



NEW AND RE-ENTRY STUDENT REGISTRATION INFORMATION

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.

Please Print

STUDENT NAME _____

ADDRESS _____
Last First Middle APT ZIP
House Number Street Name Type (St.,Ave, etc.)

GRADE _____ GENDER _____ RACE _____ BIRTHDATE ____/____/____ HOME TEL# _____

EMERGENCY CONTACT _____ EMERGENCY CONTACT TEL# _____

STUDENT'S SOC.SEC. # (Optional) _____ - _____ - _____ DCN/Medicaid # _____

SCHOOL AND DISTRICT _____ WITHDRAWAL
LAST ATTENDED _____ DATE _____

MOTHER/GUARDIAN NAME _____ CELL PHONE # _____

MOTHER/GUARDIAN EMAIL _____

FATHER/GUARDIAN NAME _____ CELL PHONE # _____

FATHER/GUARDIAN EMAIL _____

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

- Does the student use a language other than English? [] Yes [] No Please Specify: _____
- Is a language other than English used at student's home? [] Yes [] No Please Specify: _____
- Has student ever received special education services? [] Yes [] No Please Specify: _____
- Is student currently in Missouri Children's Division (DFS) custody, or residing in a foster home/residential facility? [] Yes [] No Caseworker Name: _____ TEL # _____
- 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 only one box.*
[] In permanent, stable housing with parent(s) [] 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

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

- Is student presently under suspension or expulsion from another school or district for violating school board policies relating to weapons, alcohol, drugs, or 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, immunizations 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 Signed