

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

### Student

**Student** \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
(Last) (First) (Middle)

Parent/Guardian Name(s): \_\_\_\_\_ Is Student a U.S. Citizen?  Yes  No

Birth Date: mm/dd/yyyy \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: City/State \_\_\_\_\_

Social Security #: \_\_\_\_\_  
*Provision of SSN is voluntary. The school district uses it to determine Medicaid eligibility for direct services.*

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Emergency Contacts (other than parent/guardian)

**In the event the parents/guardian cannot be reached**, please provide contact information for up to three individuals to whom the student may be released. (PLEASE INDICATE ORDER OF PREFERENCE.)

| Name    | Relationship (to student) | Gender                                                | Home Phone | Cell Phone |
|---------|---------------------------|-------------------------------------------------------|------------|------------|
| 1 _____ | _____                     | <input type="checkbox"/> M <input type="checkbox"/> F | _____      | _____      |
| 2 _____ | _____                     | <input type="checkbox"/> M <input type="checkbox"/> F | _____      | _____      |
| 3 _____ | _____                     | <input type="checkbox"/> M <input type="checkbox"/> F | _____      | _____      |
| 4 _____ | _____                     | <input type="checkbox"/> M <input type="checkbox"/> F | _____      | _____      |

### Additional Student Information

Is this student Hispanic or Latino?  Yes or  No

What is this student's race? (check all that apply)  Asian  Native Hawaiian or Other Pacific Islander  Black or African American  
 White  American Indian or Alaska native

Does this student use a language other than English?  Yes  No  
 If yes, what language(s)? \_\_\_\_\_

Who has legal custody of this student? (check all that apply)  Father  Mother  Guardian  Other  
 If other, please explain. \_\_\_\_\_  
 If guardian, please list nature of guardianship.  Court Appointed  Power of Attorney  Informal

Is there anyone who legally cannot have contact with this student?  Yes  No  
 If yes, please indicate which type of legal document you are providing:  
 Custody Papers  Order of Protection  Ex Parte Order

Is this student currently involved with: (check all that apply)  
 DFS/Foster Care  DYS  Juvenile Office  Probation/Parole  
 If any of above are checked, please list: Agency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

If this student is a foster child, please indicate home school district. \_\_\_\_\_

### School/Educational History

Previous schools attended (including Cape Girardeau Schools)

| Grades | Years | School Name | District | City | State |
|--------|-------|-------------|----------|------|-------|
|--------|-------|-------------|----------|------|-------|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Has this student ever been referred or assessed by a school district for special services?  Yes or  No

Name of school district which assessed student: \_\_\_\_\_

Type of disability diagnosed: \_\_\_\_\_

Has this student ever received special services?  Yes or  No

Does this student have a current IEP?  Yes or  No

Does this student have a current Section 504 Plan?  Yes or  No

Has this student ever received services through a school district gifted program?  Yes or  No

Is this student currently suspended OR expelled from any school district?  Yes or  No

If Yes, please explain. \_\_\_\_\_

Has this student ever been charged with or convicted of a felony?  Yes or  No

If Yes, please explain. \_\_\_\_\_

Has this student ever violated a previous school district policy on weapons, alcohol, drugs, or willfully inflicted injury on another person?  Yes or  No

If Yes, please explain \_\_\_\_\_

### Verification Section

I attest that all the above information is current and correct. I further attest that the student named on this document resides at the address stated. I understand that submitting false information relating to residency is defined as a CLASS A MISDEMEANOR and submitting false statements regarding the student's previous discipline history as questioned above is defined as a CLASS D MISDEMEANOR. School districts are authorized according to the Missouri Safe Schools Act to file police reports for said violations. In addition, I understand that Missouri law requires that a student be properly immunized prior to being admitted to school. Finally, I understand that the ATTENDANCE POLICY of the Cape Girardeau Public School District states that any student who is absent from school or any class more than five percent in any semester is subject to withheld grades and loss of credit in affected courses. Furthermore, I understand that the student's attendance at the previous school is affected by the application of the Attendance Policy.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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



# Registration Form Developmental and Health History

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

Date Immunization Record verified::

## Student

### Student

Name/Grade/Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  Male Or  Female

Birth Date: mm/dd/yyyy \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

## Immunization Records

Copy of Immunization Record attached?  Yes  No

Name of clinic where immunization(s) received: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Growth & Development

