

Enrollment information for Kindergarten Parents

Feel free to fill in the forms on the computer using adobe software and print them out OR print them out first to fill them in by hand. Please bring the completed forms along with (1) a copy of your child's birth certificate; (2) a copy of your child's social security card;(3)Proof of residency (see item 3 for required verification procedures). You must have ALL of these items at the time of registration. If possible, you may also bring the immunization forms and records from the previous school. If they are not available, you may fill out the request for records and we will fax them to the previous school.

The following documents are included in your packet:

1. Family Registration Form (one per family)
2. Application for Enrollment
3. Proof of Residency Form

Approved By _____
(Building)

New Application
 Change to Existing Application

Family Registration Form

The Willard R-2 School District now enrolls students through family registrations. This is an effort to streamline our process, provide data consistency between siblings, and reduce errors. *This form should be completed by custodial parent.*

Please list all students that need to be registered in the Willard School District. Please abbreviate the school they will be attending.

Student Name	School Registering For		
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Language spoken at home _____

Primary Parent (This is the parent the child resides with)

First Name Middle Name Last Name (Legal Name)

Relationship to Student: _____ Check if you are Head of Household

Home Phone: _____ check if unlisted Cell Phone: _____

Present Marital Status: _____ Social Security Number: _____

E-Mail Address : _____ check if you would like to have on-line access for this parent to my student's information (grades, lunch charges/balance, attendance, discipline, etc Date: _____

Parent Work Information

Employer Name: _____ Work Phone: _____

Primary Parent Spouse (Spouse of the parent that the child resides with)

First Name Middle Name Last Name (Legal Name)

Relationship to Student: _____ Cell Phone _____

Marital Status: _____ Social Security Number _____

E-Mail Address : _____ check if you would like to have on-line access for this parent to my student's information (grades, lunch charges/balance, attendance, discipline, etc Date: _____

Spouse Work Information

Employer Name: _____ Work Phone: _____

Residency and Occupancy Validation – 911 or Physical Address must be given

Will your child be a full time student or part time student? FT PT

House # _____ Direction _____ Street Name _____ Type (Ex: Dr, Ave, Cir) _____ Apt# or Lot _____

City _____ State _____ Zip _____

Mailing Address If Different from above: (Ex: PO Box) _____

Alternate Parent #1 (Non-Custodial parent, if applicable)

This will also be used for emergency contact information

For Student (s) (Name): _____

First Name _____ Middle Name _____ Last Name _____

Cell Phone : _____ E-Mail Address: _____

Social Security Number _____ Marital Status : _____

Relationship to Student _____

Employer : _____ Work Phone: _____

Alternate Parent Spouse

First Name _____ Middle Name _____ Last Name _____

Cell Phone: _____ E-Mail Address _____

Social Security Number _____ Relationship to Student _____

Alternate Parents Address

Address: _____ Home Phone: _____

City: _____ State _____ Zip _____

Alternate Parent #2

(Non-Custodial parent, if applicable)

For Student (s) (Name): _____

This will also be used for emergency contact information

First Name Middle Name Last Name

Cell Phone : _____ E-Mail Address: _____

Social Security Number _____ Marital Status : _____

Relationship to Student _____

Employer : _____ Work Phone: _____

Alternate Parent Spouse

First Name Middle Name Last Name

Cell Phone: _____ E-Mail Address _____

Social Security Number _____ Relationship to Student _____

Alternate Parents Address

Address: _____ Home Phone: _____

City: _____ State _____

Emergency Contact Information

(Other than parent or alternate parent)

First Name _____ Last Name _____

Phone: _____ Cell: _____

Relationship to Student: _____
(grandparent, friend, aunt etc.....)

Additional Emergency Contact Information

First Name _____

Last Name _____

Phone: _____

Cell: _____

Relationship to Student: _____
(grandparent, friend, aunt etc.....)

