



FAMILY REGISTRATION (Please Print)

Primary Parent Information

Proper Mailing Name _____

911 Mailing Address: _____

Previous Mailing Address: _____

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

Full Name of Parent: _____ Cell Phone: _____

Relationship to Student: _____ Email: _____

Full Name of Spouse: _____

Relationship to Student: _____ Cell Phone: _____

Home Telephone: _____ Email: _____

Did you move to this area to seek or obtain some form of temporary or seasonal agricultural work, such as; planting or harvesting crops; transporting farm products to market; working in hatcheries; processing meat, poultry, fruit, vegetables, dairy or tobacco; working on a dairy or catfish farm; cutting firewood or logs to sell? YES NO

Alternate Parent Information

Name: _____

911 Mailing Address: _____

Relationship to Student: _____ Email: _____

Full Name of Spouse: _____

Home Telephone: _____ Cell Phone: _____

Emergency Contacts: Please list at least two (other than parents listed above) in order of priority.

Full Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Full Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Full Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

STUDENT REGISTRATION

Full Name: _____ Preferred Name: _____ Grade Level: _____
Current Grade Level: _____ SSN: _____ Gender: _____ DOB: _____
Ethnicity: (circle one) Asian Black Hispanic White Native American / Eskimo
IEP: Yes No **504 Plan:** Yes No **Title I (Reading):** Yes No **Speech:** Yes No

Full Name: _____ Preferred Name: _____ Grade Level: _____
Current Grade Level: _____ SSN: _____ Gender: _____ DOB: _____
Ethnicity: (circle one) Asian Black Hispanic White Native American / Eskimo
IEP: Yes No **504 Plan:** Yes No **Title I (Reading):** Yes No **Speech:** Yes No

Full Name: _____ Preferred Name: _____ Grade Level: _____
Current Grade Level: _____ SSN: _____ Gender: _____ DOB: _____
Ethnicity: (circle one) Asian Black Hispanic White Native American / Eskimo
IEP: Yes No **504 Plan:** Yes No **Title I (Reading):** Yes No **Speech:** Yes No

Full Name: _____ Preferred Name: _____ Grade Level: _____
Current Grade Level: _____ SSN: _____ Gender: _____ DOB: _____
Ethnicity: (circle one) Asian Black Hispanic White Native American / Eskimo
IEP: Yes No **504 Plan:** Yes No **Title I (Reading):** Yes No **Speech:** Yes No

Last School Attended:

Name of School: _____

Address: _____

Phone: _____ Fax: _____

Admission and Withdrawal

Residency Enrollment Checklist

RESIDENCY ENROLLMENT CHECKLIST

Name of Parent/Guardian _____

Address _____

City, State _____ Zip _____

Home Telephone: _____ Work Telephone _____

Name of Student _____

Address _____

City, State _____ Zip _____

Home Telephone: _____ Work Telephone _____

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.)

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

_____ Are you sharing the housing of another due to a loss of housing, economic hardship or a similar Reason? Explain if it is a similar reason. ____yes ____no
Explain: _____

_____ Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? ____ yes ____ no

_____ Are you currently residing in an emergency or transitional shelter? ____ yes ____ no

_____ Has the student been abandoned in a hospital? ____ yes ____ no

_____ Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ____ yes ____ no

_____ Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? _____ yes _____ no

_____ 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 (Section 167.151, 168.151 RSMo)

_____ Parent is a regular employee with the District (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 of 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 care 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 education 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 with 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 160.151(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)

Source: Department of Elementary and Secondary Education, Division of School Services

MOCAP Virtual Education:

Pursuant to Missouri Law § 161.670, RSMo., Braymer C-4 students can enroll in virtual courses through the MOCAP program. For more information about the Braymer C-4 School District policy regarding virtual education please contact the school office.

Curriculum Services

ESL/ESOL Student Home Language Survey

STUDENT HOME LANGUAGE SURVEY

Dear Parent/Guardian:

The Braymer C-4 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 (660) 645-2284 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 relatives? English Other: _____
- 7. Have you attended school in a country other than the U.S.?(If yes, where and how long? _____) 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. _____

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, or having affirmed that I will
Parent/Guardian

tell the truth, do hereby state and depose as follows:

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

a student seeking to enroll in the Braymer C-4 School District, and am legally authorized to make educational decisions for the Student.

I hereby certify as follows: (Check one and provide all of the 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 up 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*
(Do not sign unless notary is present.)

Date

STATE OF MISSOURI)
) SS
COUNTY OF _____)

On this _____ day of _____ 20____, before me appeared _____
to me personally known who, being by me duly sworn, did say that he/she executed the
foregoing instrument and acknowledged said instrument to be his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal
in the County and State aforesaid, the day and year first above written.

Notary Public

My commission expires: _____