

For Office Use Only:
Documentation Received:

New Trails__ Head Start__ Self-contained program__
Guardian Restraining Order__ Medication__ IEP__ 504 Plan__

Approved Y__ N__
Exec. Dir. initials__

SS
Bldg.:

SS
Grade
Level:

RAYTOWN SUMMER SCHOOL SEMESTER 2021

Student may only enroll in one district for summer school

Enrollment Form- *Students Not Currently Attending Raytown Schools*

ENROLLMENT DUE DATE: Friday, April 30, 2021

Date form
received:

STUDENT INFORMATION: (Please Print) **Current Grade Level** (Circle One) K 1 2 3 4 5 6 7 8 9 10 11 12

LAST Name _____ FIRST Name _____
Date of Birth (mm/dd/yyyy) _____ Gender: M F
Current School: _____ District: _____

Are you Hispanic/Latino? Yes No
RACIAL/ETHNIC ORIGIN (Mark one or more) **Native American or Alaska Native** **Asian**
 Black or African American **White** **Native Hawaiian or Other Pacific Islander**

Home Address _____ Student's Home Phone # _____
City, State, Zip Code _____

Student resides with: Both parents Mother Father Dad/Stepmom Mom/Stepdad
 Grandparent(s) Group Home Foster home Other, please specify _____

The Parent/Legal Guardian must provide the following information:

Primary Parent

First Name _____ Last Name _____
Relationship _____ Email address _____
Home# _____ Cell# _____ Work # _____

Address

House No. _____ Street Name _____
City _____ State _____ Zip Code _____

Work Information

Employer Name _____ Title _____
Occupation _____ Federal Worker (Yes/No) _____

Primary Parent Spouse

First Name _____ Last Name _____
Relationship _____ Email address _____
Home# _____ Cell# _____ Work# _____

Alternate Parent

First Name _____ Last Name _____
Relationship _____ Email address _____
Home# _____ Cell# _____ Work# _____

Address

House No. _____ Street Name _____
City _____ State _____ Zip Code _____

Work Information

Employer Name _____ Title _____
Occupation _____ Federal Worker (Yes/No) _____

Alternate Parent Spouse

First Name _____ Last Name _____
Relationship _____ Email address _____
Home# _____ Cell# _____ Work # _____

Emergency Contacts: (must have at least 2 emergency contacts that are not the parent.)

Emergency contacts must be provided for the school to call if the above cannot be reached:

First Name _____ Last Name _____
Relationship _____ Cell# _____
Home# _____ Work# _____
Address _____ City _____ State _____ Zip _____

First Name _____ Last Name _____
Relationship _____ Cell# _____
Home# _____ Work# _____
Address _____ City _____ State _____ Zip _____

First Name _____ Last Name _____
Relationship _____ Cell# _____
Home# _____ Work# _____
Address _____ City _____ State _____ Zip _____

Note: Only those parents/legal guardians and emergency contacts listed above will be allowed to pick up your child.

List other family members attending Summer School this summer in this or any other building:

First and Last Name(s)	Building	First and Last Name(s)	Building
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a guardian restraining order? Yes No (If yes, you must present documentation with this form.)

If a student is a Ward of the Court or resides at a Group Home or Foster Home the following information must be provided: *If this section is completed, the secretary should copy and send this form to the SpEd Dept. at Admin.*

Where does student reside? Group Home Foster Home Other, please specify: _____
If so, agency or individual responsible for placement: DFS DMH DYS COURT
Caseworker Name _____ County/State _____

(Please provide necessary papers for verification of placement)

TRANSPORTATION INFORMATION: *Note: Transportation will be provided according to district guidelines. Parents who do not qualify will be responsible for providing their own transportation.*

<p>How will your child be getting to school? (Choose one)</p> <p><input type="checkbox"/> Bus* <input type="checkbox"/> Babysitter ** <input type="checkbox"/> Car Rider <input type="checkbox"/> Walker <input type="checkbox"/> School Before/After Care-(Must apply; for Elem. only)</p> <p><input type="checkbox"/> Other Day Care Van**</p> <p>**Name of Sitter/Day Care: _____ Phone No. _____</p> <p>AM Address (if different than home): _____ AM Phone No.: _____</p> <p>How will your child be getting home from school? (Choose one)</p> <p><input type="checkbox"/> Bus* <input type="checkbox"/> Babysitter ** <input type="checkbox"/> Car Rider <input type="checkbox"/> Walker <input type="checkbox"/> School Before/After Care-(Must apply; for Elem. only)</p> <p><input type="checkbox"/> Other Day Care Van**</p> <p>**Name of Sitter/Day Care: _____ Phone No. _____</p> <p>PM Address (if different than home): _____ PM Phone No.: _____</p> <p><i>*If riding the bus, your child's pickup and drop-off site must be in the same attendance area.</i></p>

AGREEMENTS AND PERMISSIONS:

MEDIA RELEASE

This is to acknowledge that my student's image and voice may be used in media and publication releases to promote the Raytown School District and Raytown Educational Foundation, per Board Policy JO.

To opt out of these releases, I must notify the summer school office in writing.

Thank You.

- I have read and understand the Student Media Release policy of the Raytown School District.**

Technology Usage: Parent/Guardian Technology Agreement

The Raytown Technology policy can be found on-line at the link below. Please read these policies.

<https://eboard.eboardsolutions.com/ePolicy/Policy.aspx?S=044&Sch=044&PC=EHB&revNo=1.01&srch=technology+usage&ktype=Exact>

I understand that violation of these provisions may result in disciplinary action taken against my child/children including, but not limited to, suspension or revocation of my child/children's access to district technology and suspension or expulsion from school.

