



NEW STUDENT INFORMATION FORM

Please print or type

Grade: _____ Gender: Male Female Date of Birth: _____

Office Use
Year: _____ School: _____
Grade: FDK HDK/AM HDK/PM

STUDENT LEGAL NAME

_____ Last Name _____ First Name _____ Middle Name _____

If the student is an orphan or foster child, please indicate his/her home school district: _____

List any additional address where the student will be sleeping overnight during the week.

_____ Name _____ Address _____ City _____ Zip _____

Please present a complete original copy of any legal documents/court orders pertaining to the student. (i.e. divorce decrees, custody, parenting plan, restraining order, etc.)

RACE / ETHNIC ORIGIN

The Rockwood School District is required to report to the State of Missouri and Office of Civil Rights using the following race/ethnic categories established by the Federal and State governments. It is the policy of the Rockwood School District not to discriminate based on race, color, creed, gender or disability in its education programs, activities or employment practices.

Select one:

Is student Hispanic: Yes No

Select all that apply:

White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Pacific Islander

HOME LANGUAGE

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

Does the student speak a language other than English? Yes No If Yes, language spoken: _____

Does or has the student received ESL Services? Yes No Date entered the United States: _____

STUDENT EDUCATIONAL INFORMATION

Has this student ever attended a Rockwood school before? Yes No If Yes: Year: _____ School: _____

HIGH SCHOOL STUDENTS Please indicate the date this student entered Grade 09: _____

Identify all schools previously attended in the United States or other country:

Table with 5 columns: Grades, School, Check if this is a Private or Parochial School, District, City, State

Does this student currently receive services such as:

Section 504 Accommodation Plan Yes No Formal Gifted Services Yes No
Special Education Services (IEP, SNAP, etc.) Yes No Medical/Health Plan Yes No
Title I Services; Remedial Reading Services Yes No Other (please describe below) Yes No

Has this student ever received the above services in the past? Yes No

If Yes, please explain: _____

Has this student ever been retained? Yes No If Yes, what grade?

FAMILY/STUDENT IN TRANSITION

These questions cover the definition of temporary living arrangement that is within the No Child Left Behind law. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

- 1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? YES NO
Explain if it is a similar reason: _____
- 2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged? YES NO
- 3. Are you currently residing in a shelter? YES NO
- 4. Are you currently living in a temporary housing arrangement due to economic hardship? YES NO

FEDERAL MIGRATORY WORKER SURVEY

If you have a child aged 3 through 21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

- 1. Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or agriculture-related work such as: Planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell? YES NO
- 2. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? YES NO
- 3. Is either parent (or guardian) now employed in any of the above kinds of work? YES NO
- 4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural? YES NO

SAFE SCHOOLS ACT

The undersigned hereby certify and represent to the Rockwood School District, for the purposes of the Missouri Safe Schools Act, that:

This student is currently suspended YES NO or expelled YES NO?

Note: If student is currently suspended or expelled the registration is stopped pending review of discipline by Assistant Superintendent for Administrative Services.

This student has not been convicted or indicted of any of the following offenses and no information or petition alleging such offense has been filed:

- a. first degree murder under Section 565.020, RSMo;
- b. second degree murder under Section 565.021, RSMo;
- c. first degree assault under Section 565.050, RSMo;
- d. forcible rape under Section 566.030, RSMo;
- e. forcible sodomy under Section 566.060, RSMo;
- f. statutory rape under Section 566.032, RSMo;
- g. statutory sodomy under Section 566.062, RSMo;
- h. robbery in the first degree under Section 569.020, RSMo;
- i. distribution of drugs to a minor under Section 195.212, RSMo;
- j. arson in the first degree under Section 569.040, RSMo;
- k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo

State of Missouri)
) SS
County of St. Louis)

The undersigned, being first duly sworn on his/her/their oath, states that he/she/they provided the above information to the Rockwood School District for the purpose of enrolling a student in the Rockwood School District and states that such information is true and correct to the best of his/her/their information, knowledge and belief.

Signature of Parent/Legal Guardian (Student may sign if 18 yrs of age and not living with parents) Date Signature of person with whom student is residing Date

Subscribed and Sworn to me, a notary public in and for the County of St. Louis, Missouri

Notary Public

<u>FOR OFFICE USE ONLY</u>			
For use by Registrar/LES accepting Household Form		For use by school where student will be enrolled	
<input type="checkbox"/> Census Form	<input type="checkbox"/> Student #	<input type="checkbox"/> School Choice	
Student ID Number _____		Date _____	
Registrar or Lead Secretary _____		DESE Code _____	
		<input type="checkbox"/> Copy Proof of Residence	<input type="checkbox"/> Temporary Living Arrangement Attribute Added
		<input type="checkbox"/> Copy Birth Certificate	<input type="checkbox"/> Migrant Attribute Added
		<input type="checkbox"/> Copy Other Legal Documents	<input type="checkbox"/> School Choice
		Registrar or LES of enrolling school _____	Date _____