

Child's Name: _____ **Date of Birth:** ____ / ____ / ____
Last First MI

School Assignment: _____ **Neighborhood School:** Yes No

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

ADDRESS _____
LAST FIRST MIDDLE
APT# _____ **ZIP CODE** **631** _____
HOUSE NUMBER STREET NAME TYPE (St., Ave., Ln., etc.)

GRADE _____ **SEX** _____ **RACE** _____ **BIRTHDATE** _____ / _____ / _____ **HOME TEL#** _____ - _____ - _____
MONTH DAY YEAR AREA CODE

EMERGENCY# _____ - _____ - _____ **EMERGENCY CONTACT** _____
AREA CODE

HEALTHCARE PROVIDER: _____ **DCN/Medicaid#:** _____
SCHOOL AND DISTRICT _____ **WITHDRAWAL** _____
LAST ATTENDED _____ **DATE** _____ / _____ / _____
MONTH DAY YEAR

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 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?** ☐ Yes ☐ No Please specify: _____
- **Is the student currently in Missouri Children's Division (DFS) custody, or residing in a foster home/residential facility?** ☐ Yes ☐ No Caseworker name: _____ TEL# _____ - _____ - _____
AREA CODE
- 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? ☐ Yes ☐ No
If yes, moved from _____ to _____

- 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? ☐ Yes ☐ No
If "Yes," please describe: _____
- Has student been charged or convicted of any felonies? ☐ Yes ☐ No
If "Yes," please describe: _____

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

04/03/2018 LFK



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

04/03/2018 LFK



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

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