

PARENTAL SURVEY

Are you sharing the housing of other persons due to loss of housing, economic hardship, or similar reason?
Yes / No

If yes please explain: _____

Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reason? Yes / No

Are you currently residing in a shelter? Yes / No

Are you currently living in a temporary housing arrangement due to economic hardship? Yes / No

Are you currently providing care and residency for someone between ages birth through 18 who is not legally your child? Yes / No

Have you moved within the last 3 years to seek or obtain temporary or seasonal agricultural work?

Such as:

- Planting or harvesting crops
- Transporting farm products to market
- Feeding poultry, gathering eggs, working in a hatchery
- Processing meat, poultry, fruit, vegetables, dairy products
- Milking cows on a dairy farm
- Cutting firewood or logs to sell
- Commercial fishing or working on a fish farm

Yes No

HOME LANGUAGE SURVEY

Was the first language you learned English? Yes / No

Can you speak a language other than English? Yes / No

Is any language other than English used in your home? _____

Which language do you use most often with friends? _____

Which language do you use most often with your parents? _____

Which language do you use most often with other relatives? _____

Have you attended school in a country other than the U.S.? Yes / No

If yes where _____ date _____ grades attended _____

Have you attended another school in Missouri? Yes/No

If yes where _____ date _____ grades attended _____

Have you attended another school in U.S.? Yes/No

If yes where _____ date _____ grades attended _____

I hereby certify that the information given above on this form is a true and correct statement of my child's legal residence and that he/ she resides in the Clinton School District. Should my legal residence change while the above listed student is enrolled in this district, I will promptly notify the school office. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent or guardian with whom this student is living. I understand that enrolling a student under false information is a misdemeanor offense according to Missouri law. As this student's parent or legal guardian, I will be subject to penalty and / or cost of tuition and my child will be immediately dismissed from school.

(Parent or Guardian Signature)

Student Service Survey

Please check the appropriate box if this student has ever received one or more of the following diagnoses:

- Learning Disability
 Behavior / Emotional Disorder
 ADHD
 Traumatic Brain Injury
 Mental Retardation
 Speech Language Disorder
 Sensory Impaired
 Autistic

Does your student receive special education services with an IEP?

Yes / No / Not Sure

If yes please describe: _____

Does your student receive other special services (Remedial Reading, Title I, Section 504, ESL, counseling, etc.)

Yes / No / Not Sure

If yes please describe: _____

Has your student ever been retained?

Yes / No / Not Sure

If yes please describe: _____

Were they enrolled in a gifted or enrichment program?

Yes / No / Not Sure

If yes please describe: _____



Clinton School District



Student Enrollment Form

Please complete all items on this form so that the Clinton School District can better serve you and your family. Falsification of any of the below information could result in criminal prosecution (Safe Schools Act 1996)

STUDENT INFORMATION

Student Name: _____
(Last) (First) (Middle)

According to the Missouri Safe Schools Act (HB 1301 & 1298), school districts have the right to ask new enrollees to prove residency. Your help is appreciated in providing the following information.

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: _____
(Please do not list a message phone as your home phone number.)

Gender: Male/Female **U.S. Citizen:** Yes/No

Verification of residency was made using the following documents.
 (Please provide 1 proof of residency.)

Most Recent Utility Bill Rent Receipt/Agreement Real Estate Property Tax Statement
 Real Estate Contract Legal Property Description

Social Security #: _____

Grade Level: _____ **Date of Birth:** _____

Did this student Graduate from a K-8 District? Leesville R-IX / Davis R-XII / Shawnee R-3
042-118 042-119 042-113

Military Family: Not Military Connected Active Duty
 National Guard/Reserve Unknown

Is this student Hispanic / Latino? (Circle only one)

- No, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

What is the student's race? (Circle one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including , for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
Black or African American (A person having origins in any of the black racial groups of Africa.)
Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
White (A person having origins in any of the original peoples of Europe, Middle East, or N. Africa.)

FOR OFFICE USE ONLY

Enrollment Date: _____

Graduation Year: _____

PS Number: _____

MO State Number: _____

District: _____

Entry Code: _____

FTE: _____

Address Verification in file: Yes/No

Birth Cert. On File: Yes/No

Social Security Card on File: Yes/No

Immunization: Yes/No

Transcript Received: Yes/No

Discharge Date: _____

Other Children In The Home

Please list all children currently residing in your home. This information is critical for our records.

