

STRASBURG C-3 STUDENT ENROLLMENT FORM

STUDENT #1

Name _____ DOB _____ Grade _____ Gender F M

STUDENT #2

Name _____ DOB _____ Grade _____ Gender F M

STUDENT #3

Name _____ DOB _____ Grade _____ Gender F M

STUDENT #4

Name _____ DOB _____ Grade _____ Gender F M

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 parent. 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