



Gasconade County R-2 School District
Student Enrollment Form

For Office Use Only

Proof of Residency

Immunization Record

Birth Certificate

Social Security Card

School Year: _____

Building: _____ Grade: _____

Last Name _____ First Name _____ Initial _____ Nickname _____ Sex(M/ _____)

Mailing Address: _____ City _____ State _____ Zip Code _____

Physical Address: _____ City _____ State _____ Zip Code _____

County _____ Phone Number _____ Birthdate _____

Race: (Check all that apply)

Black/African American

White/Caucasian

Hispanic/Latino

Asian/Pacific Islander

American Indian/Alaska Native

Parent 1 Information

Name: _____

Relationship: _____

SSN: _____ Marital Status _____

(if applying for Free/Reduced)

Years Education: _____

Cell Phone: _____

e-Mail: _____

Work Place: _____

Work Phone: _____

Parent 2 Information

Name: _____

Relationship: _____

Marital Status _____ Years Education: _____

Cell Phone: _____

e-Mail: _____

Work Place: _____

Work Phone: _____

Parent 3 Information

Name: _____

Relationship: _____

Address: _____

City: _____ St: _____ Zip: _____

Marital Status _____ Years Education: _____

Cell Phone: _____

e-Mail: _____

Work Place: _____

Work Phone: _____

Parent 4 Information

Name: _____

Relationship: _____

Address: _____

City: _____ St: _____ Zip: _____

Marital Status _____ Years Education: _____

Cell Phone: _____

e-Mail: _____

Work Place: _____

Work Phone: _____

If parents are divorced, which parent has primary custody: _____

If a divorce decree exists, please provide the portion of the decree detailing custody arrangements.

Send dual mailing to both parents

Address _____

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: _____

Transportation Information:

How will the student get to school? Bus Bus # _____ Walk Private Vehicle Pick-Up Location: _____

How will the student get home from school? Bus Bus # _____ Walk Private Vehicle Drop off location: _____

***In the event of early dismissal due to inclement weather, etc. my child should:

Go Home as Usual Other: _____

Emergency Contact 1 (other than parents)

Emergency Contact 2 (other than parents)

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Other children in Household:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Former School Information:

Former School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

School District/County: _____

Student has previously been retained YES NO If yes, in what grade was retention? _____

Student has previously attended Gasconade County R-2 Schools? YES NO

Is your child currently served by special education? YES NO

Is your child currently served by Section 504 of the ADA? YES NO

Please indicate any of the following programs your child is currently or previously been served by:

Resource Room At-Risk Early Childhood Special Education

Speech/Language After-school tutoring Gifted

STATEMENT OF PRIOR SUSPENSION, EXPULSION, OR CRIMINAL OFFENSE:

I affirm that the above named student is not currently suspended or expelled from a school in this state or any state for an offense in violation of Board policies. Additionally, I affirm that the above named student has not been convicted of or officially charged with any act which if committed by an adult would be one of the following: first degree murder; second degree murder; first degree assault; forcible rape; forcible sodomy; robbery in the first degree; distribution of drugs to a minor; arson in the first degree; or kidnapping.

Date _____

Student Signature(MS & HS Only) _____

Date _____

Parent Signature _____

Signature of Parent/Gaurdian _____
Date

When coming to the school to enroll please have the following documentation:

- Birth Certificate
- Social Security Card
- Proof of Residency
- Immunization Record

****Proof of Residency is required upon initial enrollment. Acceptable proof of residency: Tax receipt, current pay check stub, rental agreement, utility bill.**

Enrollment Survey:

Grade: _____

Date: _____

Building: _____

Student Name: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Person completing the Survey: _____ Relationship: _____

Please complete the following questions to provide information that will allow the school district to determine appropriate educational services for the student.

MIGRATORY SERVICES:

Has your family moved from one school district to another within the past three years to seek or obtain temporary or seasonal work in agriculture or a related food processing business? YES NO

If you responded yes, please explain. _____

ENGLISH FOR SPEAKERS OF OTHER LANGUAGES:

Is the native language of your family other than English? YES NO

If you responded yes, please explain and state language. _____

Is a language other than English the primary language spoken in the home? YES NO

If you responded yes, please explain. _____

HOMELESS:

Does your family/the student lack a fixed, regular, and adequate nighttime residence? YES NO

If you responded yes, please explain. _____

Does your family/the student have a primary nighttime residence in a supervised publicly or privately operated shelter for temporary accommodation (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), an institution providing residence for individuals intended to be institutionalized, or a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings? YES NO

If you responded yes, please explain. _____

Is this student a foster student? YES NO

If yes, list(below) the name of the Children's Division Case Worker and/or Parents name and address if known:

This survey will be made a part of the student's permanent file. If you have indicated "yes" to any of these questions, a copy of this survey will be forwarded to the office of the Director of Special Services.

Health Information:

Student Name: _____ Birth date: _____ Grade: _____

Health Care Contact: I authorize the school to call, share medical information with and release my child to:

Parent Name: _____ Phone #: _____ Cell #: _____ Work #: _____

Relationship _____

Parent Name: _____ Phone #: _____ Cell #: _____ Work #: _____

Relationship _____

Emergency Name: _____ Relationship _____ Phone #: _____ Cell #: _____

Emergency Name: _____ Relationship _____ Phone #: _____ Cell #: _____

Physician Name: _____

Phone #: _____

Dentist Name: _____

Phone #: _____

Call Ambulance if needed? YES NO If you have a hospital preference, please list: _____

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

Allergies To what: _____ Treatment: _____
Medications: _____

Other Condition Please explain: _____

Please check any of the following that apply and explain:

Hearing Aid: Right Left Both Eyes: Glasses Contacts

Frequent Headaches Mental Disorder ADD/ADHD

Medications taken at home:

Medication: _____ Dosage: _____ Times Taken: _____ Reason: _____

Medication: _____ Dosage: _____ Times Taken: _____ Reason: _____

Medication: _____ Dosage: _____ Times Taken: _____ Reason: _____

Medication: _____ Dosage: _____ Times Taken: _____ Reason: _____

Medication: _____ Dosage: _____ Times Taken: _____ Reason: _____

**Please provide an immunization record: Give month/day/year (the 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/Gaurdian: _____

Date: _____

Transportation Information:

Student Name: _____ Grade: _____ Teacher: _____

Address: _____

City: _____ State: _____ Zip Code: _____

In case of a question about transportation to or from school, contact the following person:

Name: _____ Phone #: _____

Click to mark all that apply, leave the others blank.

1. My Child has permission to: Walk to/from school
 Ride his/her bicycle to/from school
 Be transported to/from school anytime by: _____

2. My child does NOT ride a bus to or from school.

3. My child rides a bus to and/or from school.

Morning: Pick up address: _____

If babysitter, write name & address: _____

Phone # of babysitter: _____

Bus #: _____ Transfer at Rosebud to Bus #: _____

Afternoon: Drop off address: _____

If babysitter, write name & address: _____

Phone # of babysitter: _____

Bus #: _____ Transfer at Rosebud to Bus #: _____

4. On days that school dismisses early, my child is to do the following:

Ride bus to usual drop off address

Will be picked up or walk as usual

Instead of going as usual, he/she will:

Be picked up

Ride bus # _____ to (location) _____

Other (Describe) _____

Parent/Guardian Signature: _____

Date: _____