

Knob Noster R-VIII School District Student Registration Forms

ENROLLMENT CANNOT BE COMPLETED UNTIL A COPY OF IMMUNIZATION RECORDS FOR THE CHILD IS FURNISHED. PLEASE PRINT LEGIBLY.

1. Student Name _____
Legal Last Name First Middle

2. Grade _____ Birth Date _____ Gender _____

3. Please list the names and addresses of all schools attended in the last 12 months:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____

4. Has your child been receiving special services? Yes No If yes, check all the programs that apply:

	Early Childhood Spec. Ed.		IEP Emotional Disturbance
	Title 1 Reading		IEP Learning Disability
	Title 1 Math		IEP Speech/Language
	English as a Second Language		IEP Intellectual Disability
	Gifted		504 Plan
	Counseling		

5. Person(s) with whom student is living:

Last Name	First Name	Last Name	First Name
Address _____		Home Phone _____	
_____		_____	
Cell phone (dad) _____		Cell phone (mom) _____	
Work number (dad) _____		Work number (mom) _____	

6. E-mail address:

Dad-home _____	work _____
Mom-home _____	work _____

7. If you are a divorced parent or guardian, do you have a court order giving you legal custody of the student? Yes No Do you have joint custody? Yes No
 By law, non-custodial parents have equal access to the records of their child unless legal restrictions exist.
 Do such legal restrictions exist? Yes No
 If yes, a copy of the restrictions must be placed in the student's permanent record.
 If no, please furnish the name and address of the non- custodial parent:

	Address	
Last Name	First Name	_____
_____	_____	_____
Email Address	Phone Number	_____

8. In case of emergency, if parents cannot be contacted, list in order of preference those persons to be contacted (**local numbers preferred**). Please indicate relationship by which your **child** knows this person (relative, friend, neighbor, day care, etc.)

1. _____ phone # _____ relationship _____
2. _____ phone # _____ relationship _____

9. Race: *please check all that apply*

White Black Asian Hispanic

Native Hawaiian or other Pacific Islander American Indian or Alaska Native

10. What was your student's first language? English Other: _____

Which language(s) does the student use (speak) at home with others? English Other: _____

Which language(s) does the student hear at home and understand? English Other: _____

Have you moved within the past three years to see or obtain work? Yes No

Does the work fall into any of the following categories? Yes No

If yes, mark those that apply:

- | | |
|--------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> | Planting or harvesting crops |
| <input type="checkbox"/> | Feeding poultry, gathering eggs, working in a hatchery |
| <input type="checkbox"/> | Processing meat, poultry, fruit or vegetables, dairy products |
| <input type="checkbox"/> | Commercial fishing or working on a fish farm |

11. Are you sharing the housing of other persons due to loss of housing, economic hardship or a similar reason? Yes No Explain if it is a similar reason: _____

Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons? Yes No

Are you currently residing in a shelter? Yes No

Are you currently living in a temporary housing arrangement due to economic hardship?

Yes No

12. 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 or in any 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 school 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

13. Please share with us any information that would ensure a successful transition to our school:

