

# STUDENT ENROLLMENT

**BUILDING** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **SCHOOL YEAR** \_\_\_\_\_

**NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(LAST NAME, FIRST NAME, MIDDLE NAME) (Optional)

Street Address \_\_\_\_\_

P.O. Box (if applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Optional: Are you in the US on a Visa? \_\_\_\_\_ If so, what type of Visa? \_\_\_\_\_

## BIOLOGICAL FATHER OR LEGAL GUARDIAN:

\_\_\_\_\_  
FIRST NAME MI LAST NAME

\_\_\_\_ **BIOLOGICAL PARENT**  
\_\_\_\_ **CUSTODIAL PARENT**  
\_\_\_\_ **NON-CUSTODIAL PARENT**  
\_\_\_\_ **LEGAL GUARDIAN** } Please mark all  
that apply.

**ADDRESS:** \_\_\_\_\_

(If different from above)

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EMPLOYMENT:** \_\_\_\_\_

**WORK NUMBER:** \_\_\_\_\_

## BIOLOGICAL MOTHER OR LEGAL GUARDIAN:

\_\_\_\_\_  
FIRST NAME MI LAST NAME

\_\_\_\_ **BIOLOGICAL PARENT**  
\_\_\_\_ **CUSTODIAL PARENT**  
\_\_\_\_ **NON-CUSTODIAL PARENT**  
\_\_\_\_ **LEGAL GUARDIAN** } Please mark  
all that apply.

**ADDRESS:** \_\_\_\_\_

(If different from above)

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EMPLOYMENT:** \_\_\_\_\_

**WORK NUMBER:** \_\_\_\_\_

## BIOLOGICAL PARENTS/LEGAL GUARDIAN MARITAL STATUS:

\_\_\_\_ SINGLE \_\_\_\_ MARRIED \_\_\_\_ DIVORCED \_\_\_\_ SEPARATED \_\_\_\_ WIDOWED

**STEPMOTHER:** \_\_\_\_\_

MARRIED? YES NO

**CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EMPLOYMENT:** \_\_\_\_\_

**WORK NUMBER:** \_\_\_\_\_

**STEPFATHER:** \_\_\_\_\_

MARRIED? YES NO

**CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EMPLOYMENT:** \_\_\_\_\_

**WORK NUMBER:** \_\_\_\_\_

**Military:** \_\_\_\_ Not Military Connected \_\_\_\_ Active Duty \_\_\_\_ National Guard/Reserve \_\_\_\_ Unknown

**DEMOGRAPHIC INFORMATION**

**Emergency Contact Person(s): (only contacted if district unable to contact parent first)**

1. Emergency Contact Person \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Approved to pick up child? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Emergency Contact Person \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Approved to pick up child? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Emergency Contact Person \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Approved to pick up child? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Emergency Contact Person \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Approved to pick up child? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I understand that if an emergency contact cannot be reached, I give permission for school personnel to seek emergency assistance as necessary and I will be responsible for the cost. \_\_\_\_\_ Please Initial**

**EDUCATION BACKGROUND**

Has student ever attended Marshfield Schools? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, last date of attendance: \_\_\_\_\_

Does Student have a current IEP (Individualized Education Plan?) Yes \_\_\_\_\_ No \_\_\_\_\_

Does student have an area of need? \_\_\_\_\_ Speech \_\_\_\_\_ At Risk \_\_\_\_\_ Title I \_\_\_\_\_ Gifted \_\_\_\_\_ 504 Plan

**PREVIOUS SCHOOLS ATTENDED**

***Please provide the following information regarding each school the student has attended during the preceding twelve (12) months.***

School 1 - Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Dates of Attendance \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

School 2 - Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Dates of Attendance \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Has student participated in Head Start at any time in the past 2 years? \_\_\_\_\_ yes \_\_\_\_\_ no

Has student attended Pre-School, Daycare, etc.? \_\_\_\_\_ yes \_\_\_\_\_ no

If Yes to either of the above questions, please give name of program, city and state where located.

\_\_\_\_\_

**BASIS FOR ADMISSION OF STUDENT** (Section 167.020 RSMo)

***(Check one primary, secondary as applies)***

- Resides with parent in the School District
- Resides with legal guardian in the School District (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration.
- Resides with a military guardian in the School District.
- Homeless child (person less than 21 years of age who lacks a fixed, regular and adequate night-time residence), including a child who is:
  - Are you sharing the housing of other person due to a loss of housing, economic hardship, or a similar reason? Explain if it is a “similar reason.”

