



BAYLESS SCHOOL DISTRICT - REGISTRATION FORM

(PLEASE PRINT)

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

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female
Month Day Year

Has the student ever been enrolled in the Bayless School District?  Yes  No If yes, when? \_\_\_\_\_

What is the student's race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment)
 Asian (A person having origins of peoples of the Far East, Southeast Asia, or Indian subcontinent)
 Black or African American (A person having origins in any of the black racial groups of Africa)
 Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
 White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Is this student Hispanic/Latino: (Choose only one)

- No, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rico, South or Central American, or other Spanish culture or origin, regardless of race)

Is English the primary language spoken at home?  Yes  No If no, specify language: \_\_\_\_\_

Does or has student received English as Second Language Services?  Yes  No

Does student have an existing Individual Education Plan (IEP) for Special Education Services?  Yes  No

Does student have an existing Section 504 Individualized Accommodation Plan (IAP)?  Yes  No

Has student participated in a previous Gifted Program?  Yes  No If yes, where? \_\_\_\_\_

Has student been retained?  Yes  No If yes, where? \_\_\_\_\_

Has student received remedial reading?  Yes  No If yes, where? \_\_\_\_\_

Is this student in a foster care placement?  Yes  No

If YES, Biological Parent Name: \_\_\_\_\_ Bio Parent Address: \_\_\_\_\_

Bio Parent School District: \_\_\_\_\_ Caseworker Name: \_\_\_\_\_ Caseworker Phone: \_\_\_\_\_

DISPLACED (These questions cover the definition of homeless that is within the McKinney-Vento Act.)

- 1) Are you sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons?  Yes  No
2) Do you currently reside at a motel/hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?  Yes  No
3) Are you currently residing in a shelter?  Yes  No
4) Are you currently living in temporary housing arrangement due to economic hardship?  Yes  No

Siblings in the district?  Yes  No If yes, please list their names and the school they are/will attend.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Child care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACTS:** (By listing persons below, you are giving your permission for us to contact him or her in case of an illness or emergency and allow him or her to pick up your child in the event the parent cannot be reached.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN'S INFORMATION**

Biological Parent's marital status:  Married  Single  Divorced  Widowed  Separated

Are there existing legal documents relating to custody/visitation?  Yes  No

If YES, please provide a copy of the court order. A copy of the custody agreement MUST be kept in the student's file.

\*Primary parent refers to the parent that the student primarily lives with and/or the parent with custodial rights.  
\*Alternate parent refers to the non-custodial parent. Only complete the alternate parent portion for divorced or never married families.

**Primary Parent**

Father  Mother  Stepfather  Stepmother  Legal Guardian  Other (explain)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Not Military Connected (NM)  Active Duty (AD)  National Guard or Reserve (NGR)

Unknown (UNK)

**Please check all preferred methods of contact.**

Household Phone Number: \_\_\_\_\_  Cell Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_  Work Phone Number: \_\_\_\_\_

Would you like to be contacted via text message?  Yes  No

**Primary Parent Spouse**

- Father    Mother    Stepfather    Stepmother    Legal Guardian    Other (explain)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Please check all preferred methods of contact.**

Household Phone Number: \_\_\_\_\_  Cell Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_  Work Phone Number: \_\_\_\_\_

Would you like to be contacted via text message?    Yes    No

**Alternate Parent**

- Father    Mother    Stepfather    Stepmother    Legal Guardian    Other (explain)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Please check all preferred methods of contact.**

Household Phone Number: \_\_\_\_\_  Cell Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_  Work Phone Number: \_\_\_\_\_

Would you like to be contacted via text message?    Yes    No

**Alternate Parent Spouse**

- Father    Mother    Stepfather    Stepmother    Legal Guardian    Other (explain)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Please check all preferred methods of contact.**

Household Phone Number: \_\_\_\_\_  Cell Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_  Work Phone Number: \_\_\_\_\_

Would you like to be contacted via text message?    Yes    No

**PROOF OF RESIDENCY**

To enroll a student, the parent or legal guardian must first establish proof of residency in the school district. Proof of residence requires current documentation, one item from List A and two items from List B, and a copy of parent/legal guardian's driver's license.

LIST A	LIST B
Real Estate Tax Bill	Unpaid Utility Bill/ Verification of Service from a utility Provider
Mortgage Statement	Paycheck Stub
Residential Sales Contract	Municipal Occupancy Permit
Residential/Rental Agreement -- signed by both parties and listing occupants	Government Documents: Social Services, Social Security Statements, IRS returns or other Legal/Court Documents
	Personal Property Tax Bill
	Voter ID Card

A parent/legal guardian who residency is in our district, but is residing with another family member or friend will be required to complete an Affidavit of Residency. Verification of eligibility to enroll students will be determined by District Administration. An Affidavit of Residency certifying residency at address of property owner will be required. Both the property owner and parent/legal guardian are required to meet with the district registrar and sign this affidavit.