Did you have any problems during the pregnancy?  Yes  No

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

Were there any problems at the time of the birth of this child?  Yes  No

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

Did this child meet the normal developmental stages such as crawling, walking, and talking as expected?  Yes  No

If no, explain \_\_\_\_\_

## Childhood Illnesses

Please indicate IF and WHEN your child had:

Chickenpox  Yes  No Date: \_\_\_\_\_

Measles  Yes  No Date: \_\_\_\_\_

Mumps  Yes  No Date: \_\_\_\_\_

## Allergies

Has this child ever experienced allergies to *Food or Medications*?  Yes  No

If yes, please list the allergy and describe the reaction \_\_\_\_\_

Has this child ever experienced allergies to *Bee Stings*?  Yes  No

If yes, please describe the reaction \_\_\_\_\_

Is emergency medication required?  Yes  No

### Illness/Accident/Hospitalization/Surgery

If this child has had any of the following, please explain providing the month and year:

- |                  |                          |     |                          |    |             |                |
|------------------|--------------------------|-----|--------------------------|----|-------------|----------------|
| Major Illness    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Month/Year: | Explain: _____ |
| Serious Accident | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Month/Year: | Explain: _____ |
| Hospitalizations | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Month/Year: | Explain: _____ |
| Surgeries        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Month/Year: | Explain: _____ |

### Medications

| Medications | Dosage | Frequency (how often per day) | Reason for Taking |
|-------------|--------|-------------------------------|-------------------|
|             |        |                               |                   |
|             |        |                               |                   |
|             |        |                               |                   |
|             |        |                               |                   |

\*Will your child require medications at school?  Yes  No

\*If yes, please see the school nurse to complete the school Medication Permission Form.

### Health Concerns

Has your child, in the past or present, had problems with the following? If yes, please explain.

#### EYES

- |                            |                          |     |                          |    |       |
|----------------------------|--------------------------|-----|--------------------------|----|-------|
| Crossed Eyes/Drifting Eyes | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
| Itching/Burning/Redness    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
| Excessive Tearing/Watering | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
| Wears Glasses/Contacts     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |

#### EARS / NOSE / THROAT

- |                              |                          |     |                          |    |                                                                                         |
|------------------------------|--------------------------|-----|--------------------------|----|-----------------------------------------------------------------------------------------|
| Seasonal Allergies/Hay Fever | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____                                                                                   |
| Runny Nose/Post Nasal Drip   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____                                                                                   |
| Sinus Congestion             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____                                                                                   |
| Frequent Nose Bleeds         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____                                                                                   |
| Frequent Ear Infections      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____                                                                                   |
| Difficulty Hearing           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____                                                                                   |
| Wears Hearing Aid            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, check one or both: <input type="checkbox"/> Right <input type="checkbox"/> Left |

#### RESPIRATORY / LUNGS

- |                                              |                          |     |                          |    |                                     |
|----------------------------------------------|--------------------------|-----|--------------------------|----|-------------------------------------|
| Chronic Cough/Chronic Bronchitis             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____                               |
| Asthma                                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, what triggers attack? _____ |
| *Does child use an inhaler on a daily basis? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, please name: _____          |

\*If this child uses an inhaler, please see the school nurse for the Medical Permission Form(s).

**CARDIAC**

Heart Condition  Yes  No \_\_\_\_\_  
Heart Murmur  Yes  No \_\_\_\_\_

**ENDOCRINE**

Thyroid Disorder  Yes  No \_\_\_\_\_  
\*Diabetes  Yes  No \_\_\_\_\_  
Does this child take insulin?  Yes  No If yes, list types: \_\_\_\_\_  
How often is blood sugar checked? \_\_\_\_\_

\*If this child is diabetic, please see the school nurse to complete the Diabetic Health Care Plan.

**LYMPHATIC / HEMATOLOGY**

Anemia  Yes  No \_\_\_\_\_  
Bleeding Disorder  Yes  No \_\_\_\_\_  
Cancer  Yes  No \_\_\_\_\_

**NEUROLOGICAL**

Headaches/Migraines  Yes  No \_\_\_\_\_  
Seizures/Epilepsy  Yes  No If yes, date of last seizure: \_\_\_\_\_  
Is child presently under a doctor's care for seizures?  Yes  No \_\_\_\_\_  
Is child currently taking medication for seizures?  Yes  No \_\_\_\_\_

**GASTROINTESTINAL**

Stomach Problems  Yes  No \_\_\_\_\_  
Diarrhea/Constipation  Yes  No \_\_\_\_\_  
Dietary Restrictions  Yes  No \_\_\_\_\_  
\*Special Diet Required  Yes  No \_\_\_\_\_

\*If a special diet is required, a doctor will need to complete the school Dietary Modification Form.

