

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: White Black Asian Hispanic

Native Hawaiian or other Pacific Islander American Indian or Alaska Native

10. Do you use a language other than English? Yes No

Is a language other than English used in your home? Yes No

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:

- Planting or harvesting crops
 Feeding poultry, gathering eggs, working in a hatchery
 Processing meat, poultry, fruit or vegetables, dairy products
 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 insure a successful transition to our school:

In order to register the student the parent or guardian must provide either (1) proof of residency (the term residency means that a person both physically resides within a school district and is domiciled with that district) or (2) proof that a request for waiver of residency requirement has been submitted to the district superintendent within the past forty-five days. NOTE: A copy of the court document awarding guardianship must be presented if student is living with a legal guardian—a power of attorney is no longer acceptable because of THE SAFE SCHOOL ACT OF 1996.

NOTICE: Missouri law provides that Knob Noster School District may file a civil action against a parent or guardian to recover the costs of school attendance for any pupil enrolled at Knob Noster School District whose parent or legal guardian provides false information on this form. Missouri law also provides that any person who knowingly submits false information on this form is guilty of a Class A misdemeanor.

“AFFIDAVIT OF RESIDENCE”

Full legal name of child: _____
(print)
Full legal name of father: _____
(print)
Full legal name of mother: _____
(print)
Full legal name of legal guardian: _____
(print)

Is this student living in a foster care family? Yes No
If yes, please provide the name and address of the student’s parents:

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

The parents/guardians, _____, hereby declare that (student) _____ is living with them in the Knob Noster School District and the child is under the care, custody, and control of said parents/guardians who is a district resident.

The undersigned parents understand that the child listed above must reside and is residing in the Knob Noster School District in order to attend Knob Noster Public Schools.

The parents/guardians agree that the District can and will take all reasonable steps to verify the accuracy of the information in this affidavit.

By signing this affidavit, the parents/guardians agree to be liable for the full amount of per pupil expenditure cost for the Knob Noster School District in the event the facts in the affidavit are false. It is also understood that knowingly providing false information in the affidavit is a Class A misdemeanor and that falsely swearing or affirming on oath constitutes perjury, which is a felony under the criminal laws of the State of Missouri.

Parent/Guardian Signature _____
Date