



Lonedell R-14 School District

7466 Highway FF

Lonedell, Missouri 63060

Elementary Office: 636-629-0401

Fax: 636-629-5561

Student Application for Admission/Enrollment Form

School Year: _____ Grade level _____ Location: _____

Has the student previously attended the Lonedell R-14 School District? If so, what year and grade level:

Year

Grade

Student's Last Name

First Name

Social Security No.

Sex

Physical Address (Where student Lives)

City

State

Zip

Home Phone No

Birth Date

What is the student's race?

Siblings in the household and ages:

PARENT/GUARDIAN INFORMATION: THE FOLLOWING INFORMATION IS REQUESTED TO HELP US BETTER SERVE OUR STUDENTS AND THEIR PARENTS AS THERE ARE MANY STUDENTS WHO LIVE IN BLENDED FAMILIES OR HAVE PARENTS WHO ARE ACTIVELY INVOLVED IN THEIR STUDENT'S SCHOOL PROGRESS WHILE THE CHILD ISN'T IN THEIR CUSTODY. FURTHER, WE WISH TO HONOR ALL COURT ORDERS.

INDICATE WITH WHOM THE CHILD LIVES:

☐ PARENTS (In Same Home)

☐ PARENTS (In Separate Homes)

☐ MOTHER

☐ FATHER

☐ OTHER LEGAL GUARDIAN, PLEASE STATE RELATIONSHIP: _____

(Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specified purpose of school registration) (SB944)

IF PARENTS ARE DIVORCED, WHICH PARENT HAS PRIMARY CUSTODY: _____

* IF A DIVORCE DECREE EXISTS, PLEASE PROVIDE THE PORTION OF THE DIVORCE DECREE DETAILING CUSTODY ARRANGEMENT.

☐ THERE IS A COURT ORDER RESTRICTING THE FOLLOWING PERSON/PEOPLE CONTACT WITH THE SCHOOL OR THIS STUDENT (ORIGINAL COPY OF COURT ORDER MUST BE PRESENTED)

NAME: _____

Parents/Guardians Please Enter all Parents/Guardians (Number in order of preferred contact)

Relationship _____ First name: _____ Last Name: _____

Mailing Address

City

State

Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone _____

Employer _____ E-Mail Address: _____

PASSCODE: A number or word that is used when calling the office to identify the caller as a person who can give us information on your child. This should be a code both you and your emergency contacts will know. It should not be given to others. PLEASE ENTER THE SAME PASSCODE FOR EACH GUARDIAN ADDED.

PASSCODE: _____

AFFIDAVIT OF ENROLLMENT, DISCIPLINE, AND LAW ENFORCEMENT HISTORY

The School District requires a signed enrollment, discipline, and law enforcement history affidavit upon enrollment. Falsifying and or omitting essential information is a Class B misdemeanor under Missouri's Safe School Act of 1996. Enrollment may be temporarily or permanently denied as circumstances warrant.

I certify that _____ *(please enter Student's Name)*

is not presently and/or has not been suspended or expelled from any school system, nor, is presently charged, or have been charged within the last 12 months with any crime involving weapons, alcohol, drugs, or acts of violence by a law enforcement agency, juvenile office, family court, or prosecuting attorney. Section 167.171 revised **Statutes of Missouri**.

Signature of parent or court-appointed guardian

Date

Emergency Contact Information

PLEASE ENTER ALL EMERGENCY CONTACTS Emergency care contact: (Number in order of preference) If parent(s) cannot be reached, I/we authorize the school to call, share medical information with and release my child to:

First Name _____ Last Name _____ Relationship _____

Contact Order _____ Home Phone _____ Mobile Phone _____

Notify of Illness ☐

May Pick Up Student ☐

Physician Name

Phone Number

Dentist Name

Phone Number

*In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated above to follow his/her instructions or make whatever arrangements deemed necessary, including transporting my child to the nearest hospital.

Parent/Guardian Signature _____

Date _____

Medicaid: Does student receive Medicaid serves? ☐ Yes ☐ No **If Yes, Medicaid number:** _____

Military Information

Please select military duty status from the drop down menu. _____

Is student placed in Foster Care? ☐ Yes ☐ No

I hereby grant my permission for reciprocal release of information related to my child’s health/medical conditions between the sending (satellite) school and District.

