

Accredited



Sherwood

Cass County School District R-VIII

33300 South Sherwood Drive
P.O. Box 98
Creighton, Missouri 64739

Central Office

Extension 4000
Fax: (660) 499-2624

Mr. Phil Rogers
Superintendent
(660) 499-2239, Ext. 4001

Mrs. Glenda Marconett
District Bookkeeper
(660) 499-2239, Ext. 4002

Director of Student Services

Ms. Nancy Engle
Director of Special Services
(660) 499-2239, Ext. 5001

High School Office

Extension 3000
Fax: (660) 499-2624

Mr. Bryan Himes
H.S. Principal
(660) 499-2239, Ext. 3001

Mrs. Nicole Walker
H.S. Counselor
(660) 499-2239, Ext. 3003

Mr. Jim Gurney
Activities Director
(660) 499-2239, Ext. 4020

Middle School Office

Extension 2000
Fax: (660) 499-2624

Mr. AJ Stevens
M.S. Principal
(660) 499-2239, Ext. 2001

Mrs. Megan Lewis
M.S. Counselor
(660) 499-2239, Ext. 2003

Elementary School Office

Extension 1000
Fax: (660) 499-2624

Mr. Jerico Burasco
Elementary Principal
(660) 499-2239, Ext. 1001

Mrs. Carolyn Johnston
Elementary Counselor
(660) 499-2239, Ext. 1003

Technology

Mr. Stan Taber
Director of Technology
(660) 499-2239, Ext. 4012

Request for Records

To Whom It May Concern:

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976: it is no longer necessary to obtain written consent to release records between schools.

The following student (s) has (have) applied to enroll in our school.

Name: _____ Grade _____ DOB _____

_____ Grade _____ DOB _____

_____ Grade _____ DOB _____

Please send the following information:

| | |
|--|---|
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Transcript of Grades |
| <input type="checkbox"/> iReady Diagnostic Results | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Current I.E.P. and Diagnostic Summary if placed in Special Services | |

Records should be sent to:

Sherwood Elementary
33300 Sherwood Dr.
P.O. Box 98
Creighton, MO 64739

or

FAX: 660-499-2624

or

clara.taber@sherwoodk12.net

Office Signature

Date

Records are now located at:

Parent/Guardian Signature

Marksman Pride Since '65



STUDENT INFORMATION



Please print or type

Student's Legal Name (As it appears on child's birth certificate)

Grade _____

Last

First

Middle

Gender: Male / Female

Date of Birth ____/____/____

Nickname

Race/Ethnic Origin

The Sherwood Cass R-VIII School District is required to make reports to the Office of Civil Rights and to the State of Missouri using the following Race/Ethnic categories. These are established by the State of Missouri. Please select the one you believe is most representative of the student.

☐ White (not of Hispanic Origin) ☐ Black (not of Hispanic origin) ☐ Indian (American or Alaskan) ☐ Asian (or Pacific Islander) ☐ Hispanic

Declaration of Legal Residence

Name of Student _____

Name of Individual with Whom Student Resides: _____

Student Home Address _____

Circle Relationship: Parent Custodial Adult Legal Guardian

Grade: _____ Phone # _____

If you circled "legal guardian" above, you must provide a copy of the court order appointing you as a guardian. If a petition for guardianship is in the process of being filed, you must provide a copy of the filed petition for guardianship.

If you circled "custodial adult", you must provide a notarized affidavit or power of attorney stating your relationship to the student(s) listed above. The affidavit must state that the student will be living at your domicile full-time and you must provide documentation fully explaining the reason(s) other than for the primary purpose of attending school for this arrangement.

1. I declare that my legal residence is that given above and the student(s) named above lives with me full-time at the address given above. I also declare that the information stated above is correct and give permission for the school official to verify if question arises.
2. I understand that if this student is admitted under false information, she/he is not legally enrolled and will not be allowed to continue attending school.
3. I understand that if there is any complaint about this student's residence or any reason for the school district to believe enrollment is not permissible under the Public School Law of Missouri or Sherwood Cass R-VIII School policies, the district will take action to further verify residence, including but not limited to, follow-up visits to the residence by school officials.
4. I understand that Retroactive tuition can be charged if my residence is found to be in non-compliance with school law.

I hereby certify that I have read the above statement and understand that I am required to list my present home address. I further certify by my signature that the information I have provided on this form is true and correct. I shall notify the school if my address changes at any time during the school year.

Are there any custody issues that the school should be aware of?

Yes or No

If yes, please provide documentation.

