

**Oak Ridge R-VI School District**  
**4198 State Highway E | Oak Ridge MO, 63769**

**ENROLLMENT FORM**

Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: (Circle One) Male Female

Military Family Status: (Circle One) Not Military Connected Active Duty National Guard/Reserve

County: (Circle One) Cape Girardeau Bollinger Perry

Student lives with: (Circle One) Mother Father Step-mother Step-father Grandparents Other \_\_\_\_\_

Who has legal custody of the student? (Circle all that apply) Mother Father Guardian Other \_\_\_\_\_

Marital Status: (Circle One) Divorced Married Separated Single Widowed

Is the student currently involved with: (Circle One) DFS/Foster Care DYS Juv. Office Probation/Parole

If any of the above is checked, name of Agency Contact Person \_\_\_\_\_

Address: \_\_\_\_\_

Name of Biological or Legal Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ \* Home Phone: \_\_\_\_\_ \*

E-mail: \_\_\_\_\_

Work Place Name \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ \*

Name of Biological or Legal Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ \* Home Phone: \_\_\_\_\_ \*

E-mail: \_\_\_\_\_

Work Place Name \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ \*

Name of Court-Appointed Guardian or other Person Designated by Law as Guardian (if any):

\_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ \* Home Phone: \_\_\_\_\_ \*

E-mail: \_\_\_\_\_

Work Place Name \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ \*

Name of Person Enrolling the Student if Someone Other than Those Listed Above:

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ \*

Home Phone: \_\_\_\_\_ \* E-mail: \_\_\_\_\_

\*By providing a phone number, you are consenting to receive messages for emergency purposes, such as school closures, the unexcused absence of your student, threats and health risks. You are also consenting to receive calls regarding the education mission of the district, such as parent-teacher conferences and upcoming school-related activities. Please check here if you do not want to receive these notifications:

If the student is not currently residing in the district, explain why the student is attempting to enroll in the district:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the student's permanent physical address or, if the student does not currently have a permanent physical address, please choose from the options below to describe the student's living situation:

Address: \_\_\_\_\_

- Sharing the housing of another person due to loss of housing, economic hardship, or a similar reason. If for a similar reason, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Residing at a campsite or in a hotel, motel or car because of damage to the permanent home or economic hardship.
- Currently residing in a shelter.
- Currently living in temporary housing due to economic hardship.

Please provide the district with a copy of any custody orders, guardianship designations, power of attorney documents or any other similar documentation. Note: It is not the district's responsibility to enforce divorce decrees, parenting plans or custody orders. The district seeks this information solely to determine who the biological parents are, who has authority to make or participate in educational decisions, who may have access to student records and who the courts have determined is safe to be alone with the child.

## Proof of Residence

Missouri law requires proof of residence unless a statutory exception provides otherwise. The following are acceptable proof of residency documents:

1. Property tax statement
2. Utility bill/agreement
3. Real estate contract
4. Rental agreement/receipt

The district may not register the student until sufficient evidence of residency is provided to the school district.

## Transfer Information

If the student previously attended another school or school district, please provide the following information:

School's Name: \_\_\_\_\_

School's Address: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_

School's E-mail Address: \_\_\_\_\_

Dates Student Attended Previous School: \_\_\_\_\_

Which grade levels did the student attend at the previous school? \_\_\_\_\_

Prior to transfer, did the student participate in any of the following programs or receive the following services?

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Section 504 Plan                | <input type="checkbox"/> Accommodation of a Disability   |
| <input type="checkbox"/> IEP (Individual Education Plan) | <input type="checkbox"/> English Language Instruction    |
| <input type="checkbox"/> Gifted Education Services       | <input type="checkbox"/> Personalized Health Plan        |
| <input type="checkbox"/> Special Education Services      | <input type="checkbox"/> Services for Homeless Students  |
| <input type="checkbox"/> Special Reading Instruction     | <input type="checkbox"/> Services for Migratory Students |

## Home Language and Migrant Survey

Answers to the following questions will help the district identify students who may need additional educational services:

What was the student's first language?

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Which language(s) does the student use (speak) at home and with others?

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Which language(s) does the student hear at home and understand?

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Has your family moved in the last three years?  Yes  No

Does your family engage in agriculture-related work?  Yes  No

If yes, has your family moved to seek or obtain agriculture-related work?  Yes  No

## Emergency Contacts

The district is authorized to release the student to the care of the following persons in an emergency situation, when the student is ill or injured, or in situations where the parents cannot be contacted or is not available. The district is authorized to share with the listed persons information in the student's education records when district staff consider that information necessary or relevant to the reason the student is being released to the contact. For example, if a student is ill, the district may share with the contacted persons information in the student's health records regarding the illness. **The district will assume that the student may be legally released to all parents or legal guardians unless presented documentation to the contrary.**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ \* Home Phone: \_\_\_\_\_ \*

E-mail: \_\_\_\_\_

Work Place Name \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ \*

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ \* Home Phone: \_\_\_\_\_ \*

E-mail: \_\_\_\_\_

Work Place Name \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ \*

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ \* Home Phone: \_\_\_\_\_ \*

E-mail: \_\_\_\_\_

Work Place Name \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ \*

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ \* Home Phone: \_\_\_\_\_ \*

E-mail: \_\_\_\_\_

Work Place Name \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ \*

**Discipline History**

In accordance with the Missouri Safe Schools Act, parents/guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

Is the student presently under suspension or expulsion from another school district?

Yes  No If yes, please explain:

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Has the student ever been expelled from school?

Yes  No If yes, please explain:

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Has the student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person?

Yes  No If yes, please explain:

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Has the student ever been suspended from a school for more than ten consecutive days?

Yes  No If yes, please explain:

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Has the student been convicted of or charged with a crime in juvenile or adult court?

Yes  No If yes, please explain:

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Has the above student been convicted of or charged with any of the following crimes in juvenile or adult courts?

Yes    No   If yes, indicate which crime(s):

- First-degree murder under § 565.020, RSMo.
- Second-degree murder under § 565.021, RSMo.
- First-degree assault under § 565.050, RSMo.
- Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under § 566.030, RSMo.
- Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree under § 566.060, RSMo.
- Statutory rape under § 566.032, RSMo.
- Statutory sodomy under § 566.062, RSMo.
- Robbery in the first degree under § 569.020, RSMo.
- Distribution of drugs to a minor under § 195.212, RSMo.
- Arson in the first degree under § 569.040, RSMo.
- Kidnapping, when classified as a class A felony under § 565.110, RSMo.

Please share any other information regarding the student's behavior that would assist the district in better educating this student:

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### **Ethnicity and Race Student Self-Identification**

Completion of this section is voluntary. The district is requesting that you provide the following information. The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this section is not completed, the district is required by law to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation.

Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

Please answer both questions:

#### **Question 1—Ethnicity (Choose only one):**

Is the student Hispanic or Latino?

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

#### **Question 2—Race (Choose one or more):**

What is the student's race?

- American Indian or Alaska Native (a person having origins in any of the original peoples of North America or 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, the Middle East or North Africa)

**NOTICE:** According to § 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form you are certifying to the district that the above information is accurate. Further, submitting a false statement is punishable by a \$1,000 fine (§ 575.060, RSMo.). The district reserves the right to take any and all additional legal actions against the parents/guardians and student for false statements, misrepresentations or fraudulent actions.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to § 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

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Signature of Parent, Guardian, Person Acting as a Parent, or Student if Applicable

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Date