



Avenue City Elementary Registration & Permission Form 2021-2022

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 #: Father's Name: Employer: Home Address: (if different than above; mailing address, city, state, zip) Email: Home Phone #: Cell #: Work #: 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 Yes Q8 Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? Yes or No Q9 Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? Yes or No Q10 Are you currently residing in an emergency or transitional shelter? Yes or No Q11 Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? Yes or No Q12 Has the student been abandoned in a hospital? 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.)