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- 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 reasons?
- Are you currently living in a shelter?
- Are you currently living in a temporary housing arrangement due to economic hardship? Give address or directions:

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- Special Circumstances (Section 167.151, RSMo) *(Check one of the following)*
  - Orphaned
  - One parent living
  - Parents do not contribute to the student’s support
  - Agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parent’s residence is on the real estate, at least 35% of the real estate is in the District, parent notified District on or before June 30 that student would be attending).
  - Parent is a teacher under contract with the District (Board policy required – Section 167.151 168.151 RSMo)
  - Parent is a regular employee with the District (Board policy required – Section 163.011, RSMo)

## CERTIFICATION

### **A. Certification Regarding Residency**

***Please respond to each of the following questions.***

1. The student's current residence is located within the boundaries of the School District of Marshfield R-1. \_\_\_\_yes \_\_\_\_no
2. Does the student currently reside with his/her:
  - Both Parents: yes \_\_\_\_ no \_\_\_\_; if no:
    - Father: yes \_\_\_\_ no \_\_\_\_
    - Mother: yes \_\_\_\_ no \_\_\_\_
  - Legal guardian: yes \_\_\_\_ no \_\_\_\_

***If your answer to question 1 or 2 is "yes", please proceed to Section B. Otherwise, please answer the following question.***

### **Other exemptions to the residency requirements (Section 167.020.6 RSMo)**

***(Check one)***

Is the Student:

- Attending school not in the pupil's district of residence as a participant in an inter-district transfer program established under a court-ordered desegregation program.
- A ward of the state and has been placed in a residential care facility by state officials\*
- Has been placed in a residential care facility due to a mental illness or developmental disability\*
- Has been placed in a residential facility by a juvenile court\*
- Has a disability identified under state eligibility criteria if the student is in the district for reason other than accessing the District's educational program
- Has transferred from an unaccredited school

\*The district of residence will be billed for the local tax effort for the student(s) attending under these circumstances.

### **B. Certification Regarding Migrant Status**

1. Is the student a migrant? \_\_\_\_yes \_\_\_\_no

(Migrant means a student who is or whose parent, spouse, or guardian is a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent, spouse, or guardian in order to obtain temporary or seasonal employment in agricultural or fishing work; has moved from one school district to another.)

**\*\*CONTINUED ON NEXT PAGE\*\***

**C. Certifications of Prior Criminal Conduct**

With respect to the following acts:

- (1) First degree murder under section 565.020, RSMo; or,
- (2) Second degree murder under section 565.021, RSMo; or,
- (3) Kidnapping under section 565.110, RSMo; or,
- (4) First degree assault under section 565.050, RSMo; or,
- (5) Forcible rape under section 566.030, RSMo; or,
- (6) Forcible sodomy under section 566.060, RSMo; or
- (7) Robbery in the first degree under section 569.020; or,
- (8) Distribution of drugs to a minor under section 195.212, RSMo; or,
- (9) Arson in the first degree under section 569.040, RSMo.

- 1. Has the student ever been convicted of any of these offenses? \_\_\_yes \_\_\_no
- 2. Has the student been indicted or had any information filed against him/her alleging that the Student has committed one or more of these acts, to which there has been no final judgment? \_\_\_yes \_\_\_no
- 3. Has a petition been filed against the student pursuant to section 211.091, RSMo, or any other states juvenile code, alleging that the student has committed one or more of these acts, to which there has been no final judgment? \_\_\_yes \_\_\_no
- 4. Has the student been adjudicated to have committed an act which if committed by an adult would be a violation of one or more of these acts? \_\_\_yes \_\_\_no

**D. Certification Regarding Prior Disciplinary Conduct**

- 1. Is the student currently under suspension or expulsion from another school or school district?  
\_\_\_yes \_\_\_no
- 2. Did the student leave any school or school district within the last twelve (12) months under threat by such school or school district of suspension or expulsion? \_\_\_yes \_\_\_no
- 3. Has the student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to weapons? \_\_\_yes \_\_\_no
- 4. Has the student been suspended or expelled in the past from attendance in another school or school district for violation in the school's policy relating to alcohol, drugs and controlled substances? \_\_\_yes \_\_\_no
- 5. Has the student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to willful infliction or injury to another person or assault?  
\_\_\_yes \_\_\_no

**Marshfield R-1 Schools**  
**Student/Staff Ethnicity and Race Data Questionnaire**

The United States department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

**Part 1: Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.

**Part 2: Race (Choose all that apply)**

- American Indian/Alaskan Native**
- Asian**
- Native Hawaiian/Other Pacific Islander**
- Black/African American**
- White**

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Parent/Guardian or Staff Signature

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Student/Staff Name (please print)

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting. Please answer both parts of the above questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**THIS PAGE IS TO BE COMPLETED ONLY IN THE PRESENCE OF A NOTARY.**

I certify that the information provided by me in this document, and other information which I have provided to the School District in support of Student's Application of Enrollment in the School District, is true and correct.

