



School District of Washington Student Enrollment Form

In order to comply with Missouri law regarding the eligibility of children to attend the public school, the School District of Washington is required to compile the following information. Under penalty or perjury and subject to the laws of the State of Missouri making it a crime under Section 575.050 and Section 575.056 to make false affidavit or false declaration, the undersigned hereby submits the following information, under oath, for the purpose of establishing residency and enrollment in the School District of Washington.

For Office Use Only
___ SIS Data Entry/Update
___ Proof of Residency
___ Immunization Record
___ Birth Certificate

Please print in blue or black ink or type requested information. All information provided remains confidential.

Student Information

School Year _____ Grade: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Has the student previously attended the School District of Washington? If so, what year/building: _____
 Has student previously been retained? Yes No If yes, what grade did retention occur? _____

Resident School: Augusta Campbellton Clearview Fifth Street Labadie Marthasville South Point
 Washington West WMS WHS ECSE Growing Place Pre-School

Student's Last Name _____ First Name _____ Middle Name _____ Nickname _____ Sex (M/F) _____

Physical Address Where Student Lives _____ City/Zip _____ County _____ Primary Phone Number _____
 _____ / _____ / _____
 Mailing Address Where Student Lives _____ City/Zip _____ County _____ Birth Date: Mo Day Year
 (Please provide copy of official birth certificate)

Is the student's ethnicity Hispanic? Yes No
 What is the student's race? American Indian or Alaska Native _____ Asian _____ Black or African American _____
 Hispanic _____ Native Hawaiian or Other Pacific Islander _____ White _____ Multi-Race _____

Parent Information

The following information is requested to help us better serve our students and their parents, as there are many students who live in joint custody relationships or have non-custodial parents who are actively involved in their student's school progress. Further, we wish to honor all court orders.

Indicate with whom the child lives: ___ Parents (both) ___ Mother ___ Father ___ Other legal guardian, please state relationship _____ (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration (SB944)) ___ a relative, friend(s), or other adults(s) ___ an adult that is not the parent or the legal guardian ___ alone with no adults

If parents are divorced, which parent has primary custody: _____
 *If a divorce decree exists, please provide the portion of the divorce decree detailing custody arrangement.
 Send dual mailing to both parents
 * There is a court order restricting the following person's contact with the school or this student (original copy of court order must be presented) Name: _____

Parents/Guardians (Number in order of contact preference)

FATHER (contact # _____)	MOTHER (contact # _____)
___ Natural ___ Step-father ___ Other	___ Natural ___ Step-mother ___ Other
Name	Name
Home Address	Home Address
Primary Phone	Primary Phone
Cell/Pager	Cell/Pager
Work Phone	Work Phone
E-Mail Address	E-Mail Address
Employed by	Employed by

FATHER (contact # _____)	MOTHER (contact # _____)
___ Natural ___ Step-father ___ Other	___ Natural ___ Step-mother ___ Other
Name	Name
Home Address	Home Address
Primary Phone	Primary Phone
Cell/Pager	Cell/Pager
Work Phone	Work Phone
E-Mail Address	E-Mail Address
Employed by	Employed by

Transportation Information:

How will the student typically get to school? ___ Bus #_____, ___Walk ___ Private Vehicle

How will the student typically get home from school? ___ Bus #_____, ___Walk ___ Private Vehicle ___ YMCA-SACC

*In the event of early dismissal due to inclement weather, etc. my child should: Go home as usual _____

Other _____

Other children in Household:

Name (First and Last)	Age	School	Name (First and Last)	Age	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If new to the district or school, last school attended (public, private, home schooled):

District/School Name: _____ Phone: _____

Address: _____

These signatures convey consent, which will be valid, until the appropriate guardian provides written termination to the School District of Washington. I WILL NOTIFY THE SCHOOL EACH TIME THERE IS A CHANGE IN ANY OF THIS INFORMATION.

Signature of Parent/Guardian

Date

Affidavit of Enrollment, Discipline, and Law Enforcement History

The School District of Washington requires a signed enrollment, discipline, and law enforcement history affidavit upon enrollment. Falsifying and or omitting essential information is a Class B misdemeanor under Missouri’s Safe School Act of 1996. Enrollment may be temporarily or permanently denied as circumstances warrant.

Is the address on page one, within the boundaries of the School District of Washington? Yes No If the answer is NO, a conference with the principal is required.

Under penalty of law, I affirm that I am the parent or court-appointed legal guardian of the minor student, _____, that I reside within the boundaries of the School District of Washington and the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof of residence is true and correct to the best of my knowledge, information and belief. I understand that this statement will be maintained as part of the student’s scholastic record. I understand that it is a criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file civil action against me to recover the cost of educating the student.

I certify that _____ is not presently and/or has not been suspended or expelled from any school system, nor, is presently charged, or have been charged within the last 12 months, with any crime involving weapons, alcohol, drugs, or acts of violence by a law enforcement agency, juvenile office, family court, or prosecuting attorney. Section 167.171 revised Statues of Missouri.

Signature of parent or court-appointed guardian

Date

Proof of Residence required upon initial enrollment and in the following grades: Fourth, Seventh, and Ninth

***Note to Secretary: Copy proof of residency. Contact First Student or County Clerk (Union, Warren, St. Charles) for address verification within district boundaries. Acceptable proof of residency: Tax receipt, current pay check stub, rental agreement, utility bill. Forward residency questions or concerns to Asst. Superintendent, Curriculum and Assessment.