**BLADDER / KIDNEYS**

Kidney Disorder  Yes  No \_\_\_\_\_  
Frequent Bladder Infections  Yes  No \_\_\_\_\_  
Needs to use bathroom frequently  Yes  No \_\_\_\_\_  
Bed Wetting  Yes  No \_\_\_\_\_  
Requires Diapering or Catheterizations  Yes  No \_\_\_\_\_

**BONES / JOINTS / MUSCLES / SKIN**

Rheumatoid Arthritis       Yes    No \_\_\_\_\_

Muscle Disorder or Pain       Yes    No \_\_\_\_\_

Bone or Joint Disorder or Pain       Yes    No \_\_\_\_\_

Skin Disorder / Scars       Yes    No \_\_\_\_\_

\*Condition that prevents PE participation?       Yes    No \_\_\_\_\_

\*A condition that prevents PE participation will require documentation from the child's doctor stating the restriction.

**Health Care Providers**

Does your child have a family doctor?    Yes    No   Dr.'s Name: \_\_\_\_\_

Dr.'s Phone #: \_\_\_\_\_      Date of last visit: \_\_\_\_\_

Does your child have a dentist?       Yes    No      Dentist's Name: \_\_\_\_\_

Dentist's Phone #: \_\_\_\_\_      Date of last visit: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Verification Section**

I GIVE MY PERMISSION FOR THE ABOVE HEALTH INFORMATION TO BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL ON A CONFIDENTIAL HEALTH CONCERN LIST.       Yes    No

Name: \_\_\_\_\_      Relationship to Student: \_\_\_\_\_

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

# **STUDENT ACCEPTABLE USE/ MEDIA RELEASE AGREEMENT**

## Cape Girardeau School District - Device and Electronic Information Resources

### **Introduction:**

Electronic information resources and a computer are available to qualifying students in the Cape Girardeau School District. These resources include access to the computer, Internet, and other network files or accounts. Our goal in providing technology to students is to promote educational excellence by facilitating resource sharing, innovation and communication.

### **Scope:**

Internet access is coordinated through a complex association of government agencies as well as regional and state networks. Worldwide access to computers and people may involve the availability of materials considered to be inappropriate, illegal or of no educational value. On a global network, it is virtually impossible to control all materials. However, through a filtering and monitoring system, the District has taken precautions to restrict access to inappropriate materials. Users who access, publish or attempt to access or publish inappropriate material or illegal Internet sites will be subject to discipline.

The smooth operation of the network is dependent upon the proper conduct of the users who must adhere to strict guidelines, rules and regulations. Such are provided so that student users are aware of the responsibilities they are about to accept. In general, their responsibilities necessitate acceptable, ethical, and appropriate utilization of the electronic network resources.

### **Terms and Conditions of this Acceptable Use Agreement:**

Each student applying for an account will participate in a discussion with his or her sponsoring teacher regarding proper behavior and use of the network. The student signature at the end of this Acceptable Use Agreement is legally binding. The signature also indicates the student and parent/guardian have carefully read and understand the terms and conditions of appropriate use and thereby agree to abide.

1. **Acceptable Use:** Acceptable use means that a student uses the computer, Internet and other electronic information resources in an appropriate manner, abiding by the rules and regulations as described in this agreement. Students, who publish on the Internet, must abide by the approved publishing procedures and district guidelines (Policies EHB & JG), which include informing, and involving a content sponsoring teacher. Students are responsible for the care of their computer and must report any damages immediately to the office.

2. **Privileges:** The use of a student computer and electronic information resources is a privilege and not a right. Inappropriate use of these resources may result in disciplinary action (including the possibility of suspension or expulsion), and/or referral to legal authorities. The principal, teacher/supervisor, or systems administrator may limit, suspend or revoke access to the student computer and electronic resources at any time.

3. **Network Etiquette:** Each student is expected to abide by the generally accepted rules of user etiquette. These rules include, but are not limited to, the following:

Be polite. Never send or encourage others to send abusive messages. Use appropriate language.

