Avenue City Elementary Registration & Permission Form 2022-2023

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.)