In accordance with Board Policy JECA, in cases where a student living in the district wishes to register, and such student is not able to provide proof that the parent is domiciled in the district, the student, parent, military guardian, legal guardian or person acting as a parent must request a waiver of proof of residency. The waiver of proof of residency may only be granted on the basis of hardship or good cause. Residency checks may be performed if student's non-residency in the district is suspected.

**AUTHORIZATION FOR LEGAL ACTION AND RESIDENCY CHECK**

I certify that I am the legal parent/guardian of the student being enrolled and that the information listed on the student data sheet is current and accurate. Pursuant to RSMO Sec. 167.020, submitting false statements or information relating to residency is defined as a class A misdemeanor. In addition, the District may seek to recover the cost of school tuition for any pupil who is enrolled pursuant to false information received from a parent or legal guardian regarding residency. I authorize the Bayless School District, its employees and agents, to inquire and obtain documents, regarding matters of my residency and the domicile of my child(ren), from my employer(s) and/or appropriate government agencies as deemed necessary. I hereby certify that all documents, papers and records submitted by me as proof of residency are true and correct.

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

**Parents/guardians are required to provide proof of residency after grade 5 when moving to Bayless Junior High.  
File may be reviewed periodically.**

<p>Bayless School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Bayless School District programs and to the location of services, activities and facilities that are accessible by persons with disabilities may be directed by letter or telephone to the Director of Human Resources, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), Bayless School District, 4530 Weber Rd. St. Louis, MO 63123; telephone number: 314-314-256-8605.</p>
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# Bayless School District

## Migrant Worker Information

*(To be completed for all students new to Bayless School District.)*

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

<p><b>Before the move, was either parent or guardian or the child or the child's spouse employed in some form of temporary or seasonal agricultural work, such as:</b></p> <ul style="list-style-type: none"> <li>- Planting or harvesting crops (vegetables, fruits, cotton, etc.)</li> <li>- Transporting farm products to market</li> <li>- Feeding poultry, gathering eggs, working hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.</li> <li>- Working on a dairy farm or catfish farm</li> <li>- Cutting firewood or logs to sell</li> </ul> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>	<p><b>Was the move from one school district to another made for the purpose of looking for or obtaining some form of temporary or seasonal agricultural work, such as:</b></p> <ul style="list-style-type: none"> <li>- Planting or harvesting crops (vegetables, fruits, cotton, etc.)</li> <li>- Transporting farm products to market</li> <li>- Feeding poultry, gathering eggs, working hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.</li> <li>- Working on a dairy farm or catfish farm</li> <li>- Cutting firewood or logs to sell</li> </ul> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>
<p><b>Is either parent (or guardian) of the child or the child's spouse now employed in some form of temporary or seasonal agricultural work such as:</b></p> <ul style="list-style-type: none"> <li>- Planting or harvesting crops (vegetables, fruits, cotton, etc.)</li> <li>- Transporting farm products to market</li> <li>- Feeding poultry, gathering eggs, working hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.</li> <li>- Working on a dairy farm or catfish farm</li> <li>- Cutting firewood or logs to sell</li> </ul> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>	<p><b>Have you moved away with your child, or has your child moved away, only during the summer months to engage in crop harvesting or other seasonal agricultural work?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>



## CONSENT FOR PHOTO/VIDEO RELEASE

The undersigned indicates by his/her signature on this statement that permission is granted to the Bayless School District to use his or her student's photograph/video image in the publicity of the District. The publicity may include, but is not limited to, newsletters, brochures, advertising, posters, stories by the news media, videotapes and Bayless' website.

STUDENT'S NAME \_\_\_\_\_

SCHOOL: \_\_\_\_\_

\*\*\*\*\*

Yes

No

PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(Parent or Guardian)

HOME ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

## TECHNOLOGY USAGE

The Bayless School District's technology exists for the purpose of enhancing the educational opportunities and achievement of district students. Research shows that students who have access to technology improve achievement. In addition, technology assists with the professional enrichment of the staff and increases engagement of students' families and other patrons of the district, all of which positively impact student achievement. The district will periodically conduct a technology census to ensure that instructional resources and equipment that support and extend the curriculum are readily available to teachers and students.

The purpose of this policy is to facilitate access to district technology and to create a safe environment in which to use that technology. Because technology changes rapidly and employees and students need immediate guidance, the superintendent or designee is directed to create procedures to implement this policy and to regularly review those procedures to ensure they are current.

### Definitions

For the purposes of this policy and related procedures and forms, the following terms are defined:

*Technology Resources* – Technologies, devices and services used to access, process, store or communicate information. This definition includes, but is not limited to: computers; modems; printers; scanners; fax machines and transmissions; telephonic equipment; mobile phones; audio-visual equipment; Internet; electronic mail (e-mail); electronic communications devices and services, including wireless access; multi-media resources; hardware; and software. Technology resources may include technologies, devices and services provided to the district by a third party.