Additional Educational Information:

Student Name: _____ Student Birth Date: _____

- 1) Does your child receive Medicaid services? Yes No **If yes, Medicaid number** _____
- 2) Is your child currently served by special education? Yes No
If yes, please provide a copy of the current IEP. **Date of IEP:** _____ **Date of Diagnostic Evaluation:** _____
- 3) Is your child currently served by Section 504 of the ADA? Yes No
If yes, please provide a copy of the current 504 Accommodation Plan. **Date of Plan:** _____
- 4) Please indicate any of the following programs your child is currently (C) or has previously (P) been served by:
 Resource Room Title I (Remedial Reading) At-Risk After-school tutoring
 Speech/Language Gifted Early Childhood Special Education
 Parents as Teacher DIAL-3 Screening in past 12 months

Language Survey: *This survey is required of all children registering at our school.* It allows the school to receive funds that support services to students in need of support with English as a second language.

- 1) Does the student speak a language other than English? Yes No
- 2) Is a language other than English spoken as the main language in your home? Yes No
If yes, what language is being spoken? _____
- 3) What is the language the student first acquired? _____
- 4) Has the student received ESOL (English as Second Language) services? Yes No

****If yes to any of the Language Survey questions, these questions must be completed.**

Birth Country: _____
 Birth State/Province: _____
 Birth City: _____
 Birth County: _____
 Date Entered the United States: _____ (mm-dd-yyyy)
 Date first enrolled in U.S. Schools: _____ (mm-dd-yyyy)
 Date first enrolled in State Schools: _____ (mm-dd-yyyy)

Migrant Survey: If you have a child age 3-21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

Has either the parent or guardian, or the parent or guardian’s spouse, or the child, been employed in some seasonal agriculture or agriculture related work such as: Yes No

- * Planting or harvesting crops (vegetables, fruit, cotton, etc.)
- * Transporting farm products to market
- * Feeding or processing poultry, beef, hogs
- * Gathering eggs or working in hatcheries
- * Working on a dairy farm or a catfish farm
- * Cutting firewood or logs to sell

Immigrant: Yes No (The student is between the ages of 3 and 21, were not born in any State, and has not been attending one or more schools in any one or more States for more than three full academic years. This includes children adopted from another country and children born on military bases outside of the country.)

Where does the student stay at night?

- _____ in a shelter
- _____ in a motel/hotel
- _____ in a car
- _____ at a campsite
- _____ in another location that is not appropriate for people (e.g., an abandoned building)
- _____ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)
- _____ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)
- _____ None of these apply

***Note to Secretary: If any Special Education programs are checked, please immediately send a copy of this registration form to Special Services. If any Language Survey information is checked, please send a copy to the ELL teacher in your building and inform the Assistant Superintendent, Curriculum and Assessment Office. If Migrant or Immigrant Survey information is checked, please send a copy to the Assistant Superintendent, Curriculum and Assessment Office. If Homeless information is checked please have parent/guardian complete the additional homeless survey and forward a copy to the Assistant Superintendent, Curriculum and Assessment Office.

Emergency Health Information

Student Name _____ D.O.B _____ Grade _____

*In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated below and follow his/her instructions or make whatever arrangements deemed necessary, including transporting my child to the nearest hospital.

Emergency care contact: (Number in order of preference) I authorize the school to call, share medical information with and release my child to:

() Mother: _____
Primary number _____ Cell number _____ Work number _____

() Father: _____
Primary number _____ Cell number _____ Work number _____

() _____
Name Relationship to student Primary number Cell number

() _____
Name Relationship to student Primary number Cell number

Physician Name _____ Phone Number _____ Dentist Name _____ Phone Number _____

Medical Conditions: Complete the following regarding health concerns that pertain to the student

Allergies To what: _____ Treatment: _____
Medications: _____

Bee Sting Allergy Reaction: _____ Treatment: _____

Asthma Triggered by: _____ Treatment: _____
If treatments are required at school, action plan from doctor is required.

Diabetes Takes insulin? Yes No Date Diagnosed: _____

Epilepsy/Seizures Date of last seizure: _____ Is student currently under a doctor's care for seizures? Yes No
Medications: _____

Heart Condition Any physical restrictions? _____

Please check any of the following that apply then explain in the space provided below:

Eyes: Glasses ___ Contacts ___ Hearing aid: ___ Right ___ Left ___ Both ___

Other medical conditions the school should be aware of: _____

Medications Taken at Home or School:

Name of Medication	Dosage	Times Taken	Reason for Taking

(Washington High School or Washington Middle School students only)

I hereby grant permission to the SCHOOL NURSE at *Washington High School* or *Washington Middle School* to administer Acetaminophen 325 mg 1 to 2 tablets when necessary for headache, toothache, or minor aches and pains. Yes No

I hereby grant permission to the School District of Washington to administer epinephrine or Benadryl in accordance with the district's medical advisors protocol and in the event of a severe allergic reaction. Yes No

****Please provide an immunization record: Give month/day/year (office can copy the immunization book)

MISSOURI STATE LAW REQUIRES IMMUNIZATION INFORMATION BE PROVIDED AT THE TIME OF INITIAL ENROLLMENT. PROOF OF IMMUNIZATIONS MUST BE IN THE FORM OF DOCTOR'S RECORDS, IMMUNIZATION BOOKLET, OR PREVIOUS SCHOOL RECORDS.

Signature of Parent/Guardian _____

Date _____

05-08-13