

STI:  
MOSIS:

# McDonald County R-I School District

## 2018-2019 Enrollment Form



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

### Student's Legal Name

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

*Last Name*

*First Name*

*Middle Name*

|       |                              |               |        |                |            |
|-------|------------------------------|---------------|--------|----------------|------------|
|       |                              |               | M F    |                | Yes No     |
| Grade | Social Security # (Optional) | Date of Birth | Gender | Place of Birth | US Citizen |

If not born in the U.S., date student/s entered U.S. \_\_\_\_\_

|                                    |        |                          |  |
|------------------------------------|--------|--------------------------|--|
| Is the student Hispanic or Latino? | Yes No | What race is your child? |  |
|------------------------------------|--------|--------------------------|--|

1. Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Phone \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Has the child been placed in your home through a social services agency? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please note below any adult who may be contacted or who may pick up your child at school in the event of illness/emergency and who may receive necessary student information that is relevant to the emergency/illness. These will be the only people your child will be released to if you are not available.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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## Housing Information

Are you sharing housing of other persons because of economic hardship? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently residing at a motel or hotel? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently residing in a car, park, campground, abandoned building, substandard or inadequate housing? Yes \_\_\_\_\_ No \_\_\_\_\_

## Academic Services

Has the child received Special Services (Gifted/special education)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a current IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a current 504? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a current ELL Accommodation Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: IEP is an "Individualized Educational Plan" implemented for students with special educational needs. A 504 is a plan written to help a student access the educational services if he or she has a physical or mental health disability that limits one or more major life functions. An ELL plan is written for student acquiring English proficiency.

## Student Home Language Survey

What language did the student learn when first beginning to talk? \_\_\_\_\_

What language is most often spoken in the home? \_\_\_\_\_

What language does the student use when he/she is at home? \_\_\_\_\_

Which language does the student use most often with friends? \_\_\_\_\_

Which language does the student use most often when speaking with parents? \_\_\_\_\_

Which language does the student use most often with other relatives? \_\_\_\_\_

## MELL Program Survey

What date did you most recently move to this school district? \_\_\_\_\_

Place a check beside any of the areas below which you have worked any time in the past 3 years or are you currently working.

|  |                          |
|--|--------------------------|
| Planting or harvesting crops   | <input type="checkbox"/> |
| Working in a nursery (A place where plants are grown for sale, transplanting, or experimentation.) | <input type="checkbox"/> |
| Feeding poultry, gathering eggs, working in a hatchery   | <input type="checkbox"/> |
| Processing meat, poultry, fruit, vegetables, dairy products  | <input type="checkbox"/> |
| Milking cows on a dairy farm   | <input type="checkbox"/> |
| Commercial fishing or working on a fish farm   | <input type="checkbox"/> |
| Growing and tending to trees to be sold  | <input type="checkbox"/> |
| I have not worked in any of the above mentioned areas in the past three years                      | <input type="checkbox"/> |

If you checked any box above, did you move here to seek or obtain that job? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have moved from one school district to another and you have worked in agriculturally based employment in the last three (3) years, your children may be eligible for services to better serve them in their education.

## Military Service

Parent is ACTIVE MILITARY Yes \_\_\_\_\_ No \_\_\_\_\_

Parent is ACTIVE RESERVE/GUARD Yes \_\_\_\_\_ No \_\_\_\_\_

## Schools Previously Attended

School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Grade/s Attended \_\_\_\_\_

School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Grade/s Attended \_\_\_\_\_

School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Grade/s Attended \_\_\_\_\_

School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Grade/s Attended \_\_\_\_\_

School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Grade/s Attended \_\_\_\_\_

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## Proof of Residency

I, \_\_\_\_\_, hereby certify that I, am the parent or legal guardian of minor, \_\_\_\_\_  
(Parent or Guardian's Name) (Student's Name)

and that all information I have provided whether in writing or verbally with regard to the residence and domicile of said minor is truthful and accurate.

