



**Alton R-IV School District**  
**2022-2023 Enrollment Forms**

In accordance with State and Federal Law, this form authorizes the Alton R-IV School District to request written and verbal information for the purpose of legitimate educational interests and planning for:

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

Previous School Name: \_\_\_\_\_ Grade Last Attended: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax/Email: \_\_\_\_\_

Last Date of Attendance at Previous School \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**FOR OFFICE USE**

**MOSIS information for Missouri Schools**

Date of request: \_\_\_\_\_ Student will start when records have been received.

The following records are requested:

- Cumulative school records including, but not limited to:
- Transcripts
- MOSIS ID number
- Standardized test
- Health/Immunization Records
- Attendance
- Disciplinary Reports
- Withdrawal Grades
- Birth Certificate
- A + Information (State of Missouri)
- Special Education/Evaluation Reports
- Individual Education Plan (IEP)
- Section 504 Records and Plans
- Other: \_\_\_\_\_

**Records should be sent to:**

**Alton High School - Grades 6 - 12**

**Attn: Jessi Johnson**

**Email: [jessijohnson@alton.k12.mo.us](mailto:jessijohnson@alton.k12.mo.us)**

**Fax: (417)778-7851**

**Alton Elementary School - Grades PK - 5**

**Attn: Tonya Willard**

**Email: [tonyawillard@alton.k12.mo.us](mailto:tonyawillard@alton.k12.mo.us)**

**Fax: (417)778-7865**

**CONFIDENTIALITY STATEMENT:** This fax and any attachments are intended only for those to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure and unauthorized use under applicable law. If you are not the intended recipient of this e-mail, you are hereby notified that any use, dissemination, or copying of this e-mail or the information contained in this e-mail is strictly prohibited by the sender. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system.



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Date \_\_\_\_\_

Grade \_\_\_\_\_

Has this student been previously enrolled in the Alton School System? Yes or No If yes, what name was the child enrolled under? \_\_\_\_\_

**STUDENT'S LEGAL NAME**

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Student's Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Gender \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LEGAL GUARDIAN INFORMATION**

Who has legal custody?  Both Parents  Father  Mother  Other \_\_\_\_\_

Are there legal documents concerning custody, educational decision making, etc. associated with this student? (If yes, documentation must be provided to the school)  YES  NO

Please mark the choice that applies to your household:

Not Military Connected  Active Duty  National Guard  Reserve

**Primary Guardian Name** \_\_\_\_\_ **Employer** \_\_\_\_\_

Employer Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship to student \_\_\_\_\_

Do you want access to the Parent Portal?  YES  NO

**Primary Guardian Spouse** \_\_\_\_\_ **Employer** \_\_\_\_\_

Employer Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Email Address \_\_\_\_\_

Do you want access to the Parent Portal?  YES  NO

**Biological Parent not living in the household** (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Do you want access to the Parent Portal?  YES  NO

**Students ARE allowed to leave school with individuals listed as Emergency Contacts.**

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_



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Birthplace City \_\_\_\_\_ State \_\_\_\_\_ If born out of US, where? \_\_\_\_\_

Entered USA Date: \_\_\_\_\_

Ethnicity: Is the student Hispanic or Latino  Yes  No

What is the student's race? **(check one)**

- White  Black  Asian  American Indian or Alaska Native  
 Native Hawaiian/Other Pac Islander

**STUDENT INFORMATION**

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Explain if it is for a similar reason.  Yes  No

Explain: \_\_\_\_\_

2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations?  Yes  No

3. Do you have reliable internet access at your home?  Yes  No

4. Does each child in the home have their own device?  Yes  No

5. Do you have cellular service at your home?  Yes  No

6. Are you currently residing in an emergency or transitional shelter?  Yes  No

7. Are you currently living in a temporary housing arrangement  Yes  No

8. Has the student been abandoned in a hospital?  Yes  No

9. 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  No

10. Does the parent/guardian do seasonal farm work?  Yes  No

11. Does the student have an IEP?  Yes  No

Services Received  LD  ID  ED  Speech

12. Does the student have a medical 504 Plan?  Yes  No

13. Has the student been retained?  Yes  No

If so, what grade level? \_\_\_\_\_

14. Does the student have a medical diagnosis that the school should be aware of?  Yes  No

Explain \_\_\_\_\_

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

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)



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**Proof of Residency**

Name of Parent/Guardian \_\_\_\_\_

Primary Physical Address: \_\_\_\_\_

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

**RESIDENCY**

County student resides in :Oregon Other \_\_\_\_\_

Student resides in Alton School District?  **YES**  **NO** If no, what is the district of residence? \_\_\_\_\_

By my signature below, I certify the information I provided on and in connection with this form in support of student application is true, accurate, and complete.

I understand that Section 167.151 RsMo States as follows:

1. Any person who knowingly submits false information to satisfy any requirement of the residency requirements of the Alton R- IV School District is guilty of a class A misdemeanor.
2. In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent or legal guardian filed false information to satisfy any residency requirement of the Alton R-IV School District.

