

# Early Childhood Registration Checklist



**Today's Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Received By:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI

**Parent/Guardian Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**School Assignment:** \_\_\_\_\_ **Neighborhood School:** Yes No

**If no, child's Neighborhood School:** \_\_\_\_\_

**How did you hear about us? (Please circle)**

Radio, TV, Newspaper, Direct Mail, Post Card, Friend, Family, Sibling, Flyers, Brochures, Poster, Event, Bus, Social Media, Agency, Other: \_\_\_\_\_

**Have you received and accepted a seat at a magnet school?** Yes No

**Does your child have an IEP?** Yes No

**Does your child speak or understand a language other than English?** Yes No

If yes, what language? \_\_\_\_\_

**\*Does your child have a food allergy and/or require a special diet? (circle)** Yes No

**\*Does your child have asthma or require medication at school? (circle)** Yes No

\*If yes, parent will be given HIPAA and additional medical forms as needed.

### Registration Documents/Forms Received

Forms	Initial	District Forms	Initial
Birth Certificate, Passport, or I-94 (circle)		Parent/Guardian Photo ID	
SLPS New and Re-Entry Registration Form		Proof of Residency	
Lead Results		Immunizations or Immunization Exemption (circle)	
Emergency Information Sheet		Parental Agreement	
Technology Usage		Media Release Yes No (circle)	

### Documents Given to Parents

	Initial
Parent has been given Pre-Kindergarten Welcome Kit	
* Additional medical forms given:	
* P-ELL/IEP/Medical added to Registration Log in Teams	
* Medical notes added to Communication Log in SIS	
Approval letter given on the following date:	
Student start date:	

Additional notes/comments from ECE staff:

Date Initial



NEW AND RE-ENTRY STUDENT REGISTRATION INFORMATION

Please Print

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.

Person Completing Form: [ ] Parent [ ] Guardian [ ] Student [ ] Other

STUDENT NAME LAST FIRST MIDDLE

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

GRADE SEX RACE BIRTHDATE HOME TEL#

EMERGENCY# EMERGENCY CONTACT

HEALTHCARE PROVIDER: DCN/Medicaid#:

SCHOOL AND DISTRICT WITHDRAWAL DATE

MOTHER/GUARDIAN NAME

MOTHER/GUARDIAN EMAIL CELL PHONE#

FATHER/GUARDIAN NAME

FATHER/GUARDIAN EMAIL CELL PHONE#

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

- What is 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 the student ever received special education services?
• Is the 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 the student living? (please check one box)
[ ] In a permanent, stable housing with parent(s)
[ ] In a shelter
[ ] With more than one family in a house/apartment
[ ] With friends or family members (other than parent/guardian)
[ ] In a motel, car, campsite, or temporary housing

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

- Is the 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.

SIGNATURE OF PARENT/GUARDIAN DATE



NEW AND RE-ENTRY STUDENT REGISTRATION INFORMATION
SLPS School and Office Use Only

Please forward both yellow carbon copies to SLPS Student Recruitment Office, 801 No. 11th St.

STUDENT NAME

LAST FIRST MIDDLE

STUDENT NUMBER SPECIAL ED. CODES / OCR/ESOL CODE WD/D CODE

LAST SLPS SCHOOL ATTENDED WITHDRAWAL DATE

ASSIGNED SCHOOL NAME AND/OR REFERRED TO ASSIGNED SCHOOL CODE

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

RESIDENCEN VERIFICATION: Current Mo. Driver's 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 or 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



EMERGENCY INFORMATION SHEET
If something does not apply to this student, mark it as "N/A"

STUDENT'S LEGAL NAME LAST FIRST MIDDLE
STUDENT SOC. SEC.# (Optional) BIRTHDATE MONTH DAY YEAR
GRADE SEX RACE
ADDRESS HOUSE NUMBER STREET NAME TYPE (St, Ave., Ln., etc.) APT# 631
HOME TELEPHONE# P.O. BOX\*
\*INCLUDE HOME ADDRESS IF PO BOX IS USED
OTHER CHILDREN IN DISTRICT? Yes No If Yes, list the names and grades.

PRIMARY PARENT INFORMATION - Information on PARENTS in the home where the student lives, maybe parent and step-parent, etc. Do NOT include grandparents, aunts, uncles, etc. UNLESS they are LEGAL guardian.

