she has one week from the enrollment date to sign up for the drug testing program.

At the conclusion of the session, the student will take home the drug testing policy and have the consent form signed by both the student and a parent/guardian. This procedure and consent form contains the procedures for mandatory and random drug testing. It provides that the student and parent/guardian must sign the consent form to be eligible to participate in extracurricular activities at Excelsior Springs High School. Students and parents/guardians must also sign the consent form to be eligible to park on school property. If the student is 18 years of age and has established a residence on his/her own, the student's signature is all that is required.

Each student who has signed a consent form will be assigned to the random pool for the duration of participation in the drug testing program. This consent form must be turned in prior to the deadline set for the school year, or the student will not be eligible to participate in extracurricular activities or park on school property for the entire school year.

For random drug testing, each student will be assigned a number that will be maintained in the Activity Director's office. This number will be the student's identification number for testing and will not change. Only the activity director and district staff designated by the superintendent to assist the activity director in administering the drug testing program will have access to student numbers.

Such random drug testing may occur at any time during the school day. The drug testing company will randomly select numbers, and the Activities Director will match the selected numbers to the master list of participants. Participants will be called for testing in the order listed until all have been identified as available for testing. Testing will occur during the school year only and regardless if that student's activity is in season or not or if his/her club is meeting or not.

Students who wish to drop out of the drug pool must have their parent/guardian come to the school and meet with the Activities Director. The student and parent/guardian must sign a release form stating that they no longer wish to participate in the random drug testing pool. If the student is 18 years of age and living on his/her own, he/she still needs to come in and meet with the Activities Director to drop out of the testing pool. **Once a student enters the pool, he/she must remain in the pool for the remainder of that school year to be eligible to participate in extracurricular activities or park on school property for that school year.**

Parent-Requested Participation

Parents of students who wish for their student to participate in the drug testing program may voluntarily enroll the student in the district's program even if the student is not involved in extracurricular activities and does not park on school property. The student will be placed in the drug pool and noted as a voluntary participant. If selected and the test is positive, the parent will be notified of the positive test, but the student will not be penalized through this policy or the Student Discipline Policy of the Excelsior Springs School District.

Privacy and Confidentiality

The testing method to be administered will be urinalysis. Appropriate steps will be taken to respect the privacy of students while, simultaneously, preventing falsification of testing.

Upon receiving a notice from the administration that the student has been selected for a random drug test, the student will go to an assigned area and wait until it is his/her turn to produce a specimen. A representative of the Excelsior Springs School Administration or School Nurse will be available during the testing procedure.

Prior to being called by the test administrator (from the pre-established drug testing company), the student will be given an identification number by a school official. When called by the test administrator (employee from drug testing company), the student will proceed to the testing site. The student will present the identification number to the test administrator, who will record that number on the tests recording form. The test administrator will then ask the student to remove hats and outer garments (if any) and place the contents of the pockets on the testing table. The student will be allowed to return any non-containers to his/her person. The student will then be asked to select a collection cup and instructed to open the cup and dump the contents on the table. The test administrator will accompany the student to the restroom, where the student will be instructed to place the collection cup on a ledge or counter and then wash their hands. The test administrator will have placed blue dye into the toilet in the restroom and have taped off all but one sink, prior to the student testing or as the student is washing. When the student finishes drying his/her hands, the test administrator will instruct the student to step into a pre-selected stall and void into the collection cup. The student will also be asked not to flush any toilet or use any faucet. The test administrator will then step out of the restroom, or behind the restroom outer wall, until the student completes the void, comes out of the stall, and places the collection cup on a pre-arranged flat surface.

When the test administrator re-enters the restroom, he will take the collection cup and determine if there is a sufficient specimen to test, that the specimen has an appropriate temperature, and that there is no foreign color or odor to the

specimen (if any of the above take place, the test administrator will reject the specimen and collect a second specimen). If the specimen is acceptable for testing, the student will be asked to again wash his/her hands and then stand by the entrance of the restroom (keeping the specimen in his/her sight). The test administrator will then open a screening test device and place it in the specimen.

