



**Moberly School District  
New Student Enrollment Form  
School Year 2017-2018**

Processed By \_\_\_\_\_  
(School Personnel Initials)\_\_\_\_\_

Date of enrollment: \_\_\_\_\_

Student Name: \_\_\_\_\_

**REGISTRATION INFORMATION**

Please list all CHILDREN living in household.

\*Check if this child is currently eligible to receive Special Services.

| √<br>* | Name of Child<br>Last, First, Middle | Gender<br>M/F | Birthdate | Age | School | Grade | Social Security Number   |
|--------|--------------------------------------|---------------|-----------|-----|--------|-------|--------------------------|
|        |                                      |               |           |     |        |       | Birth Certificate Number |
|        |                                      |               |           |     |        |       | SSN                      |
|        |                                      |               |           |     |        |       | BCN                      |
|        |                                      |               |           |     |        |       | SSN                      |
|        |                                      |               |           |     |        |       | BCN                      |
|        |                                      |               |           |     |        |       | SSN                      |
|        |                                      |               |           |     |        |       | BCN                      |
|        |                                      |               |           |     |        |       | SSN                      |
|        |                                      |               |           |     |        |       | BCN                      |

Ethnicity  
 Black       White       Asian       American Indian/Alaska Native  
 Hispanic/Latino       Non Hispanic/Latino       Native Hawaiian/Other Pacific Islander

Which district do you reside in?  Moberly    Renick    Middle Grove    Other \_\_\_\_\_

Name of Legal Parent(s) or Guardian(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address:  
 \_\_\_\_\_  
 Street #                      Street Name                      Apt #  
 \_\_\_\_\_  
 City                              State                              Zip code  
 \_\_\_\_\_  
 Email address of Parent(s) or Guardian(s) (if applicable)\*:  
 \_\_\_\_\_

Name of Alternate Parent(s) or Guardian(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address:  
 \_\_\_\_\_  
 Street #                      Street Name                      Apt #  
 \_\_\_\_\_  
 City                              State                              Zip code  
 \_\_\_\_\_  
 Email address of Alternate Parent(s) (if applicable)\*:  
 \_\_\_\_\_

*\*Your parent portal login and password will be emailed to you at this address. To log in to parent portal on a computer visit our website at [www.moberly.k12.mo.us](http://www.moberly.k12.mo.us) > Parents > Parent Portal Login. For mobile devices, download the Tyler Student 360 app from the app store.*

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Marital Status:    Single    Married    Divorced  
 Home Phone Number: \_\_\_\_\_  
 Parent Cell Phone Number: \_\_\_\_\_  
 Student Cell Phone Number: \_\_\_\_\_  
 Parent Work Number: \_\_\_\_\_  
 Parent Place of Employment: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_  
 Work Number: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT AND CHILD PICK-UP / RELEASE FORM**

In case of illness or emergency, who shall be called? Please Note: The emergency contact person must be someone who has a telephone and who will be home during class time.

The following people have permission to pick my child up from school:

| Name | Relationship To Student | Phone Number |
|------|-------------------------|--------------|
|      |                         |              |
|      |                         |              |
|      |                         |              |
|      |                         |              |

For the safety of your child/children, he/she will only be released to his/her parents or the people listed above. We will ask to see identification before releasing the child to anyone other than the parents.

**IT IS THE PARENT’S RESPONSIBILITY TO REPORT CHANGE OF NAME, ADDRESS, TELEPHONE, HEALTH CONDITIONS, EMERGENCY CONTACTS AND ANY OTHER PERTINENT INFORMATION TO THE SCHOOL OFFICE.**

Please list names of others living in the same household not listed on previous page.

| Name | Relationship To Student | Phone Number |
|------|-------------------------|--------------|
|      |                         |              |
|      |                         |              |
|      |                         |              |
|      |                         |              |

If yes to either or both of the following questions, **please attach current copies of such documents.**  
Are there custody, parenting plan, or other legal documents that affect parent rights?  YES  NO  
Is there a restraining order against other individuals that pertains to this student?  YES  NO

**RESIDENCY INFORMATION**

Address Verification (Parent/Legal Guardian) (**Attach copy of current document**)  
 Rental/Lease Contract  
 Utilities Bill/Deposit Receipt (cable, electric, gas, water, landline)  
 Other: i.e. payroll check, W-2  
 Property Tax receipt  
Moberly Public Schools will **NOT** accept the following documents: Driver’s license, cell phone bill, check, credit card statement.  
**If you cannot provide one of these, please see school administrator.**

**Basis for Admission (167.020 RSMo)**  
 Resides with parent(s) in the school district  
 Resides with legal guardian(s) in the school district  
(copy of court ordered guardianship must be attached)  
 Resides with a military guardian in the school district (SB944)  
**If you cannot provide one of these, please see school administrator.**

The Missouri Department of Elementary and Secondary Education now require school districts to report which students are living in Military Families. A Military Family means the Household Parent/Guardian is currently in the military, and it does not include extended family members.

