

Potosi R-3 School District Enrollment Form

Date: _____ Grade: _____

Parent/Guardian Checklist of Documents-Please be ready to provide:

BIRTH CERTIFICATE/PROOF OF IMMUNIZATION/PHOTO IDENTIFICATION/ PROOF OF RESIDENCY

THIS SECTION IS FOR OFFICE USE ONLY.

Enrolling secretary, please verify that you have received or verified the following information with parent/guardian.

STUDENT LAST NAME and HOUSEHOLD NAME _____

Grade level: _____ Homeroom teacher/Advisor: _____ Counselor: _____

Transportation: AM Bus _____ PM Bus _____ Parent Pick-up _____ Indicated Services: 504 _____

Special Services _____ Title I _____ Gifted _____

Please verify that parents/guardians have presented copies of the following information.

____ Birth Certificate _____ Proof of Immunization*** _____ Proof of Residency

____ Photo Identification of person enrolling _____ Proof of guardianship (if custody is indicated)

____ McKinney-Vento forms completed if 'yes' is marked for any question in section B.2

____ Completed technology forms signed by both parent and student

School Records requested from _____ Date: _____ Received: _____

SPED Records requested from _____ Date: _____ Received: _____

Signature of Potosi R-3 Registration Personnel: _____ Date: _____

Parents/Guardians: Please indicate with v if this student is

NEW ☐ to Potosi R-3 or RETURNING ☐ to Potosi R-3

Section A

Legal Name (as it appears on birth certificate)

Last: _____ First: _____ Middle: (full name) _____

Name child prefers to called (if different from name listed above)

Date of birth

Month: _____ Day: _____ Year: _____

Gender Male _____ Female _____

Ethnicity:

____ American Indian _____ Asian _____ Black/African American _____ Hispanic _____ White

____ Other (please list) _____

Birth Certificate #:

D.1	Yes	No
Has your family moved in order to work in another city, county, or state in the last 3 years?		
Has anyone in your immediate family been involved in one of the following occupations, either full-time, part-time, or temporarily, during the last three (3) years? If yes, please check for all that apply below.		
<input type="checkbox"/> Agriculture: planting/picking vegetables or fruits such as tomatoes, squash, grapes, strawberries, etc. <input type="checkbox"/> Planting, growing or cutting trees (pulpwood)/raking pine straw <input type="checkbox"/> Dairy/poultry/livestock <input type="checkbox"/> Processing/packing agricultural products <input type="checkbox"/> Meatpacking/processing/seafood <input type="checkbox"/> Fishing or fish farms <input type="checkbox"/> Other (please specify occupation) _____		
D.2 If your child was born in the USA, please skip this section (D.2) and move to section E.	Yes	No
If the student was not born in the USA, please list the date the student entered this country?		
Has student ever attended school in another country? If yes, please list the date your child first attended school in the U. S.		
Has student ever attended school in another state? If yes, please list date first attended Missouri schools.		

Section E	Yes	No
Has your child attended private school? If yes, what school?		
Has your child been home schooled? If yes, please list the dates. Start date: _____ End date: _____		
Is this student a foreign exchange student? If yes, what country is he/she from?		

Section F					
Legal Guardian Household Information: (parents/guardians with whom the student lives most/all of the time)					
Both Parents _____,	Father _____,	Mother _____,	Stepmother _____,	Stepfather _____	
Foster Parent _____,	Grandparents _____,	Grandmother _____,	Grandfather _____,	Legal Guardian _____,	
Other _____					
Marital Status of primary household:					
Married _____,	Divorced _____,	Separated _____,	Single _____,	Widowed _____	
Primary Caregiver Name:			Primary Spouse/Partner Name:		
Relationship to Student:			Relationship to Student:		
	Yes	No		Yes	No
Are you a decision maker for Student?			Is this person a decision maker for Student?		
Send mail to this legal guardian?					
Lives with this parent? Circle days. S M T W TH F S					
May we contact you at work?			May we contact this person at work?		
Occupation:			Occupation:		
Employer:			Employer:		
Employer Phone:			Employer Phone:		
Cell Phone:			Cell Phone:		
Email:			Email:		

F.1 Court Order/Custodial Documents		Yes	No
Is there a court order restricting either parent from contact with this student or access to student records?			
<i>If such a court order exists, it is the parent/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. We do not have the right to hold a student from a parent unless we have a court order on file. If you have a court order against someone, please list the name(s) below:</i>			
Date the order became active:			

F.2				
Secondary Household Information: (different address-student may or may not live in this household)				
Home Phone:				
Current Address:				
City:		State:		Zip:
Marital Status of Secondary household:				
Married ____, Divorced ____, Separated ____, Single ____, Widowed ____				
Secondary Caregiver Name:			Secondary Spouse/Partner Name:	
Relationship to Student:			Relationship to Student:	
	Yes	No		No
Is this person a decision maker for Student?			Is this person a decision maker for Student?	
Send mail to this legal guardian?				
Lives with this parent? Circle days. S M T W TH F S				
May we contact you at work?			May we contact this person at work?	
Occupation:			Occupation:	
Employer:			Employer:	
Employer Phone:			Employer Phone:	
Cell Phone:			Cell Phone:	
Email:			Email:	

