

Legal Name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous Last Name \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Student's Social Security # \_\_\_\_\_ Nickname: \_\_\_\_\_

**Siblings Attending a Caruthersville #18 School (This includes Oak View Learning Center):**

<u>Name of Student</u>	<u>Grade</u>	<u>Building</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Ethnic/Race Origin:**

The Caruthersville School District is required to make reports to the Office of Civil Rights and to the State of Missouri using the following Ethnic/Race categories. These categories are established by the State of Missouri and required for every student; therefore, please **CHECK AT LEAST ONE IN EACH (ETHNICITY & RACE)** that you think is most representative of the student.

**Ethnicity:** \_\_\_\_\_ **H** Hispanic/Latino \_\_\_\_\_ **N** Not Hispanic/Latino

**Race (If parents are of multiple races, please check all that apply):**

\_\_\_\_\_ **A** Asian \_\_\_\_\_ **B** Black/African American \_\_\_\_\_ **W** White

\_\_\_\_\_ **I** American Indian/Alaskan Native \_\_\_\_\_ **P** Native Hawaiian or Other Pacific Islander

**Primary Household (Parent/Guardian with whom the student lives)** Home Phone: \_\_\_\_\_

Current Address \_\_\_\_\_  
Street, County Road, Apt # City State Zip code

Student lives with: Parent \_\_\_\_ Legal Guardian \_\_\_\_ Foster Parent \_\_\_\_

Marital Status of Primary Household: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_

**Primary Contact #1**

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

**Primary Contact #2**

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

**Secondary Household** (different parent/guardian – different address) Home Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street, County Road, Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status of secondary household: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_ Widowed \_\_\_

**Secondary Contact #1**

**Secondary Contact #2**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Relation to Student \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Employer Phone \_\_\_\_\_

**Court Order:**

Is there a court that restricts either parent from contact with your student or access to student records?

Yes \_\_\_ No \_\_\_ *If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.*

**Emergency Contacts:** Please list persons to contact in the event of an emergency and we are unable to reach either parent.

\_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

**Education Decisions:** (This section can be left blank.)

I authorize the following person(s) to act on my behalf when making education decisions and to have access to student records regarding my student. Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

*If you want to change this information, you must submit a written request to the school.*

**Address:**

How long has the student lived at the current address? \_\_\_\_\_

What proof of residency is provided? Electric bill \_\_\_ Water bill \_\_\_ Real Estate contract \_\_\_ Rental receipt \_\_\_

Will the student be riding the bus? (Elementary & Middle Schools only) Yes \_\_\_ (morning \_\_\_ afternoon \_\_\_ both \_\_\_) No \_\_\_

**Previous School Information:**

List schools previously attended:

**School** \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

City & State: \_\_\_\_\_ Grades: \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

**School** \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

City & State: \_\_\_\_\_ Grades: \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

**School** \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

City & State: \_\_\_\_\_ Grades: \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

Yes \_\_\_ No \_\_\_ Did the student bring a copy of their school records?

Yes \_\_\_ No \_\_\_ Did the student bring a copy of their immunizations?

Yes \_\_\_ No \_\_\_ Was the student previously enrolled in the Caruthersville #18 School District?

If yes: Grade \_\_\_\_\_ Building \_\_\_\_\_ Year \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Has the student been retained? If yes, what grade was repeated? \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Has the student ever been homeschooled? Is the student currently being homeschooled?

Yes \_\_\_ No \_\_\_

**Directory Information:**

Under Federal Education Rights and Privacy Act, public school districts are allowed to release directory information such as a student’s name, grade level, parent/guardian names, address, telephone number, date of birth, major field of study, participation in activities and sports including audiovisual or photographic records of the openly visible activities thereof, weight and height of members of athletic teams, dates of attendance, honors and awards received, most recent school attended by student, enrollment status, photographs including photographs of regular school activities that do not disclose specific academic information about the child and/or would not be considered harmful or an invasion of privacy. This includes school pictures, yearbooks, and the district’s website. Denial of permission does not affect the district’s authority to use video cameras for law enforcement and discipline purposes.

