



# Harrisonville School District

Enrollment Form



School Year: / / Age: Grade:

Student's Legal Name:

Last: First: /Preferred Middle:

Street Address City/St ZIP

Mailing Address

Home Phone ( ) Social Security # - -

Birth Date / / Hispanic Student Race. Circle all that apply.

Gender:(circle) Male Female Yes or No White Black - Afr. Am. Asian Natv. HI-or Pacific Isl. Am. Indian- Native. AK

PARENT/GUARDIAN: Please complete all the information below circling the parent/guardian(s) student resides with.

Father Home Work Cell Address City St Zip Employer E-mail

Mother Home Work Cell Address City St Zip Employer E-mail

Step-Mother Home Work Cell Address City St Zip Employer E-mail

Step-Father Home Work Cell Address City St Zip Employer E-mail

Other Guardian Home Work Cell Address City St Zip Employer E-mail

Other Guardian Home Work Cell Address City St Zip Employer E-mail

Is there a court order restricting or severing a parent from contact or access to a student or their educational rights?	YES	NO
If yes, did you provide school with the current court order for student file?	YES	NO
Is the student residing with you as appointed legal guardian or primary relative caregiver?	YES	NO
If yes, did you provide school with the current documentation for student file?	YES	NO
Has your family moved from one school district to another within the past three (3) years to seek or obtain temporary seasonal work in agricultural or a related food processing business?	YES	NO
Is the student living with their parent or legal guardian in someone else's house other than their own, living with a friend or family member other than their parent/guardian, living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)?	YES	NO
Is any language other than English spoken in your home?	YES	NO
If yes, please specify the language >		

\*\*\* CONTINUED \*\*\*

**EMERGENCY CONTACT/AUTHORIZED TO PICK UP:** Person(s) we may contact, share medical information, and will be allowed to check out when parent/guardian cannot be reached. If it is not possible to contact them, the school may make arrangements deemed necessary to help the student.

Name _____	Relationship _____	Home _____	Work _____	Cell _____
Name _____	Relationship _____	Home _____	Work _____	Cell _____
Name _____	Relationship _____	Home _____	Work _____	Cell _____

**SPECIAL SERVICES:** List educational services received beyond regular classroom instruction (i.e., IEP / Special Education, Reading, SP/LG, 504, English Language Learners, etc.):

**ATTENDANCE** - If student was ever suspended or expelled from school attendance at any school, public or private, 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, please give all details regarding the incident(s), including the date(s), from what school, for what reason(s) and what total penalty was rendered:

Has the student been charged with or convicted of a felony?	If yes, explain:	YES	NO
---	------------------	-----	----

Is this student coming from East Lynne K-8 School District?	YES	NO
---	-----	----

Has this student previously attended school in the Harrisonville School District?	YES	NO
---	-----	----

**School Previously Attended:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

**SIBLING INFORMATION** - Please list all siblings residing in the Harrisonville School District:

Name _____	School _____	Date of Birth _____
Name _____	School _____	Date of Birth _____
Name _____	School _____	Date of Birth _____

I give permission for the Harrisonville School District to use the name, likeness, and creative works (including photograph, video, electronic images, artwork, and writings) of my child, printed and electronically published material (including but not limited to television, internet, cable, publications including yearbook) distributed by the school district and media.	YES	NO
--	-----	----

I give permission for my child to attend school-sponsored field trips.	YES	NO
--	-----	----

*I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student. By signing I/we authorize the Harrisonville School District to request school records including special education records from all districts attended in the last 12 months. I/we understand any falsification or omission of information regarding the enrollment of said student in the Harrisonville School District may result in suspension, expulsion or denial of enrollment. I/we also understand that submitting false information relating to residency is a class A misdemeanor.*

*If there is no parent or legal guardian in the household a Waiver of Residency form must be completed. If parent or legal guardian and student are residing with a third party in the district a Resident's Affidavit must be completed.*

X

Signature _____	Printed Name _____	Date _____
-----------------	--------------------	------------

*The Board of Education does not discriminate on the basis of race, color, national origin, ancestry, age, religion, marital status, pregnancy, sex, exercise of FMLA rights or disability in employment, educational programs or activities as set forth in policy AC.*

NOTE: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

*Photo/Video/Audio Release*

Throughout the school year, there may be times that the District staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school-related stories in a manner that would individually identify a specific student. These images or interviews may appear in District publications, District-approved social media sites, in the news, or other organizations' publications.

I, Parent/Guardian of (please print) \_\_\_\_\_, provide to my child's school and to the District permission to use my child's photographs, image, and/or recordings for the purposes mentioned above. I understand and agree that the District may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. Further, I consent that such photographs, images, recordings are the property of the school for District use clear of any claim on my part. I therefore agree to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organization for school related stories or articles.

Parent/Guardian Signature:

\_\_\_\_\_

Parent/Guardian Name (please print):

\_\_\_\_\_

Date:

\_\_\_\_\_

\*Students 18 years of age or older may sign this release form for themselves.

*F-265-P Technology Form A*

*Email Consent/Permission Form*

The faculty of the District strives to communicate and work together with the parents and guardians of our students. Email is one tool that promotes convenient, two-way communication between families and teachers. Though the District network is secure, we cannot guarantee that an email sent from the District server will remain secure once it leaves our system. When teachers or administrators receive email from outside sources, the identity of the person cannot always be easily discerned.

Therefore, permission must be granted by the parent/guardian to allow teachers or administrators to use email for a communication. To remain compliant with the Family Educational Rights and Privacy Act (FERPA), email will not be used to send grading, attendance, discipline information of students, or other personally identifiable information without permission to do so. The District also encourages parents to access the District's parent portal, a secure measure, to check your child's school information and progress.

I, Parent/Guardian of (please print) \_\_\_\_\_, provide to my child's school and to the District permission to email academic, attendance, discipline, or other personally identifiable information to the email address(es) listed below. I understand that by giving this permission, there is no guarantee that the information will be fully secure and do not hold the District liable for any inappropriate release of student information that may violate the FERPA regulations as a result of any email communication. Should your email address change, please contact the District.

Name of Student (please print:)

\_\_\_\_\_  
Email Address(es):

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

\_\_\_\_\_  
Parent/Guardian Name (please print):

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



To parents and guardians,

At the Harrisonville School District, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At the Harrisonville School District, students will use their G Suite for Education accounts to complete assignments, communicate with their teachers, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the G Suite for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a G Suite for Education account for your child.

I give permission for the Harrisonville School District to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Thank you

\_\_\_\_\_

Full name of student

\_\_\_\_\_

Printed name of parent/guardian

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

# G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following "Core Services" offered by Google (described at [https://workspace.google.com/terms/user\\_features.html](https://workspace.google.com/terms/user_features.html)):

- Gmail
- Google+
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Google Hangouts, Google Chat, Google Meet, Google Talk
- Jamboard
- Keep
- Sites
- Vault

In addition, we also allow students to access certain other Google services with their G Suite for Education accounts. Specifically, your child may have access to the following "Additional Services":

- Additional Services enabled by the school district may include the following (dependent on grade level and curriculum) - YouTube, Blogger, Google Maps. A list of additional services is available at <https://support.google.com/a/answer/181865>, and instructions for administrators about how to enable or disable them are available at <https://support.google.com/a/answer/182442>.]

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at [https://workspace.google.com/terms/education\\_privacy.html](https://workspace.google.com/terms/education_privacy.html) You should review this information in its entirety, but below are answers to some common questions:

## **What personal information does Google collect?**

When creating a student account, the Harrisonville School District may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as a telephone number for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

## **How does Google use this information?**

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

[Include this section if your school provides access to Additional Services] In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

## **Does Google use student personal information for users in K-12 schools to target advertising?**

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with an G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

## **Can my child share information with others using the G Suite for Education account?**

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.



## **Will Google disclose my child's personal information?**

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.
- With [insert name of school/district]. G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures.
- For legal reasons. Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
  - meet any applicable law, regulation, legal process or enforceable governmental request.
  - enforce applicable Terms of Service, including investigation of potential violations.
  - detect, prevent, or otherwise address fraud, security or technical issues.
  - protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

## **What choices do I have as a parent or guardian?**

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting [insert contact information for school administrator]. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the G Suite for Education account to view and manage the personal information and settings of the account.

## **What if I have more questions or would like to read further?**

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact [insert contact information for the school administrator]. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the [G Suite for Education Privacy Center](https://www.google.com/edu/trust/) (at <https://www.google.com/edu/trust/>), the [G Suite for Education Privacy Notice](https://workspace.google.com/terms/education_privacy.html) (at [https://workspace.google.com/terms/education\\_privacy.html](https://workspace.google.com/terms/education_privacy.html)), and the [Google Privacy Policy](https://www.google.com/intl/en/policies/privacy/) (at <https://www.google.com/intl/en/policies/privacy/>).

The Core G Suite for Education services are provided to us under [G Suite for Education Agreement](https://www.google.com/apps/intl/en/terms/education_terms.html) (at [https://www.google.com/apps/intl/en/terms/education\\_terms.html](https://www.google.com/apps/intl/en/terms/education_terms.html)) [if school/district has accepted the Data Processing Amendment (see <https://support.google.com/a/answer/2888485>), insert: and the [Data Processing Amendment](https://www.google.com/intl/en/work/apps/terms/dpa_terms.html) (at [https://www.google.com/intl/en/work/apps/terms/dpa\\_terms.html](https://www.google.com/intl/en/work/apps/terms/dpa_terms.html))].



*C-105-P District Rules and Guides Form A*  
*Student/Parent Handbook Acknowledgment*

I acknowledge that I have received and reviewed the 2021-2022 Student/Parent Handbook. I understand the policies and guidelines of the District and that violations of these policies and guidelines may result in disciplinary action.

Parent/Guardian Signature

---

Parent/Guardian Name (please print):

---

Date: 

---

\*Students 18 years of age or older may sign this release form for themselves.

# Harrisonville RIX School District

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 your child's language abilities.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Relationship of person completing this survey: \_\_\_\_\_

## Tier I: Language Background

1. What was your child's first language?  
\_\_\_\_\_ English \_\_\_\_\_ other: \_\_\_\_\_
2. Which language(s) does your child use (speak) at home and with others?  
\_\_\_\_\_ English \_\_\_\_\_ other: \_\_\_\_\_
3. Which language(s) 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.**

## Tier II: Expanded Language Background

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

## Tier III: 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 the student attended school? \_\_\_\_\_

10. Do you believe that your child has learning difficulties that affects 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: \_\_\_\_\_

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.

**Notice to School Staff:** This form must be given to all new and enrolling students. Any student that indicates use of a language other than English must be assessed to determine the student's English language proficiency. Please notify district staff responsible for the next steps immediately and when ready keep this form in the student's permanent records.

K-5 Please notify Sarah Enkey 816-380-4131 ext.3837  
6-12 Please notify Kyle Crutchfield 816-380-3273 ext. 6843

sarah.enkey@harrisonvilleschools.org  
kyle.crutchfield@harrisonvilleschools.org



# Harrisonville Schools

## STUDENT RESIDENCY STATEMENT (SRS)

This statement is in compliance with the McKinney-Vento Act, U.S.C.42 § 11432(a). Your answers will help to determine residency documents necessary for enrollment of your student(s).

Parent/Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Is this address Temporary or Permanent? (Circle One)

Are you a student under the age of 18 and living without a parent or legal guardian? Yes No

Please list all of YOUR preschool and school-aged students currently living with you (use back of form to list additional students):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Please answer the following questions:

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or similar reason? Explain if it is a similar reason. \_\_\_ yes \_\_\_ no

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

2. Are you currently residing at a motel, hotel, trailer park, or camp ground due to the lack of alternative adequate accommodations? \_\_\_ yes \_\_\_ no

3. Are you currently residing in an emergency or transitional shelter? \_\_\_ yes \_\_\_ no

4. Has the student been abandoned in a hospital? \_\_\_ yes \_\_\_ no

5. 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

6. Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station or similar setting? \_\_\_ yes \_\_\_ no

**FOR OFFICE USE ONLY:** By signing below, I acknowledge that I have received and understand Residency and Educational Rights under the McKinney-Vento Assistance Act.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Unaccompanied Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date

# KINDERGARTEN IMMUNIZATION REQUIREMENTS

The Missouri Immunization Requirements for Kindergarten attendance are listed below. Your student will need to have their compliant immunization record on file in the ECC office before being allowed to attend class next year.

**4+ doses DTap** Rule: last dose on or after 4th birthday (Max needed= 6 doses)

**3+ doses Polio** Rule: last dose on or after 4th birthday

**3+ doses Hep B** Rule: last dose on or after 24 weeks (6 months) old.

**2 doses MMR** Rule: 1st dose must be on or after 1st birthday

**2 doses VAR** Rule: 1st dose must be on or after 1st birthday. Exception: If your child has had the chickenpox, a physician's signed note indicating month and year student had the disease is acceptable.

Please make an appointment with your physician or Health Department as soon as possible. The Cass County Health Department is not holding any shot clinics at this time due to the workload of COVID-19, but you can schedule an appointment by phone 1-(660) 679-6108 with the Bates County Health Center. They accept private insurance, medicaid, and uninsured. If paying out of pocket, it is \$10 for the first shot, and \$15 total if getting 2 or more shots. Jackson County Health Department can also accommodate by appointment only. Schedule online and mark "other" when asked about your school district.

Our Early Childhood Center has a few students attending who have exemptions to some required immunizations. In case of an outbreak of a vaccine preventable disease, these students will be excluded from school for the duration of the contagious period according to the Cass County Health Department and CDC regulations.

## MEDICATION POLICY

\* Students are NOT allowed to transport ANY medication. Parents must bring/pick-up.

\* Medication must be in its original manufacturer labeled or prescription labeled bottle.

Ask your Pharmacy for a 2nd labeled empty bottle at no extra cost for use at school.

\* NO COUGH DROPS allowed. Due to the young ages of our students and with teachers having a group of approx 20 to monitor, cough drops are regarded as a choking hazard at ECC. Please DO NOT send cough drops to school with your child.

# STUDENT HEALTH FORM

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE # \_\_\_\_\_

MEDICAL INSURANCE: (circle) YES / NO (circle) PRIVATE / MO HealthNet

## MEDICAL INFORMATION: DOES YOUR CHILD CURRENTLY HAVE ANY OF THE FOLLOWING? (CIRCLE)

ASTHMA (USES INHALER)  
SEIZURE DISORDER  
DIABETES TYPE 1 / TYPE 2  
CHRONIC INFECTION  
VISUAL IMPAIRMENT  
HEARING IMPAIRMENT  
CHRONIC SKIN CONDITION

BLEEDING DISORDER  
BOWEL / GI DISORDER  
KIDNEY DISEASE / BLADDER DISORDER  
HEART DISEASE (ACTIVITY RESTRICTIONS)  
ORTHOPEDIC DISABILITY  
MIGRAINE HEADACHES  
FREQUENT NOSEBLEEDS

ORGAN RECIPIENT  
AUTISM  
DEPRESSION  
ADD/ADHD  
ANXIETY / OCD  
ODD  
PTSD

Other Condition(s): \_\_\_\_\_

Explanation: \_\_\_\_\_

Medication Needed At School? Y / N Medication: \_\_\_\_\_

DO YOU BELIEVE YOUR CHILD HAS A DISABILITY THAT SUBSTANTIALLY LIMITS A MAJOR LIFE ACTIVITY? Y / N

If yes, please explain: \_\_\_\_\_

## ALLERGIES / EPI-PEN REQUIRED?

\_\_\_ Food Allergies (list) \_\_\_\_\_

\_\_\_ Medication Allergies (list) \_\_\_\_\_

\_\_\_ Wasp/Bee Sting Allergy \_\_\_\_\_

\_\_\_ Other Allergies (list) \_\_\_\_\_

\_\_\_ Requires Epi-Pen (Parent to bring prescription labeled Epi-Pen & fill out medication form)

## EMERGENCY MEDICATION INFORMATION

- My child **CANNOT** receive epinephrine (Epi-Pen) even when trained school personnel believe he/she is having a life-threatening anaphylactic reaction.
- My child **CANNOT** receive Albuterol (quick acting asthma inhaler) even when trained school personnel believe he/she is having a life-threatening reaction.

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

**HARRISONVILLE CASS R-IX SCHOOL DISTRICT  
TRANSPORTATION INFORMATION**

DATE ENROLLED \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

-----  
**PLEASE CHECK TWO STATEMENTS THAT APPLY.**

\_\_\_\_\_ In the mornings, my child will not ride the school bus. I will provide transportation to school.

\_\_\_\_\_ In the mornings, my child will ride the school bus from the following address:

\_\_\_\_\_

\_\_\_\_\_ In the afternoons, my child will not ride the school bus. I will provide transportation home.

\_\_\_\_\_ In the afternoons, my child will ride the school bus to the following address:

\_\_\_\_\_

**\*\*\*IF EITHER ADDRESS IS A SITTER, COMPLETE THE FOLLOWING\*\*\***

SITTER'S NAME \_\_\_\_\_

SITTER'S ADDRESS \_\_\_\_\_

SITTER'S TELEPHONE NUMBER \_\_\_\_\_

-----  
**IF EITHER ADDRESS ABOVE IS A RURAL ADDRESS  
GIVE DIRECT AND SPECIFIC DIRECTIONS.**

-----  
BUS ASSIGNED: \_\_\_\_\_

PAY: \_\_\_\_\_