



WEST NODAWAY R-I SCHOOL

17665 US HIGHWAY 136

PO BOX 260

BURLINGTON JCT., MO 64428

High School: (660) 725-3317 Elementary: (660) 725-4126

Superintendent: (660) 725-4613 Fax: (660) 725-4300



“Home of the Rockets”

Date of Initial Enrollment at West Nodaway: _____ **(Office Use Only)**

Thank you for enrolling your child at West Nodaway. Enclosed you will find the enrollment information and forms that need to be completed and returned to the office. If you have any questions, please call and we will be glad to assist you. We look forward to working with you to give your child the best education possible.

ENROLLMENT CHECKSHEET

STUDENT’S NAME: _____

Please ensure the following information is complete and on file in the office.

NOT REC.	INFORMATION	RECEIVED
	Student Enrollment Sheet	
	Health History Form	
	Current Phone and Email Address on File	
	Immunization Record – Current Copy	
	Birth Certificate – Copy for Office	
	Social Security Card – Copy for Office	
	Proof of Residency – Copy of Utility Bill, Driver’s License, or Lease with 911 Address and Parent/Guardian’s Name	

STUDENT ENROLLMENT SHEET

Students may begin 24 hours after completed information is returned.

Application is hereby made by the undersigned that the student described below be enrolled in the West Nodaway R-1 School District. I understand that this is only an application for enrollment and that the student must meet the residency and enrollment requirements of the School District prior to being registered and admitted into the School District. Information requested in this form is required by the Safe Schools Act and MSIP requirements. The following is true and correct. Additionally, this information will be used for attendance, emergencies, and permanent records. Please furnish all information requested. If you have more than one school age child, please complete one form for each child.

STUDENTS WILL NOT BE ENROLLED WITHOUT THEIR IMMUNIZATION RECORD. Satisfactory evidence of immunization consists of a written verification from a physician or health facility. The verification must include the type of vaccine given, month, day, and year of immunization.

STUDENT NAME _____ **DATE OF BIRTH** _____
(Last) (First) (Middle)

ADDRESS: _____ **HOME PHONE:** _____
911 Address & (PO Box, If Used) (City) (State) (Zip)

First Name Commonly Used: _____ **Another Last Name Previously Used:** _____
Gender: (___ Male) (___ Female) **Current Age:** _____ **Current Grade for this School Year:** _____

Social Security Number: _____ **Birth Certificate Number:** _____
Place of Birth - County: _____ **State:** _____

Please Check the Racial or Ethnic Identity of your Child:
(___ White, Not Hispanic) (___ Black, Not Hispanic) (___ Hispanic) (___ American Indian or Alaska Native) (___ Asian)
(___ Native Hawaiian or Other Pacific Islander)

Is a language other than English spoken in the home?
Yes: _____ No: _____ If yes, which language: _____

Is this child an IEP student or provided special education services?
Yes: _____ No: _____ Type of services: _____

Does your child have a 504 Plan?
Yes: _____ No: _____ Type of services: _____

Child is Living With:
Both Parents _____
Mother Only _____ Father Only _____
Mother & Stepfather _____ Father & Stepmother _____
Mother & Live-In Companion _____ Father & Live-In Companion _____
Legal Guardian _____ Name(s): _____
Other (Please Explain) _____

Please complete the following information about the student's parents, step parents, live-in companions and/or guardians:

Biological Father's Name: _____ Biological Mother's Name: _____
Marital Status: (S ___) (M ___) (Sep ___) (D ___) (W ___) Marital Status: (S ___) (M ___) (Sep ___) (D ___) (W ___)
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____

Email Address: _____
Place of Employment: _____
Occupation/Title _____
Work Hours _____
Work Telephone _____

Email Address: _____
Place of Employment: _____
Occupation/Title _____
Work Hours _____
Work Telephone _____
Maiden Name _____

IF APPLICABLE:

Step-Mother's Name _____
Live-In Companion's Name _____
Home Phone: _____
Cell Phone: _____
Email Address: _____
Occupation _____
Work Hours _____
Business Name _____
Work Telephone _____
Maiden Name: _____

Step-Father's Name _____
Live-In Companion's Name _____
Home Phone: _____
Cell Phone: _____
Email Address: _____
Occupation _____
Work Hours _____
Business Name _____
Work Telephone _____

Guardian Name _____
Home Phone: _____
Cell Phone: _____
Email Address: _____
Occupation _____
Work Hours _____
Business Name _____
Work Telephone _____

Alternate Parent(s) Information Request:

If additional information for an alternate parent is requested, please fill out the following information:

Alternate Parent's Name: _____ Address: _____
Cell Phone: _____ Email Address: _____
(Items to Receive: Grade Card _____, PTC _____, Lunch Account Information _____) (Other: _____)

Do you have any special custody limitations we would follow?

Yes: _____ No: _____ If yes, please describe: _____

Do you have a court order or a restraining order regarding visitation with your child?

Yes: _____ No: _____ If yes, please describe: _____

Court orders must be on file for the school to follow them.

SIBLINGS:

BROTHERS		SISTERS	
Name (s)	Birth Date	Name (s)	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Schools Attended by Student

Please provide the following information regarding each school the student has previously attended. Please list most recent school first.

