



# Knob Noster Public Schools

Dr. Jerrod Wheeler, Superintendent | Mr. Michael Cohron, Assistant Superintendent | Mrs. Deenia Hocker, Director of Student Services  
401 E. Wimer, Knob Noster, MO 65336 | (660) 563-3186 | www.knobnoster.k12.mo.us

## TRANSCRIPT/RECORDS REQUEST

Subject: Authorization For Release of School Records and Other Reports

Previous School Name & Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_

We request you forward all the following information to the school circled below:

Academic/Grade Records	Achievement/Intelligence Tests	Attendance Records
Records from other districts	Copy of most recent IEP	Special Ed. Testing/Placement information
Birth Certificate	Clinical/Medical Reports	Immunizations
Behavior Records that regard In-School Suspension, Out-Of-School Suspension, or Expulsion		

The Missouri SAFE SCHOOLS ACT OF 1996 requires that disciplinary files from the student's previous school be reviewed prior to finalizing enrollment at our school. Therefore, we request you include a summary of the student's records which involve any type of suspension or expulsion.

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

Grade Entering: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Send Records To: (Circle One)

Whiteman Elementary School	Knob Noster Elementary School	Knob Noster Middle School	Knob Noster High School
120 Houx Drive Building 3026 Whiteman AFB, MO 65305	405 E. Wimer St. Knob Noster, MO 65336	211 E. Wimer St. Knob Noster, MO 65336	504 S. Washington St. Knob Noster, MO 65336
Phone (660) 563-3028	Phone (660) 563-3019	Phone (660) 563-2260	Phone (660) 563-2283
Fax (660) 563-3443	Fax (660) 563-3781	Fax (660) 563-3274	Fax (660) 563-3384
asowers@knr8.org	tbivins@knr8.org	nmckeehan@knr8.org	bboyd@knr8.org

Comments: \_\_\_\_\_

School's Official Signature: \_\_\_\_\_ Title: \_\_\_\_\_

I authorize the release of the above information: \_\_\_\_\_

*Signature of Parent/Guardian*

*Date*



# Knob Noster School District Student Enrollment Form



Please complete all items on this form so that the Knob Noster School District can better serve you and your family. Falsification of any of the below information could result in criminal prosecution (Safe Schools Act 1996)

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ U.S. Citizen: \_\_\_ Yes \_\_\_ No

## PARENT/GUARDIAN INFORMATION

### Parent/Guardian 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_  
What is your relationship to the student? \_\_\_\_\_

### Parent/Guardian 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Same address as Parent/Guardian 1 **-OR-** If different address than Parent/Guardian 1, provide address of Parent/Guardian 2:  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_  
What is your relationship to the student? \_\_\_\_\_

Who has legal Guardianship of Student? \_\_\_\_\_  
\_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparent(s) \_\_\_ Aunt/Uncle \_\_\_ Sibling \_\_\_ Foster Parent(s) \_\_\_ Other: \_\_\_\_\_

If **Foster**, date entered Foster care: \_\_\_\_\_ Provide copies of the DFS Placement Letter, or Guardianship/Adoption Paperwork.

### Guardian Alert

This is to make the school aware of any guardianship matters if there is a parent who is related to the child who is not allowed to have contact with the child. Please remember that if you mark yes, you are required to produce a copy of the custody paper and/or court order.

Is there a guardian alert you would like to notify us of? \_\_\_ Yes \_\_\_ No If yes give a detailed description of the alert:

\_\_\_\_\_

By law, non-custodial parents have equal access to the records of their child unless legal restrictions exist. If no legal restrictions exist, please provide the name and address of the non-custodial parent:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Is this student Hispanic / Latino?**

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

*The question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.*

**What is the student's race?**

- \_\_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- \_\_\_\_\_ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including , for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- \_\_\_\_\_ **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, Middle East, or N. Africa.)

**STUDENT HANDBOOK ACKNOWLEDGMENT**

I have read and understand the school's student handbook and discipline policy that is available on the school website and agree to abide by the rules. I also understand that School Board Policy supersedes any procedures within the student handbook.

