



CROOK COUNTY SCHOOL DISTRICT #1
MARK R. BRODERSON, SUPERINTENDENT

MOOCROFT K-8 SCHOOL
13 COUNTRY LANE/ P.O. BOX 40
MOOCROFT, WY 82721

Jason Moss, Principal
mossj@crook1.com

Brian Brandon, Assistant Principal
brandonb@crook1.com

RELEASE OF RECORDS REQUEST

To – Previous School _____

Address _____

Fax # _____

Please send the following data for the student(s) named below who enrolled in our school on _____.

- ____ Health Records (including 504)
- ____ Transcript of Grades (Cumulative Files)
- ____ Special Education Records (IEP)
- ____ Psychological Testing Records
- ____ Other _____

Student's Name	Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned hereby authorizes the release of his/her school records as defined in the Family Educational Rights and Privacy Act of 1974 to:

Moorcroft K-8 School
PO Box 40
Moorcroft, Wyoming 82721
Fax – 307-756-3681



Signature of Parent/Guardian

The State of Wyoming provides Hathaway Merit & Need Scholarships to Wyoming students attending the University of Wyoming and Wyoming community colleges. Every Wyoming student who meets the merit requirements can earn a Hathaway Merit Scholarship. Contact your school counselor for more information.

MOORCROFT K-8 SCHOOL

ENROLLMENT FORM

(PLEASE PRINT NEATLY)

STUDENT NAME: _____
Last First Middle

Gender: M F **Age** _____ **Date of Birth** ____/____/____

Was this student born in the U.S.? ____ Yes ____ No **If NO**, which **country** was the student born in _____
How many full years of education has student **completed** in the U.S. _____

Parents are **REQUIRED** to answer **BOTH** questions.

- 1. Is your child Hispanic or Latino?** Yes No
- 2. Please select one or more races for your child.**
 - American Indian/Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

Student Lives With:

- ____ Mother/Father
- ____ Mother
- ____ Father
- ____ Mother/Step Father
- ____ Father/Step Mother
- ____ Other, Specify Relationship _____

School Entry Date _____ **School Entry Grade Level** _____

Student Home Phone _____ **Guardian E-Mail** _____

Student Physical Address _____
Address City State Zip

Student Mailing Address _____
Address City State Zip

Last School Attended (if a new student): _____

Address _____ Phone Number _____

Is your child on a current Individual Education Plan (IEP)? Yes No
Is your child on a current **504** plan? Yes No
Has your child ever received Title I services? Yes No
Has your child ever received special education services? Yes No
Has your child ever received speech/language services? Yes No
How old was your child when he/she started kindergarten? 5 yrs. 6 yrs.
Has your child ever been retained? Yes No
If yes, in what grade? _____

HOME LANGUAGE SURVEY

Primary language spoken by the student _____ English, Other, please specify: _____

Primary language spoken at home _____ English, Other, Please specify: _____

Language(s), other than English, spoken or understood by your child _____

Signature of Parent/Guardian _____

Date _____

Please turn sheet over and fill in Contact Information on the other side.

Parent/Guardian Contact Information

Contact #1 Parent/Guardian Information

Mother
 Father
 Other: Please specify: _____

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____

Custody Defined:
 Parent
 Sole
 Shared
 Other: Please specify _____

Mother
 Father
 Other: Please specify: _____

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____

Contact #2 Non-Custodial Information

- Mother
- Father

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____

Contact Allowed: Y N Mailing Required: Y N

Custody Defined:
 Parent
 Sole
 Shared
 Other: Please specify _____

Emergency Contacts

In Case Parent/Guardian Can't Be Reached

Emergency Contact #1

Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Please Specify Relationship: _____

Emergency Contact #2

Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Please Specify Relationship: _____

Emergency Contact #3

Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Please Specify Relationship: _____

CROOK COUNTY SCHOOL DISTRICT# 1

Standard Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student living? *Check one box*

Section A	Section B
<input type="checkbox"/> in a shelter, transitional housing, or awaiting foster care <input type="checkbox"/> with more than one family in a house or an apartment due to loss of housing or economic hardship <input type="checkbox"/> In a temporary trailer, campground, car, or park <input type="checkbox"/> In a hotel or motel <input type="checkbox"/> In a poorly habitable environment (lack of water, heat or kitchen facilities; insect or rodent infestation or similar situation) <p>CONTINUE: <i>If you checked a box in Section A, complete #2 and the remainder of this form.</i></p>	<input type="checkbox"/> Choices in Section A do not apply <p>STOP: <i>If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel. Thank you.</i></p>

2. The student lives with:

- | | |
|--|---|
| <input type="checkbox"/> 1 parent
<input type="checkbox"/> 2 parents
<input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> a relative, friend(s) or other adult(s)
<input type="checkbox"/> alone with no adults
<input type="checkbox"/> an adult that is not the parent or the legal guardian |
|--|---|

School _____

Name of Student _____ Male Female

Birth Date / / Age Social Security # _____
mm dd yyyy
 (if applicable)

Name of Parent(s) Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be immediately routed to appropriate personnel. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family's situation:

_____ Date Distributed: _____

SCHOOL MEDICATION POLICY

Student's Name _____

The medical profession strongly advised that medications for school children should be administered at home. It should only be administered at school if such medication is absolutely necessary in order for the student to remain in school. When a child must receive a medication at school, it shall be the student's responsibility to go to the Nurse's Office for the medication. The school is under no obligation to seek out the student should he/she forget.

Elementary students are not allowed to keep medications (prescription or non-prescription) on their person. Loose pills in a pocket or in a "baggie" present a danger to other students at school and are not acceptable. It is not possible to prevent these unidentified medications from getting lost, stolen, or "shared" with other students.

If your child must have a medication of any type in order to stay in school, the following procedure will be followed:

1. The school will not furnish medication under any circumstances.
2. Written instructions from a physician must be on file with the school before any medication is administered. This applies to prescription medication and non-prescription medications such as Tylenol or cough medication.
3. Students taking medications prescribed by a physician must present the medication in its container from a pharmacy with written permission from the parent authorizing dispensing of the medication to their child. Most pharmacies will provide more than one container, if requested, so that one container may be sent to school.
4. Any non-prescription medication sent to school with a student for administration, such as Tylenol or cough medications, must be in its original container from the manufacturer.
5. School personnel will not dispense any type of medication without written permission from the parent authorizing the administration of the medication.
6. Students shall be instructed to not "share" medications with other students.

Students in grades 7 through 12 may keep medications with them under the following conditions:

1. Only enough medication for one day should be kept by the student.
2. Medicines are not to be stored in student locker.
3. Medications must be in a properly labeled container from a pharmacy listing name of student, name and dose of medication, physician's name and date. Non-prescription medications must be in its original container from the manufacturer.
4. Students shall be instructed to not "share" medications with other students.

The School Nurses of Crook County School District request and appreciate your cooperation in adhering to this medication policy. This policy is in compliance with the Wyoming Nursing and Pharmacy Laws, and thereby assures the safety of our children.

_____/_____
Signature Date

Amended 10-20-88

ALLERGIES

It is very important that we are aware of any allergies that your child may have toward FOOD, MEDICATIONS, BITES, etc.

Please list below any allergies that you are aware of that might effect your child. IF your child does have any allergies, please advise what reactions he/she has towards these allergies.

Please fill out even if no known allergies exist.

Child's Name _____

Allergies – FOOD _____

MEDICATIONS _____

INSECTS OR OTHER _____

If your child needs medication for any of these allergies at school, please visit with the nurse.

If your child as not shown any allergies to date, but in the future has a problem with any allergy, PLEASE notify the school nurse as soon as possible.

Thank you.

MOORCROFT PUBLIC SCHOOL
TRANSPORTATION DEPARTMENT
ROUTE SERVICE REQUEST

NEW ROUTE SERVICE _____

SPECIAL REQUEST _____

REQUEST BY: (PLEASE PRINT)

NAME _____

ADDRESS _____

PHONE NUMBER _____

NAME AND GRADE OF PUPIL(S) TO BE TRANSPORTED:

SPECIAL REQUEST EXPLANATION:

DESCRIPTION OF STOP/LOCATION: _____

DATE SERVICE IS TO START, OR OF SPECIAL RUN: _____

SIGNATURE OF PARENT/GUARDIAN

DATE

.....
ADMINISTRATIVE APPROVAL:

TRANSPORTATION SUPERVISOR

YES ___ NO ___ DATE _____