

BRAYMER C-4 ENROLLMENT FORMS

FAMILY REGISTRATION

Proper Mailing Name: _____

911 Mailing Address: _____

County: Caldwell (13) Carroll (17) Livingston (56) Ray (89)

| | |
|-----------------------------------|----------------------------|
| Primary Parent Information | |
| Full Name: _____ | |
| Relationship: _____ | SSN: _____ |
| Home Telephone: _____ | Cell Phone: _____ |
| Email Address: _____ | |
| Marital Status: _____ | Head of Hold: Yes No |
| DOB: _____ | Birthplace: _____ |
| Occupation: _____ | Education: _____ |

| | |
|--|----------------------------|
| Primary Parent Spouse Information | |
| Full Name: _____ | |
| Relationship: _____ | SSN: _____ |
| Home Telephone: _____ | Cell Phone: _____ |
| Email Address: _____ | |
| Marital Status: _____ | Head of Hold: Yes No |
| DOB: _____ | Birthplace: _____ |
| Occupation: _____ | Education: _____ |

STUDENT REGISTRATION

Student Information

Full Name: _____

Preferred Name: _____ SSN: _____

Gender: _____ State Ethnicity Code: Asian Black
(circle one) Hispanic White
Native Amer/Eskimo

Grade Level: _____ DOB: _____ Birthplace: _____

Speech: Yes No **IEP:** Yes No **Title I (Reading):** Yes No

Student Information

Full Name: _____

Preferred Name: _____ SSN: _____

Gender: _____ State Ethnicity Code: Asian Black
(circle one) Hispanic White
Native Amer/Eskimo

Grade Level: _____ DOB: _____ Birthplace: _____

Speech: Yes No **IEP:** Yes No **Title I (Reading):** Yes No

Student Information

Full Name: _____

Preferred Name: _____ SSN: _____

Gender: _____ State Ethnicity Code: Asian Black
(circle one) Hispanic White
Native Amer/Eskimo

Grade Level: _____ DOB: _____ Birthplace: _____

Speech: Yes No **IEP:** Yes No **Title I (Reading):** Yes No

FAMILY EMERGENCY CONTACTS

| | |
|---------------------|---------------------|
| Full Name: _____ | Relationship: _____ |
| Home Phone: _____ | |
| Home Address: _____ | |
| Cell Phone: _____ | Work Phone: _____ |

| | |
|---------------------|---------------------|
| Full Name: _____ | Relationship: _____ |
| Home Phone: _____ | |
| Home Address: _____ | |
| Cell Phone: _____ | Work Phone: _____ |

| | |
|---------------------|---------------------|
| Full Name: _____ | Relationship: _____ |
| Home Phone: _____ | |
| Home Address: _____ | |
| Cell Phone: _____ | Work Phone: _____ |

| | |
|---------------------|---------------------|
| Full Name: _____ | Relationship: _____ |
| Home Phone: _____ | |
| Home Address: _____ | |
| Cell Phone: _____ | Work Phone: _____ |

STUDENTS

Form 2230

Admission and Withdrawal

Residency Enrollment Checklist

RESIDENCY ENROLLMENT CHECKLIST

Name of Parent/Guardian _____

Address _____

City/State _____ Zip _____

Telephone Number: Home _____ Work _____

Name of Student _____

Address _____

City/State _____ Zip _____

Telephone Number: Home _____ Work _____

Address Verification (Parent/Legal Guardian) (Attach copy of document)

___ Rental contract

___ Real Estate Contract signed by all parties

___ Utilities Bill/Deposit Receipt

___ Other, such as payroll check, driver's license, W-4, employment documents

BASIS FOR ADMISSION OF STUDENT (Section 167.020 RSMo)

___ 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 (SB944).)

___ Resides with a military guardian in the School District (SB944).

___ Homeless child (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:

- a. ___ living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home
- b. ___ living in a community shelter facility
- c. ___ living in transitional housing for less than one year

Give address or directions _____

___ Special circumstances (Section 167.151, RSMo)

- a. ___ an orphan
- b. ___ one parent living
- c. ___ parents do not contribute to the student's support
- d. ___ 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)

Other exemptions to the residency requirements (Section 167.020.6, RSMo)

___ Attending school not in the pupil's district of residence as a participant in an interdistrict 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.