Signature of Parent, Guardian, Custodial Adult

Date

HOME LANGUAGE

Is a language other than English spoken in the home? Yes / No If yes, language spoken: _____

Does the student speak a language other than English? Yes / No If yes, language spoken: _____

Does or has the student received ESL Services? Yes / No Date entered the United States: _____

STUDENT EDUCATIONAL INFORMATION

Has this student ever attended Sherwood Cass R-VIII School before? Yes / No If Yes: When? _____

Identify all schools previously attended.

| Grade | School | District | City | State |
|-------|--------|----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Does this student currently receive any other services such as:

| | | | |
|----------------------------------|----------|---|----------|
| Special Education Services (IEP) | Yes / No | Title I Services: Remedial Reading Services | Yes / No |
| Section 504 Accommodation Plan | Yes / No | Formal Gifted Program | Yes / No |
| Speech or Language Therapy | Yes / No | | |

Has this student ever received the above service in the past? _____ Yes _____ No

If yes, please explain: _____

Has this student ever been retained? Yes / No If yes, what grade? _____ School? _____

HOUSING

These questions cover the Every Student Succeeds Act (ESSA).

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes / No
2. Explain if it is a similar reason: _____ Yes / No
3. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged because of economic reasons? Yes / No
4. Are you currently residing in a shelter? Yes / No
5. Are you currently living in a temporary housing arrangement due to economic hardship? Yes / No

FEDERAL MIGRATORY WORKER SURVEY

If you have a child aged 3 through 21 and you have moved from one school district to another school district within the past six (6) years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

1. Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agriculture-related work such as : Planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries. Processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell? Yes / No
2. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? Yes / No
3. Is either parent (or guardian) now employed in any of the above kinds of work? Yes / No
4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural work? Yes / No

SAFE SCHOOLS ACT

The undersigned hereby certify and represent to the Sherwood Cass R-VIII School District, for the purposes of the Missouri Safe Schools Act, that:

- ☐ This student is not currently suspended or expelled from any other school district; or
- ☐ This student is currently suspended or expelled from another school district.
- ☐ This student has not been convicted or indicted on any of the following offenses and no information or petition alleging such offense has been filed:

- a) first degree murder under Section 565.20, RSMo;
- b) second degree murder under Section 565.021, RSMo;
- c) first degree assault under Section 565.050, RSMo;
- d) forcible rape under Section 566.030, RSMo;
- e) forcible sodomy under Section 566.060, RSMo;
- f) statutory rape under Section 566.032, RSMo;

- g) statutory sodomy under Section 566.062, RSMo;
- h) robbery in the first degree under Section 569.020, RSMo;
- i) distribution of drugs to a minor under Section 195.212, RSMo;
- j) arson in the first degree under Section 569.040, RSMo;
- k) kidnapping, when classified as a Class A felony, under Section 565.100, RSMo;

_____/_____/_____
 Signature of Parent/Legal Guardian Date Signature of person with whom student is residing Date
 (Student may sign if 18 yrs of age and emancipated)

HOUSEHOLD INFORMATION

Household Phone: (_____) _____ County of Residence _____
 Area Code

| | | | |
|------------------|-----------------------------------|-------|-----|
| Physical Address | City | State | Zip |
| Mailing Address | City | State | Zip |
| Mother Name | Address If Different Than Student | | |
| Father Name | Address If Different Than Student | | |

Please carefully list each person including mother, father, brother, sister, step brother, step sister, etc. living at this residence. *(PLEASE PRINT)*

| HOUSEHOLD INFORMATION | | | | |
|---|--|---------------------------------------|--|-------|
| Name (Include Last Name and First Name) | Relationship (brother, sister, etc.) | Enrollment if in school (Grade) | Phone(s) H (Home) C (Cell) W (Work) | Email |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Emergency Contact Information

In order of calling preference

| Name | Relationship to Student | Phone: H=Home, C=Cell, W=Work |
|------|-------------------------|----------------------------------|
| 1. | | () |
| 2. | | () |
| 3. | | () |

Internet Access

Instruction Method for Learning (if virtual is offered) Virtual _____ Face to Face _____
Internet Access at Home Yes _____ No _____ Unknown _____

Military Data Required

Is anyone in your household ACTIVE Military or in the reserves? Yes / No

If Yes, Military Date: Enlistment Start Date _____ End Date: _____ Branch: _____
_____ Active Duty (Deployed) _____ Active Duty (Not Deployed) _____ Discharged
_____ Inactive _____ Retired _____ Transitioning out of active duty

Sherwood participates in the MOCAP program and provides opportunities for online/virtual learning for students meeting criteria set forth by the Board of Education. Students interested in online/virtual learning should consult with the building counselor and/or principal.