Is the Military member in:  Active Duty  National Guard or Reserve

Student Name: \_\_\_\_\_

**Additional questions regarding residence.**

1. Are you sharing the house of other persons due to loss of housing, economic hardship, or a similar reason?  
 YES  NO If similar reason, please explain \_\_\_\_\_
2. Are you currently residing in a hotel, motel, car, or at a campsite because your home has been damaged or because of economic reasons?  YES  NO
3. Are you currently living in a temporary housing arrangement due to economic hardship?  
 YES  NO

**Safe Schools Act (167.023 RSMo)**

The undersigned hereby certifies and represents to the Moberly School District, for the purpose of the Missouri Safe Schools Act, that the answers to the following questions are true and correct to the best of his/her knowledge and belief. Any person making a materially false statement or affirmation shall be guilty upon conviction of a class B misdemeanor.

1. Is this student currently suspended or expelled from any other charter school, private school, parochial school or public school in this state or any other state?  YES  NO
2. Has this student been convicted of or indicated for any of the following offenses in adult court or charged with or adjudicated to have committed an act which if committed by an adult would be one of the following?  
 YES  NO
  - a. First degree murder (Sect. 565.021 RSMo)
  - b. Second degree murder (Sect. 565.021 RSMo)
  - c. First degree assault (Sect. 565.050 RSMo)
  - d. Forcible rape (Sect. 566.030 RSMo)
  - e. Forcible sodomy (Sect. 566.060 RSMo)
  - f. Statutory sodomy (Sect. 566.062 RSMo)
  - g. Robbery in the first degree (Sect. 569.020 RSMo)
  - h. Distribution of drugs to a minor (Sect. 195.212 RSMo)
  - i. Arson in the first degree (Sect. 569.040 RSMo)
  - j. Kidnapping when classified Class A felony (Sect. 565.100RSMo)

If the answer is YES to question 1 or 2 the registration is stopped pending review of discipline by the Principal and/or Superintendent.

**Student Language Survey**

1. Was the first language this student learned English?  YES  NO
2. Can this student speak a language other than English?  YES  NO If yes, What language \_\_\_\_\_
3. Does anyone in your home speak a language other than English?  YES  NO If yes, Specify other \_\_\_\_\_
4. Which language is used most often when this student speaks to friends?  English Specify other \_\_\_\_\_
5. Which language is used most often when this student speaks to parents?  English Specify other \_\_\_\_\_

**Federal Migratory Worker Survey**

If the student is between the ages of 3-21 and if either the student or parent/guardian has moved from one school district to another school district within the preceding 36 months, the student may be eligible for a special program of supplemental services. Please answer the following questions to help us determine eligibility.

1. Before the move, was the student or either parent/guardian employed in some form of temporary seasonal agricultural or agriculture-related work?  YES  NO
2. Was the move from one school district to another made for the purpose of looking for or obtaining some form of seasonal agricultural or agriculture related job?  YES  NO
3. Has the student or either parent/guardian with the student, moved away during only the summer months to engage in crop harvesting or other seasonal agricultural work?  YES  NO

I understand that my son/daughter may be photographed while attending school or participating in school related activities and if I do not wish their picture be taken, I will notify my child's school in writing indicating my wishes not to have my son/daughter photographed.

The Moberly School District does not discriminate on the basis of race, color, national origin, sex, age or handicap in admission to, or treatment or employment in its programs and activities. If you have any questions regarding compliance with Title VI, Title IX, please contact the Superintendent of Schools or with section 504 contact the Director of Special Services, 926 KWIX Road, Moberly, MO 65270 phone number: 660-269-2600.

An individual knowingly providing false information can be charged with a class A misdemeanor, stealing, or criminal fraud. The individual would also be subject to civil action to recover tuition costs.

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