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BEHAVIOR AFFIRMATION STATEMENT**

Missouri law provides that prior to admission the Knob Noster School District Board may require the parent, guardian, or other person having control or charge of a child of school age to provide upon enrollment, a sworn statement or affirmation indicating whether the student has been suspended or expelled from school attendance at any school in this state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a false statement or affirmation shall be guilty upon conviction of a Class B misdemeanor. The registration document shall be maintained as part of the student's scholastic record.

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

I, (parent/guardian) \_\_\_\_\_, affirm that (student \_\_\_\_\_  
\_\_\_\_\_ has not \_\_\_\_\_ has been suspended or expelled from school attendance at a private or public school in Missouri or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

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

\_\_\_\_\_  
Date

*In accordance with Missouri Safe Schools Act, if you have affirmed any of the behaviors listed above, you are required to fill out District Form JEC-AF2.*

Verification of residency was made using the following documents. (Please provide 1 proof of residency.)

- Most Recent Utility Bill  Rent Receipt/Agreement  Real Estate Property Tax Statement  Real Estate Contract  Legal Property Description

The mission of the Missouri Course Access and Virtual School Program (MOCAP) is to offer Missouri students equal access to a wide range of high quality courses and interactive online learning that is neither time nor place dependent (mocap.mo.gov).

Local school districts may approve online providers if they can ensure that the statutory requirements have been met. Knob Noster School District offers K-12 students flexible learning options through Knob Noster Virtual Academy using accredited virtual courses from Edmentum and EdOptions Academy—tuition-free. For more information on virtual education opportunities, please contact your child's school counselor.

# EMERGENCY CONTACT INFORMATION

Please note that the emergency contact is an individual other than a parent or guardian. Parents or guardians will be contacted first.

## Contact #1

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

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

Relationship: \_\_\_\_\_

Please List all the apply:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\* Can this person take the child from school?  Yes  No

## Contact #2

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

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

Relationship: \_\_\_\_\_

Please List all the apply:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\* Can this person take the child from school?  Yes  No

## Contact #3

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

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

Relationship: \_\_\_\_\_

Please List all the apply:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\* Can this person take the child from school?  Yes  No

## Other Children In The Home

Please list all children currently residing in your home who are non-school age.

Child #1: \_\_\_\_\_

DOB: \_\_\_\_\_ Male/Female

Child #2: \_\_\_\_\_

DOB: \_\_\_\_\_ Male/Female

Child #3: \_\_\_\_\_

DOB: \_\_\_\_\_ Male/Female

Child #4: \_\_\_\_\_

DOB: \_\_\_\_\_ Male/Female

Child #5: \_\_\_\_\_

DOB: \_\_\_\_\_ Male/Female

# STUDENT MEDIA RELEASE

Knob Noster Public Schools uses images and/or videos ('media') of students and student work to showcase educational activities and programs (including before and after school programs), as well as to inform the community of the Knob Noster Public Schools experience. Photographs, videos, and/or the name of your child may be included in publications (print or digital), news releases, and on district maintained websites or social media accounts.

**If you DO NOT GIVE Knob Noster Public Schools permission to use your child's name, image, or school work in any public display or presentation, please write to the school principal within five (5) days of a student's first day of attendance to opt out.**

Upon receipt of a media opt out request, school staff will document your child's status in the Infinite Campus Student Information System (SIS). Media opt out will remain in effect for the duration of your child's enrollment at Knob Noster Public Schools or until otherwise notified by the parent/guardian.

Please note that KNPS does not control the disclosure or use of photographs or video taken by participants at events that are open to parents, community members, and/or the news media. Additionally, opting out does not apply to students participating in public events, like academic competitions, performances, and athletic events. Student photos and names may be published by news media.

If you have any questions, please contact Tina Brant, Director of Communications, at 660-563-3186, ext. 1012 or by email at [tbrant@knobnoster.k12.mo.us](mailto:tbrant@knobnoster.k12.mo.us)

## SCHOOLMESSENGER COMMUNICATION SYSTEM

In our effort to maintain communication between parents and school, the Knob Noster School District utilizes SchoolMessenger, a telephone broadcast system that will enable school personnel to notify all households (parents/guardians) by phone within minutes for early dismissal, sports cancellation, unplanned event, emergency, school cancellation, and general announcements or reminders.