I further certify that the student is a legal resident of the district as established by the following :

I am a legal resident of the McDonald County R-1 School District: Yes \_\_\_\_\_ No \_\_\_\_\_

The student resides with me at the address provided on page one of this enrollment form: Yes \_\_\_\_\_ No \_\_\_\_\_

The address is the student's permanent home: Yes \_\_\_\_\_ No \_\_\_\_\_

I have provided the following document/s to establish that I am a legal resident of the district:

Examples of address verification are: rental contracts, real estate contract, utility bill, deposit/rental receipt.

I hereby certify that all information I have provided in this statement is true, accurate, and complete to the best of my knowledge.

I understand that if I have provided any false information in this statement or in the documents submitted in support of this statement, the district may file a civil action against me to recover the costs of school attendance of the student/s.

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

Date \_\_\_\_\_

Students must be enrolled by the legal guardian with whom they reside. In cases of separation/divorce, documentation such as legal guardianship must be on file in the school office.

## Certification Regarding Prior Criminal Conduct

(Required by State of Missouri)

Certification Regarding Prior Criminal Conduct With respect to the following acts: (1) First degree murder under section 565.020, RSMo.; or (2) Second degree murder under section 565.021, RSMo.; or (3) Kidnapping under section 565.110, RSMo.; or (4) First degree assault under section 565.050, RSMo.; or (5) Forcible rape under section 566.030, RSMo.; or (6) Statutory rape under section 566.032, RSMo.; or (7) Forcible sodomy under section 566.060, RSMo.; or (8) Statutory sodomy under section 566.062, RSMo.; or (9) Robbery in the first degree under section 569.020, RSMo.; or (10) Distribution of drugs to a minor under section 195.212. RSMo.; or (11) Arson in the first degree under section 569.040, RSMo

Has the student been convicted of any of the above offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student been indicted or had information filed against him/her allegedly having committed one or more of these acts, to which there has been no final judgment? Yes \_\_\_\_\_ No \_\_\_\_\_

Has a petition been filed against the student pursuant to section 211.091, RSMo, or any other state's juvenile code, alleging that the student has committed one or more of these acts, to which there has been no final judgment? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the student leave any school or school district within the last 12 months under threat by such school or school district or suspension or expulsion? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student been suspended or expelled in the past from attendance in another school district for violation of the school's policy relating to weapons? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the student currently under suspension or expulsion from another school or school district? Has the student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to alcohol, drugs or controlled substances? Yes \_\_\_\_\_ No \_\_\_\_\_

## Parent Consent Items

I authorize my student to go on trips to other locations and school sponsored field trips (I.E. art gallery, museum, concerts, etc.), with supervision, that may necessitate leaving the school grounds during the time they are enrolled at this school. Yes \_\_\_\_\_ No \_\_\_\_\_

My student name, address and telephone number may be released to military recruiters (high school only). Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize the McDonald County R-1 School District to make photographs, films, or audio recordings for use in: Websites, television stations or other electronic formats; in news stories/promotional materials about/for the district. (This will also allow my child to have photos/art projects displayed in school buildings, businesses, contests or for academic publicity); Yearbooks or school publications; District Publications and honor roll recognition in newspapers. Yes \_\_\_\_\_ No \_\_\_\_\_

The above consents only apply to non-profit and non-commercial purposes by the McDonald County R-1 School District, news organizations or agencies. This consent will remain in effect for the current school year until revoked in writing.

## Corporal Punishment Consent

I understand that McDonald County R-1 Schools utilizes corporal punishment as a form of discipline. Corporal punishment will be administered with a wooden paddle and will not exceed three (3) swats. Corporal punishment can be administered to my child. Yes \_\_\_\_\_ No \_\_\_\_\_

I grant permission for the items above checked YES and I certify that I am the legal parent/guardian of the student/s being enrolled and that the information listed on the student enrollment sheet is current and accurate. Yes \_\_\_\_\_ No \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_