



NEW AND RE-ENTRY STUDENT REGISTRATION INFORMATION

PARENTS/GUARDIANS PLEASE READ: Please fill out this form completely and present it with your student's required documents to the SLPS representative when completed.

Please Print

Person Completing Form: Parent Guardian Student Other

STUDENT NAME LAST FIRST MIDDLE

ADDRESS HOUSE NUMBER STREET NAME APT # ZIP CODE 631 TYPE (St., Ave., Ln., etc.)

GRADE SEX RACE BIRTHDATE MONTH DAY YEAR HOME TEL# AREA CODE

EMERGENCY # AREA CODE EMERGENCY CONTACT

HEALTH CARE PROVIDER DCN/Medicaid #

SCHOOL AND DISTRICT WITHDRAWAL LAST ATTENDED DATE

MOTHER/GUARDIAN NAME

MOTHER/GUARDIAN EMAIL CELL PHONE # AREA CODE

FATHER/GUARDIAN NAME

FATHER/GUARDIAN EMAIL CELL PHONE # AREA CODE

ALL of the following questions MUST be completed in accordance with Missouri Department of Education guidelines.

- What was the student's first language?
• Which language(s) does the student use (speak) when at home or with others?
• Which language(s) does the student hear at home and understand?
• Has student ever received special education services?
• Is student currently in Missouri Children's Division (DFS) custody, or residing in a foster home/residential facility?
• Have you or a member of your family moved with a child or children within the past 3 years to seek or obtain a temporary or seasonal agricultural, landscaping, or food processing job?
• Presently, where is student living? Please check only one box.

Missouri Safe Schools Act Disciplinary Information: (Providing false disciplinary information is a Class B misdemeanor.)

- Is student presently under suspension or expulsion from another school or district for violating school board policies relating to weapons, alcohol, drugs, willful infliction of injury to another person?
• Has student been charged or convicted of any felonies?

PARENTS/GUARDIANS PLEASE READ. By signing below I understand I must personally provide residence verification, immunization records, and birth records to my child's assigned school to complete my child's registration, and failure to present the required documents and paperwork will result in denial of enrollment.

X SIGNATURE OF PARENT / GUARDIAN DATE



NEW AND RE-ENTRY STUDENT ASSIGNMENT INFORMATION
SLPS School and Office Use Only
 Please forward both yellow carbon copies to SLPS Student Recruitment Office , 801 No. 11th St.

STUDENT NAME _____

STUDENT NUMBER _____ LAST _____ SPECIAL ED. CODE(S) _____ / _____ FIRST _____ OCR/ESOL CODE _____ WD/D CODE _____ MIDDLE _____

LAST SLPS SCHOOL ATTENDED _____ WITHDRAWAL DATE _____

ASSIGNED SCHOOL NAME AND/OR REFERRED TO _____ ASSIGNED SCHOOL CODE _____

BLOCK # _____ TRANSPORTATION? Yes No BIRTH CERT. #/STATE _____ / _____

RESIDENCE VERIFICATION: Current Mo. Drivers License/Mo. State I.D. Lease Property Deed

Current Unpaid Utility Bill Notarized Address Verification Document Other _____

- Was parent/guardian informed that residence verification, immunization record and birth record **must** be provided to school, and of possible penalties for any false statements or affirmations regarding discipline? Yes No

COMMENTS _____

McKinney-Vento Act Questionnaire for Students in Transition/Homeless

- If "In permanent, stable housing with parent(s)" is selected on **Registration Information** form, do not answer questions below
- If any other choices were selected, please consult with the parent/guardian and/or student to answer the questions below, then send a copy of this form to the *Students in Transition/Homeless office of the SLPS, Attn: Deidre Thomas-Murray.*

1. Presently, where is student living? *Please check box with stated answer from parent registration form.*

- In a shelter With more than one family in a house or apartment
- With friends or family members (other than parent/guardian) In a motel, car, campsite or temporary housing

2. Presently, the student lives with:

- 1 Parent A relative, friend(s), or other adult(s)
- 2 Parents Alone with no adults
- 1 Parent and another adult An adult that is not the parent or the legal guardian

3. If student is not living with parent(s), what is parent's name and current address?

_____ MOTHER'S NAME _____ FATHER'S NAME _____

HOUSE NUMBER STREET NAME TYPE (St., Ave., Ln., etc.) APT # HOUSE NUMBER STREET NAME TYPE (St., Ave., Ln., etc.) APT #

CITY STATE ZIP CODE CITY STATE ZIP CODE

COMMENTS _____

SLPS REPRESENTATIVE COMPLETING REGISTRATION _____ LOCATION CODE _____ DATE _____