In order to satisfy the district’s residency requirements, the parent/guardian must provide one or more of the following items as proof of residency:

- |                        |                            |
|------------------------|----------------------------|
| Property Tax Statement | Legal Property Description |
| Utility Bill           | Rental Agreement           |
| Gas Bill               | Real estate contract       |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Below is for office use only

\*\*\*\*\*

**Address Verification Provided**  Yes  No

Check the type of verification provided

- |   |   |
|---|---|
| <input type="checkbox"/> Property Tax Statement | <input type="checkbox"/> Legal Property Description |
| <input type="checkbox"/> Utility Bill           | <input type="checkbox"/> Rental Agreement           |
| <input type="checkbox"/> Gas Bill               | <input type="checkbox"/> Real estate contract       |



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*The school is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing and the school district will provide language support as deemed appropriate by district staff.*

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English. Please provide information about the child's language.

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Relationship of person completing this survey:** \_\_\_\_\_

**Tier 1: Language Background**

1. What was your child's first language?  English  Other \_\_\_\_\_
2. Which language does your child use(speak) at home?  English  Other \_\_\_\_\_
3. Which language does your child hear at home and understand  English  Other \_\_\_\_\_

**If any of these answers indicate a language other than English, please complete the rest of the survey. If not, discontinue.**

**Tier 2: Expanded Language Background**

4. Does the student understand when someone speaks with him/her in a language besides English?  YES  NO
5. Does the student read in a language other than English?  YES  NO
6. Does the student write in a language other than English?  YES  NO
7. Does the student interpret for you or anyone else in a language other than English?  YES  NO

**Tier 3: Educational History**

8. How many years did the student attend school where the native language was used for instruction? \_\_\_\_\_
9. What was the most recent month and year that the student attended school? \_\_\_\_\_
10. Do you believe that your child has learning difficulties that affect his/her ability to understand?  
If yes, please explain: \_\_\_\_\_
11. Has your child been referred to be evaluated for special education? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)



*Alton R-IV School District*  
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**HOME SCHOOLING**

**(Written Declaration of Enrollment)**

**Please return the completed form to the District's Central Office**

My child/children will attend a home school. Following is a listing of the names and ages of the students who will be attending the home school:

Students' Name(s) and Age(s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Individuals Teaching in the Home School and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

Name of Home School:

\_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

**I understand that this *Written Declaration of Enrollment* will only be effective until September 1<sup>st</sup> of the next school year. If I want the district to maintain a record of my child/children's enrollment in a home school, I should fill out a new *Written Declaration of Enrollment* by September 1<sup>st</sup> every year.**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Alton R-IV School District*

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The Missouri Course Access and Virtual School Program (MOCAP) has developed a catalog of virtual online courses for students. Beginning with the 2019-2020 school year, students will be able to take an entire course from any Internet-connected computer, available 24 hours a day, seven days a week. MOCAP's mission is to offer Missouri students equal access to a wide range of high quality courses, flexibility in scheduling, and interactive online learning. The **Missouri Department of Elementary and Secondary Education (DESE)** and the **State Board of Education** oversee administration and quality assurance activities such as related content and delivery of courses. Local Education Agencies (LEAs) that provide virtual education outside of MOCAP are responsible for ensuring alignment and other statutory requirements are met.



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MEDICATION/EMERGENCY CONSENT AND TREATMENT RECORD

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

Date of Birth \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

In case of a serious accident or illness, I request the school to contact me. If the school is unable to reach me, or the names I have listed for emergency use, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician, I give consent for the school to obtain, through a physician or hospital of its choice, medical care for the welfare of my student. I realize that the school or its employees will not be responsible for the expenses incurred. I give my consent for health information to be released to the above listed person(s).

MEDICATION ALLERGIES: \_\_\_\_\_

The Alton School District has my permission to administer the following over-the-counter medications. Please write **YES** beside any you wish for your child to receive and **NO** beside any you do not wish for your child to receive:

- \_\_\_\_\_ Tylenol for fever or general discomfort. Dose for age/wt.
- \_\_\_\_\_ Ibuprofen for fever or general discomfort. Dose for age/wt.
- \_\_\_\_\_ Tums for upset stomach or heartburn. Dose for age.
- \_\_\_\_\_ Chloraseptic Spray for sore throat. Dose for age. Cough drops as needed.
- \_\_\_\_\_ Anbesol for toothache pain, or cold sores (may repeat every 2 hours as needed).
- \_\_\_\_\_ Sting Kill swabs for insect bite/bee sting. Burn gel for minor burns.
- \_\_\_\_\_ Hydrocortisone Cream 1% or Calamine to irritated/itching skin.
- \_\_\_\_\_ Clean abrasion/wounds with soap and water ,and apply triple antibiotic ointment
- \_\_\_\_\_ Benadryl for itching, allergic reaction, etc. Dose for age/weight
- \_\_\_\_\_ Eye drops for irritated eyes
- \_\_\_\_\_ Epipen for anaphylactic reaction
- \_\_\_\_\_ Emergency asthma medication in the event of an asthma attack
- \_\_\_\_\_ Narcan mist for opioid overdose

**PLEASE COMPLETE NEXT PAGE, SIGN, AND DATE.**





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Please check the following for any past or current history of medical problems. This will give the health office personnel a better understanding of your student's health needs.