*User* – Any person who is permitted by the district to utilize any portion of the district's technology resources including, but not limited to, students, employees, School Board members and agents of the school district.

*User Identification (ID)* – Any identifier that would allow a user access to the district's technology resources or to any program including, but not limited to, e-mail and Internet access.

*Password* – A unique word, phrase or combination of alphabetic, numeric and non-alphanumeric characters used to authenticate a user ID as belonging to a user.

### Authorized Users

The district's technology resources may be used by authorized students, employees, School Board members and other persons approved by the superintendent or designee, such as consultants, legal



**FILE: EHB**  
**Critical**

counsel and independent contractors. All users must agree to follow the district's policies and procedures and sign or electronically consent to the district's User Agreement prior to accessing or using district technology resources, unless excused by the superintendent or designee.

Use of the district's technology resources is a privilege, not a right. No potential user will be given an ID, password or other access to district technology if he or she is considered a security risk by the superintendent or designee.

### **User Privacy**

A user does not have a legal expectation of privacy in the user's electronic communications or other activities involving the district's technology resources including, but not limited to, voice mail, telecommunications, e-mail and access to the Internet or network drives. By using the district's network and technology resources, all users are consenting to having their electronic communications and all other use monitored by the district. A user ID with e-mail access will only be provided to authorized users on condition that the user consents to interception of or access to all communications accessed, sent, received or stored using district technology.

Electronic communications, downloaded material and all data stored on the district's technology resources, including files deleted from a user's account, may be intercepted, accessed, monitored or searched by district administrators or their designees at any time in the regular course of business. Such access may include, but is not limited to, verifying that users are complying with district policies and rules and investigating potential misconduct. Any such search, access or interception shall comply with all applicable laws. Users are required to return district technology resources to the district upon demand including, but not limited to, mobile phones, laptops and tablets.

### **Technology Administration**

The Board directs the superintendent or designee to assign trained personnel to maintain the district's technology in a manner that will protect the district from liability and will protect confidential student and employee information retained on or accessible through district technology resources.

Administrators of district technology resources may suspend access to and/or availability of the district's technology resources to diagnose and investigate network problems or potential violations of the law or district policies and procedures. All district technology resources are considered district property. The district may remove, change or exchange hardware or other technology between buildings, classrooms or users at any time without prior notice. Authorized district personnel may install or remove programs or information, install equipment, upgrade any system or enter any system at any time.

### **Content Filtering and Monitoring**

The district will monitor the online activities of minors and operate a technology protection measure ("content filter") on the network and all district technology with Internet access, as required by law. In accordance with law, the content filter will be used to protect against access to visual depictions that are obscene or harmful to minors or are child pornography. Content filters are not foolproof, and the district cannot guarantee that users will never be able to access offensive materials using district equipment. Evading or disabling, or attempting to evade or disable, a content filter installed by the district is prohibited.

The superintendent, designee or the district's technology administrator may fully or partially disable the district's content filter to enable access for an adult for bona fide research or other lawful purposes. In making decisions to fully or partially disable the district's content filter, the administrator shall consider whether the use will serve a legitimate educational purpose or otherwise benefit the district.

### **Online Safety, Security and Confidentiality**

In addition to the use of a content filter, the district will take measures to prevent minors from using district technology to access inappropriate matter or materials harmful to minors on the Internet. Such measures shall include, but are not limited to, supervising and monitoring student technology use, careful planning when using technology in the curriculum, and instruction on appropriate materials. The superintendent, designee and/or the district's technology administrator will develop procedures to provide users guidance on which materials and uses are inappropriate, including network etiquette guidelines.

All minor students will be instructed on safety and security issues, including instruction on the dangers of sharing personal information about themselves or others when using e-mail, social media, chat rooms or other forms of direct electronic communication. Instruction will also address cyberbullying awareness and response and appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms.

This instruction will occur in the district's computer courses, courses in which students are introduced to the computer and the Internet, or courses that use the Internet in instruction. Students are required to follow all district rules when using district technology resources and are prohibited from sharing personal information online unless authorized by the district.

All district employees must abide by state and federal law and Board policies and procedures when using district technology resources to communicate information about personally identifiable students to prevent unlawful disclosure of student information or records.

**FILE: EHB**  
**Critical**

All users are prohibited from using district technology to gain unauthorized access to a technology system or information; connect to other systems in evasion of the physical limitations of the remote system; copy district files without authorization; interfere with the ability of others to utilize technology; secure a higher level of privilege without authorization; introduce computer viruses, hacking tools, or other disruptive/destructive programs onto district technology; or evade or disable a content filter.