When used, the service will call phone numbers in our selected parent contact lists and will deliver a recorded message/text from a school administrator. The service delivers the message to both live answer and answering machines/voicemail. The phone numbers provided in the Parent/Guardian section of this enrollment form will be used for SchoolMessenger communications.

# HOUSING SURVEY

Are you sharing the housing of other persons due to loss of housing, economic hardship, or similar reason?  
\_\_\_Yes \_\_\_No

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

Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? \_\_\_Yes \_\_\_No

Are you currently residing in an emergency or transitional shelter? \_\_\_Yes \_\_\_No

Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? \_\_\_Yes \_\_\_No

Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? \_\_\_Yes \_\_\_No

Have you moved within the last 3 years to seek or obtain temporary or seasonal agricultural work?

Such as:

- Planting or harvesting crops
- Transporting farm products to market
- Feeding poultry, gathering eggs, working in a hatchery
- Processing meat, poultry, fruit, vegetables, dairy products
- Milking cows on a dairy farm
- Cutting firewood or logs to sell
- Commercial fishing or working on a fish farm

Yes  No

# Student Services Survey

Has your child received any of the following services? Mark all that apply:

- \_\_\_ Special Education/IEP
- \_\_\_ 504
- \_\_\_ Title I
- \_\_\_ English Language Learner
- \_\_\_ Gifted (Magnet School, GATE (Gifted and Talented Education), or TAG (Talented and Gifted), PEGS schools/programs)
- \_\_\_ Counseling

Does your student receive special education services with an IEP?

\_\_\_Yes \_\_\_No \_\_\_Not Sure

If yes please describe: \_\_\_\_\_

Has your student ever been retained?

\_\_\_Yes \_\_\_No \_\_\_Not Sure

# HOME LANGUAGE SURVEY

What was your child's first language? \_\_\_English \_\_\_Other: \_\_\_\_\_

Which language(s) does your child use (speak) at home and with others? \_\_\_English \_\_\_Other: \_\_\_\_\_

Which language(s) does your child hear at home and understand? \_\_\_English \_\_\_Other: \_\_\_\_\_

Does the student understand when someone speaks with him/her in a language besides English? \_\_\_Yes \_\_\_No

Does the student read in a language other than English? \_\_\_Yes \_\_\_No

Does the student write in a language other than English? \_\_\_Yes \_\_\_No

Does the student interpret for you or anyone else in a language other than English? \_\_\_Yes \_\_\_No

How many years did the student attend school where the native language was used for instruction? \_\_\_\_\_

What was the most recent month and year the student attended school? \_\_\_\_\_

Do you believe that your child has learning difficulties that affects his/her ability to understand?

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

Has your child been referred to be evaluated for special education? \_\_\_\_\_

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

How many years has the student lived in the United States? \_\_\_\_\_

\*The school is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing and the school district will provide language support as deemed appropriate by district staff.

I hereby certify that the information given above on this form is a true and correct statement of my child's legal residence and that he/ she resides in the Knob Noster School District. Should my legal residence change while the above listed student is enrolled in this district, I will promptly notify the school office. Further, I understand that a student is not legally enrolled until this form is completed and signed by the parent or guardian with whom this student is living. I understand that enrolling a student under false information is a misdemeanor offense according to Missouri law. As this student's parent or legal guardian, I will be subject to penalty and / or cost of tuition and my child will be immediately dismissed from school.

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

\_\_\_\_\_  
(Date)



# Knob Noster School District Federal Impact Aid Form



*The information required on this form will be used to verify claims for federal impact aid to the Knob Noster School District. This information is available only to authorized school district and/or federal government officials and is not prohibited under the Privacy Act.*

A. Is a parent or guardian (where student resides) on active duty in a branch of the uniformed military service?  
 Yes       No

B. As active military, where do you live?       on base       off base

C. Name of parent(s)/guardian(s) on active duty: \_\_\_\_\_  
\_\_\_\_\_

D. Branch of service: (circle one) Air Force Air National Guard Army National Guard Navy Other:

E. Rank: (circle one)

**AF(Air Force)** = AB(E-1) Amn(E-2) A1C(E-3) SrA(E-4) SSgt(E-5) TSgt(E-6) MSgt(E-7) SMSgt(E8) CMSgt(E-9)  
2Lt(O-1) 1Lt(O-2) Capt(O-3) Maj(O-4) LtCol(O-5) Col(O-6)

