

Macon County R-IV School District

Student Enrollment Form

Student's Legal Name: _____

Grade: _____ Nickname: _____ Last _____ First _____ Middle _____ Birth date: _____ Gender: _____

Address: _____
Street _____ City _____ State _____ Zip code _____ County _____

Telephone: _____ SSN: _____ Parent/Guardian Names: _____

Submitting false statements or information relating to residency is defined as a Class A misdemeanor. In addition, the District may recover from the parent or legal guardian the cost of the school attendance for any pupil who is enrolled pursuant to false information received from the parent or guardian concerning residency.

Student Racial/Ethnic Heritage (Please complete information)

Please circle: Asian African American Hispanic Native American Caucasian

Is any language other than English spoken in your home? Yes _____ No _____ If yes, what language? _____

Has student or member of the family moved within the last 3 years for agricultural related purposes? Yes _____ No _____

Student's country of origin: _____ Parent's country of origin: _____

Date entered United States: _____ Date entered school in U.S.: _____

Custodial Parents/Guardians (Please complete all information)

Person #1: _____ Relationship: _____ Custody: _____

Address: _____ Place of employment: _____

Phone: _____ (Home) _____ (Cell) _____ (Work)

Email: _____ Interested in being contacted by Textcaster for school closings, early dismissals, etc? ____ Yes ____ No

Person #2: _____ Relationship: _____ Custody: _____

Address: _____ Place of employment: _____

Phone: _____ (Home) _____ (Cell) _____ (Work)

Email: _____ Interested in being contacted by Textcaster for school closings, early dismissals, etc? ____ Yes ____ No

Person #3: _____ Relationship: _____ Custody: _____

Address: _____ Place of employment: _____

Phone: _____ (Home) _____ (Cell) _____ (Work)

Email: _____ Interested in being contacted by Textcaster for school closings, early dismissals, etc? ____ Yes ____ No

Is there a court order that restricts either parent from contact with the child or access to student records? ____ Yes ____ No

Emergency Contacts

If an emergency arises and I cannot be reached, contact the following: (Contacts other than those listed above)

1st: _____ Relationship: _____ Phone: _____

2nd: _____ Relationship: _____ Phone: _____

Sibling Information

List brothers, sisters, stepbrothers, and stepsisters younger than 20 years of age who currently reside within the MCR-IV School District:

Name (Last, First Name)	Phone	Gender	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____

School Attendance

Has this child previously attended the MCR-IV School District? Yes No If yes, please indicate when: _____

Previous schools attended (not including the Macon County R-IV School District):

#1 _____	_____	_____	_____
School Name	Address	Date	
#2 _____	_____	_____	_____
School Name	Address	Date	
#3 _____	_____	_____	_____
School Name	Address	Date	

Has this child been home schooled? Yes No Has this child been retained? Yes No

Special Services

Does this child have an IEP for special education services or a 504 accommodation plan? Yes No

If yes, please check which one and briefly describe the disability. IEP 504

Describe disability: _____

Has this child participated in supplementary programs such as extra help with reading, math, and/or language arts?

If yes, which subjects? Reading Math Language Arts Please describe: _____

Missouri Safe Schools Act

Is this child presently under suspension or expulsion from another school district? Yes No

Has this child been suspended or expelled from another school district? Yes No

Field Trip Permission

My child has permission to attend school-sponsored field trips. Yes No

Verification

I verify that the information provided on this form is accurate and current, and that I am the legal Parent/Guardian of the student.

_____ Signature of Parent/Guardian	_____ Printed name of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Printed name of Parent/Guardian	_____ Date