



# Avenue City Elementary Registration & Permission Form 2019-2020

## STUDENT DATA:

Name (first, middle, last): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Ethnic Code:  
**Circle One**    1. White    2. American Indian/Alaska Native    3. Asian    4. Black/African American  
                   5. Hispanic of Any Race    6. Native Hawaiian/Other Pacific Islander    7. Multi-Racial

## PARENTS' / GUARDIANS' DATA:

**Mother's Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

Home Address: (if different than above; mailing address, city, state, zip)  
 \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

Home Address: (if different than above; mailing address, city, state, zip)  
 \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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**PARENT SURVEY**

**Q1** List people & ages of others living in the home: \_\_\_\_\_

**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 No** \_\_\_\_\_ If 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** \_\_\_\_\_

**Q6** 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)

**Q7** 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. \_\_\_\_\_

**Q8** 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** \_\_\_\_\_

**Q9** Are you currently residing in a shelter? **Yes or No** \_\_\_\_\_

**Q10** 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: _____	Relationship to the child: _____	
Home Phone #: _____	Cell #: _____	Work #: _____
2. Name: _____	Relationship to the child: _____	
Home Phone #: _____	Cell #: _____	Work #: _____

**EARLY OUTS DUE TO WEATHER OR OTHER UNFORESEEN EVENT:**

If there is an unplanned early out, what should your child do? (Examples: home on the bus; car rider; parent will call, or.....)

\_\_\_\_\_

**FIELD TRIP PERMISSION:**

I give my permission for my student, \_\_\_\_\_ to attend any Avenue City Elementary School field trip during school hours for the school year. Student handbook policies will be followed during all field trips.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**FOOD ALLERGIES OR OTHER MEDICAL CONDITIONS:**

Please list any food allergies or other medical conditions the school district needs to know about your child. Additional information may be requested from the school nurse.

\_\_\_\_\_

**PARENT'S COMMENTS:**

Please make any comments here that would help us better serve your child:

\_\_\_\_\_

**EDUCATION HISTORY FOR NEW ENROLLMENTS:**

List any school and their addresses that your child attended previously:

School Name: _____	Address: _____
Phone #: _____	Grade(s) child was in when attending: _____
School's Name: _____	Address: _____
Phone #: _____	Grade(s) child was in when attending: _____

Grade and school your child attended last year: \_\_\_\_\_

Has your child ever received any of the following services: (Please check all that apply.)

Speech/Language     Remedial Reading     Special Education (LD, EMH, HI, VI, etc.)