When the test administrator completes the screening process, the student will be permitted to leave the test area, unless the initial screen indicates the presence of a drug included on the schools testing agenda. If the screening test indicates a positive screen, the verification process will be implemented. If a student is unable to produce a urine sample, the student will undergo a time limit of 3 hours in order to produce a sample. At that time if the student is still unable to produce a sample, the student must make an appointment with a doctor to see if a medical reason exists to explain the inability to produce a urine sample.

The test results will remain confidential and will only be released to the student, his/her parents or guardians, and approved school officials. Regardless of a positive test or not, parents will be notified through a letter that their child was randomly tested that school day.

In addition, the test results will not be used for student discipline and will not become part of the student's permanent record/transcript or communicated to any other party. All files regarding the participants in the program, as well as test results, shall be kept strictly confidential and will be kept separate from the mandatory school files required for each student. If the student tests positive, the results will only be used to determine eligibility for participation in extracurricular activities as defined in this policy and for eligibility for a student parking pass. The results will not be used to suspend or expel a student from school, will not be included in the student's disciplinary record, and will not be communicated to any other party unless the school district is subpoenaed.

Verification of Sample

Verification of sample will vary with drug testing company that is hired to do random testing with school district.

Disclosure of Other Medications

Upon confirmation by a SAMSHA-certified (Substance Abuse Mental Safety Health Administration) laboratory of a positive specimen, the parents of the student will be asked to bring any prescription medications the student is currently taking to a meeting with the designated school official. The official will then verify with either the school nurse or the test administrator (or the administrator's company representative) the validity of the medication producing the positive result. If the medication produces a legitimate medical reason for the presence of the drug, the results will be deemed as negative. If there is not

legitimate or acceptable medical explanation, the positive result will remain. Proof of medication can be given through the presentation of a prescription bottle or through doctor verification.

Consequences

A student who has initially consented to be tested may refuse to be tested, but if he/she chooses to do so, he/she will immediately be suspended from participating in extracurricular activities and/or the privilege of parking on school property for 365 calendar days.

Consequences for a positive test shall be suspension from participation in all school-sponsored activities and/or driving to and from school for a period of 30 calendar days from when the test results are determined by the test administrator.

In order for the student to be reinstated to extracurricular activities and/or park on school property, he/she must take another drug test at the expense of the student and parent/guardian. This test must show negative for drugs in the system. The lab testing facility must be pre-approved by the school district, and the test must include the substances tested for in the school testing program. The student can attend practice sessions, continue to attend team functions and sit with fellow participants during the activities but may not participate.

The 30 days can be reduced to 10 calendar days, with approval from the superintendent if the student and a parent/guardian will participate in substance abuse education as recommended by a mental health professional certified in substance abuse treatment. If the student and parent/guardian do not wish to reduce the suspension, they can wait to be tested until the next round of tests at no cost to them.

After a student tests positive for illegal substances, he/she will be subject to non-random testing at the request of the administration for the remainder of the student's participation in extracurricular activities and/or parking on school property in the designated student areas for the current school year.

A second positive test, mandatory or random, will result in the student being ineligible to participate in all extracurricular activities and/or parking on school property for an additional 90 calendar days.

A third positive test results in the permanent loss of extracurricular and/or parking privileges during the student's enrollment with the district.

Drug Counseling and Assistance

Upon request, the district's counselors will provide information on treatment programs and other resources available in the community.

Drugs that Excelsior Springs School will be testing for:

Excelsior Springs will conduct a 12-panel drug test. The list of the panel from the screening company is attached at the end of this packet.

EXCELSIOR SPRINGS SCHOOL DISTRICT #40

STUDENT DRUG TESTING CONSENT FORM

STUDENT CONSENT

I, _____, [full name] have received, read, understand and agree to abide by the Excelsior Springs School District #40 drug testing policy and procedures. As a condition of participating in activities and/or parking on district property in the Excelsior Springs School District #40, I agree to provide urine specimens when directed and authorize the district to have the specimens tested for drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Excelsior Springs School District #40 and to my parents/guardians.

Student Name (please print): _____

Student Signature: _____

Date: _____

PARENT CONSENT

I, _____, [name of parent/guardian] have received, read, understand and agree to abide by the Excelsior Springs School District #40 drug testing policy and procedures. As a condition of my student's participation in activities and/or parking on district property in the Excelsior Springs School District #40, I authorize the district to collect urine specimens from my student and authorize the district to have the specimens tested for illegal drugs, performance-enhancing drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Excelsior Springs School District #40.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

This consent form will remain in effect for the duration of the student's enrollment within the
Excelsior Springs School District #40, unless revoked in writing by the parent/guardian.

FAQ

If my son/daughter tests positive out of season does the activity suspension carry over the summer?

Depending on the timing of the drug test, the student may be excluded from participation in activities and/or parking on district property at the end of the school year, over the summer and/or into the beginning of the next school year.

If my son/daughter misses the sign up deadline is there an appeal?

No, Anyone who thinks that they may be interested in trying out for any extra-curricular or co-curricular activity must sign up to participate in the random testing. This would include someone who would turn 16 during the school year if they wanted to drive and park on campus even though they may not participate in activities.

My student is new to the district and enrolls after schools starts and misses the deadline can they still participate in activities?

Yes. New students that wish to participate in activities or park on campus have one week after enrolling to sign up for the program.

What if my son/daughter withdraws from testing after the activity is over that he/she participates in?

They are will no longer be allowed to park on campus or change their mind to participate in upcoming activities for the remainder of that school year.

What if my son/daughter is absent on the day they are drawn to test?

They will be added to the next months random test group.

What if a selected student refuses to test when they are drawn what are the consequences?

Anyone refusing to test will have their parents notified immediately allowing them to talk to their student allowing them to change their mind. If the student still refuses they will be suspended from all covered activities and/or parking on district property for one calendar year and will forfeit eligibility for all awards and honors given for covered activities from which the student was suspended.

Is random drug testing of students legal?

Yes. In 2002 the US Supreme Court (Board of Education of Independent School District #92 of Pottawatomie County v. Earls) broadened the authority of public schools to test for illegal drugs for students that choose to participate in extra-curricular activities or co-curricular activities. The Court found such policies as “a reasonably effective means of...preventing, deterring, and detecting drug use.” Participation in extracurricular and co-curricular programs is a privilege and carries with it the responsibility to adhere to high standards of conduct, that include refraining from use of illegal drugs, synthetic drugs, and prescription drugs without a valid prescription.

Why conduct random student drug testing?

Random drug testing will serve as a deterrent and give students another reason to resist peer pressure to take and use drugs. Random drug testing can identify students who have started using drugs and that are good targets for early intervention. Using drugs not only interferes with the student’s ability to learn, but it can disrupt the total educational environment, affecting other students as well. A 2010 study conducted by the U.S. Department of Education found random drug testing for extra-curricular activities led to lower drug use among students.

Why not random drug test the faculty and the staff?

This is not permissible and considered a violation of the 4th Amendment. However, our policies permit staff members to be tested for drugs or alcohol if the district has reasonable suspicion that the faculty or staff member has violated the district Drug-Free Workplace Policy.

Drug testing by a government employer constitutes a “search” under the Fourth Amendment, and, therefore, must be reasonable. *Reeves v. Singleton*, 994 S.W.2d 586, 591 (Mo.App.W.D. 1999)(citing *Ford v. Dowd*, 931 F.2d 1286, 1289-90 (8th Cir. 1991). As such, government employers (including school districts) cannot force employees to undergo random drug testing. Instead, the school district must show that it had reasonable suspicion to justify the search. *Id.*

School districts are permitted to drug test employees where there is reasonable suspicion that the employee was engaging in drug use. *Id.* This requires more than a “hunch,” but that it is reasonable to conclude, based upon all the information available, that the drug use has occurred. *Id.* Such searches have been deemed reasonable, and therefore permitted under the Fourth Amendment.

By contrast, drug testing for government employee drivers in transportation is specifically authorized pursuant to federal law (the Omnibus Transportation Employee Testing Act of 1991). This law specifically requires random drug testing of drivers, as well as drug testing based on reasonable suspicion and post-accident. This law is specific to transportation employees only and does not authorize the random drug testing of all district employees.

