

# MCE Elementary Enrollment Check Off List

Student's Name \_\_\_\_\_

\_\_\_\_\_ Official Birth Certificate

\_\_\_\_\_ Proof of Residency (See proof of residency form)

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Visited with the Nurse

\_\_\_\_\_ Bus # \_\_\_\_\_

\_\_\_\_\_  
(driving directions from MCE)  
\_\_\_\_\_

\_\_\_\_\_ Agriculture Information Form filled out entirely

\_\_\_\_\_ Special Ed. (I.E.P/Diagnostic reports, or any other school attending)

\_\_\_\_\_ Request for Student Records (including the address of The last school attending)

\_\_\_\_\_ Copy of custody papers if a divorce is involved (Who has legal custody?)

Marion C. Early Elementary School  
5309 South Main  
Morrisville, Mo. 65710



**LOCAL EMERGENCY NUMBERS:** (Whom to contact other than home)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Racial or ethnic identity of students (**Voluntary, you are not required to respond**)

White\_\_\_ Asian\_\_\_ Black\_\_\_ Hispanic\_\_\_ Indian\_\_\_ Multi Race\_\_\_ Pacific Islander\_\_\_

If new to the district, is your move related to Agricultural employment? Yes\_\_\_ No\_\_\_

Is English your native language? Yes\_\_\_ No\_\_\_

\*If not English, what language do you use most to speak to your child? \_\_\_\_\_

Is anyone in immediate family:

Active Duty Military \_\_\_\_\_ National Guard \_\_\_\_\_ Reserve \_\_\_\_\_

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Explain if it is a 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\_\_\_

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

Are you currently living in a temporary housing arrangement due to economic hardships? Yes\_\_\_ No\_\_\_

Has this student repeated any grades? Yes\_\_\_ No\_\_\_ If so, what grade\_\_\_\_\_

Was this child in any class other than the regular classroom? Yes\_\_\_ No\_\_\_

If so, what? (LD, EMH, Speech, Remedial Reading/Math, etc.) \_\_\_\_\_

\_\_\_\_\_

Name of last school attended:\_\_\_\_\_

School Name

\_\_\_\_\_

Street Number or Road

\_\_\_\_\_

City

State

Zip

Parent's comments, if any\_\_\_\_\_

\_\_\_\_\_

Signature of person Completing Form

Relation

Date

**\*Please note: Due to the Safe Schools Law Act, proof of residency must be attached\***

**5309 S. Main  
Morrisville, MO 65710  
Phone: 417-376-2255  
Fax: 417-376-3243**

**ADMINISTRATION**  
Dr. Joshua Angel, Superintendent  
Dr. Joel B. Carey, High School Principal  
Mrs. Michelle Sechler, Elementary School Principal

**BOARD OF EDUCATION**  
Scott Grant, President  
Cassi Harper, Vice President  
Kevin Painter, Treasurer  
Thomas Francka, Member  
Clinton Maples, Member  
Christy Weibe, Member  
Josh Reed, Member  
Nancy Vance, Secretary

**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 the 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 non resident students.

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, guardian or court-appointed legal guardian.
2. The student is otherwise proven to be legally domiciled within the district.

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     | 4. Rental Agreement/Receipt |
| 2. Voter Registration Card    | 5. Real Estate Contract     |
| 3. Legal Property Description | 6. Utility Bill/Agreement   |

Name of Student: \_\_\_\_\_

Address of Student: \_\_\_\_\_

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

Address of Parent or Court-Appointed Legal Guardian: \_\_\_\_\_

\_\_\_\_\_

Signature

Date

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## Agriculture Information Form

If you have moved from one school district to another and you or your spouse have worked in agriculturally based employment in the last three (3) years, your children may be eligible for special services to better serve them in their education. Please answer the following questions to help us determine if your child is eligible.

1. YES\_\_\_\_\_ NO\_\_\_\_\_ Have you moved to this area in the past three (3) years?

2. YES\_\_\_\_\_ NO\_\_\_\_\_ In the last three (3) years, have you or your spouse worked or are you or your spouse currently working in any of these areas?