### **Closed Forum**

The district's technology resources are not a public forum for expression of any kind and are to be considered a closed forum to the extent allowed by law. The district's webpage will provide information about the school district, but will not be used as an open forum.

All expressive activities involving district technology resources that students, parents/guardians and members of the public might reasonably perceive to bear the authorization of the district and that are designed to impart particular knowledge or skills to student participants and audiences are considered curricular publications. All curricular publications are subject to reasonable prior restraint, editing and deletion on behalf of the school district for legitimate pedagogical reasons. All other expressive activities involving the district's technology are subject to reasonable prior restraint and subject matter restrictions as allowed by law and Board policies.

### **Records Retention**

Trained personnel shall establish a retention schedule for the regular archiving or deletion of data stored on district technology resources. The retention schedule must comply with the *Public School District Records Retention Manual* as well as the *General Records Retention Manual* published by the Missouri Secretary of State. In the case of pending or threatened litigation, the district's attorney will issue a litigation hold directive to the superintendent or designee. The litigation hold directive will override any records retention schedule that may have otherwise called for the transfer, disposal or destruction of relevant documents until the hold has been lifted by the district's attorney. E-mail and other technology accounts of separated employees that have been placed on a litigation hold will be maintained by the district's information technology department until the hold is released. No employee who has been so notified of a litigation hold may alter or delete any electronic record that falls within the scope of the hold. Violation of the hold may subject the individual to disciplinary actions, up to and including termination of employment, as well as personal liability for civil and/or criminal sanctions by the courts or law enforcement agencies.

### **Violations of Technology Usage Policies and Procedures**

Use of technology resources in a disruptive, inappropriate or illegal manner impairs the district's mission, squanders resources and shall not be tolerated. Therefore, a consistently high level of

personal responsibility is expected of all users granted access to the district's technology resources. Any violation of district policies or procedures regarding technology usage may result in temporary, long-term or permanent suspension of user privileges. User privileges may be suspended pending investigation into the use of the district's technology resources.

Employees may be disciplined or terminated, and students suspended or expelled, for violating the district's technology policies and procedures. Any attempted violation of the district's technology policies or procedures, regardless of the success or failure of the attempt, may result in the same discipline or suspension of privileges as that of an actual violation. The district will cooperate with law enforcement in investigating any unlawful use of the district's technology resources.

### **Damages**

All damages incurred by the district due to a user's intentional or negligent misuse of the district's technology resources, including loss of property and staff time, will be charged to the user. District administrators have the authority to sign any criminal complaint regarding damage to district technology.

### **No Warranty/No Endorsement**

The district makes no warranties of any kind, whether expressed or implied, for the services, products or access it provides. The district's technology resources are available on an "as is, as available" basis.

The district is not responsible for loss of data, delays, nondeliveries, misdeliveries or service interruptions. The district does not endorse the content nor guarantee the accuracy or quality of information obtained using the district's technology resources.

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***Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.***

Adopted: 08/20/1997

Revised: 12/18/2002; 04/16/2008; 05/16/2012; 06/26/2012

Cross Refs: AC, Prohibition against Discrimination, Harassment and Retaliation  
GBCC, Staff Cell Phone Use



**BAYLESS SCHOOL DISTRICT  
TECHNOLOGY USAGE**  
*(Parent/Guardian Technology Agreement)*

I have read the Bayless School District 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 caused by my child's misuse of district technology.

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.

Yes

No

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

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

\_\_\_\_\_  
Date



**BAYLESS SCHOOL DISTRICT  
TECHNOLOGY USAGE  
(Student User Agreement)**

I have read the Bayless School District 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.

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Signature of Student

Date

Name of School: \_\_\_\_\_



BAYLESS SCHOOL DISTRICT
CONFIDENTIAL MEDICAL HISTORY

2017-2018

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of your health insurance company? \_\_\_\_\_

Last physical exam within one year? Yes \_\_\_\_\_ No \_\_\_\_\_

Last dental exam within one year? Yes \_\_\_\_\_ No \_\_\_\_\_

\*IF YOU HAVE A COPY OF A CURRENT PHYSICAL, PLEASE GIVE IT TO THE NURSE.\*

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check any current HEALTH CONCERNS your child has:

- Allergies: Food - Milk, Peanut, Other; Insect/animal; Latex; Medicine; Environment; Autism/Asperger's; ADHD/ADD; Mental Illness (BiPolar, OCD, ODD, Depression, PTSS, Anxiety, Tourette's); Eating/Nutrition Problems; Asthma; Ear Infections, Tubes, Hearing Loss; Headaches/Migraines; Seizures/Epilepsy; Blood Disorders; Liver Disease; Kidney/Bladder Disease; Heart Disease: Restrictions?; Diabetes: Type 1, Type 2; Scoliosis; Positive Lead Level; Menstrual Problems; Tuberculosis; Other (please describe)