**SCHOOL DISTRICT OF WILLARD R-II
APPLICATION FOR ENROLLMENT
STUDENT INFORMATION**

MOSIS Number (If known): _____

Enrollment Date: _____ Social Security Number: _____ Grade: _____

Student's **Legal** Name: _____
(Last) (First) (Middle) (Nickname)

Telephone: _____ Date of Birth: _____ Age: _____ Sex: _____

Ethnicity: Hispanic Non-Hispanic

Race (check all that apply)

White Black Hispanic Native American/Eskimo Native Hawaiian or Pacific Islander Asian

Address: _____ City: _____ State: _____ Zip: _____

Native Language: _____ Language spoken at home: _____

--Number of months student has lived in the United States: _____

--If you were not born in the United States, when did you move here? **Month:** _____ **Year:** _____

Will student need bus transportation service to and from school? YES NO

PREVIOUS SCHOOLS ATTENDED: Please provide the following information regarding each school the student has attended during the preceding twelve (12) months:

NAME OF SCHOOL: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____

Has the student participated in Head Start at any time during the past two years? YES NO

Has the student attended Pre-School, Daycare, etc.? If yes, please give name: _____

STUDENT PLACEMENT INFORMATION

--Does student have a current IEP (Individualized Education Plan)? YES NO

--Does the student have an area of need? (e.g., LD, ED, MR, Speech, etc.) YES NO

If "Yes", please explain: _____

--Has student ever been enrolled in a gifted program? YES NO

--Do you object to the use of the student's name/picture in school publications? YES NO

--Do you object to your phone number in a Student Directory? YES NO

BASIS FOR ADMISSION OF STUDENT (Sec167.020 RSMo.) Check all that apply:

Resides with parent in district

Resides with legal guardian in district (Copy of court order must be attached)

Student is less than 21 years of age and lacks a fixed, regular and adequate nighttime residence (homeless child)

Student is less than 21 years of age and has a permanent or temporary home in the district and 1) is an orphan or has only one parent living, 2) parents do not contribute to his or her support.

Student's family moved from one school district to another district within the last three years to gain employment in agricultural or season work. (i.e., Tyson, greenhouse, dairy farm, live haul, etc.) **If checked**, please describe the job for which you moved: _____

Student's parent owns real estate in the district: provided 1) 80 acres or more are used for agricultural purposes; 2) parent's residence is on real estate; 3) at least 35% of the real estate is in the district; 4) parent notified district on or before June 30 that student would be attending school in district. To be eligible for admission, all 4 conditions above must be met.

Transportation hardship as agreed by both districts.

*Is this child in Foster Care: YES NO

If yes, please list Case workers name: _____ County _____

Departmental Client Number (DCN) _____

*Are you sharing the housing of other persons due to loss of housing, economic hardship or similar reason?

YES NO Explain: _____

*Are you currently residing at a motel/hotel, in a car or at a campsite because your home has been damaged or

because of economic reasons? YES NO Explain: _____

*Are you currently living in a shelter: YES NO

*Are you currently living in a temporary housing arrangement due to economic hardship? YES NO

Explain: _____

ADDRESS VERIFICATION-PARENT/GUARDIAN (Please attach copy of document)

Real Estate Contract or Lease signed by both parties Utility bill Tax Bill/Personal Property

Other: _____

CERTIFICATION: Please answer the following questions with a check by your choice.

A. Certification Regarding Residency

1. The Student's current residence is located with the boundaries of the School District of Willard R-2.

YES NO

2. The student currently resides with his/her:

PARENTS FATHER MOTHER LEGAL GUARDIAN

OTHER—If “other,” then please answer the following questions:

YES NO --The student is a resident in the School District because he/she is a ward of the State of Missouri who has been placed in a residential care facility by the official of the state?

YES NO --The student is a resident in the School District because he/she has been placed in a residential facility due to a mental illness or development disability

YES NO --The student is a resident in the School District because he/she has been placed in a residential care facility by a juvenile court?

YES NO --The student has a disability identified under state eligibility criteria and is in the School District for reasons other than assessing the School District's educational program?