**ARNG (Army National Guard)** = E-1 E-2 E-3 E-4 E-5 E-6 E-7 E-8 E-9  
O-1 O-2 O-3 O-4 O-5 O-6 WO1(W-1) CW2(W-2) CW3(W-3) CW4(W-4)

Other: Branch \_\_\_\_\_ Rank/Pay Grade \_\_\_\_\_

Name of Squadron: Father \_\_\_\_\_ Mother \_\_\_\_\_

F. If living with civilian parent(s)/guardian(s), does either parent/guardian work on federal property?  
 Yes       No

If yes, please complete the following questions:

Name of parent(s)/guardian(s) working on federal property: \_\_\_\_\_

Does the civilian parent/guardian work on Whiteman Air Force Base?       Yes       No

Does the civilian parent/guardian work on any other federal properties?       Yes       No

Federal Employment Site: (mark any that apply)

- \_\_\_\_\_ Lake City Army Am. Depot, Independence, MO
- \_\_\_\_\_ Bendix Plant, Kansas City, MO
- \_\_\_\_\_ Federal Building, Bannister Road, Kansas City, MO
- \_\_\_\_\_ Federal Building, Ward Parkway, Kansas City, MO
- \_\_\_\_\_ Navy Reserve Training Center E. 47th Street, Kansas City, MO
- \_\_\_\_\_ Other: \_\_\_\_\_



# Knob Noster School District

## Health Assessment Form



*The following information will allow the school staff to identify and care for your child's individual health care needs while at school. If your child does not have any special health care needs, please complete this form by marking the box below and sign/date at the bottom of the form.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**My child has no special health care needs.**

Please indicate if any of the following are relevant to your child. Provide additional information for the following conditions in the spaces provided.

ASTHMA?  YES Diagnosed by a doctor?  Yes  No Date? \_\_\_\_\_  
 Triggered by \_\_\_\_\_ Treatment \_\_\_\_\_

ALLERGIES?  YES To medication, food, insects, pollen? Please list: \_\_\_\_\_  
 Has this required emergency action in the past?  Yes  No

Is medication required at home?  Yes  No At school?  Yes  No  
 STING ALLERGY?  YES Need emergency medication?  Yes  No List: \_\_\_\_\_

DIABETES?  YES Takes insulin?  Yes  No Date/age diagnosed: \_\_\_\_\_  
 Daily testing at school?  Yes  No Daily snacks?  Yes  No

SEIZURES?  YES Age of onset \_\_\_\_\_ Describe seizures \_\_\_\_\_  
 Date of last seizure \_\_\_\_\_

BONE/JOINT CONDITION?  YES Describe \_\_\_\_\_  
 Any physical restriction?  Yes  No Describe \_\_\_\_\_

OTHER ILLNESS/ INJURY?  YES Describe \_\_\_\_\_

**\*\*If you answered YES to any of the above questions, please meet with the school nurse to set up an Emergency Action Plan or arrange for an Individualized Health Care Plan.**

Emotional/Behavioral Disorder?  Yes  No Describe \_\_\_\_\_  
 ADHD  Autism Spectrum  Bipolar  Depression  OCD  ODD

Other \_\_\_\_\_  
 Takes daily medication?  Yes  No At home?  Yes  No At School?  Yes  No  
 Emergency Only?  Yes  No

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_  
 Reason \_\_\_\_\_

*If a student requires medication at school, please obtain the appropriate form in the school health office. Parents must deliver all medication to the school in a properly labeled pharmacy bottle with a signed request for administration.*

HEARING: Does your child: require preferential seating?  Yes  No Wear a hearing aid?  Yes  No  
 VISION: Does your child wear glasses?  Yes  No Wear contacts?  Yes  No

I know of no health reason(s), other than the information indicated on this form, why my child should not participate in any school activity. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Knob Noster School District

## Mobile Device Agreement & Acceptable Use of Technology Consent Form



### MOBILE DEVICE AGREEMENT & ACCEPTABLE USE OF TECHNOLOGY CONSENT FORM

PLEASE PRINT

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

We are pleased to offer our students access to the District computers, network, and technology for educational purposes. Parents and students are advised that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. The District cannot guarantee that filtering hardware/software will, in all instances, successfully block access to inappropriate materials. Knob Noster R-VIII School District is not liable or responsible for: any information that may be lost, damaged, or unavailable due to technical or other difficulties; the accuracy or suitability of any information that is retrieved through technology; breaches of confidentiality; or defamatory material.

