



Early Childhood Registration Checklist

Today's Date: ____/____/____ Received By: _____
Staff's Name

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

Parent/Guardian Name: _____ Contact Number: _____

School Assignment: _____ Neighborhood School: Yes No

If no, child's Neighborhood School:

How did you hear about us? *(Please circle)*
 Radio, TV, Newspaper, Direct Mail, Post Card, Friend, Family, Sibling, Flyers, Brochures,
 Poster, Event, Bus, Social Media, Agency, Other: _____

Have you received and accepted a seat at a magnet school? Yes No

Does your child have an IEP? Yes No

Does your child speak or understand a language other than English? Yes No
 If yes, what language? _____

*Does your child have a food allergy and/or require a special diet? (circle) Yes No

*Does your child have asthma or require medication at school? (circle) Yes No
 *If yes, parent will be given HIPAA and additional medical forms as needed.

Registration Documents/ Forms Received			
Forms	Initial	Forms	Initial
Birth Certificate, Passport, or I-94 (circle)		Parent/Guardian Photo ID	
SLPS New and Re-Entry Registration Form		Proof of Residency	
Lead Results		Immunizations or Immunization Exemption (circle)	
Emergency Information Sheet		Parental Agreement	
Technology Usage		Media Release Yes No (circle)	

Documents Given to Parents	
	Initial
Parent has been given Pre-Kindergarten Welcome Kit	
* Additional medical forms given:	
*P-ELL/IEP/Medical added to Registration Log in Teams	
*Medical notes added to Communication Log in SIS	
Approval letter given on the following date:	
Student start date:	

Additional notes/comments from ECE staff: _____ Date/Initial _____



PARENT AGREEMENT
St. Louis Public Schools
Early Childhood/Early Childhood Special Education

By initialing 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 classroom 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 are 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 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



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

Person Completing Form: Parent Guardian Student Other

STUDENT NAME LAST FIRST MIDDLE

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

GRADE SEX RACE BIRTHDATE MONTH DAY YEAR HOME TEL# AREA CODE

EMERGENCY # AREA CODE EMERGENCY CONTACT

HEALTH CARE PROVIDER DCN/Medicaid #

SCHOOL AND DISTRICT WITHDRAWAL DATE LAST ATTENDED

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 was 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 student ever received special education services?
• Is student currently in Missouri Children's Division (DFS) custody, or residing in a foster home/residential facility?
• 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?
• Presently, where is student living?
Missouri Safe Schools Act Disciplinary Information:
• Is 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?
• Has student been charged or convicted of any felonies?

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.

X SIGNATURE OF PARENT / GUARDIAN

DATE



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

HOME TELEPHONE # P.O. BOX* INCLUDE HOME ADDRESS IF PO BOX IS USED

OTHER CHILDREN IN DISTRICT? Yes No If Yes, list names and grades.

PRIMARY PARENT INFORMATION - Information on PARENTS in the home where the student lives, may be parent and step-parent, etc. Do NOT include grandparents, aunts, uncles, etc. UNLESS they are the 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 parents 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
Early Childhood
Education Office**

ECE Registration Authorization Letter

Congratulations!

_____ has met the initial requirements necessary to receive a seat at:
(Student Name)

School: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Your student must report to their assigned school on _____ to avoid losing his/her seat.

Finalizing your enrollment process requires the following:

- Report to the school nurse for a health consultation within 7 days from the first day of school. *Missouri State Statue 167.181.1 and St. Louis Public School Board Policy 5111.2 require that all students present documentation of up-to-date immunization status.*
- *Failure to adhere to the health consultation will result in immediate withdrawal.*

I acknowledge that I have reviewed this letter and agree to the requirements.

Parent/Legal Guardian Signature Date

SLPS ECE Representative Date

- € *I have received a copy of the policy information for my records.*
- € *I have received copies to provide to the school.*
- € *SIT enrollment family has 30 days to provide supplemental documents.*

IMPORTANT TRANSPORTATION INFORMATION

P3 – Transportation is NOT PROVIDED (unless otherwise noted).

P4 – Transportation is NOT GUARANTEED for students outside their neighborhood schools. Please contact the Transportation Office for eligibility at 314-633-5106

Missouri Central School Bus
Call Center @ (314) 449-9162

Questions regarding routes and schedules should be directed to the Transportation Office Monday-Friday from 6:00am to 5:30pm. Check transportation eligibility at [URL Versatrans e-Link - School/Transportation Search \(slps.org\)](http://URL_Versatrans_e-Link_School/Transportation_Search(slps.org))

I have read and understand the information above.

(Parent signature)



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 of 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 programs 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 hereby 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 named above, and do hereby give my consent without reservations to the abovementioned.

Signature

Date

Printed Name

Dewey International Studies

Authorized Pick-Up List

Please list all adults (18 or older) who are authorized to pick up your child from Dewey International Studies. This list should include any spouse, parents/guardians, family members, friends, etc. authorized to pick up your child. **Your child will only be released to adults you list on this form.** Photo identification will be required at pick-up.

If you choose to add/delete to your pick-up list in the future, you must come to the office and update this form. **You may not add to the list by phone or written note.**

Student Name: _____

Name of Adult	Relationship	Phone Number
(spouse if applicable)		

Parent Name(Print) _____ Date: _____

Parent Signature: _____ Phone _____

**DEWEY INTERNATIONAL STUDIES SCHOOL
CONSENT FOR RELEASE OF STUDENT RECORDS/INFORMATION**

The Missouri Safe Schools Act, (HB 1301 & 12981 Section 167.020.7 states, within 48 hours of enrolling students, the school official enrolling the student (including any student receiving special education services), shall request records required by district policy for student transfer and those discipline records required by sub-section 7 or section 160.231 RSMo, from all schools previously attended by the student within the last twelve months. Any public school district that receives a request for records from another school shall respond to such request within 5 business days upon receiving a request. Based on the language of the Safe Schools Act, the District may not hold the records until fees are paid. Violation of this subsection is a class B misdemeanor and a civil action is authorized based upon a district's failure to comply.

Law does not require Parent/Guardian written release of schools records to other public education institutions, in which the student seeks or intends to enroll. This transfer is provided for in the Family Educational Rights and Privacy Act (FERPA). Parent/Guardian written permission is required for release of school records to Private or Parochial institutions.

Student Legal Name _____

Other Name Student is known by _____

Date of Birth _____ Grade _____

I hereby authorize the Dewey International Studies School to:

Release information to/or Receive information from:

Name of School or Agency: _____

Street: _____

City, State and Zip: _____

I authorize the release of the information indicated below:

- | | |
|--|---|
| <input type="checkbox"/> Withdrawal grades | <input type="checkbox"/> Current Psychological
Social/Emotional Evaluation |
| <input type="checkbox"/> Transcripts (grades, test scores) | <input type="checkbox"/> Current Educational Evaluation |
| <input type="checkbox"/> Health/Medical Records | <input type="checkbox"/> Current Individualized Education Plan |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Discipline Records | |

Parent Signature _____

DEWEY INTERNATIONAL STUDIES SCHOOL
SCHOOL SECRETARY
6746 CLAYTON RD
ST. LOUIS, MO 63139
P: 314-645-4845 F: 314-244-1760