Elementary Publication of Student Names/ Photos

Sherwood Elementary School routinely recognizes the accomplishments of its students through individual newspaper articles, photos and pictures on our website. If you give permission for your child's photo or name to be used in our publicity efforts, please check the appropriate line below. Doing so will allow your child to be published on honor roll lists and other recognition in the media. Our intent is always to present your child and his/her accomplishments in a positive manner.

____ Yes, it is permissible to put my student's image and name in publications.

____ No, it is not permissible to put my student's image and name in publications.

Acknowledgement of Handbook Receipt

I understand I have access to a copy of the Sherwood Elementary School Handbook for the 2023-24 school year online. (if needed/wanted a hard copy will be provided by notifying the office). I understand that the handbook contains information that my child and I may need during the school year. I also understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in this handbook.

____ Yes

____ No

Technology Usage (Parent/Guardian Technology Agreement)

I understand that violation of the Sherwood Cass R-8 District Technology Usage policy and procedure 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. A student's use of district 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 districts 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 districts 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 do not give permission for my child to utilize the school district's technology resources.

Name of Student: _____ Year of Graduation: 20____ Date: _____

Parent/Guardian(s) Name (please print)

Signature of parent/guardian

EMERGENCY DISMISSAL

When it is necessary to dismiss school, because of weather or other unforeseen reason our AlertNow system will be used. We will also notify KDKD 95.3 FM and the Kansas City television stations. Please inform your child/children of the procedure to follow when there is an **unscheduled** early dismissal.

If your child needs to go to a location other than his/her normal evening route, other arrangements need to be made.

Please fill in the following information. One sheet is to be returned for each child. This information will be used **only for unplanned early dismissals.**

Child's Name _____

Please Check One:

_____ My child will follow their normal route for coming home.

_____ My child will need to go to the following alternate location when school is dismissed early for an **unplanned** reason. (this drop off has to be on the **same** bus route)

Address: _____ Phone _____

Who will be there with your child:

_____ My child will be picked up at school

My child will be picked by: _____

Parent or Guardian Signature

Sherwood Cass R-8

Electronic Web Access Agreement

I am requesting access to my child/children's student information on the Sherwood Cass R-VIII Districts Infinite Campus Parent Portal website.

I have been given and read the Sherwood Cass R-VIII School Districts Acceptable Use Policy/User Guidelines for the Infinite Campus Parent Portal and agree to abide by and support the expectations. I understand that for security purposes the District reserves the right to change user passwords or deny parent/guardian access at any time. By signing this agreement I, as parent/guardian, release the Sherwood Cass R-VIII School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account including my own child/children.

I understand that three unsuccessful logins will disable my account. If my account becomes locked, I will email the district's Infinite Campus Help Line and request the account be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer questions to verify my identity.

Parent/Guardian Name: _____

Email Address: _____

Student's Name: _____ Relation to Student: _____

Student's Name: _____ Relation to Student: _____

Student's Name: _____ Relation to Student: _____

Student's Name: _____ Relation to Student: _____

Student's Name: _____ Relation to Student: _____

Student's Name: _____ Relation to Student: _____

Parent/Guardian Signature _____ Date: _____

Transportation Form

Student Name _____

Grade of Student _____

To ensure that each child is safe and arrives at the correct destination, Sherwood School District will be implementing the following transportation procedures.

Your child will be taken to the primary stop unless we receive a written note directing otherwise. Please do not call the school, but write a note and send to school in the child's agenda. In case of an emergency the school must be notified **before 2:30**, this will allow us to notify all those involved in the transportation process. We are concerned about the safety of all our students and want to make sure they, our bus drivers and our staff understand exactly where their bus stop is each morning and evening.

If there are times when you will be providing your own transportation, please note:

- You must send a written note stating your intentions, or your child will be put on the bus
- Your child will be in the car pick line, where they will be escorted to your car
- No students are to be taken out of their bus line, without approval from the principal

Check which applies to you:

_____ New student to the district or change of bus stop

_____ No change needed of bus stop

_____ Regular car rider

Morning Bus Stop:

Parent's Name _____

Home Phone Number _____ Cell Phone Number _____

Street Address of Primary Bus Stop _____ City _____

Afternoon Bus Stop: (If different than morning)

Home Phone Number _____ Cell Phone Number _____

Street Address of Secondary Bus Stop _____ City _____

Who will be at this address to meet your child?

Name _____ Relationship _____

NOTE: Due to protocol – students are not allowed to switch buses unless approved through Central Office.