School 1: Name of School: _____
Address: _____
Dates of Attendance: _____
Reason for Leaving: _____
School 2: Name of School: _____
Address: _____
Dates of Attendance: _____
Reason for Leaving: _____

Certification Regarding Prior Criminal Conduct

Please answer the following questions:

With respect to the following acts:

1. First Degree Murder under Section 565.020 RSMo; or,
2. Second Degree Murder under Section 565.021, RSMo; or
3. Kidnapping under Section 565.110, RSMo, or
4. First Degree Assault under Section 565.050, RSMo; or
5. Forcible Rape under Section 565.030, RSMo; or
6. Forcible Sodomy under Section 565.060, RSMo; or
7. Robbery In the First Degree under Section 569.020, RSMo; or
8. Distribution of Drugs To a Minor under Section 195.212, RSMo; or,
9. Arson in the First Degree under Section 569.3040, RSMo.

(1) Has the Student ever been convicted of any of these offenses?

Yes: _____ No: _____ If you answered Yes, please indicate which one(s) of the above. _____

(2) Has the Student been indicted or had information filed against him/her alleging that the Student has committed one of more of these acts, to which there has been no final judgement?

Yes: _____ No: _____ If you answered Yes, please indicate which one(s) of the above. _____

(3) Has a petition been filed against the Student pursuant to Section 211.091, RSMo, or any other state's juvenile code, alleging that the Student has committed one or more of these acts, to which there has been no final judgement?

Yes: _____ No: _____ If you answered Yes, please indicate which one(s) of the above. _____

(4) Has the Student been adjudicated to have committed an act which if committed by an adult would be a violation of one or more of these acts?

Yes: _____ No: _____ If you answered Yes, please indicate which one(s) of the above. _____

The above information is necessary for the student's record and is confidential. I grant permission for the exchange of this information with other WN staff members as needed.

Parent/Guardian Signature _____ **Relationship to Child** _____ **Date** _____

NOTICE OF NON-DISCRIMINATION:

Applicants for admission and employment, students, parents of elementary and secondary school students, employees, sources of referral of applicants for admission and employment, an all-union or professional organizations holding collective bargaining or professional agreements with West Nodaway R-I Schools are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning West Nodaway R-I Schools' compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact the Superintendent of Schools, P.O. Box 260, Burlington Junction, MO 64428, 660-725-4613. The Superintendent of Schools has been designated by West Nodaway R-I to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX, and Section 504. Any persons may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with regulations implementing Title VI, Title IX, or Section 504

Please complete all surveys.

PARENTAL SURVEY FOR AGRICULTURAL RELATED WORK

Parent/Guardian Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

<u>Child(ren)'s Name(s)</u>	<u>Ages</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Enrollment Date: _____

If your child(ren) has (have) moved from one school district to another school district within the past three (3) years, he (she) (they) may be eligible for a special program or supplemental education and health services.

Please complete the following survey information, and after you have finished, return it to your school office.

- 1) Yes: ____ No: ____ Have you moved to this area in the past three (3) years?
- 2) Yes: ____ No: ____ Have you ever moved with your child(ren) to seek or to be employed in some form of temporary or seasonal agricultural work such as:
 - * Planting or harvesting crops
 - * Transporting any farm products to market
 - * Feeding poultry, gathering eggs, working in a hatchery
 - * Processing meat, poultry, fruit, or vegetables
 - * Milking cows on a dairy farm
 - * Feeding cattle, hogs, and/or poultry
 - * Cutting firewood or saw logs for sale
 - * Commercial fishing or working on a fish farm
- 3) Yes: ____ No: ____ Are you or your spouse under 22 years of age?
- 4) Yes: ____ No: ____ Do you have children under 22 years of age living at home?
- 5) Yes: ____ No: ____ Have your children change school districts in the last three (3) years?
- 6) Yes: ____ No: ____ Have you moved with your children during the summer to do any of the work mentioned in item #2 above?
- 7) What was the date when you moved to this school district? _____

Please explain briefly, on this page, how to get to your house. Feel free to draw a map. When you complete the survey, please return it to the school. The school will send it to the Migrant Education Center. If eligible for this program, the Migrant Center will be communicating with you about the services your children can receive. Thank you very much!

STUDENT HOME LANGUAGE SURVEY

Dear Parent/Guardian:

The West Nodaway R-1 School District has an English as a Second Language (ESL) program to help students who may not be proficient in English because of the use of another language in the home, and who thus may have a need for additional help with the classes they are taking. If your child is not proficient in English and you feel he/she may qualify for the ESL program, please complete this form and return it to your child's school. Please call the director of the ESL program at 660-725-3317 or 660-725-4126 if you have any questions. Thank you for your cooperation.

Student's Name: _____ Date: _____

Person Completing Survey: Mother Father Guardian
 Other (Specify) _____

Circle the best answer to each question about your child and provide additional information if necessary:

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
(If Yes, How Long and What Grades? _____)
8. Have you attended another school in the U.S.?
 No Yes
(If Yes, Where and How Long? _____)
9. Have you attended another school in Missouri?
 No Yes
(If Yes, Where and How Long? _____)
10. Please provide any other related information that would help the school identify any language instruction needs for your child.

Parent/Guardian Signature: _____ **Date** _____