

Mid-Buchanan R-V Enrollment Form

Office use only:

Records on file: _____ Date: _____

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address _____ City _____ State _____ Zip _____

Preferred contact number _____ DOB _____ Social Security #: _____

Preferred email _____

Grade _____ Gender: male/female

Ethnicity: White / Black or African- American / American Indian / Asian / Pacific Islander

Hispanic or Latino? Yes _____ No _____

Primary Residence with: Father _____ Mother _____ Stepfather _____ Stepmother _____ Other _____
(Who)

Court Records on file with school: Yes _____ No _____

Father/Guardian _____ Relationship to Student _____

Home Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ Second Phone # _____

Employer _____ Work Phone # _____ Ext. _____

Mother/Guardian _____ Relationship to Student _____

Home Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ Second Phone # _____

Employer _____ Work Phone # _____ Ext. _____

Parent/Guardian _____ Relationship to Student _____

Home Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ Second Phone # _____

Employer _____ Work Phone # _____ Ext. _____

Parent/Guardian _____ Relationship to Student _____

Home Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ Second Phone # _____

Employer _____ Work Phone # _____ Ext. _____

(Complete Information on Other Side

LIST ALL FAMILY MEMBERS/PERSONS ACTUALLY RESIDING IN THE HOUSEHOLD:

<u>Name</u>	<u>Date of Birth</u>	<u>Grade in School</u>	<u>Family Relationship</u>
1.			
2.			
3.			
4.			
5.			

Emergency Contact Information: (Should be contacts other than parent(s)/guardian(s))

Contact Name #1 _____ **Relationship to Student** _____

Preferred Phone Number _____ Phone Type: Cell Home Work

Second Phone Number _____ Phone Type: Cell Home Work

Contact Name #2 _____ **Relationship to Student** _____

Preferred Phone Number _____ Phone Type: Cell Home Work

Second Phone Number _____ Phone Type: Cell Home Work

Contact Name #3 _____ **Relationship to Student** _____

Preferred Phone Number _____ Phone Type: Cell Home Work

Second Phone Number _____ Phone Type: Cell Home Work

Allergies _____

What support service has your student received?

_____ IEP (LD, Speech, Etc.) Please Specify Area(s) _____

_____ 504 Plan _____ Title I Reading _____ Title I Math

According to § 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be liable for expenses incurred while the student was enrolled.

Signature of Parent or Guardian

Today's Date