Parent 1 Name Relationship
Employer
Work Phone Ext Cell Phone Pager
Work Email Home Email

Parent 2 Name Relationship
Employer
Work Phone Ext Cell Phone Pager
Work Email Home Email

SECONDARY PARENT INFORMATION (if applicable) - These are parents who do NOT live in the home due to divorce, separation, etc.

Parent 3 Name Relationship
Employer Work Phone Ext
Parent 4 Name Relationship
Employer Work Phone Ext

ALTERNATE CONTACT PERSONS IN CASE PARENTS CANNOT BE REACHED - (We will attempt to notify parent first.)

Name Relationship Phone:
Name Relationship Phone:

ONLY PERSONS LISTED ON THIS FORM WILL BE AUTHORIZED TO SIGN STUDENT IN OR OUT OF SCHOOL!

PARENT SIGNATURE DATE



**St. Louis Public Schools**  
**TECHNOLOGY USAGE**  
District network/Internet access and assignment of e-mail account  
School Year: **2024 - 2025**

Student Agreement

I have read the St. Louis Public School District Technology Usage Policy, administrative regulation, and guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me, including but not limited to suspension or revocation of my access to district technology, and suspension or expulsion from school.

I understand that my use of the District's technology is not private and that the school district may monitor my use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to teacher-monitoring of my activities on the District network or the Internet. I consent to the district interception of or access to all communications I send, receive or store using the District's technology resources, pursuant to state and federal law.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (print clearly)

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Implemented: \_\_\_\_\_  
Name

\_\_\_\_\_  
Date



### St. Louis Public Schools Media Release Form

I understand the photograph(s) or video, or audio recording(s) taken of my child by agents, employees, or representatives of the Saint Louis Public Schools (hereinafter called "SLPS") shall be used in connection with the SLPS's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the SLPS to copy, exhibit, publish or distribute any and all such images and audio of my child or wherein he or she shall appear, including composite or artistic forms and media, for purposes of publicizing SLPS program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

I here hold harmless and release and forever discharge the SLPS from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my or my child's behalf, may have by reason of this authorization.

\_\_\_\_\_  
Child's Legal Name Birthdate

I hereby certify that I am the parent or guardian of the minor name above and do hereby give my consent without reservations to the abovementioned.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name



**PARENT AGREEMENT**  
**St. Louis Public Schools**  
**Early Childhood/Early Childhood Special Education**

By initiating the following statements, I/we agree to comply with the participation guidelines as part of my child's enrollment in the St. Louis Public Schools Early Childhood Program.

- I confirm that I have submitted all required documentation to the Early Childhood Education Department. I understand these documents are subject to an internal audit to validate their accuracy and completeness. Pending the results of this audit, enrollment in the Pre-Kindergarten program may need to be reviewed.  
\_\_\_\_\_
- I agree to review and adhere to the St. Louis Public Schools' Code of Conduct. \_\_\_\_\_
- I agree to provide the school secretary and teacher(s) with updates to my child's contact information, including changes in phone number, email address, and/or home address. \_\_\_\_\_
- I acknowledge that I have been informed that Missouri state law prohibits district transportation of general education students in Grade P3, including field trips. \_\_\_\_\_
- When my child is ill, I understand I must keep him/her home until he/she is fever/vomit/diarrhea free for 24 hours without medication. Therefore, children who are sent home from school due to illness may not return for at least 24 hours.
- I agree to communicate with the school secretary and class teacher(s) when my child is absent, even when absences occur consecutively. Failure to adhere to the Saint Louis Public Schools' attendance expectations will result in withdrawal for the remainder of the school year. \_\_\_\_\_
- I understand that all P3 and P4 students in the general education setting must demonstrate independence in toileting. Repeated toileting accidents will result in withdrawal from the Pre-Kindergarten program.  
\_\_\_\_\_
- I agree to notify my child's classroom teacher if my child experiences any significant life events that could impact their mental health or emotional well-being. These may include, but not limited to, hospitalization, a death in the family, death of a pet, a change of residence, a new sibling, or other changes in family circumstances. \_\_\_\_\_
- I understand that I am entitled to request a special education evaluation if I have concerns about my child's development and/or learning. \_\_\_\_\_
- I acknowledge that the primary function of the Pre-Kindergarten program is to provide a safe learning environment for all children. Any student who behaves in ways that jeopardize the physical, emotional, or academic safety of others is subject to immediate withdrawal from Saint Louis Public Schools for the remainder of the school year. \_\_\_\_\_

\_\_\_\_\_  
Student Name

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

\_\_\_\_\_  
Date