I understand that Section 167.020 RSMo. states as follows:

1. Any person who knowingly submits false information to satisfy any requirement of (the residency requirement of the School District) is guilty of a Class A Misdemeanor.
2. In addition to any other penalties authorized by law, a District Board may file a civil action to recover, from the parent or legal guardian or the pupil, the costs of school attendance for any pupil who was enrolled at a School in the District and whose parent or legal guardian filed false information to satisfy any residency requirement of the School District.

I understand that this means that if I provide false information to the School District in order to satisfy the information requests of the School District it may constitute a violation of Missouri criminal law.

I further understand that this means that if any of the information provided by me herein is false, in addition to other penalties authorized by law, the School District may file a civil action to recover the cost of school attendance for the student who was enrolled in the School District on the basis of such false information.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned witness, personally appeared

\_\_\_\_\_, representing \_\_\_\_\_ (student), and is known to me to be the person whose name is subscribed to this Application for Enrollment in the School District, and acknowledged that the information provided by him/her is true and correct. Subscribed and sworn to before me at (city) \_\_\_\_\_, (state) \_\_\_\_\_.

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

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**OFFICE USE ONLY**

Enrollment Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

# Language Use Survey

*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English. Please provide information about your child's language.*

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

## Tier I: Language Background

1. What is your child's first language?  
 English    Other: \_\_\_\_\_
2. Which language(s) does your child use (speak) at home and with others?  
 English    Other: \_\_\_\_\_
3. Which language(s) does your child hear at home and understand?  
 English    Other: \_\_\_\_\_

***If any of the above questions indicate a language other than English, please complete the rest of the survey.***

## Tier II: Expanded Language Background

4. Does the student understand when someone speaks with him /her in English?
5. Does the student read in a language other than English?
6. Does the student write in a language other than English?
7. Does the student interpret for anyone else in a language other than English?

Yes	No

***Based on the above answers, do you feel your child would benefit from or require ELL (English Language Learner) services to be successful in school?***    Yes    No

***If you answered "Yes" to benefitting from ELL services, please complete Tier III.***

## Tier III: Educational History

8. How many years did the student attend school where the native language was used? \_\_\_\_\_
9. Has the student been in the United States less than 12 consecutive months?    Yes    No
10. Did the child receive ELL Services at his or her previous school?    Yes    No
11. Has your child been referred to be evaluated by special education in the past?    Yes    No

The school district is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing.



# Marshfield R-1 Schools

# Student Health Inventory (Rev. 5/2018)

Name \_\_\_\_\_ M or F Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Insurance:  None  Medicaid/MOHealthNet  Private Insurance Name: \_\_\_\_\_

Hospital Preference : Mercy  Cox

911 will be called if staff feel it is necessary with parent/guardian notified.

♦ Please notify nurse if student requires a special diet with food substitutions.

♦ Any medication to be taken at school must be provided by parent/legal guardian, be in original container & brought to nurse's office by parent/guardian.

My student has NO current/past health issues

Health Conditions: Please check all that apply and explain

YES NO EXPLANATION IF "YES"

Allergy to stings Bee, wasp, etc)			Reaction: Does your child require Benadryl? <input type="checkbox"/> Epipen? <input type="checkbox"/>
Food allergies			Food(s): <input type="checkbox"/> peanut <input type="checkbox"/> dairy <input type="checkbox"/> eggs <input type="checkbox"/> other: _____ Reaction: Does your student require Benadryl? <input type="checkbox"/> Epipen? <input type="checkbox"/>
Medication allergies			List: Reaction/s:
Allergies (other)			List:
Asthma			Asthma medication taken at home: Medication required at school:
Diabetes			<input type="checkbox"/> Type 1 (Insulin dependent-requires doctor's orders) <input type="checkbox"/> Type 2 Medications at home: _____ At School: _____
Seizure Disorder			Type of Seizure: _____ Date of last seizure: _____ Emergency meds to be kept at school:
Neurological Disorder			Explain:
Heart Condition			Explain:
Blood Disorder			Explain:
Bowel/Bladder Issues			Explain:
Headaches			How frequent: _____ Treatment: _____
Bone/Muscle Issues			Explain:
ADD/ADHD			Medication:
Mental Health/Behavior			Explain: Treatment/Medication?
Vision			Blind Right eye <input type="checkbox"/> Left eye <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> For reading only <input type="checkbox"/>
Hearing Loss			Right ear <input type="checkbox"/> Left ear <input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/>
Other Serious Illness/injury			
Other Medications taken at home			

♦ Student should be kept home for temperature over 100 or vomiting/diarrhea. Student must be fever free without fever-reducing medication & free of vomiting/diarrhea x24 hours.

I understand the above health information will be shared with faculty/staff and EMS on a need to know basis.

Parent/Guardian signature \_\_\_\_\_