\_\_\_\_\_ Please initial to indicate you have read this section. If you don’t want the district to release the information listed above, you must submit a written notice to the school within 10 days of completing this form.

**Military Recruiter Access to Student Information (High School Students Only):**

By law, the district must release to military recruiters the name, address, and phone numbers of high school students unless the Student, Parent, or Guardian notifies the district in writing that they do not want the information released.

\_\_\_\_\_ Please initial to indicate you have read this section. If you don’t want the district to release the information listed above, you must submit a written notice to the school within 10 days of completing this form.

**Activities [(Missouri State High School Activities Association (MSHSAA) Participation):**

Yes \_\_\_ No \_\_\_ is the student planning on participating in MSHSAA sponsored activities?

If yes, list activities: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_  
Street, County Road, Apt # City State Zip Code

**Special Services:**

Yes \_\_\_ No \_\_\_ Is the student currently receiving special education services under the Individuals with Disabilities Education Act (IDEA)? If yes, intake/reactivation is required. Please provide a copy of the most recent Individual Education Plan (IEP) and evaluation documentation.

Yes \_\_\_ No \_\_\_ Is the student currently receiving Section 504 accommodations? If yes, please provide a copy of the most recent Individual Accommodation Plan (IAP) and evaluation.

Yes \_\_\_ No \_\_\_ Is the student currently receiving Title I or Remedial Reading services?

Yes \_\_\_ No \_\_\_ Is the student currently receiving Formal Gifted Program services?

Yes \_\_\_ No \_\_\_ Has the student received any of the above services in the past? If yes, please explain \_\_\_\_\_

**Language:**

Yes \_\_\_ No \_\_\_ Does the student speak a language other than English as the primary form of communication? If yes, what language? \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Is a language other than English spoken in the home as a form of communication? If yes, what language? \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Does or has the student received ESOL (English for Speakers of Other Languages) services?

Date entered the United States: \_\_\_\_\_

**Homeless/Migratory Worker:**

Yes \_\_\_ No \_\_\_ Do you currently share the housing of other persons due to the loss of housing or economic hardship? If yes, please explain \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Do you reside in a hotel/motel, car/campground, or transitional shelter due to loss of housing or economic hardship? If yes, please explain \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Do you currently reside in a shelter?

Yes \_\_\_ No \_\_\_ Do you currently live in a temporary housing arrangement due to economic hardship?

Yes \_\_\_ No \_\_\_ Has the family moved within the past 3 years to obtain temporary or seasonal farm-related work such as planting or harvesting crops; transporting farm products to market; feeding or processing poultry, beef, or hogs; gathering eggs or working hatcheries; working on a dairy farm or a catfish farm; or cutting firewood or logs to sell?

**Missouri Safe Schools Act:**

Yes \_\_\_ No \_\_\_ Was the student involved in discipline problems at the previous school? If yes, explain \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Is the student currently under suspension or expulsion from school? If yes, state the reason(s) for the suspension/expulsion: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Has the student ever been suspended or expelled from school? If yes, state the reason(s) for the suspension/expulsion: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Has the student ever been convicted of a felony or indicted or had any information filed against him/her alleging the commission of a felony for which there has been no final judgment? If yes, explain: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Has the student ever had a petition filed against him/her in juvenile court alleging the commission of an act that, if committed by an adult, may constitute a felony, for which there has been no final judgment, or for which the student has been adjudicated to have committed the offense? If yes, explain \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Is the student under the jurisdiction of the Family or Juvenile Court? If yes, please provide the name & phone number of current Juvenile Officer (DJO): \_\_\_\_\_ and city & state: \_\_\_\_\_

**Verification:**

I understand it is a criminal violation to make a materially false statement of affirmation. If I have provided false information for purpose of school attendance, and the student is ineligible, the school district may file a civil action against me to recover the cost of educating the student.

\_\_\_\_\_  
Name of person completing this form (Please Print)      Relation to student      Signature      Date

**School Completes this section:**

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

Birth Certificate: Y N    SS Card: Y N    Immunizations: Y N    Proof of Residency: Y N

Date Entered in the Computer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Individual Entering Information in the Computer:  
\_\_\_\_\_