

# MERAMEC VALLEY R-III SCHOOL DISTRICT

JEC-AF1

## NEW STUDENT INFORMATION FORM

Office Use

Today's Date \_\_\_\_\_

School Year: \_\_\_\_\_

School: \_\_\_\_\_

*Please print:*

Grade: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_--\_\_\_\_--\_\_\_\_\_

**STUDENT LEGAL NAME:**

\_\_\_\_\_ **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name**

\_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County**

**Main Contact Phone #** \_\_\_\_\_

**Fathers Full Name:** \_\_\_\_\_ **Mother's Full Name** \_\_\_\_\_

**Guardian's Full Name (if other than parent):** \_\_\_\_\_

If the student is an orphan or foster child, please indicate his/her home school district: \_\_\_\_\_

*Office: If orphan/foster child is completed, please send a copy to the Community School ~ Attention Director of Special Education*

*Please present a complete original copy of any legal documents/court orders pertaining to the student.  
(i.e., divorce decrees, custody, parenting plan, restraining order, etc.)*

**BASIS FOR ADMISSION OF STUDENT**

- Resides with parent in the school district
- Resides with legal guardian in the school district (Copy of court ordered guardianship must be attached)
- Resides with a military guardian in the school district
- \*\* Accepted proof of residency includes; Current rental contract or real estate contract signed by all parties, utility bill (ie: electric, water, phone bill for land line).**
- Homeless child (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence)
- Parent is a teacher under contract with the district
- Parent is a regular employee with the district
- Special circumstances:
  - an orphan
  - one parent living
  - parents do not contribute to the student's support
  - agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parent's residence is on the real estate, at least 35% of the real estate is in the district, parent notified district on or before June 30 that student would be attending)
- Other exemptions to the residency requirements:
  - a ward of the state and has been placed in a residential care facility by state officials \*
  - has been placed in a residential care facility due to a mental illness or developmental disability \*
  - has been placed in a residential facility by a juvenile court \*

\* Other exemptions to the residency requirements are possible depending on the situation. Other current residency documentation may be requested.

**STUDENT EDUCATIONAL INFORMATION**

Has this student ever attended Meramec Valley R-III School District before?  Yes  No If Yes: Year \_\_\_\_\_ School \_\_\_\_\_

Identify all schools previously attended in the United States or other country:

Grade(s)	School	Check if Private or Parochial School	District	City	State
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

If this is a high school student, please indicate the date/year this student entered grade 09: \_\_\_\_\_

Has this student ever been retained?  Yes  No If Yes, what grade? \_\_\_\_\_ Reason \_\_\_\_\_

**RACE / ETHNIC ORIGIN**

The Meramec Valley R-III School District is required to report to the State of Missouri and Office of Civil Rights using the following race/ethnic categories established by the Federal and State governments. It is the policy of the Meramec Valley R-III School District not to discriminate based on race, color, creed, gender or disability in its education programs, activities or employment practices.

**Ethnicity (select one):**  Hispanic  Non-Hispanic

**Race (select all that apply):**  Asian  American Indian or Alaska Native  Black or African American  
 Native Hawaiian or Pacific Islander  White

**HOME LANGUAGE**

Is a language other than English spoken in the home?  Yes  No If Yes, language spoken is: \_\_\_\_\_

Does the student speak a language other than English?  Yes  No If Yes, language spoken is: \_\_\_\_\_

Does or has the student received ESL Services?  Yes  No Date entered the United States: \_\_\_\_\_

*Office: If any box is checked 'Yes', please forward copy to Meramec Valley Community School ~ Attention Federal Programs Director*

**SPECIAL SERVICES**

Does this student **currently** receive any of the following services:

Section 504 Accommodation Plan  Yes  No Gifted Services  Yes  No

Special Education Services (IEP)  Yes  No Medical / Health Plan  Yes  No

Title I Services / Remedial Reading Services  Yes  No

Other (please describe): \_\_\_\_\_

Has this student ever received the above services in the past?  Yes  No

If Yes, please explain: \_\_\_\_\_

*Office: If any box is checked 'Yes', please forward copy to Director/Program Coordinator*

**STATEMENT OF DISCIPLINARY HISTORY**

Please indicate which of the following statements apply to your child’s disciplinary history at any previous school attended in this state or any other state.

- 3. My child is currently or has previously been suspended, expelled, or is in violation of any school district’s policy on weapons, alcohol, or drugs.  
 Yes  No
- 4. My child has inflicted injury on another person at any previous school attended in this state or any other state.  
 Yes  No

The following is an explanation of any violations by my child of the above:

I understand that persons making a false statement could be charged with and convicted of a Class B misdemeanor under state law. I also understand that this statement will be maintained as part of the student’s record.

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Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY/ STUDENT IN TRANSITION**

These questions cover the definition of temporary living arrangement that is within the **No Child Left Behind** law. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

- 1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?  Yes  No  
 Explain if it is a similar reason: \_\_\_\_\_
- 2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged?  Yes  No
- 3. Are you currently residing in a shelter?  Yes  No
- 4. Are you currently living in a temporary housing arrangement due to economic hardship?  Yes  No

5. List any additional address where the student will be sleeping overnight during the week:

Family Name \_\_\_\_\_ Address/City/Zip \_\_\_\_\_

*Office: If any box is checked ‘Yes’, please forward copy to Meramec Valley Community School ~ Attention Federal Programs Director*

**FEDERAL MIGRATORY WORKER SURVEY**

If you have a child aged 3 through 21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

- 1. Before the move, was either parent/guardian employed in some form of temporary or seasonal agricultural or agricultural-related work, such as:  
 Yes  No                      planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs,                      working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell?
- 2. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs?                       Yes  No
- 3. Is either parent/guardian now employed in any of the above kinds of work?                       Yes  No
- 4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural?                       Yes  No

*Office: If any box is checked 'Yes', please forward copy to Meramec Valley Community School ~ Attention Federal Programs Director*

<b><u>FOR OFFICE USE ONLY</u></b>	
<input type="checkbox"/> School Records	<input type="checkbox"/> Proof of Residence
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Migrant Attribute Added	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Temporary Living Arrangement Attribute Added	<input type="checkbox"/> Other Legal Documents
 <b>Registrar or Lead Secretary of enrolling school</b>	 <b>Date</b>
 _____	 _____
<b>Nurse Signature</b>	
 _____	
<b>Administrator Signature</b>	
 _____	