- \_\_\_\_\_ Planting or harvesting crops
- \_\_\_\_\_ Transporting farm products to market
- \_\_\_\_\_ Feeding poultry, gathering eggs, working in a hatchery
- \_\_\_\_\_ Processing meat, poultry, fruit, vegetables, dairy products
- \_\_\_\_\_ Milking cows on a dairy farm
- \_\_\_\_\_ Cutting firewood or logs to sell
- \_\_\_\_\_ Commercial fishing or working on a fish farm
- \_\_\_\_\_ Growing and tending trees to be sold

3. YES\_\_\_\_\_ NO\_\_\_\_\_ If you checked yes to any of the above, did you move to seek or obtain that job?

Parents or Guardians:\_\_\_\_\_ Phone#\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ ST:\_\_\_\_\_ Zip:\_\_\_\_\_

Place of employment:\_\_\_\_\_

Spouse's place of employment:\_\_\_\_\_

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## Statement of Disciplinary History

In Reference to the Missouri Safe School Act

In accordance with the Missouri Safe Schools Act, Marion C. Early School R-V requires that a student/parent/guardian provide a statement indicating whether a student was previously expelled, violated board policy on weapons, alcohol or drugs or willingly inflicted injury on another. Persons making a false statement would be guilty of Class B Misdemeanor.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

School(s) attended during the last year

Date last attended

_____	_____
_____	_____
_____	_____

Were you ever expelled/suspended from school for:

- |  |           |          |
|--|-----------|----------|
| A. Possession or use of a weapon at school | Yes _____ | No _____ |
| B. Possession or use of alcohol            | Yes _____ | No _____ |
| C. Possession or use of drugs              | Yes _____ | No _____ |
| D. Willfully inflicting injury on another  | Yes _____ | No _____ |

If yes on any of the above, please explain the circumstances relating to the expulsion/suspension of the incident. Failure to provide accurate information may result in the student's dismissal from school.

Information provided by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

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## Student Home Language Survey

Student's Name \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Person Completing Survey: \_\_\_Mother \_\_\_Father \_\_\_Student \_\_\_Guardian \_\_\_Other  
(specify \_\_\_\_\_)

**Circle the best answer to each question and provide additional information**

1. Was the first language you learned English? No Yes
2. Can you speak a language other than English? No Yes
3. Is any language other than English used at home? No Yes
4. Which language do you use most often with friends? English\_\_ Other:\_\_
5. Which language do you use most often with your parents? English\_\_ Other\_\_
6. Which language do you use most often with other relatives? English\_\_ Other\_\_
7. Have you attended school in a country other than the U.S.? No Yes (How long/what grades\_\_\_\_\_)
8. Have you attended another school in the U.S.? No Yes (Where and how long\_\_\_\_\_)
9. Have you attended another school in Missouri? No Yes (Where and how long\_\_\_\_\_)
10. Please provide any other related information that would help the school (for example, referral to Special Education programs in prior schools, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

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## Marion C Early R-V 084005 Elementary 4020

Mrs. Michelle Sechler, Elementary Principal

5309 S. Main  
Morrisville, Mo 65710

Phone: (417)376-2215  
Fax: (417)376-4350

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### REQUEST FOR RECORDS

To: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Registrar:**

Please forward all records including grades, discipline records, test records, **Special Education Records**, and any pertinent information that would be helpful to us in scheduling this student's classes (if necessary, please forward this request to the appropriate department.)

Please send all records to: **Marion C Early Elementary School or Fax: Marion C. Early**  
**5309 South Main (417)376-4350**  
**Morrisville, MO. 65710**

The Marion C Early RV School hereby requests the release of certain educational records and other records regarding the above described student pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g seq.; its regulation 34 C.F.R. Part 99; and any other applicable federal or state statutes.

Sincerely,

Mindy Painter  
Elementary Secretary