If any are checked, please explain: \_\_\_\_\_

Does your child take any medicine on a scheduled basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the medication and why it is given: \_\_\_\_\_

Please list any serious illness, operation, injury or handicap your child has had a history of: \_\_\_\_\_

EMERGENCY INFORMATION: In a medical emergency, I hereby authorize the school to make such arrangements as necessary, I also authorize the hospital/physician to perform necessary procedures. I understand that the cost of medical attention and ambulance are the responsibility of the parent.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**BAYLESS SCHOOL DISTRICT  
PARENTS PERMISSION FOR THE ADMINISTRATION OF  
OVER-THE-COUNTER MEDICATION**

Under the direction of Dr. David Campbell of the Institute for Research and Education in Family Medicine, the health team of Bayless School District is covered to give the following medications.

Listed below are nonprescription medications that the nurses can give to students only with written parent permission. We hope that using these medications, as needed, will reduce both absenteeism and student discomfort while in school. If a student needs routine medications, other arrangements should be made. Medications will be given in age/weight appropriate doses. You will be informed if nonprescription medications are given to your child.

Those medications in bold print are readily available in the school health rooms. All other medications listed will need to be supplied by the parent.

- **Acetaminophen** (Tylenol) for headaches
- **Ibuprofen** (Advil, Motrin) for muscle aches and pains, cramps, sinus pain
- **Maalox** (or comparable nonprescription antacid) in liquid or tablet form for upset stomach
- **Natural tears** (or any saline eye drops) for eye dryness and/or itching
- **Calamine or Caladryl lotion** (or generic) for itchy rash (not to be applied around the eyes)
- **Topical antibiotic ointment** for minor cuts and scrapes
- **Benzocaine Sting Wipes** for insect bites and stings
- **Topical Hydrocortisone Cream** for minor skin irritations and rashes (not to be used on the face)
- **Benadryl** (Diphenhydramine HCL) tablets or syrup for allergy symptoms
- **Loratadine** (Claritin) for allergies and sinus

The following medications may be used, but will not be supplied by the school district.

- Pseudoephedrine (Sudafed) for sinus congestion
- Visine Allergy Eye Drops for itchy eyes
- Cough Syrup (non-alcohol based, such as Robitussin) for dry cough
- Oragel (or generic equivalent) for temporary relief of mild toothache

Please fill out the attached form giving permission for these medications to be administered. It will become part of your child's health file. **If you do not want a certain medication given to your child, cross out the name of the medicine on the list above. No nonprescription medications will be given to students whose parents do not complete and return this form.**



**PARENT PERMISSION FOR THE ADMINISTRATION OF  
OVER-THE-COUNTER MEDICATION  
2017-2018**

**CHILD'S NAME** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**AGE** \_\_\_\_\_ **GRADE** \_\_\_\_\_  
**SCHOOL** \_\_\_\_\_

As the parent or legal guardian of the above named child, I give permission for the school nurse associated with the Bayless School District to give non-prescription standing order medications to my child as needed (except for any specified on this form). This will be effective for the 2017-2018 school year only.

**PARENT'S NAME** \_\_\_\_\_

(please print)

**PARENT SIGNATURE** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_

## Notes from the Bayless School Nurse:

### Guidelines for when to keep your child home from school:

It is sometimes difficult to decide when and how long to keep an ill child home from school. Often the way a child looks and acts can make the decision an obvious one. Keeping him/her home may protect them from further infection and avoid spreading the illness to others. The following guidelines should be considered when making your decision:

**Common Cold-** Irritated throat, watery discharge from nose and eyes, nasal stuffiness, headache, sneezing, cough, and general body discomfort or some of the things you may notice with a cold. They are often annoying/irritating, but should not deter your child from attending school. Your child should stay home only if the symptoms are serious enough to interfere with your child's ability to learn. Medical care should be obtained if symptoms persist beyond 7-10 days, fever develops, or nasal drainage becomes yellow or green. **Consider keeping cold remedies in the health room for your child, to help with the sinus symptoms.**

**Fever-** If your child's temperature is 100 degrees or higher, he/she should remain home until fever free for a full 24 hours without any fever-reducing medication, such as Tylenol or Ibuprofen. Remember, fever is a symptom indicating the presence of an illness.

**Flu-** Abrupt onset of fever, chills, headache, extreme fatigue, and sore muscles. Runny nose, sore throat, and cough are common as well. Your child should remain home from school until symptoms are improved and no fever for 24 hours.