How many students actually use drugs at Excelsior Springs High School?

In the 2014 Missouri Safe Schools Student Survey, completed last school year by over 500 Excelsior Springs High School students, a little over one-half (52%) of the student body respondents indicated that one or more friends who they felt closest to had used marijuana during the last year. Thirty-two percent (32%) of student body respondents indicated that one or more friends had used other illegal drugs such as cocaine, acid, meth, or ecstasy. Nationwide about fifty percent (50%) of high school seniors report that they have used an illicit drug at least once according to the National Institute of Drug Abuse.

Does the school have an effective drug education program?

Meaningful drug, alcohol, and tobacco education programs are in place across all grade levels in the school district. Drug, alcohol, and tobacco education is a part of the district’s physical education curriculum, health curriculum, science curriculum, and a part of the D.A.R.E. Program taught by the school resource officer. Excelsior Springs High School also has the C2000 committee. The random drug testing program would become a component in the district efforts to prevent drug abuse.

What drugs will the program test for?

The drug test shall screen for illegal drugs, synthetic drugs, and prescription drugs (without a valid prescription) including: Opiates (Hydrocodone, Codeine, and Morphine), Amphetamines (Adderall), Benzodiazepines (Valium, Xanax), Barbiturates, Methadone, Oxycodone, Cocaine, Methamphetamine, Marijuana, Phencyclidine (PCP), Methylenedioxymethamphetamine (Ecstasy), and Propoxyphene (Darvon).

What about alcohol?

Alcohol is a drug, and its use among Excelsior Springs High School students is high. Fifty-four percent (54%) of survey respondents indicated that they had used alcohol within the last year. However, alcohol does not remain in the body long enough for most tests to detect.

Will the student face disciplinary consequences or will law enforcement be notified if a student tests positive?

No. The primary reason for drug testing is not to punish students who use drugs but to prevent further drug abuse and to help students live a drug free life. If the student tests positive for drug use, they will be restricted from participating for a period of time in extra-curricular and/or co-curricular activities and referred to seek an effective drug treatment program.

What will be the method of collection for the random student drug test?

The testing method to be administered will be urinalysis. Appropriate steps will be taken to respect the privacy of students while, at the same time, preventing the falsification of testing. The student will void urine in private within a closed-door stall. Before the student enters the bathroom, the collection technician will have secured the bathroom by taking steps such as removing trash cans, placing dye in the toilet water, taping-off water supplies, etc.

How accurate are drug tests?

The district will utilize Employee Screening Services to conduct the random drug testing program. Federal drug testing guidelines will be in place to ensure accuracy and fairness in the drug testing program.

Employee Screening Services

Lebanon, Rolla, Sedalia, Springfield

CORPORATE OFFICE: 2055 S. Stewart, Ste. A, Springfield, MO 65804
Phone: 417-887-7697 Fax: 417-887-7692 Toll-Free: 888-379-7697

Drug Testing Coordinator:

The following is a list of drug families found in a 12-panel drug test, including some of the prescriptions that are normally found in a particular family. The drugs with a “*” are in a 4-panel and a 7-panel. Those with a “**” are the extra drugs in a 7-panel. We hope this helps in your evaluation of the drugs to include in your drug prevention program.

1. Opiates*: morphine, codeine. Hydrocodone (Vicodin, Hycodan, Panacet, Anexsia) and hydromorphone (Dilaudid) may confirm positive through GC/MS at a lower cut-off level of 300ng/ml. One manufacturer also noted that high concentrations of oxycodone might cause a positive.
2. Amphetamines*: Adderal, Dexedrine, Benzedrine. **Methamphetamine will usually show up in an amphetamine panel.**
3. Benzodiazepines**: diazepam (Valium), chlordiazepoxide (Librium), oxazepam (Serax), alprazolam (Xanax) and others.
4. Barbiturates**: pentobarbital, butabital, amobarbital, secobarbital and Phenobarbital.
5. Methadone: Dolophine.
6. Oxycodone: Percodan, Percocet, Oxycontin, oxymorphone (Numorphan), hydrocodone (Vicodin) and codeine.
7. Cocaine*
8. Methamphetamine: though it usually shows up in the amphetamine panel, many manufacturers feel that a separate panel specifically for Meth is more beneficial. The material I have says that MDMA (Ecstasy) can show up as Meth. Some medications, taken in larger dosages, may show up as Meth. Those listed are: Pseudoephedrine, Selegiline (Atapryl, Dipryl, Eldepryl), Benzphetamine (Didrex), a Vicks inhaler and Ranitidine (Zantac). The lab confirmation can separate between legal and illegal Meth.
9. Marijuana*
10. Phencyclidine (PCP)**: Venlafaxine (Effexor) may show up as PCP.
11. MDMA (methylenedioxymethamphetamine): Ecstasy
12. Propoxyphene (Darvon): a synthetic opiate.

