



**Bus:**

Will the student be riding a bus? Yes \_\_\_ (morning \_\_\_, afternoon \_\_\_, both \_\_\_) No \_\_\_

If yes, address where child will be picked up: \_\_\_\_\_

Address where child will be taken after school: \_\_\_\_\_

**Court Order:**

A complete original copy of any legal documents/court orders pertaining to the student must be presented. (i.e. termination of parental rights, restraining order, etc.)

Yes \_\_\_ No \_\_\_ Is there a court order that restricts either parent from contact with your student or access to student records?

*\*If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.*

**Previous School Information: \*For Kindergarten – 7<sup>th</sup> grade new enrollees**

List schools previously attended: (beginning with most recent)

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Grades attended \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Grades attended \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Grades attended \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

**Previous School Information: \*For 8<sup>th</sup> – 12<sup>th</sup> grade new enrollees.**

List schools previously attended: (beginning with most recent)

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Grades attended \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Grades attended \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Grades attended \_\_\_\_\_ From \_\_\_\_\_ (mm/dd/yy) To \_\_\_\_\_ (mm/dd/yy)

**Additional School Information:**

Yes \_\_\_ No \_\_\_ Did the student bring a copy of their school records? (Official records will be requested.)

Yes \_\_\_ No \_\_\_ Did the student bring a copy of their immunizations?

Yes \_\_\_ No \_\_\_ Was the student previously enrolled in the Jackson R-2 School District?

If yes: Grade \_\_\_\_\_ Building \_\_\_\_\_ Year \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Has the student been retained? If yes, what grade was repeated? \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Has the student ever been homeschooled? Is the student currently being homeschooled? Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_ Has the student been enrolled in more than 1 school per school year?

**Siblings Attending a Jackson R-2 School:**

Name	Grade	Building
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Contacts/Authorized to Pick-up:**

Please indicate below individuals that are authorized to pick your child up from school (other than Primary Parent/Guardian). These names will also be emergency contacts if an emergency/disaster should occur during the school day and you are unable to be reached.

1. Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone (cell/work/home): \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone (cell/work/home): \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone (cell/work/home): \_\_\_\_\_

\_\_\_\_\_

4.. Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone (cell/work/home): \_\_\_\_\_

\_\_\_\_\_

**Directory Information:**

Under Federal Education Rights and Privacy Act, public school districts are allowed to release directory information such as a student's name; grade level; parents' names; enrollment status; participation in district-sponsored or recognized activities and sports; weight and height of members of athletic teams; dates of attendance; degrees, honors and awards received; artwork or coursework displayed by the District; schools or school districts previously attended; and photographs, videotapes, digital images and recorded sound, unless such would be considered harmful or an invasion of privacy. This includes school pictures, yearbooks, and the district's website. Denial of permission does not affect the district's authority to use video cameras for law enforcement and discipline purposes.

\_\_\_\_\_ Please initial to indicate you have read this section.

*If you don't want the district to release the information listed above, you must submit a written notice to the school within 10 days of completing this form.*

**Military Recruiter Access to Student Information (High School Students Only):**

By law the district must release to military recruiters the name, address, and phone numbers of high school students unless the Student, Parent, or Guardian notifies the district in writing that they do not want the information released.

\_\_\_\_\_ Please initial to indicate you have read this section.

*If you don't want the district to release the information listed above, you must submit a written notice to the school within 10 days of completing this form.*

**Activities [Missouri State High School Activities Association (MSHSAA) Participation]:**

Yes \_\_\_ No \_\_\_ Is the student planning on participating in MSHSAA sponsored activities?

If yes, list activities: \_\_\_\_\_

\_\_\_\_\_

Previous Home Address: \_\_\_\_\_  
Street, County Road, Apt # City State Zip code

**Language:**

Yes \_\_\_ No \_\_\_ Does the student speak a language other than English as the primary form of communication?

If yes, what language? \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Is a language other than English spoken in the home as a form of communication?

If yes, what language? \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Does or has the student received ESOL (English for Speakers of Other Languages) services?

Date entered the United States: \_\_\_\_\_

**Special Services:**

- Yes \_\_\_ No \_\_\_ Is the student currently receiving special education services under the Individuals with Disabilities Education Act (IDEA)? If yes, intake/reactivation is required. Please provide a copy of the most recent Individual Education Plan (IEP) and evaluation documentation.
- Yes \_\_\_ No \_\_\_ Is the student currently receiving Section 504 accommodations? If yes, please provide a copy of the most recent Individual Accommodation Plan (IAP) and evaluation.
- Yes \_\_\_ No \_\_\_ Is the student currently receiving Title I or Remedial Reading services?
- Yes \_\_\_ No \_\_\_ Is the student currently receiving Formal Gifted Program services?
- Yes \_\_\_ No \_\_\_ Has the student received any of the above services in the past? If yes, please explain: \_\_\_\_\_

**Housing/Work:**

- Yes \_\_\_ No \_\_\_ Do you currently share the housing of other persons due to loss of housing or economic hardship? If yes, please explain. \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Do you reside in a hotel/motel, car/campground, or transitional shelter due to loss of housing or economic hardship? If yes, please explain. \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Do you currently reside in a shelter?
- Yes \_\_\_ No \_\_\_ Do you currently live in a temporary housing arrangement due to economic hardship?
- Yes \_\_\_ No \_\_\_ Has the family moved within the past 3 years to obtain temporary or seasonal farm-related work such as planting or harvesting crops; transporting farm products to market; feeding or processing poultry, beef, or hogs; gathering eggs or working hatcheries; working on a dairy farm or a catfish farm; or cutting firewood or logs to sell?

**Missouri Safe Schools Act:**

- Yes \_\_\_ No \_\_\_ Was the student involved in discipline problems at the previous school? If yes, explain: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Is the student currently under suspension or expulsion from school? If yes, state the reason(s) for the suspension/expulsion: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Has the student ever been suspended or expelled from school? If yes, state the reason(s) for the suspension/expulsion: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Has the student ever been convicted of a felony (or indicted or had any information filed against him/her alleging the commission of a felony for which there has been no final judgment)? If yes, explain: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Has the student ever had a petition filed against him/her in juvenile court alleging the commission of an act that, if committed by an adult, may constitute a felony, for which there has been no final judgment, or for which the student has been adjudicated to have committed the offense? If yes, explain: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Is the student under the jurisdiction of the Family or Juvenile Court? If yes, please provide name & phone number of current juvenile officer: \_\_\_\_\_ and city & state \_\_\_\_\_

**Verification:**

Under penalty of applicable Missouri law, I certify that the information on this form is accurate. I understand that submitting incorrect information may immediately invalidate enrollment, and the school district may file a civil action against me to recover the cost of educating the student.

\_\_\_\_\_  
 Print name of person completing this form      Relation to Student      Signature      Date