Section G Emergency Contact 1			Emergency Contact 2		
Name:			Name:		
Relationship to Student:			Relationship to Student:		
	Yes	No		Yes	No
This person may pick up student.			This person may pick up student.		
This person may be informed in case of illness.			This person may be informed in case of illness.		
Contact Information			Contact Information		
Address:			Address:		
Home phone:			Home phone:		
Employer Phone:			Employer Phone:		
Cell Phone:			Cell Phone:		

Emergency Contact 3			Emergency Contact 4		
Name:			Name:		
Relationship to Student:			Relationship to Student:		
	Yes	No		Yes	No
This person may pick up student.			This person may pick up student.		
This person may be informed in case of illness.			This person may be informed in case of illness.		
Contact Information			Contact Information		
Address:			Address:		
Home phone:			Home phone:		
Employer Phone:			Employer Phone:		
Cell Phone:			Cell Phone:		
Section H Please list anyone else (beside parents/guardians/emergency contacts) who has your permission to sign out the student. We will not release your child to anyone else without your authorization.					

Reason student is applying to Potosi: _____

Previous school attended: _____

Address: _____

Phone number: _____

Section I Transportation		
Directions to your home:		
I.1	Yes	No
Will your student be parent pick-up? If yes, please indicate what days. _____ Daily _____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays		
Will your student catch the bus here in the morning? If no, please provide directions to where your student will catch the bus in the morning.		
Will your student get off the bus here after school? If no, please provide directions to where your student will get off the bus after school.		
Is your student attending an off-campus daycare before or after school? If yes, please provide the following information:		
Name: _____ Phone number: _____ Address: _____		
Bus number student will ride: _____ AM _____ PM		
If we release school early due to inclement weather or other circumstances, where should we send your student?		

Military Recruiter Access to Student Information: 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. If you do not want the district to release the information described above, you must submit a written notice to the school.

In section J, please list the requested information for everyone in your household (including the student you are enrolling.) Include last name, first name, middle name. This information helps us with our family groupings for our lunch program. If you are enrolling more than one student today, we only need this section completed on ONE of the enrollment forms.

Section J Household Members Last name, first name, middle name.	Relation (mother, father, child, grandparent, aunt, uncle, friend, etc.)	Gender	Building or N/A if not in school.	Grade or N/A	Birthdate
		M or F			
		M or F			
		M or F			
		M or F			
		M or F			
		M or F			
		M or F			
		M or F			
		M or F			
		M or F			

Section K Parents as Teachers	Yes	No
Do you have children under the age of 5 living in your home, or are you expecting?		
If yes, are you enrolled in Parents as Teachers?		
If you are not enrolled in Parents as Teachers, would you be interested in information about this program?		
Section L Library	Yes	No
Does your child have permission to check out school library books? (If he/she has permission, you will be responsible for replacement costs if the book(s) is/are lost.)		
Section M Media Release	Yes	No
The school district, as well as newspapers, may interview, photograph, and/or videotape students. These photographs, video tapes, or audio tapes may be used in newspapers, on television, on the school web page, the school's Facebook page, Twitter Feed, or in school board publications or productions. Does your child have permission to participate in media-related activities?		
Section N Technology Agreement	Yes	No
My child has permission to use district technology as outlined in the district technology plan.		
I have signed the technology usage form found in this enrollment packet.		
My child has signed the technology usage form found in this enrollment packet.		

Section O Missouri Safe Schools Act		Yes	No
Has this student ever been suspended or expelled from school? If yes, please state the reason for suspension or expulsion.			
Is this student currently under suspension or expulsion from school? If yes, please state the reason for the suspension or expulsion.			
Is this student currently, or previously, in violation of a Missouri Safe Schools Act? If you mark yes, please indicate the violation in the box below and explain in the space provided.			
<div> <div> Having or displaying a weapon _____ Being intoxicated at school _____ _____ </div> <div> Possession of alcohol or drugs _____ Having willfully inflicted harm to another student Assault _____ Sexual Assault _____ </div> </div> <div> Arson _____ Robbery _____ Any other reason _____ </div> Explanation:			

I certify that this student is a resident of the state of Missouri and there are no current violations of the Missouri Safe Schools Act. I understand that a false statement by me about any suspension or expulsion is a class B misdemeanor.

Parent/Guardian Signature _____ Date: _____

Section O Residency Rules	Yes	No
I certify that the student is a legal resident of the district.		
I certify that I am the parent/legal guardian of _____, and I am legally authorized to make educational decision for this student.		
I certify that I am a legal resident of the district.		
I certify that I have provided documents that establish that I am a legal resident of the district, and I understand that under Missouri law, any person who knowingly submits false information with respect to residency statements and/or documents used to establish residency, may be charged with and convicted of a Class A Misdemeanor.		

I certify that all information in this enrollment packet is true, accurate, and complete to the best of my knowledge.

Parent/Guardian Signature _____ Date: _____