The District's electronic network is part of the curriculum and is not a public forum for general use. Please carefully read the **Acceptable Use Policy** ([www.knobnoster.k12.mo.us](http://www.knobnoster.k12.mo.us) on the Student Technology page). Violations may result in disciplinary action. To gain access to email and the Internet, all students must sign and return this form. Students under the age of 18 must obtain parental consent.

By signing below, you are agreeing to the terms and conditions outlined in the Mobile Device Student/Parent Handbook ([www.knobnoster.k12.mo.us](http://www.knobnoster.k12.mo.us) on the Technology page) and the Student Acceptable Use policy.

#### Student Consent

I understand that my computer use is not private and that the school district will monitor my activity on the computer system. I have read the District's **Acceptable Student Use of Technology policy and regulations** and agree to abide by these rules. I understand that violation of the policy or regulations may result in disciplinary action, including loss of technology use, suspension, or expulsion.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Parental Consent

I have read and understand the District's **Acceptable Student Use of Technology policy and regulations**. In consideration for my child being able to use the District's electronic communications system and have access to the public networks, I hereby release the school district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the school district's policy and administrative regulations.

\_\_\_\_\_ I give, or \_\_\_\_\_ I do not give, permission for my child to participate in the school district's electronic communications system and certify that the information contained on this form is correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Signatures for the agreement and consent remain in effect for the duration of a student's enrollment in Knob Noster Public Schools, including any annual updates to device replacement and repair pricing.





## Military and Family Life Counseling Program

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### CYB Parent Acknowledgment Form

Subject: Parent Acknowledgment and Consent Letter for Child and Youth Behavioral Military and Family Life Counseling Services

Dear Parents,

We take this opportunity to inform you of a valuable resource provided by the Department of Defense. Due to the unique challenges military members face and the impact they have on families, the Office of Military Community and Family Policy provides Child and Youth Behavioral Military and Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (master's or doctoral-level) in the mental health field and specialized training in child and youth development. They support the needs of children and families by partnering with parents, faculty, counselors, and staff to foster healthy growth and social skill development. The well-being and safety of your child is our top priority. To ensure a comprehensive continuum of care for your child, CYB-MFLCs may work in collaboration with school or program professionals.

CYB-MFLCs address challenging behaviors and strengthen the capacity of staff, families, programs, and systems to meet the needs of military children and youth by:

- Observing, participating, and engaging in classroom activities
- Developing strategies for supporting positive behavior, age-appropriate behavioral interventions to enhance coping, and behavioral skills in the classrooms and at home
- Meeting one-on-one or in groups, providing evidence-based prevention and intervention services
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups to increase parents' understanding of social-emotional development and positive behavior guidance strategies
- Linking families with community resources or military family programs
- Working with military children in settings such as field trips and other center, camp, or school sponsored activities
- Conducting individual sessions to address the unique challenges of school-aged military children and youth

At no time will the CYB-MFLC meet individually with a child without being in line of sight of a teacher, staff, or a parent/guardian. CYB-MFLCs are mandated reporters, and information provided to the CYB-MFLC will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others includes suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity. The CYB-MFLC is obligated to follow school and military child and youth programs' mandated reporting regulations.

CYB-MFLCs encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in their children's best interest.

CYB-MFLCs are flexible and can schedule appointments, meetings, and activities after hours and on weekends, if needed, with advance notice. They are available to meet with individuals and families who have interest in seeking consultation about their child or family.

Thank you for allowing us to provide support services to your child/children.

**Acknowledgement of Understanding:**

I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a comprehensive continuum of services. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

Please select applicable boxes below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC direct face-to-face non-medical counseling sessions. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

I understand the above CYB-MFLC program description and authorize my child to participate and be supported *as a part of a formal group focused on different topic areas*. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

Print Name of Child: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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