

# STRASBURG C-3 STUDENT ENROLLMENT FORM

## STUDENT #1

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender F M  
SS# \_\_\_\_\_

## STUDENT #2

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender F M  
SS# \_\_\_\_\_

## STUDENT #3

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender F M  
SS# \_\_\_\_\_

## STUDENT #4

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender F M  
SS# \_\_\_\_\_

Please list names and birth dates of any additional children living in household which are not yet school age:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender F M  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender F M

Student(s) lives with:

\_\_\_\_ Biological parent(s) \_\_\_\_ Grandparents \_\_\_\_ Guardian \_\_\_\_ Foster Family  
\_\_\_\_ Other (Please explain) \_\_\_\_\_

Mailing name and address where student lives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Address verification of parent/legal guardian

The following verification method must be provided per the MO Safe Schools Act of 1996:  
\_\_\_\_ Utility Bill(electric, water, land line phone bill) we only need one of these.

Father's name: \_\_\_\_\_ Mark if student lives with father \_\_\_\_

Address: \_\_\_\_\_  
Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
E-mail address \_\_\_\_\_ Place of employment \_\_\_\_\_  
\*\*\*\*\*

Mother's name: \_\_\_\_\_ Mark if student lives with mother \_\_\_\_

Address: \_\_\_\_\_  
Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
E-mail address \_\_\_\_\_ Place of employment \_\_\_\_\_  
\*\*\*\*\*

Alternative (step) parent(s) name: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
E-mail address \_\_\_\_\_ Place of employment \_\_\_\_\_

Mark if student lives with Alternative (step) parents \_\_\_\_\_  
\*\*\*\*\*

**PLEASE COMPLETE BACK OF PAGE**

The district is requesting that this form be completed by the student's guardian. Completion of this section is voluntary. The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this form is not completed, the district will be forced to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation. Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

**Student #1 Ethnicity (choose one)**

Non-Hispanic or Latino of any race       Hispanic or Latino of any race Student's race: (mark all that apply)  Asian  
 Black or African American       White       Hispanic/Latino       American Indian or Alaska Native       Native Hawaiian or other Pacific Islander

**Student #2 Ethnicity (choose one)**

Non-Hispanic or Latino of any race       Hispanic or Latino of any race  
Student's race: (mark all that apply)  
 Asian       Black or African American       White       Hispanic/Latino  
 American Indian or Alaska Native       Native Hawaiian or other Pacific Islander

**Student #3 Ethnicity (choose one)**

Non-Hispanic or Latino of any race       Hispanic or Latino of any race  
Student's race: (mark all that apply)  
 Asian       Black or African American       White       Hispanic/Latino  
 American Indian or Alaska Native       Native Hawaiian or other Pacific Islander

**Student #4 Ethnicity (choose one)**

Non-Hispanic or Latino of any race       Hispanic or Latino of any race  
Student's race: (mark all that apply)  
 Asian       Black or African American       White       Hispanic/Latino  
 American Indian or Alaska Native       Native Hawaiian or other Pacific Islander

**EMERGENCY CONTACT**

NAME \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_

NAME \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_

NAME \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_

According to 167.020 RSMo, any person who knowingly submits false information to satisfy the school district's residency requirements shall be subject to Class A misdemeanor charges and may be civilly liable for expenses incurred while the student(s) were enrolled in the Strasburg C-3 School District.

*By signing this form, the parent/legal guardian verifies that he/she has read the above information and understands that the Strasburg C-3 School District can and will take all reasonable steps to verify the accuracy of the information provided on this form.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Part of the Enrollment Packet

**These questions cover the definition of homeless that is within the No Child Left Behind. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.**

Are you sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons? Explain any similar reasons. Yes \_\_\_\_\_ No \_\_\_\_\_  
Explanation: \_\_\_\_\_

Are you currently residing at a motel, hotel, in a car, or at a campsite because your home had been damaged or because of economic reason? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you currently residing in a shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently living in a temporary housing arrangement due to economic hardship?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you moved in the past 3 years to seek or obtain work? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the work fall into any of the following categories? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please circle which ones: planting or harvesting crops, feeding poultry, gathering eggs, working in a hatchery, processing meat, poultry, fruit or vegetables, dairy products, or commercial fishing or working on a fish farm.

Please describe the work you do \_\_\_\_\_

Durham School Services Bus Information Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emerg. # \_\_\_\_\_  
Medical Problems/ Allergies \_\_\_\_\_  
*(This information will be kept confidential)*  
Parent(s) Name(s) \_\_\_\_\_  
Parent's Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_  
Bus # \_\_\_\_\_ Pick-up Address \_\_\_\_\_  
Bus # \_\_\_\_\_ Drop-off Address \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\* Any other special instructions or information may be written on the back of this form \*\*\*\*