Date of Student Admission _____

___ Student denied admission. Date of denial _____

___ Waiver requested. Date of request _____

WAIVER INFORMATION

Waiver requested by:

___ Parent

___ Legal guardian

___ Student (at least 18 years old)

___ Other (complete information below)

- a. Name of person/relative student resides with _____
- b. Relationship _____
- c. Address _____
- d. City/State _____ Zip _____
- e. Address Verification _____

f. Reason why student is living with person/relative _____

Other reasons showing hardship or good cause _____

Hearing Date (must be within 45 days of request) _____

___ Student admitted pending decision on waiver request

Date student admitted _____

___ Waiver granted. Date _____

___ Waiver denied. Date _____

Students attending school pursuant to the above information may be counted for state aid purposes.

Nonresident students who may enroll and are not counted by the District for state aid:

___ Tuition

___ Tax credit tuition-Any person who pays a school tax in any other district than that in which he resides may send his children to any public school in the district in which the tax is paid and receive as a credit on the amount charged for tuition the amount of the school tax paid to the district (Section 167.151(3), RSMo)

___ Transportation hardship as assigned by the Commissioner of Education (Section 167.121, RSMo)

___ Attending a regional or cooperative alternative education program or an alternative education program on a contractual basis (Section 167.020.6, RSMo)

INSTRUCTIONAL SERVICES

Form 6180

Curriculum Services

ESL/ESOL Student Home Language Survey

STUDENT HOME LANGUAGE SURVEY

Dear Parent/Guardian:

The _____ School District has an English as a Second Language (ESL) program to help students who may not be proficient in English because of the use of another language in the home, and who thus may have a need for additional help with the classes they are taking. If your child is not proficient in English and you feel he/she may qualify for the ESL program, please complete this form and return it to your child's school. Please call the director of the ESL program at _____ if you have any questions. Thank you for your cooperation.

Student's Name: _____ Date: _____

Person Completing Survey: _____ Mother _____ Father _____ Guardian
_____ Other (specify) _____

Circle the best answer to each question about your child and provide additional information if necessary:

1. Was the first language you learned English? No Yes
2. Can you speak a language other than English?
(Do not count languages learned in foreign language classes.) No Yes
3. Is any language other than English used at home? No Yes
4. Which language do you use most often with friends? English Other: _____
5. Which language do you use most often with your parents? English Other: _____
6. Which language do you use most often with other relatives? English Other: _____
7. Have you attended school in a country other than the U.S.?
(If Yes, how long and what grades? _____) No Yes
8. Have you attended another school in the U.S.?
(If Yes, where and how long? _____) No Yes
9. Have you attended another school in Missouri?
(If Yes, where and how long? _____) No Yes
10. Please provide any other related information that would help the school identify any language instruction needs for your child. _____

STUDENTS

Form 2230.2

Admission and Withdrawal

Affidavit Regarding Prior Discipline

**OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE
TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT**

I, _____ having been duly sworn upon my oath,
Parent/Guardian

or having affirmed that I will tell the truth, do hereby state and depose as follows:

I am the parent/guardian, or other person having custody or charge of

_____, a student seeking to enroll in
Student

_____, and am legally authorized to make
School District

educational decisions for the Student.

I hereby certify as follows: (Check one, and provide all additional information requested.
WARNING: Under Missouri law, the failure to provide true, accurate, and complete information to each and every question and subpart thereto may result in your being charged with and convicted of a Class B misdemeanor.)

_____ The Student **has never been suspended or expelled** from any school in this state or any other state for any offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

_____ The Student **has been suspended and/or expelled** from school in this state or another state for one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

For each and every suspension and/or expulsion, provide the following information (request additional information sheets, if necessary):

1. Name and Address of School District.
2. Name of School.
3. Nature of Offense.
4. Date of Offense.
5. Date Suspension/Expulsion Began.
6. Date Suspension/Expulsion Ended/Is Scheduled to End.

I hereby certify that I have provided true, complete, and accurate information for each and every suspension and/or expulsion imposed upon the Student for each and every offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

I hereby swear or affirm that all information I have provided in this document is true, accurate, and complete to the best of my knowledge.

I understand that if I have provided any false information in this document that I may be charged with and convicted of a Class B misdemeanor.

I also understand that this registration document will be maintained as part of the Student's permanent scholastic record.

Signature of Parent/Guardian

Date