	YES	NO
1. Eyes	_____	_____
2. Ears	_____	_____
3. Nose	_____	_____
4. Sinuses	_____	_____
5. Throat	_____	_____
6. Heart/Vascular	_____	_____
7. Lung/Respiratory	_____	_____
8. Kidney/Bladder	_____	_____
9. Stomach/Bowel	_____	_____
10. Liver	_____	_____
11. Bone/ Cartilage/Muscle	_____	_____
12. Cancer	_____	_____
13. Diabetes	_____	_____
14. Seizures	_____	_____
15. Psychological	_____	_____
16. Asthma	_____	_____
17. Allergic to bee or wasp stings	_____	_____
18. Allergic to foods/milk	_____	_____
19. Dental Problems	_____	_____
20. Migraines/Severe headaches	_____	_____
21. Chicken Pox     Date _____	_____	_____
22. Other Allergies	_____	_____

If you marked "yes" to any of the above, please list the number and briefly explain:

\_\_\_\_\_

Describe any other serious injury, disability, diagnosis, surgery, and/or illness not previously listed: \_\_\_\_\_

Please list current medications student is taking (even if not administered at school): \_\_\_\_\_

Please add in the space below any information that you feel would be helpful to the health office personnel in meeting your student's health needs when they visit the health office. \_\_\_\_\_

\_\_\_\_\_

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



**Alton R-IV School District**  
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**Student Discipline History**  
**Alton R-IV School District**

*In accordance with the Missouri Safe Schools Act, parents/guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.*

Is the student presently under suspension or expulsion from another school District?

Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been expelled from a school?

Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person?

Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been suspended from a school for more than ten consecutive days?

Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student been convicted of or charged with a crime in juvenile or adult court?

Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the above student been convicted of or charged with any of the following crimes in juvenile or adult courts?

Yes No

If yes, indicate which crime(s):

- First-degree murder under '565.020, RSMo.
- Second-degree murder under ' 565.021, RSMo.
- First-degree assault under '565.050, RSMo.
- Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under '566.030, RSMo.
- Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree under ' 566.060, RSMo.
- Statutory rape under '566.032, RSMo.
- Statutory sodomy under ' 566.062, RSMo.
- Robbery in the first degree under ' 569.020, RSMo.
- Distribution of drugs to a minor under ' 195.212, RSMo.
- Arson in the first degree under ' 569.040, RSMo.
- Kidnapping, when classified as a class A felony under ' 565.110, RSMo.

Please share any other information regarding the student's behavior that would assist the district in better educating this student: \_\_\_\_\_

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

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)



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**Student Records Verification and Information Distribution Form**  
**(Office Use Only)**

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

The following forms have been distributed to the designated official (Counselor Completes):

- Medical Form, Leslie Weyland, District RN
- Medicaid Form, Leslie Weyland, District RN
- Shot Records, Leslie Weyland, District RN
- Bus Form, Jerry Granger, Transportation Supervisor (\*Jerry handles in his office)
- School Parent Student Compact, Classroom Teacher (Elementary Only)
- Lunch Form, Amy King, Secretary
- 504 or IEP Information, Beverly Goans, SPED Director/504 Coordinator

**Other Forms:**

\_\_\_\_\_  
**Counselor's Signature**

\_\_\_\_\_  
**Date**

The following files have been uploaded digitally into the TylerSIS Portal (Registrar Completes)

- Enrollment Form
- Enrollment Questionnaire
- Request for Records
- Statement of Student Discipline
- Birth Certificate
- Proof of Residency
- Records from Previous District

**Other Forms:**

The following forms will have a hard copy remaining in the student file:

- Guardianship
- Other Court Documents

**Other Forms:**



*Alton R-IV School District*  
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**(Office Use Only)**

Information of concern will be sent by email to the parties indicated below and a copy will be attached to this form. This may include but is not limited to information of concern in regards to behavior or discipline issues, medical conditions, education concerns including special education information, transportation issues, guardianship or custodial information, etc.

School Counselor \_\_\_\_\_

Administrator(s) \_\_\_\_\_

Nurse \_\_\_\_\_

Special Education/504 Director \_\_\_\_\_

Building Secretaries \_\_\_\_\_

Classroom and /or Special Education Teacher(s) \_\_\_\_\_

District Technology Director (each student) \_\_\_\_\_

Resource Officer \_\_\_\_\_

Transportation Director \_\_\_\_\_

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date