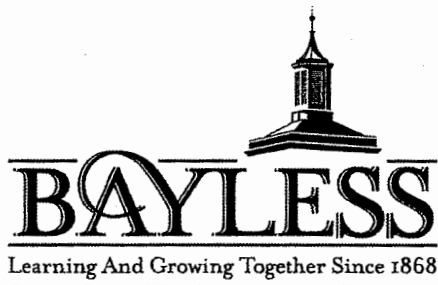
**Strep Throat and Scarlet Fever-** Strep Throat begins with sore and red throat, tender swollen glands of the neck, possible pus spots on the back of the throat and fever. Stomach discomfort, nausea, and vomiting may occur also. Scarlet Fever may show all the previous symptoms, along with a strawberry appearance to the tongue and rash of the skin. Your child should remain home from school until receiving a full 24 hours of antibiotic therapy and until no fever or vomiting for 24 hours. Many physicians will advise rest at home 1-2 days after strep infection also.

**Vomiting and Diarrhea (Intestinal Viral Infections)-** Stomachache, cramping, nausea, vomiting, and/or diarrhea, possible fever, headache, and body aches may occur. Your child should remain at home until without vomiting, diarrhea, and fever for a full 24 hours without any fever-reducing medication, such as Tylenol or Ibuprofen. Please make sure your child has eaten and had no further vomiting or diarrhea, and has not had any symptoms during the night, before sending them to school the following day.

**Pinkeye-** Redness and swelling of the membranes of the eye with burning or itching, matter coming from one or both eyes, crusted eyelids (especially on waking in am), not to be confused with seasonal allergy symptoms. Extremely contagious, good handwashing practices and not touching the face are a must. See a physician, as your child needs to receive antibiotic therapy for a full 24 hours and discharge has stopped, before returning to school.

**Skin rashes-** Rashes of unknown origin, especially those that are moist or draining should be evaluated by a physician before return to school.

**Consult your physician for the most accurate diagnosis and treatment. Do not hesitate to call your child's school nurse with any further questions you may have.**



**Administrative Offices**  
4530 Weber Road  
St. Louis, Missouri 63123  
314-256-8601  
fax. 314-544-6315

**Ronald J. Tucker, Ed.S.**  
Superintendent  
rtucker@bayless.k12.mo.us

To: Parents of Kindergarten and Pre-School Students  
School Year 2017-18

From: Bayless Elementary Nursing Office

Re: School Immunization Rule/School Physicals

Students entering Pre-School and Kindergarten are required to have a physical examination upon starting the school year. In order to enforce the immunization laws of the State of Missouri, it is important that the district maintain updated medical records.

We suggest you make an appointment early in the summer. County Health maintains a clinic at 4580 South Lindbergh for infants and children through 18 years of age. Call 314-615-0400 for an appointment. If your child needs an immunization but no physical exam, no appointment is necessary.

The Missouri Department of Health and Senior Services recently revised the Code of State Regulations, Immunization Requirements for School Children, 19 CSR 20-28.010, and Day Care Immunization Rule, 19 CSR 20-28.040. These rules establish the minimum immunization requirements for children enrolled in Missouri public, private, and parochial schools, day cares, preschools, or nursery schools. Please see information on the back of the letter for immunization requirements.

If the preschool or kindergarten child has had Varicella (chicken pox) disease, a licensed doctor of medicine (MD) or doctor of osteopathy (DO) may sign and place on file with the school a written statement documenting the month and year of the varicella disease as satisfactory evidence of having had the disease. Parental or guardian statements will no longer be accepted.

A child may be exempt from immunizations for religious or medical reasons only. No philosophical exemptions will be allowed. Children must now have all their immunizations up to date to enter school. Please check with your doctor to be sure your child has had these immunizations.

Please return the completed physical exam form OR written notification from your doctor that the child has received any immunization booster. Thank you for your corporation. If you have any questions, please call the school nurse at 314-256-8623. The Elementary Building's fax number is 314-544-6320.

## 2017-2018 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due. The student is in compliance as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the ACIP recommendations.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Dose Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT <sup>1</sup>	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap <sup>2</sup>									1	1	1	1	1
MCV <sup>3</sup> (Meningococcal Conjugate)									1	1			2
IPV (Polio) <sup>4</sup>	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR <sup>5</sup>	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella <sup>6</sup>	2	2	2	2	2	2	2	2	1	1	1	1	1

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.  
**Maximum needed:** six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required. **If a student received a Tdap, the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.**
3. Grade 8-9: One dose of MCV is required. Dose must be given after 10 years of age.  
Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-7 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.  
8-12 Grades: Last dose on or after the fourth birthday. If all four doses are administered appropriately and received prior to the fourth birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by four-six years of age constitutes a complete series. **Maximum needed:** four doses.
5. First dose must be given on or after twelve months of age.
6. First dose must be given on or after twelve months of age.  
Kindergarten-7 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.  
8-12 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.





Parent(s)/Guardian(s) Name

Street Address

City State ZIP

( )

Area Code Telephone Number

Child's School District / Organization & School Name

St. Louis County Ordinance Chapter 628 (Rev. 2000) requires the completion of this form prior to school enrollment of children less than 72 months of age.