Child #1: _____

DOB: _____ Male/Female

Child #2: _____

DOB: _____ Male/Female

Child #3: _____

DOB: _____ Male/Female

Child #4: _____

DOB: _____ Male/Female

Child #5: _____

DOB: _____ Male/Female

PREVIOUS SCHOOL DISTRICT/S ATTENDED

School Attended	Grade	City, State	Phone	Reason for Leaving

PARENT/GUARDIAN INFORMATION

Father/Guardian's Information (Please Circle)

First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

(Please do not list a message phone as your home phone number)

Please List all the apply:

Day Phone: _____

Evening Phone: _____

Message Phone: _____

Cell Phone: _____

Employer: _____

Mother/Guardian's Information (Please Circle)

First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

(Please do not list a message phone as your home phone number)

Please List all the apply:

Day Phone: _____

Evening Phone: _____

Message Phone: _____

Cell Phone: _____

Employer: _____

Employer Address: _____

Legal Guardianship of Student

Who has legal Guardianship of Student? _____

(Both Parents, Mother, Father, Grandparents, Aunt, Foster, etc...)

If Foster, date entered Foster care: _____

Mailing Address

Even though you have already given us your address/s and your students address we need you to fill out the following information so that we know exactly where information about the school, community and your student needs to be sent.

Student's Home Address

Father/Guardian's Home Address

Mother/Guardian's Home Address

Guardian Email Address

Would you like to receive email updates on your student Via Email?

By checking yes you understand that information shared by e-mail may not be kept in strictest confidence, and that teachers of the Clinton School District can share information with you by e-mail.

Yes No

If yes what is your Email address?

Guardian Alert

This is to make the school aware of any guardianship matters. If there is a person who is related to the child who is not allowed to have contact with the child.

Please remember that if you mark yes, you are required to produce a copy of the custody paper and or court order.

Is there a guardian alert you would like to notify us of?

Yes / No

If yes give a detailed description of the alert:

EMERGENCY CONTACT INFORMATION

Please note that the emergency contact is an individual other than a parent or guardian. Parents or guardians will be contacted first.

Contact #1

First Name: _____

Last Name: _____

Relationship: _____

Please List all the apply:

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

*Would you like this person to have access to information about your child by signing a FERPA Release. By filling out a FERPA Release this individual will have access to any and all information about your child. Yes / No

* This person can take the child from school? Yes / No

Contact #2

First Name: _____

Last Name: _____

Relationship: _____

Please List all the apply:

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

*Would you like this person to have access to information about your child by signing a FERPA Release. By filling out a FERPA Release this individual will have access to any and all information about your child. Yes / No

* This person can take the child from school? Yes / No

Contact #3

First Name: _____

Last Name: _____

Relationship: _____

Please List all the apply:

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

*Would you like this person to have access to information about your child by signing a FERPA Release. By filling out a FERPA Release this individual will have access to any and all information about your child. Yes / No

* This person can take the child from school? Yes / No

CLINTON SCHOOL DISTRICT SCHOOL MESSENGER COMMUNICATION SYSTEM

In our effort to improve communication between parents and school, the Clinton School District has implemented "School Messenger", a telephone broadcast system that will enable school personnel to notify all households and parents by phone within minutes of early dismissal, sports cancellation, unplanned event, emergency, school cancellation, and general announcements or reminders.

When used, the service will call phone numbers in our selected parent contact lists and will deliver a recorded message/text from a school administrator. The service delivers the message to both live answer and answering machines. Please list up to 2 phone numbers you would like incorporated with the "School Messenger" system.

School Messenger Phone #1: _____

School Messenger Phone #2: _____

Authorization for Emergency Care

Please fill out the following section or the district is not authorized to make necessary medical arrangements for your child

~ I understand that I will be notified at once incase of accident or illness to my child,

~ If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize the : Clinton School District #124 to make arrangements for medical care of my child at Golden Valley Memorial Hospital in Clinton, MO . The hospital can be contacted at 660-885-5511.

Agree

Disagree

Acknowledgements

I understand that I must give written permission for field trips / excursions and that I will be notified when they are planned.

I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.

I have been informed that a copy of the licensing rules for child care homes / licensing rules for group child care homes/ licensing rules for child care centers in Missouri is available at this facility for review.

The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.

When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care

Agree

Disagree

Discipline Information

Has your student ever been expelled from school?

Yes / No / Not Sure

Is your student presently suspended from another school?

Yes / No / Not Sure

Has your child ever been convicted or charged of a crime in juvenile or adult courts?

Yes / No / Not Sure

In accordance with Missouri Safe Schools Act, if you have answered yes to any of the above questions you are required to fill out District Form JEC-AF2.

Published Student's Information

Throughout the school year each school publishes articles about various events and achievements. If you do not want your child's information to be published please notify the individual/s who are enrolling your student.