

Seymour Elementary School

425 East Center

Seymour, MO 65746

Tel: 417-935-2287 ext. 4 Fax: 417-935-2083

Vicky Denney, Principal Carolie Schultz, Counselor Karen Hoagland, Secretary Orliena Young, Secretary

Student Information

Name: _____ Birthdate: _____ Grade: _____

Address: _____ Soc. Sec. # _____

City: _____ State: _____ Zip: _____ Telephone: _____

Are you Hispanic? **(Circle one)** Yes No

Race: **(Circle All That Apply)** White Hispanic Asian

Native Hawaiian/other Pacific Islander Black/African American

Gender: _____

Parent/Guardian Information

Father: _____

Mother: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Step-Parent (If applicable) _____

Step-Parent (If applicable) _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Emergency Phone Numbers

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Additional Phone Numbers

Directions to child's home: _____

Name of baby sitter: _____ Phone: _____

Address of baby sitter: _____

Bus Number to sitter: _____ Bus Driver: _____

Siblings: _____ D.O.B. _____ Grade: _____

_____ D.O.B. _____ Grade: _____

_____ D.O.B. _____ Grade: _____

_____ D.O.B. _____ Grade: _____

Others living in the home:

_____ Relationship: _____

_____ Relationship: _____

Parent/Guardian is **(Circle one)**: Active Duty Military; National Guard or Reserve; Not Military Connected

Information given by: _____ Date: _____ Relation to Student: _____

If child is transferring from another school, please fill out the information on the back of this form.

**SEYMOUR R-II SCHOOL DISTRICT
REQUEST AND CONSENT FOR RELEASE
OF EDUCATION AND OTHER RECORDS
BY PARENT OR STUDENT**

TO: Custodian of Records

RE: Student: _____ SSN: _____

Date of Birth: _____ Grade: _____

The undersigned Parent or Student hereby requests, authorizes and consents to the release of certain education records and other records regarding the above referenced Student pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. 123g, et seq.; its regulations 34 C.F.R. Part 99; and, any other applicable federal or state statute.

The specific records to be released are as follows:

*Academic transcript, achievement test scores or other documents which reflect the Student's educational achievement:

*All Special education records, including but not limited to evaluations, individual programs:

*Health records

*All disciplinary records for the Student, including, but not limited to the following records:

**disciplinary records which reflect any serious violation of the school district's student discipline policy;

** records which indicate that the Student has been, or is currently under suspension or expulsion from the school district;

** records which indicate that the Student has engaged in any "act of school violence: including, but not limited to the exertion of physical force by the student with the intent to do serious physical injury to another person while on school property, including a school bus in service on behalf of the school district, or while involved in school activities;

** All records which indicate that the Student has received discipline under the school district's student discipline policy for violation of the school district's weapon, drug, alcohol or assaultive behavior policies.

** Other: _____

Date: _____ Parent or Guardian: _____

Mail records to: Seymour Elementary School
425 East Center
Seymour, MO 65746
Phone: 417-935-2287 ext. 4 FAX: 417-935-2083

Transferred from: _____ Last day attended: _____

Address: _____ Phone: _____

List any other schools your child has attended in the past year: _____

List any special classes: _____ IEP? _____

OFFICE USE ONLY:

Grade: _____ Teacher: _____ Bus Number: _____

Date of entry: _____ Date records requested: _____

**PROOF OF RESIDENCY
OR THAT REQUEST FOR WAIVER HAS BEEN SUBMITTED**

I hereby certify as follows:

I, _____, am the **parent/guardian/Foster (circle one)** of
Parent/Guardian

_____, a student seeking to register in the
Student

Seymour R-II School District, and am legally authorized to make educational decisions for the Student.

I further certify as follows: (Check one category, and provide all additional information requested under the category checked.
WARNING: Under Missouri law, any person who knowingly submits false information with respect to the following questions, any subparts thereto, or the documents provided to support the responses to such questions, may be charged with and convicted of a Class A misdemeanor).

The Student is a legal resident of the District as established by the following:

I am a legal resident of the Seymour R-II School District.

I reside and am legally domiciled (have my permanent home) at the following address:

Street

City, State, Zip

PARENTAL SURVEY

How many times have you moved in the last three years? _____

How long have you lived at the present address? _____

Is this temporary or permanent? _____

Have you ever moved with your children to seek or to be employed in some form of temporary or seasonal work? _____

Have you ever moved for the purpose of looking for or obtaining a job?

Is either parent (or guardian) now employed in seasonal work? _____

What is the primary language spoken in the home? _____

What is the secondary language (if any) spoken in the home? _____

Is your child fluent in English? _____

What other language is your child fluent in? _____

Regulation 2230

However, as provided in Policy and Regulation 2664 – Enrollment or Return Following Suspension and/or Expulsion, no student will be enrolled who has been convicted of or charged without final adjudication of the following criminal acts or the corresponding juvenile offenses:

1. First degree murder.
2. Second degree murder.
3. First degree assault.
4. Forcible rape.
5. Forcible sodomy.
6. Robbery in the first degree.
7. Distribution of drugs to a minor.
8. Arson in the first degree.
9. Kidnapping (Class A felony).
10. Statutory rape.
11. Statutory sodomy.

This provision does not apply to a disabled student who is convicted or adjudicated guilty as a result of conduct related to the student's disability.

**OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE
TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT**

I, _____ having been duly sworn upon my oath, Parent/Guardian or having affirmed that I will tell the truth, do hereby state and depose as follows: I am the parent/guardian, or other person having custody or charge of _____, a student seeking to enroll in Student **Seymour R-II School District**, and am legally authorized to make educational decisions for the Student.

I hereby certify as follows: (Check one, and provide all additional information requested. WARNING: Under Missouri law, the failure to provide true, accurate, and complete information to each and every question and subpart thereto may result in your being charged with and convicted of a Class B misdemeanor.)

_____The Student **has never been suspended or expelled** from any school in this state or any other state for any offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

_____The Student **has been suspended and/or expelled** from school in this state or another state for one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

For each and every suspension and/or expulsion, provide the following information: (Request additional information sheets, if necessary)

1. Name and Address of School District.
2. Name of School.
3. Nature of Offense.
4. Date of Offense.
5. Date Suspension/Expulsion Began.
6. Date Suspension/Expulsion Ended/Is Scheduled to End.I hereby certify that I have provided true, complete, and accurate information for each and every suspension and/or expulsion imposed upon the Student for each and every offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

I hereby swear or affirm that all information I have provided in this document is true, accurate, and complete to the best of my knowledge. I understand that if I have provided any false information in this document that I may be charged with and convicted of a Class B misdemeanor. I also understand that this registration document will be maintained a part of the Student's permanent scholastic record.

Signature of Parent/Guardian

Date

Check In List

Name _____

Grade _____

Immunizations _____

Social Security Number _____

Birth Certificate _____

Proof of Residency _____

Records from Previous School _____

Special Records (IEP) _____

Classroom Teacher Notified _____

Title I Math Notified _____

Title I Reading Notified _____

Speech Notified _____