YES NO --Do either of student's parents contribute to student's support?

B. Certification Regarding Prior Disciplinary Conduct

Please answer the following questions by placing a check by your choice.

YES NO --Is the student currently under suspension or expulsion from another school or school district?

YES NO --Did the student leave any school or school district within the last twelve (12) months under threat by such school or school district of suspension or expulsion?

YES NO --Has the student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to weapons?

YES NO --Has the student been suspended or expelled in the past from attendance in another school or school district for violation in the school's policy relating to alcohol, drugs, and controlled substances?

If yes, explain: _____

YES NO --Has the student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to willful infliction of injury to another person or assault?

****If yes is answered on any of the above questions, then a Request of Records needs to be completed to include disciplinary information.**

C. Certification of Prior Criminal Conduct

With respect to the following acts:

- 1. First degree murder under section 565.020, RSMo.
- 2. Second degree murder under section 565.021, RSMo.
- 3. First degree assault under section 565.050, RSMo.
- 4. Forcible rape under section 566.030, RSMo
- 5. Forcible sodomy under section 566.060. RSMo
- 6. Statutory rape under section 566.032, RSMo
- 7. Statutory sodomy under section 566.062, RSMo.
- 8. Robbery in the first degree under section 569.020, RSMo.
- 9. Distribution of drugs to a minor under section 195.212, RSMo.
- 10. Arson in the first degree under section 569.040, RSMo.
- 11. Kidnapping, when classified as a class A felony under section 565.110, RSMo.

YES NO --Has the student ever been convicted of any of these offenses?

YES NO --Has the student been indicted or had information filed against him/her alleging that the Student has committed one or more of these acts, to which there has been no final judgment?

YES NO --Has a petition been filed against the student pursuant to section 211.091, RSMo., or any other state's juvenile code, alleging that the student has committed one or more of these acts, to which there has been no final judgment?

YES NO --Has the student been adjudicated to have committed an act which if committed by an adult would be a violation of one or more of these acts?

****If yes is answered on any of the above questions, then a Request for Criminal Justice or Juvenile Records may be necessary.**

I understand that if I provide false information to the School District in order to satisfy the information requests of the School District it may constitute a violation of Missouri law 167-020RSMO.

I further understand that if any of the information provided by me herein is false, in addition to other penalties authorized by law, the School District may file a civil action to recover the costs of school attendance for the student who was enrolled in the School District on the basis of such false information.

Parent Signature

Student Signature (if 18 or older)

Date: _____

**WILLARD R-II SCHOOLS
PROOF OF RESIDENCY FORM**

In order to register a resident student, the parent, legal guardian or the student shall provide proof of residency or proof that a waiver has been requested as outlined below and shall complete all admission requirements as determined by Board policies, rules and regulations. Resident students who cannot provide adequate proof of residency may request a waiver in accordance with state law (see Board policy JECA). Students who do not meet the residency requirements may apply for admission in accordance with state law regarding admission of nonresident students (see Board policy JECB).

At least one (1) of the following criteria shall be used in determining student residency:

1. The student physically resides and is domiciled in the district. The domicile of a minor child shall be the domicile of a parent or court-appointed legal guardian.
2. The student is otherwise proven to be legally domiciled within the district, is adult age and lives independently of parents.

In order to satisfy the district's residency requirements, the students, parent or court-appointed legal guardian must provide one (1) or more of the following items as proof of residency:

1. Property Tax Statement
2. Legal Property Description-Deed with Parent Name
3. Utility Bill/Agreement
4. Rental Agreement/Receipt
5. Real Estate Contract

Name of Student: _____

Address of Student: _____

Name of Person with Whom Student is Living: _____

Relationship to Student: Self Parent Guardian

Name of Parent or Court-Appointed Legal Guardian (Attach copy of "Letters of Guardianship"):

Address of Parent or Court-Appointed Legal Guardian: _____

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.

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

Date