I understand that my child/children's use of the district's technology resources is not private and that the school district may monitor my child/children's electronic communications and all other use district technology resources. I consent to district interception of or access to all of my child/children'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/ children. I agree to be responsible for damages caused by my child/children's misuse of district technology.

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

- I have read the Raytown C-2 School District Technology Usage policies and procedures.**

Parent/Guardian Signature _____ Date _____

Student may only enroll in one district for summer school, including online classes

**Mail or Deliver pp. 1-5 of Enrollment Form to Raytown School District,
10750 E. 350 HWY., Raytown, MO 64138;
Forms Due April 30, 2021**

HEALTH SERVICES: ATTN: This page is given to the Clinic. Please list all information below even if indicated on the previous page.

(PLEASE PRINT) LEGAL LAST NAME FIRST NAME MIDDLE NAME

Date of Birth _____

Guardian(s) Name(s) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____

Work # _____ Cell # _____

Alternative Emergency Contact _____

Work # _____ Cell # _____

INSTRUCTIONAL SERVICES

At his/her current school, does the student have an IEP? _____ Yes _____ No

If yes, please name program and Case Manager/SpEd teacher _____

At his/her current school, does the student have a 504 Plan? _____ Yes _____ No

If yes, please name the type and name of person responsible for overseeing the plan _____

HEALTH INFORMATION

Health Problems or Concerns _____ Yes _____ No

If yes, please describe in the space below any vision or hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental health/emotional concerns, or special health procedures that will need to be carried out during regular summer school hours _____

Is your child currently taking medication at home or school? _____ Yes _____ No

If yes, please list all medication name(s) _____

Is your child allergic to anything? _____ Yes _____ No If yes, please identify _____

Will your child need medication during summer school hours? _____ Yes _____ No

(If yes, child must have a medical form on site. Please contact the Smart Start Summer Semester office.)

Name of student's physician(s) _____ Phone# _____

Hospital Preference _____

In case of an accident or serious illness, I authorize school personnel to contact me, my emergency contacts, or the named physician. If it is impossible to contact me, emergency contacts, or the physician, the school personnel may make emergency arrangements as necessary to care for my child. In the event of an emergency, I understand the school may seek emergency services immediately. By signing below, I verify all information contained on this page and all other pages of the enrollment form is accurate and true.

Parent/Guardian Signature _____ Date _____

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HIGH SCHOOL: For Students ENTERING Grades 9-12 in the Fall

- All courses are subject to enrollment minimums, limited enrollment, and teacher availability.
- Students may only take one or two courses. Full time enrollment is required to qualify for transportation services.
- See the Career and Educational Planning Guide for information about most courses and prerequisites that may apply. See the school for info on classes not in the Career and Educational Planning Guide.
- Place a number by your course requests using 1 as your first choice, 2 as your second choice, 3 as your third choice, and 4 as your fourth.
- All course requests are simply requests. School officials reserve the right to approve or change schedules.

COURSE REQUESTS

Time Preference _____ ***AM*** _____ ***PM*** _____ ***All Day*** _____ ***No Preference***

Students may request up to six courses by ranking them with numbers 1 through 6

Students wanting high school credit for summer courses must attach a current transcript.

The classes listed in this section are available for Credit Recovery only.	
Algebra I (1 st Semester)	Algebra I (2 nd Semester)
Algebra II and Trigonometry (1 st Semester)	Algebra II and Trigonometry (2 nd Semester)
American Government (1 st Semester)	American Government (2 nd Semester)
American History (1 st Semester)	American History (2 nd Semester)
English I (1 st Semester)	English I (2 nd Semester)
English II (1 st Semester)	English II (2 nd Semester)
English III (1 st Semester)	English III (2 nd Semester)
General Biology (1 st Semester)	General Biology (2 nd Semester)
Geometry (1 st Semester)	Geometry (2 nd Semester)
Integrated Physical Science (1 st Semester)	Integrated Physical Science (2 nd Semester)

These classes are offered for first time credit.	
Communications	Nutrition & Food Preparation (Intermediate)
Computer Applications	Personal Money Management (10-12 th Gr. Only)
Fashion Merchandising/Textiles/Apparel	Psychology (10-12 th Gr. Only)
General Physical Education	Wellness
Introduction to Visual Arts	

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Raytown, MO 64138;
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Student Name: _____ Phone number: _____

Address: _____
Street Address City State Zip

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SAFE SCHOOL FORM

(MUST BE EMAILED BY CURRENT SCHOOL PRINCIPAL)

Parents, please present this form to your child's current principal. He/she must fill out this form completely and email summerschool@raytownschools.org . Your child will not be considered for enrollment in Summer School without a completed enrollment form AND a completed SAFE SCHOOL Form.

Current principal: You must fill out this form completely and Email summerschool@raytownschools.org

The student can not be enrolled in summer school without this completed form.

SAFE SCHOOLS INFORMATION:

Student Name _____

Current School/Program Name _____

District _____ School Address _____

School Phone Number _____

School City/State/Zip _____

School FAX number or email _____

Current School Principal/Program Director Name _____

Has the student ever been suspended from school/ program? Yes No

If yes, please state the date and reason for the suspension:

Was this a safe school violation? Yes No

Is he/she currently charged with, ever been charged with, or convicted of a crime? Yes No

If yes, please state the charge/conviction: _____

Administrator's signature _____ Date: _____

Students in good standing and with a record of acceptable discipline at any/all schools will be considered for enrollment. Guest students attending high school should bring their current school picture I.D. with them. Any person who knowingly falsifies information on this form will be referred for disciplinary action. By signing this form, you verify the information above to be true.

Student may only enroll in one district for summer school, including online classes

**COMPLETED SAFE SCHOOL FORM TO
summerschool@raytownschools.org**

by April 30, 2021

ATTENTION: Summer School