(Whatever is written, sent, or received on an isolated terminal has the potential to be viewed globally.)

Use electronic mail appropriately: no sales, advertisements or solicitations, etc.. E-mail is not guaranteed to be private. Everyone on the system has potential access to e-mail. Parents or legal guardians may gain access to their student's e-mail upon request. Messages relating to or in support of illegal activities or inappropriate activities, as pertaining to this Acceptable Use Policy, must be reported to the principal, teacher/supervisor, or systems administrator.

4. **Unacceptable Network Use:**

Transmission or intentional receipt of any inappropriate material or material in violation of law or district policy is prohibited. This includes, but is not limited to: copyrighted material; threatening or obscene material; material protected by trade secrets; commercial activities by for-profit institutions; use of product advertisement or political lobbying, including lobbying for student body office; the design or detailed information pertaining to explosive computers, criminal activities or terrorist acts; sexism or sexual harassment; pornography; gambling; illegal solicitation; racism; inappropriate language. Illegal or inappropriate activities, including games, use of the network in any way that would disrupt network use by others, or activities of any kind that do not conform to the rules, regulations and policies of the Cape Girardeau School District are forbidden.

5. **Vandalism:** Vandalism is defined as any malicious attempt to harm or destroy property of the user, another user or of any other agencies or networks that are connected to the Network or the Internet system. Vandalism also includes, but is not limited to; intentional damage to the student computer, intentional damage to another student's computer, abusive overloading of data on the server, or the uploading, downloading or creating of computer viruses. Any engagement in network vandalism constitutes unacceptable use and will be subject to appropriate disciplinary action.

6. **Security:** Security on any computer system is a high priority because of multiple users. Do not use another individual's account, share user ID or passwords, or log onto the system as the systems administrator. Any security concern must be reported to the principal, teacher/supervisor, or systems administrator.

7. **Privacy:** It is advised that students not reveal personal information, such as home address, phone numbers, password, credit card numbers or social security number, etc. This also applies to the personal information of others or that of organizations. When publishing on the Internet from a district device, students' photographs should not be identifiable by name. All data on the student computers is property of Cape Girardeau Public Schools and may be accessed by school personnel at any time.

8. **Updating:** Any account changes such as phone number, location, or address must be reported to the systems administrator in a timely manner.



9. **Service Disclaimer:** The Cape Girardeau School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. Cape Girardeau School District will not be responsible for any damages the student or their property may suffer while using this system. These damages may include, but are not limited to loss of data as a result of delays, non-deliveries, mis-deliveries, or service interruptions caused by the system or by student error or omission. Use of any information obtained via the information system is at the student's own risk. Cape Girardeau School District specifically denies any responsibility for the accuracy of information obtained through electronic information resources.

**Student Signature of Agreement:**

Rules of conduct are described in this Secondary Student Acceptable Use Agreement for Cape Girardeau School District and apply when the electronic information system is in use. I understand any violations of the above provisions will result in the loss of my user account and may result in further disciplinary and/or legal action, including but not limited to suspension or expulsion, or referral to legal authorities. I therefore agree to maintain acceptable standards and to report any misuse of the system to the appropriate teacher or administrator. Also, should I choose to publish on the Internet, I will work under the guidance of a content sponsoring teacher.

Misuse or violation of this agreement comes in many forms but can be viewed as any messages, information or graphics sent or received that include/suggest pornography; unethical or illegal solicitation; racism; sexism; inappropriate language; and/or other listings previously described in this user agreement. I agree to report any misuse of the electronic information resources to my principal, teacher/supervisor or systems administrator.

**I have read this Acceptable Use Agreement and understand that Internet sites are filtered and that Internet use on my district computer may be monitored. I hereby agree to comply with the above described conditions of acceptable use.**

**Student Name (please print):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT OR GUARDIAN:**

As the parent or guardian of the above named student, **I have read this Acceptable Use Agreement and understand that Internet sites are filtered and that electronic information resource accounts may be monitored.** I understand my child may be disciplined for inappropriate or unacceptable use of electronic information resources. I further understand that student use of the electronic information resource system is designed for educational purposes. I understand that it is impossible for Cape Girardeau School District to filter or restrict access to all inappropriate materials. I will not hold the Cape Girardeau School District responsible for inappropriate or unacceptable materials my child may acquire on the network system.

I hereby give my permission and approve the issuance of an electronic account for my child.

