

Avenue City Elementary Registration & Permission Form 2013-2014

STUDENT DATA:

Name (first, middle, last):				Social Security #:	
Date of Birth:		Male/Female	Grade:_		Home Phone #
Mailing Address	s:			City, State, Zip:	
Ethnic Code: Circle One	1.White	2. American Indian/A	laska Native	3. Asian	4. Black/African American
	5. Hispanic o	of Any Race 6. Na	ative Hawaiian/0	Other Pacific Islar	nder 7. Multi-Racial

PARENTS' / GUARDIANS' DATA:						
Mother's Name:		Employer:				
Home Address: (if different than above; mailing address, city, state, zip)						
Email:						
	Cell #:	Work #:				
		Employer:				
Home Address: (if different than above; mailing address, city, state, zip)						
Email:						
Home Phone #:	Cell #:	Work #:				
PARENT SURVEY						
Q2 If divorced, who has legal custody?						
Q3 Has a member of the family moved with the child(ren) within the past three years to seek or obtain temporary or seasonal agricultural or food processing work? Yes or NO (If yes, ask for migrant questionnaire)						
Q4 Is the student's primary language something other than English? Yes or NoIf the answer is yes, which language is the student's primary language? (If yes, fill out language survey)						
Q5 Is a language other than English used by others in the home? Yes or No						
Q4 Have you moved to the U.S. from another country? Yes or No If the answer is yes, when did you first move to the U.S.? (date) How long have you lived in the state of Missouri? (time in years)						
Q5 Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes or No Explain if it is a similar reason						
Q6 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 or No						
Q7 Are you currently residing in	n a shelter? Yes or No					
Q8 Are you currently living in a temporary housing arrangement due to economic hardship. Yes or No						
Parent/Guardian Signature Date						

EMERGENCY INFORMATION: *In the event that your child has an accident or becomes ill at school, every reasonable effort will be made to call the parents first. However, **if a parent cannot be contacted** please list two individuals who may be contacted to take care of your child.

1. Name:	Relationsh	Relationship to the child:				
Home Phone #:	Cell #:	Work #:				
2. Name: Relationship to the child:						
Home Phone #:	Cell #:	Work #:				
EARLY OUTS DUE TO) WEATHER OR OTHE	R UNFORESEEN EVENT:				
If there is an unplanned early or	ıt, what should your child do?	(Examples of Answers: home on the bus; call parent; or)				
FIELD TRIP PERMISS	ION:					
I give my permission for my st School field trip during school all field trips.	udent,hours for the 2013-2014 school	to attend any Avenue City Elementary year. Student handbook policies will be followed during				
Signature of Parent:		Date:				
Please make any comments ner	re that would help us better serve	e your child:				
	RY FOR NEW ENROLI					
School Name:		Address:				
Phone #:		Grade(s) child was in when attending:				
School's Name:						
Phone #:		Grade(s) child was in when attending:				
Grade and school your child att	ended last year:					
	y of the following services: (Ple emedial Reading [] Specia	ease check all that apply.) al Education (LD, EMH, HI, VI, etc.)				