NEW STUDENT INFORMATION

For Office Use Only	
School	Year

Please print requested information using blue or black ink.

Today's Date: _____

Student Name (First, Middle, Last)	Grade	Gender ☐ Male ☐ Female	Date of Birth
Student Name (First, Middle, Last)	Grade	Gender ☐ Male ☐ Female	Date of Birth
Student Name (First, Middle, Last)	Grade	Gender ☐ Male ☐ Female	Date of Birth
Student Name (First, Middle, Last)	Grade	Gender ☐ Male ☐ Female	Date of Birth

Race (May select more than one)
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African-American
- ☐ Hispanic
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

Hispanic/Latino Ethnicity
- ☐ Yes
- ☐ No

Physical Street Address	Apt. No.	City, State, Zip

Student's Mailing Address	☐ **Check here if same as Physical Address**

Mailing Address	Apt. No.	City, State, Zip

Parent(s)/Guardian(s) who reside with the student

Parent/Guardian Name (First, Middle, Last)	Primary Phone Number
Parent/Guardian Name (First, Middle, Last)	Primary Phone Number

Additional information about the Student(s)

Schools Previously Attended	Grade	School Address	City, State, Zip	Phone

Primary Contact Information (Priority 1 Parent/Guardian Contact)	
Relationship to Student ☐ Mother ☐ Father ☐ Other (please specify):	
Contact Name (First, Middle, Last)	Email Address:
Contact Mailing Address	City, State, Zip
Employer	
Primary phone #	Cell phone #	Work phone #

Additional Primary Contact Information (Priority 2 Parent/Guardian Contact)	
Relationship to Student ☐ Mother ☐ Father ☐ Other (please specify):	
Contact Name (First, Middle, Last)	Email Address:
Contact Mailing Address	City, State, Zip
Employer	
Primary phone #	Cell phone #	Work phone #

Additional information (please circle Yes or No)	
1. Does this student have, or has this student ever had, an Individual Education Plan (IEP) and is receiving, or ever received, special education services? Yes No	
2. Does this student have, or has this student ever had, a 504 plan? Yes No	
3. Has this student ever been retained? Yes No	If Yes, what grade(s)
4. Is this student presently suspended from another school? Yes No	If Yes, when and from what school and district?
5. Has this student ever been expelled from school? Yes No	If Yes, when and what school and district?
6. Are you currently sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. Yes No Explain:	
7. Are you currently residing at a hotel, motel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? Yes No	
8. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station, or similar setting? Yes No	
9. Are you currently residing in an emergency or transitional shelter? Yes No	

10. Is your primary nighttime residence a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings? Yes   No
11. Has the student been abandoned in a hospital?   Yes   No

12. The Missouri Department of Elementary and Secondary Education now require school districts to report which students are living in Military Families. A Military Family means the Household Parent/Guardian is currently in the military, and it does not include extended family members.
 	
 Is the Military member in:
  ☐   Active Duty
  ☐   National Guard or Reserve

13. Does your child have access to reliable internet at home?   Yes   No   If no, would a hotspot be a viable solution? Yes   No
14. Does your child have reliable cell signal capability at home? Yes   No

Emergency Contacts – The following people have permission to pick my child up from school.

Name	Primary Phone	Work Phone	Relationship to student
Name	Primary Phone	Work Phone	Relationship to student

If student is under the care of:

☐ **Foster Parent(s)**
1. Provide appropriate documents
2. Provide name and phone number of social worker/case manager:

Name: _____ Phone: _____

3. Provide name of biological parent(s) so they are on record, should they contact the school for reports of academic progress (proof of custody may be requested):

Name: _____ Phone: _____

☐ **Legal Guardianship (Court Ordered)**
1. Provide copy of guardianship documents
2. Provide name and address of parent(s):

Name: _____ Phone: _____

Address: _____

RESIDENCY INFORMATION

Address Verification (Parent/Legal Guardian) **(Attach copy of current document)**
☐ Rental/Lease Contract
☐ Utilities Bill/Deposit Receipt (cable, electric, gas, water, landline)
☐ Other, i.e., payroll check, W-4
☐ Property Tax receipt
Fayette R-III Public Schools will **NOT** accept the following documents: (Driver's license, cell phone bills, checks, credit card statements.)   **If you cannot provide one of these, please see school administrator.**

TRANSPORTATION

☐ Bus rider   Bus: _____
- o Morning
- o Afternoon
- o Days of week: ____M _____T _____W _____Th _____ F

☐ Car pick up

SAFE SCHOOLS ACT (167.023 RSMo)

The undersigned hereby certifies and represents to the Fayette R-III School District, for the purpose of the Missouri Safe Schools Act, that the answers to the following questions are true and correct to the best of his/her knowledge and belief. Any person making a materially false statement or affirmation shall be guilty upon conviction of a class B misdemeanor.

1. Is this student currently suspended or expelled from any other charter school, private school, parochial school or public school in this state or any other state related, but not limited to weapons, alcohol or drugs or for the willful infliction of injury to another person?   ☐ YES   ☐ NO
2. Has this student been convicted of or indicated for any of the following offenses in adult court or charged with or adjudicated to have committed an act which if committed by an adult would be one of the following?
☐ YES   ☐ NO
   - a. First degree murder (Sect. 565.021 RSMo)
   - b. Second degree murder (Sect. 565.021 RSMo)
   - c. First degree assault (Sect. 565.050 RSMo)
   - d. Forcible rape (Sect. 566.030 RSMo)
   - e. Forcible sodomy (Sect. 566.060 RSMo)
   - f.
   - f. Statutory sodomy (Sect. 566.062 RSMo)
   - g. Robbery in the first degree (Sect. 569.020 RSMo)
   - h. Distribution of drugs to a minor (Sect. 195.212 RSMo)
   - i. Arson in the first degree (Sect. 569.040 RSMo)
   - j. Kidnapping when classified Class A felony (Sect. 565.100RSMo)

If the answer is **YES** to one of the above questions the registration is stopped pending review of discipline by the Principal and/or Superintendent.

LANGUAGE USE SURVEY

1. What was your child's first language? _____
2. Which language(s) does your child currently speak? _____
3. Which language(s) does your child hear and understand? _____

FEDERAL MIGRATORY WORKER SURVEY

If the student is between the ages of 3-21 and if either the student or parent/guardian has moved from one school district to another school district within the preceding 36 months, the student may be eligible for a special program of supplemental services. Please answer the following questions to help us determine eligibility.

1. Before the move, was the student or either parent/guardian employed in some form of temporary seasonal agricultural or agriculture-related work? ☐ YES ☐ NO
2. Was the move from one school district to another made for the purpose of looking for or obtaining some form of seasonal agricultural or agriculture related job? ☐ YES ☐ NO
3. Has the student or either parent/guardian with the student, moved away during only the summer months to engage in crop harvesting or other seasonal agricultural work? ☐ YES ☐ NO

IT IS THE PARENT'S RESPONBILITY TO REPORT CHANGE OF NAME, ADDRESS, TELEPHONE, HEALTH CONDITIONS, EMERGENCY CONTACTS AND ANY OTHER PERTINENT INFORMATION TO THE SCHOOL OFFICE.

I understand that my son/daughter may be photographed while attending school or participating in school related activities for possible use on websites, Facebook, or submission to the newspaper. **If I do not wish their picture be published, I will notify my child's school in writing indicating my wishes.**

Under penalty of applicable Missouri law, I certify that the information on this form is accurate. I understand that submitting incorrect information may immediately invalidate enrollment.

_____   _____
Parent/Guardian Signature   Date