**Parent or Guardian Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**MEDIA RELEASE**

I acknowledge that the District maintains a presence on the Internet, World Wide Web, and in different media outlets. I understand students' pictures could occasionally appear online and in media outlets as they participate in school and extracurricular activities. I understand students can be identified by name when receiving awards and as a part of extracurricular activities. I understand that as our students grow and learn, a whole community is backing them, celebrating what they are achieving, and that those media outlets encourage our community to share in that celebration.

I hereby give my permission and approve the use of pictures, video, and/or other likenesses of my child on the above mentioned outlets.

Student Name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian Name (please print): \_\_\_\_\_

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

Revised 6-24-16



# Registration Form

## Request for Student Records

Date of Request: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_

*The Missouri Safe Schools Act states within forty-eight hours of enrolling a pupil, the school official enrolling the pupil, including any special education pupil, shall request records required by district policy for student transfer and those discipline records required by subsection 7 of section 160.261 RSMo, from all schools previously attended by the pupil within the last twelve months. Any public school district that receives a request for records from another school shall respond to such request five (5) business days upon receiving a request. **Based on the language of the Act, the district may not hold the records until fees are paid.***

### School Transferring From:

### Send Records To:

(All addresses are in Cape Girardeau, MO)

\_\_\_\_\_  
(School Name)

\_\_\_\_\_  
(School Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Fax #)

We have just completed registration of this student in our school district. We would appreciate receiving the following information from you so that we might quickly move to complete his/her enrollment needs.

We request the following records:

Cumulative permanent school records including test scores and attendance records, transcripts of high school credits beginning with 9<sup>th</sup> grade, health and immunization records, interpretation of your marking system, psychological reports, discipline records including if the student is currently suspended or expelled with effective dates, special education records including evaluations and current IEP, and whether or not the student has passed the U.S. Constitution test and the Missouri Constitution test.

The *Family Education Rights and Privacy Act* (FERPA) allows schools to disclose a student's education records, without consent, to other schools to which a student is transferring (34 CFR § 99.31).

|                                                                                                                                                      |                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Alma Schrader Elementary<br>Attn: Kathy Swoboda<br>1360 Randol Avenue<br>Zip: 63701<br>Phone: 573-335-5310<br>Fax: 573-334-3871<br>School Code: 4020 | Jefferson Elementary<br>Attn: Leah Braswell<br>520 S. Minnesota St.<br>Zip: 63703<br>Phone: 573-334-2030<br>Fax: 573-334-1159<br>School Code: 4080 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                               |                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Blanchard Elementary<br>Attn: Megan Rees<br>1829 N. Sprigg St.<br>Zip: 63701<br>Phone: 573-335-3030<br>Fax: 573-334-1319<br>School Code: 4050 | Central Middle School<br>Attn: Christie Ralls<br>1900 Thilenius St.<br>Zip: 63701<br>Phone: 573-519-0653<br>Fax: 573-334-1411<br>School Code: 4090 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                |                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Clippard Elementary<br>Attn: Teresa Ratliff<br>2880 Hopper Road<br>Zip: 63701<br>Phone: 573-334-5720<br>Fax: 573-334-1067<br>School Code: 4060 | Central Junior High<br>Attn: Beverly Essner<br>205 Caruthers St.<br>Zip: 63701<br>Phone: 573-519-0663<br>Fax: 573-335-7173<br>School Code: 2050 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                            |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Franklin Elementary<br>Attn: Tina Wright<br>1550 Themis St.<br>Zip: 63701<br>Phone: 573-335-5456<br>Fax: 573-334-1140<br>School Code: 4040 | Central High School<br>Attn: Jacki Ainsworth<br>1000 S. Silver Springs Rd.<br>Zip: 63703<br>Phone: 573-334-1111<br>Fax: 573-334-1147<br>School Code: 1050 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| Central Academy                                           |                                          |
| Attn: Sandy Elfrink<br>330 N. Spring Avenue<br>Zip: 63701 | Phone: 573-335-5939<br>Fax: 573-335-6041 |

|                                                          |                                          |
|----------------------------------------------------------|------------------------------------------|
| Cape Girardeau Public Schools                            |                                          |
| Attn: Dana Dickerson<br>1829 N. Sprigg St.<br>Zip: 63701 | Phone: 573-290-5888<br>Fax: 573-335-0495 |

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

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

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Signature of Registrar)