

****Please fill out this form for entire household ONCE****

HOUSEHOLD INFORMATION



*Crawford
County R-1
School District*

Primary Residence of Students

PARENT/GUARDIAN #1

Name _____ Cell Phone _____ Work Phone _____
Employer _____ Email _____

PARENT/GUARDIAN #2

Name _____ Cell Phone _____ Work Phone _____
Employer _____ Email _____

Household Physical Address

Street Address _____

City _____ State _____ Zip _____ Household Home Phone _____

County _____

Household Email _____

Household Mailing Address

City _____ State _____ Zip _____

STUDENT RELATIONSHIP TO ADULTS IN PRIMARY HOUSEHOLD

Check if currently enrolled	List FULL NAME of Students Residing in Household	Birth Date mm/dd/yy	Parent/Guardian #1 Relationship to Student					Parent/Guardian #2 Relationship to Student						
			Father	Mother	Step		Guardian	Father	Mother	Step		Guardian		
					Father	Mother				Father	Mother			
_____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Department of Secondary and Elementary Education of Missouri requires us to ask if you are a military family. Please select the appropriate response: Not Military Active Duty National Guard or Reserve

I would like to participate in Parent Portal (previously known as ParentLink) for the children listed above. You must have an e-mail address to participate in this program. A User ID and Log-in will be e-mailed to you in approximately 3 weeks.

E-Mail Address _____ Parent/Guardian Signature _____
(Please print clearly)

The Back of this Page Must be Signed by Parent/Guardian

Secondary Residence of Students

PARENT/GUARDIAN #3

Name _____ Cell Phone _____ Work Phone _____
 Employe _____ Email _____

Household Physical Address

Street Address _____
 City _____ State ____ Zip _____ Household Home Phone _____
 Household Email _____ County _____

Household Mailing Address

City _____ State ____ Zip _____

PARENT/GUARDIAN #4

Name _____ Cell Phone _____ Work Phone _____
 Employer _____ Email _____

Household Physical Address

Street Address _____
 City _____ State ____ Zip _____ Household Home Phone _____
 Household Email _____ County _____

Household Mailing Address

City _____ State ____ Zip _____

STUDENT RELATIONSHIP TO ADULTS IN SECONDARY HOUSEHOLD

Check if currently enrolled	List FULL NAME of Students Residing in Household	Birth Date mm/dd/yy	Parent/Guardian #3 Relationship to Student					Parent/Guardian #4 Relationship to Student					
			Father	Mother	Step Father	Step Mother	Guardian	Father	Mother	Step Father	Step Mother	Guardian	
_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like to participate in Parent Portal (previously known as ParentLink) for the children listed above. You must have an e-mail address to participate in this program. A User ID and Log-in will be e-mailed to you in approximately 3 weeks.

E-Mail Address _____ (Please print clearly) Parent/Guardian Signature _____

Proof of Residency

Student/Parent is compliant with the residency requirements of Crawford County R-1 School District and can provide proof of residency upon request.

According to 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled.

Parent/Guardian Signature _____ Date _____