Parent/Guardian Name

Date

Housing

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?

☐ Yes ☐ No

Explain below if it is a similar reason.

2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reason?

☐ Yes ☐ No

3. Are you currently residing in a shelter?

☐ Yes ☐ No

4. Are you currently living in a temporary housing arrangement due to economic hardship?

☐ Yes ☐ No

Additional Educational Information

Has this child participated in the Lonedell R-14 Parents as Teachers (PAT) Program? ☐ Yes ☐ No

Is your child currently served by special education? ☐ Yes ☐ No

Language Survey: This survey is required of all children registering at our school. It allows the school to receive funds that support services to students in need of support with English as a second language.

A) Does the student speak language other than English? ☐ Yes ☐ No

B) Is a language other than English spoken as the main language in your home? ☐ Yes ☐ No

C) What is the language the student first acquired? _____

D) Has the student received ESOL (English as a Second Language) services? ☐ Yes ☐ No

If "yes" to any of the above, these questions must be completed.	Country of Origin:	_____
	Birth State/Province:	_____
	Birth City:	_____
	Birth County:	_____
	Year Entered the United States:	_____
	Date first enrolled in U.S. Schools:	_____ (mm-dd-yyyy)
	Date first enrolled in State Schools:	_____ (mm-dd-yyyy)
	Number of Months in USA:	_____

Migrant Survey: If you have a child age 3-21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

A) Has either the parent or guardian, or the parent or guardian's spouse, or the child been employed in some seasonal agriculture or agriculture related work such as: ☐ Yes ☐ No

- * Planting or harvesting crops (vegetables, fruit or cotton, etc.)
- * Transporting farm products to market
- * Feeding or processing poultry, beef or hogs.
- * Gathering eggs or working in hatcheries.
- * Working on a dairy farm or a catfish farm.
- * Cutting firewood or logs to sell.

Immigrant: The student is between the ages of 3 and 21, was not born in any State and has not been attending one or more schools in any one or more States for more than three full academic years. This includes children adopted from another country and children born on military bases outside of the country. ☐ Yes ☐ No

I am seeking to register my student in the Lonedell R-14 School District and am legally authorized to make educational decision for the student.

I further certify as follows: (Check one category, and provide all additional information requested under the category check.) **WARNING:** Under Missouri law, any person who knowingly submits false information with respect to the following question, and sub-parts thereto, or the documents provided to support the responses to such questions may be charged with and convicted of a Class B misdemeanor.

- ☐ The student is a legal resident of the district as established by the following:
I, the parent/guardian, am a legal of the Loendell School District. I reside and have my permanent home at the following address.

Address, City, State, Zip

- ☐ The student is not a legal resident of the district because the student's parent/guardian does not physically reside in the district and/or is not domiciled (physically present with intent to remain) in the district.

I, the parent/guardian, am requesting that the Board of Education waive the requirement that the student establish proof of residency on the basis of hardship or good cause. I am requesting the waiver for the following reasons:

In order to ensure the proper placement of this student, we will request the following information. In accordance with Federal Law 99.31, no parent permission is required for educational records to be sent to another education agency.

- *Grade at time of withdrawal
- *Current IEP and Evaluation Report if applicable
- *Test Results (Mental Ability, Interest, Achievement, Screening, etc.)
- *Health Records
- *Discipline Records (As required by action 167.020 RSMO)
- *Guardianship/Parental Custody Documentation
- *Special Program Placement such as Gifted, Title, ELL, etc.

I certify that the information submitted in the pages of this form is correct, that the student being enrolled resides with me, and I am the parent/legal guardian. Further if any enrollment information is false, the school has the right to terminate the above named student's enrollment immediately. I also certify that I am aware submitting false information regarding residency is defined as Class B Misdemeanor. Lonedell R-14 School District will file civil action for recovery of educational costs based upon submitting false information relating to a students residency.

Parent/Guardian Name

Date

Parent/Guardian Signature