

WARSAW R-IX ENROLLMENT FORM

(LAST UPDATED 8/2015)

Missouri Law requires a birth certificate and up to date shot record

SCHOOL YEAR _____

BUS _____ SCHOOL _____

STUDENT LAST FIRST MIDDLE

BIRTHDATE - - SOCIAL SECURITY# - -

GENDER: Male or Female GRADE ENTERING ENTRANCE DATE

Ethnicity/Race: (if Multi-racial, please check all that apply)

White Black/African American Hispanic Asian Pacific Islander American Indian/Alaskan Native

Is this student in foster care placement? **Y/N** Is student living alone? (WHS only) **Y/N**

Has student attended Warsaw R-IX before? **Y/N** WHERE? _____

Previous school attended _____ City, State _____

Previous schools phone _____ - _____ - _____ Special classes? (i.e.p. or gifted) **Y/N**

Does student currently have any discipline to serve from previous school? **Y/N**

HOUSEHOLD PARENT / GUARDIAN AND SPOUSE INFORMATION

First name _____ Last name _____ Relationship _____

Physical address _____

P.O. Box if preferred for mailing _____ County _____

Home phone _____ Cell phone _____ E-mail _____ Portal **Y / N**

Work place & phone _____

Legal custody? **Y / N**

Allowed to pick-up student? **Y / N**

HOUSEHOLD SPOUSE

First name _____ Last name _____ Relationship _____

Home phone _____ Cell phone _____ E-mail _____ Portal **Y / N**

Work place & phone _____

Legal custody? **Y / N**

Allowed to pick-up student? **Y / N**

NONRESIDENT PARENT AND SPOUSE INFORMATION

First name _____ Last name _____ Relationship _____

Physical address _____

P.O. Box if preferred for mailing _____ County _____

Home phone _____ Cell phone _____ E-mail _____ Portal **Y / N**

Work place & phone _____

Legal custody? **Y / N**

Allowed to pick-up student? **Y / N**

NONRESIDENT SPOUSE

First name _____ Last name _____ Relationship _____

Home phone _____ Cell phone _____ E-mail _____ Portal **Y / N**

Work place & phone _____

Legal custody? **Y / N**

Allowed to pick-up student? **Y / N**

IF THERE ARE ANY CUSTODY OR LEGAL PAPERS TO RESTRICT PICK-UP OF YOUR STUDENT, PLEASE FURNISH US A COPY. IF THERE ARE ANY CHANGES DURING THE SCHOOL YEAR, NOTIFY THE OFFICE AT ONCE. **PAPERWORK MUST HAVE A COURT STAMP AND SIGNATURE.**

PLEASE CONTINUE ON OTHER SIDE

EMERGENCY CONTACTS
(IN ABSENCE OF PARENT OR GUARDIAN PERMISSION TO PICK UP)

#1 Name _____ Relationship _____
Home phone _____ Cell _____ Work place & phone _____
#2 Name _____ Relationship _____
Home phone _____ Cell _____ Work place & phone _____
#3 Name _____ Relationship _____
Home phone _____ Cell _____ Work place & phone _____

PLEASE LIST ANY OTHER CHILDREN IN YOUR HOME

Name _____	Age _____	Grade _____	School _____
Name _____	Age _____	Grade _____	School _____
Name _____	Age _____	Grade _____	School _____
Name _____	Age _____	Grade _____	School _____
Name _____	Age _____	Grade _____	School _____

PLEASE Circle **Y** or **N** TO THE FOLLOWING QUESTIONS:

1. During the past three years, has either the parent or guardian, or the child, or the child's spouse, been employed (or are any of the fore mentioned persons currently employed) in some form of temporary or seasonal agricultural or agricultural related work such as: planting, harvesting, or processing crops (vegetables, fruit, cotton, etc.) transporting farm product to market feeding or processing poultry, beef, hogs, gathering eggs or working in hatcheries working on a dairy farm or catfish farm, cutting firewood or logs to sell? **Y/N**

2. Does the student use a language other than English? **Y/N**

3. Is a language other than English used in the home? **Y/N**

4. Are you sharing the housing of other persons due to economic hardship or similar reasons? **Y/N**

5. Do you currently reside at a motel/hotel, in a car, or at a campsite because your home has been damaged or due to economic reasons? **Y/N**

6. Are you currently residing in an emergency or transitional shelter? **Y/N**

7. Are you currently living in a temporary housing due to economic hardship? **Y/N**

8. Is this student in a Military family? **Y/N**
If Yes, circle: Active Duty National Guard Reserve

To the best of my knowledge, the statements on this form are true. I understand that **PROOF** of residence in this district is required.

Signature of parent/guardian _____ **Date** _____

Student signature _____ **Date** _____