KINDERGARTEN LEAD SCREENING FORM

This is to certify that my child, date of birth,

Does Does not

- Routinely spend time in a dwelling which was constructed before 1978 and which has peeling, chipping or flaking paint.
Routinely spend time in a dwelling which was constructed before 1978 and which is undergoing renovation likely to disrupt painted surfaces.
Routinely spend time in the care of a person who works in a lead-related occupation or who has a lead-related hobby.
Have a sibling, housemate or playmate that is lead poisoned.

This is to certify that my child:

Has never been tested for lead poisoning.
Was tested for lead poisoning on (date), by (Name of physician).

Signature of Parent/Guardian

Date

PLEASE REVIEW THE INFORMATION ON THE BACK OF THIS FORM

THIS FORM MUST BE RETURNED TO:

Saint Louis County Health Department
Lead Poisoning Prevention Program
6121 North Hanley Road
Berkeley, MO 63134

## **WHY SHOULD MY CHILD BE TESTED FOR LEAD POISONING?**

- Lead Poisoning is a serious problem that can cause permanent problems for *any* child, especially children under 7 years of age (including unborn children).
- Children are more likely to be exposed to lead because they have more hand-to-mouth activity and because their bodies absorb more lead than adults. They do NOT have to eat paint chips to become lead poisoned.
- Virtually all children in the United States are at risk for lead poisoning because lead is widespread in the environment. Seventy to ninety percent (70%-90%) of homes in the St. Louis area contain lead-based paint.
- The American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the Missouri Department of Health recommend testing **all** children at ages 12 and 24 months. If a child has never been tested, it is recommended that they be tested at any time until 72 months of age.
- Children with lead levels greater than 5 ug/dL are likely to have lower IQ scores, slower development, and more attention or behavior problems than children with lower levels. Large numbers of U.S. children continue to have blood-lead levels in the dangerous range. **It is important to know if your child is one of them.**
- Early testing allows for identification and treatment of children with lead elevations as well as identification and reduction of environmental lead hazards before permanent damage to the developing neurological system (among others) occurs.

## **WE LIVE IN A NEW HOUSE. HOW WOULD MY CHILD GET LEAD POISONING?**

- Children who visit an older home of friends or relatives, or an older church, school or playground may be exposed to lead-based paint hazards.
- Children may be exposed because of the occupation or hobby of an adult in the home (*such as plumber, pipe fitter, industrial equipment operator, law enforcement, auto repair, printer, construction worker, gas station attendant, pottery making, target shooting, stained glass making, home remodeling, furniture refinishing, etc.*).
- Lead has been found in such things as imported mini-blinds, candles, dishes, and sidewalk chalk among other items.

## **WHAT ARE THE SYMPTOMS OF LEAD POISONING?**

- Children with lead poisoning may have no physical signs or symptoms. They may complain about things such as headache or stomachache.
- Any developmental delay may be caused by lead poisoning.

## **HOW CAN I PROTECT MY CHILD FROM LEAD POISONING?**

- A blood test is the only way to know for sure if your child has lead poisoning.
- Keep children away from areas with chipping or peeling paint.
- Make sure children wash their hands many times each day, especially before eating, before napping or bedtime, and after playing outdoors.
- Routinely wet-mop floors and damp-dust windowsills and other horizontal surfaces. Vacuum rugs while children are out of the room.
- Wash objects that infants and children frequently put in their mouths.
- Discourage children from putting non-food items in their mouths.
- Make sure your child eats properly. The child should eat at least three meals daily. An empty stomach more readily absorbs lead. Foods rich in iron and calcium help protect the body against lead. Foods high in fat increase the body's absorption of lead.
- Before beginning any household remodeling or repair, contact the Saint Louis County Health Department-Lead Poisoning Prevention Program for information on how to minimize the risk of lead exposure for your child.

## **HOW CAN I GET MORE INFORMATION?**

Call the Saint Louis County Health Department—Lead Poisoning Prevention Program at (314) 615-5323.



SCHOOL YEAR: 2017-2018

# BAYLESS STUDENT TRANSPORTATION REQUEST FORM

ONLY ONE FORM PER FAMILY REQUIRED

(PLEASE PRINT)

STUDENT NAME (LAST, FIRST)

GRADE LEVEL 2017-18

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CONTACT # OF PARENT/GUARDIAN \_\_\_\_\_

\_\_\_\_\_ NO, I DO NOT WISH TO HAVE TRANSPORTATION SERVICES

\_\_\_\_\_ YES, MY CHILD(REN) WILL RIDE THE BUS.

