

Missouri Safe Schools Act
Prior To Enrollment
Student Information Required

Student's Name: _____ Date ____/____/____

DOB: ____/____/____ Age: _____ Grade: _____

Parent(s)/Guardian(s) Name: _____

Previous School Information

School(s) Last Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous Principal: _____ County: _____

Phone Number: _____ Fax Number: _____

Do Not Write Below This Line

Person Contacted: _____ Job Title: _____

Comments:

1. Is the student under suspension or expulsion now? Yes No

If yes, please explain:

2. Has the student been involved in:

____ fights ____ gangs ____ illegal alcohol or drug incidents ____ gun related incidents

3. How was the above student's attendance? _____

4. Student is cleared to be enrolled: Yes No Date: ____/____/____

5. Signature of Puxico School Personnel confirming information:
