



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 Yes or No	Student Race. Circle all that apply.				
		White	Black - Afr. Am.	Asian	Natv. HI-or Pacific Isl.	Am. Indian- Native. AK

Gender: (circle) Male Female

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
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Is this student coming from East Lynne K-8 School District?	YES	NO
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Has this student previously attended school in the Harrisonville School District?	YES	NO
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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
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I give permission for my child to attend school-sponsored field trips.	YES	NO
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*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.