\_\_\_\_\_ AM only \_\_\_\_\_ PM only \_\_\_\_\_ Both

If not both, please describe transportation arrangements:

- Car Rider
- Walker
- After School Child Care \_\_\_\_\_ (list organization)
- Sibling Pick-Up \_\_\_\_\_

IF REQUESTING STUDENT BE DROPPED BY THE BUS AT ANOTHER DISTRICT ADDRESS OTHER THAN HOME, PLEASE COMPLETE THE FOLLOWING:

NAME OF SITTER: \_\_\_\_\_

ADDRESS OF SITTER: \_\_\_\_\_

PHONE NUMBER OF SITTER: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Name (PRINT) \_\_\_\_\_

Completed by: \_\_\_\_\_

TRANSPORTATION OFFICE USE ONLY:

AMBUS # \_\_\_\_\_ BUS STOP# \_\_\_\_\_ PMBUS# \_\_\_\_\_ BUS STOP# \_\_\_\_\_

AMPCKPT \_\_\_\_\_ PMPCKPT \_\_\_\_\_



Bayless Elementary School  
KINDERGARTEN QUESTIONNAIRE

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

Date of Birth: \_\_\_\_\_ Gender:  M  F Race: \_\_\_\_\_

**DEVELOPMENTAL HISTORY AND HEALTH INFORMATION**

List any serious illnesses, accidents, hospitalizations, or surgeries your child has experienced (include dates or ages).

Has your child had ear infections?  NO  YES If yes, how often? \_\_\_\_\_

Have you ever thought your child had a vision problem?  NO  YES

If yes, please explain \_\_\_\_\_

Please explain any SPEECH concerns? Does your student mispronounce words, leave off sounds in words, is difficult to understand?

Please explain any LANGUAGE problems you have noticed or are concerned about. Is your student able to ask and answer questions? Do they understand what you are saying?

Does your child have any physical conditions that would in any way restrict him/her in work or play, such as nosebleeds, asthma, diabetes, heart conditions, etc.?

Does your child have any allergies?  NO  YES

If yes, please explain: \_\_\_\_\_

If so, please list allergies: \_\_\_\_\_

**SOCIAL DEVELOPMENT**

Has your child participated in Parents as Teachers?  NO  YES

If so, is there any information that will help the teacher?

Has your child attended preschool?  NO  YES

If yes, where and how long? \_\_\_\_\_

How many days a week? \_\_\_\_\_

Full Days  Half Days

Can your child read?  NO  YES

How often do you read to your child? \_\_\_\_\_



**VERY HELPFUL INFORMATION FOR THE TEACHER**

Are there any behavior concerns at home?

How do you discipline your child at home?

What kind of consequences are given?

Are there any academic concerns at home?

**TRANSPORTATION**

Will your child ride the school bus?  NO  YES

Will your child be in Childcare or with a Babysitter before/after school?  NO  YES

If yes, please provide the following information:

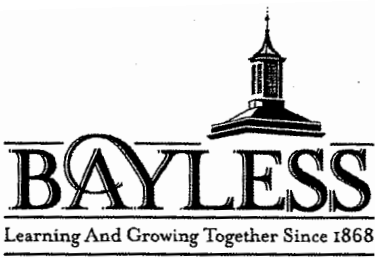
Name of Childcare Provider: \_\_\_\_\_

Address of Childcare Provider: \_\_\_\_\_

Telephone Number of Childcare Provider: \_\_\_\_\_

Hours your child will be in care: \_\_\_\_\_

Is there anything you feel the school or teacher should know about your child that was not included on this form?



**BAYLESS SCHOOL DISTRICT**  
**Parents as Teachers Program**

**(PLEASE PRINT)**

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

As a Parents as Teachers (PAT) family, you receive: personal visits from a parent educator, parent group meetings, screenings to assess your child's overall development as well as health, hearing and vision, and a resource network that links your family to other community services. Parents as Teachers serves families with children from birth to age five. Bayless School District shares the Parents as Teachers Program with Hancock Place School District. For more information about enrolling in this FREE and voluntary program, please complete the information below and return to school.

Please list below any children in your family who meet those requirements.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Contact information is required:

Parents Name: \_\_\_\_\_

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

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

Please complete and return this form to school. Someone will be in touch with you soon. Thank you.



### Bayless School District Community Advisory Committees

Interested community members are invited and encouraged to participate in one of the district's Community Advisory Committees. They are Facilities (regarding the school district's safety, security, and facility concerns, Finance (regarding the school district's financial and fiscal concerns), and Student Achievement (regarding the district's student achievement progress). The Board of Education also has an Audit Committee (regarding the school district's financial reporting processes, internal controls, and financial statements) and Wellness Committee (regarding student wellness, including physical fitness and nutrition). These committees meet four times a year. Please indicate if you would be interested in participating in any of the following committees and someone will be in contact with you.

- Audit Committee
- Facilities Committee
- Finance Committee
- Student Achievement Committee
- Wellness Committee

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

Parent's Name: \_\_\_\_\_

(Please Print)

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

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