



**POTOSI R-3 SCHOOL DISTRICT**  
PARENTS AS TEACHERS MISSOURI CURRICULUM PARTNER

**ENROLLMENT FORM**

<b>OFFICE USE ONLY:</b> Enrollment Date _____ Exit Date _____				
<b>DIRECTIONS:</b> Complete upon enrollment and update as changes occur.				
<b>PRIMARY PARENT/GUARDIAN INFORMATION #1</b>				
LAST NAME		FIRST NAME		DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE		EMAIL ADDRESS		
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Not Married, Living Together				
RELATIONSHIP TO CHILD(REN) ENROLLING <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____				
ETHNICITY <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Race				
PRIMARY LANGUAGE SPOKEN IN THE HOME		SECONDARY LANGUAGE SPOKEN IN THE HOME		
<b>PRIMARY PARENT/GUARDIAN INFORMATION #2</b>				
LAST NAME		FIRST NAME		DATE OF BIRTH
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE
TELEPHONE		EMAIL ADDRESS		
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Not Married, Living Together				
RELATIONSHIP TO CHILD(REN) ENROLLING <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____				
ETHNICITY <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Race				
<b>CHILD INFORMATION #1 (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)</b>				
<b>MOSIS # Assigned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Exit Date _____		
LAST NAME		FIRST NAME	MIDDLE NAME	
DATE OF BIRTH	IF PRENATAL, EXPECTED DELIVERY DATE		BIRTH WEIGHT _____ LBS    _____ OZ	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Report				
ETHNICITY <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Race				

CHILD INFORMATION #2 (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)			
MOSIS # Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exit Date _____	
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	IF PRENATAL, EXPECTED DELIVERY DATE		BIRTH WEIGHT _____ LBS _____ OZ
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Report			
ETHNICITY <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Race			
CHILD INFORMATION #3 (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)			
MOSIS # Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exit Date _____	
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	IF PRENATAL, EXPECTED DELIVERY DATE		BIRTH WEIGHT _____ LBS _____ OZ
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Report			
ETHNICITY <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Race			
CHILD INFORMATION #4 (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)			
MOSIS # Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exit Date _____	
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	IF PRENATAL, EXPECTED DELIVERY DATE		BIRTH WEIGHT _____ LBS _____ OZ
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Report			
ETHNICITY <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Race			
CHILD INFORMATION #5 (CHILDREN AGED PRENATAL TO KINDERGARTEN ENTRY)			
MOSIS # Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exit Date _____	
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	IF PRENATAL, EXPECTED DELIVERY DATE		BIRTH WEIGHT _____ LBS _____ OZ
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Report			
ETHNICITY <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Race			