Family Educational Rights and Privacy Act (FERPA) Notice for Directory Information

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Excelsior Springs School District with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Excelsior Springs School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Excelsior Springs School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with the following information - names, addresses and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

¹ *

If you do not want Excelsior Springs School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within 10 school days. Excelsior Springs School District has designated the following information as directory information: [Note: an LEA may, but does not have to, include all the information listed below.]

-Student's name	-Participation in officially
-Address	recognized activities and sports
-Telephone listing	-Weight and height of members of
-Electronic mail address	athletic teams
-Photograph	-Degrees, honors, and awards
-Date and place of birth	received
-Major field of study	-The most recent educational agency or
-Dates of attendance	institution attended
-Grade level	-Student ID number, user ID, or other unique personal
	identifier used to communicate in electronic systems that
	cannot be used to access education records without a PIN,
	password, etc. (A student's SSN, in whole or in part, cannot be used
	for this purpose.)

* Parents of seniors or age appropriate students not wishing names, addresses and telephone listings information disclosed to military recruiters, notify the school Registrar of your request in writing within 10 school days of enrollment.

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).

Notification of Rights for Elementary and Secondary Schools

The Family Education Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the Excelsior Springs School District receives a request for access.

Parents or eligible students should submit to the school principal a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The rights to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the Excelsior Springs School District to amend a record should write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education record, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the Excelsior Springs School District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Public Notice

All responsible public agencies are required to locate, evaluate, and identify children with disabilities who are under the jurisdiction of the agency, regardless of the severity of the disability, including children attending private schools, children who live outside the district but are attending a private school within the district, highly mobile children, such as migrant and homeless children, children who are wards of the state, and children who are suspected of having a disability and in need of special education even though they are advancing from grade to grade. The Excelsior Springs 40 Schools assures that it will provide a free, appropriate public education (FAPE) to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. Disabilities include autism, deaf/blindness, emotional disorders, hearing impairment and deafness, mental retardation/intellectual disability, multiple disabilities, orthopedic impairment, other health impairments, specific learning disabilities, speech or language impairment, traumatic brain injury, visual impairment/blindness and young child with a developmental delay.

The Excelsior Springs 40 Schools assures that it will provide information and referral services necessary to assist the State in the implementation of early intervention services for infants and toddlers eligible for the Missouri First Steps program.

The Excelsior Springs 40 Schools assures that personally identifiable information collected, used, or maintained by the agency for the purposes of identification, evaluation, placement or provision of FAPE of children with disabilities may be inspected and/or reviewed by their parents/guardians. Parents/guardians may request amendment to the educational record if the parent/guardian believes the record is inaccurate, misleading, or violates the privacy or other rights of their child. Parents have the right to file complaints with the U.S. Department of Education or the Missouri Department of Elementary and Secondary Education concerning alleged failures by the district to meet the requirements of the Family Educational Rights and Privacy Act (FERPA).

The Excelsior Springs 40 Schools has developed a Local Compliance Plan for the implementation of State Regulations for the Individuals with Disabilities Education Act (IDEA). This plan contains the agency's policies and procedures regarding storage, disclosure to third parties, retention and destruction of personally identifiable information and the agency's assurances that services are provided in compliance with the General Education Provision Act (GEPA). This plan may be review in the Student Services Department at 300 W. Broadway, 7:30-3:30 Monday through Friday.

This notice will be provided in native languages as appropriate.