



# STUDENT ENROLLMENT FORM

<b>FOR OFFICE USE ONLY - SCHOOL INFORMATION</b>				START DATE _____	
STUDENT NO _____	SCHOOL YEAR _____	SCHOOL NAME _____	HOME ROOM _____	GRADE _____	
NEW ENROLLMENT <input type="checkbox"/>	RE-ENTRY <input type="checkbox"/>	LOCKER # _____			

**Please PRINT clearly in unshaded areas**

### STUDENT INFORMATION

LEGAL LAST NAME	SUFFIX (JR II etc.)	FIRST NAME	MIDDLE NAME	COMMON NICKNAME
DATE OF BIRTH (MM/DD/YEAR)		GENDER (M/F)	BIRTH STATE (OR COUNTRY IF NOT UNITED STATES)	
ETHNICITY (SELECT ONE)		RACE (CHECK ALL THAT APPLY)		
<input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino		<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/other Pacific Islander	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native
PRIMARY LANGUAGE SPOKEN :		OTHER LANGUAGE SPOKEN AT HOME:		
SCHOOL LAST ATTENDED _____		IS STUDENT CURRENTLY UNDER LONG-TERM SUSPENSION OR EXPULSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS STUDENT ATTENDED A SHAWNEE MISSION SCHOOL PREVIOUSLY?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE INDICATE IF STUDENT HAS AN I.E.P.		PLEASE INDICATE IF STUDENT HAS A 504.		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		

### FAMILY INFORMATION

COURT ORDER REGARDING CUSTODY?  YES  NO (Non-custodial parent may have access to student information unless prohibited by court order. The school must have a copy of the legal documents if access is prohibited.)

DO YOU WISH TO RESTRICT STUDENT/FAMILY INFORMATION?  YES  NO (If you choose to restrict your student/family information, your student's name will not appear in the student directory and his/her name will not be provided to outside agencies including the U.S. military or colleges/universities.)

DOES STUDENT HAVE A PARENT ON ACTIVE DUTY IN THE U.S. MILITARY?  YES  NO

### PRIMARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP	
GUARDIAN 1	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
( ) _____ - _____		( ) _____ - _____		( ) _____ - _____
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
EMAIL ADDRESS :				
GUARDIAN 2	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
( ) _____ - _____		( ) _____ - _____		( ) _____ - _____
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
EMAIL ADDRESS :				

### SECONDARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP	
GUARDIAN 1	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
( ) _____ - _____		( ) _____ - _____		( ) _____ - _____
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
EMAIL ADDRESS :				

**(OVER)**

**SECONDARY RESIDENCE CONTACT INFORMATION, continued**

GUARDIAN 2	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
( ) _____ - _____		( ) _____ - _____		( ) _____ - _____
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME
<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL
<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER

**EMAIL ADDRESS :** \_\_\_\_\_

**ADDITIONAL RESIDENCY INFORMATION**

This section addresses the McKinney-Vento Act. Where is the student currently living? (check only one)

<input type="checkbox"/> In a shelter _____ (name shelter) <input type="checkbox"/> In a motel, car, or campsite <input type="checkbox"/> In temporary foster care awaiting permanent placement	<input type="checkbox"/> Alone without parental support (independent living student) <input type="checkbox"/> <b>Temporarily</b> with more than one family (due to loss of job, housing etc.)	<input type="checkbox"/> <b>Temporarily</b> with more than one family in a house, mobile home, or apartment because the family doesn't have a place of their own. <input type="checkbox"/> None of these apply
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**ALL CHILDREN RESIDING AT RESIDENCE**

	LAST NAME	FIRST NAME	BIRTHDATE	SCHOOL
1.	_____	_____	__/__/__	_____
2.	_____	_____	__/__/__	_____
3.	_____	_____	__/__/__	_____
4.	_____	_____	__/__/__	_____

**MIGRANT ELIGIBILITY**

1. Does anyone in your family work in agriculture, including at a greenhouse or nursery?  Yes  No

2. If yes, have you moved within the past three years?  Yes  No

**EMERGENCY CONTACT INFORMATION** (In case of emergency or illness when parent cannot be reached)

#1 LAST NAME	FIRST NAME	TITLE	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	
( ) _____ - _____		( ) _____ - _____	
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER
<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME
<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER
<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME
<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER
<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME
<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER
<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME
<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER
<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME
<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
<input type="checkbox"/> OTHER	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL

I understand that knowingly providing false information on this form may result in criminal prosecution under Kansas Statute § 21-5824, which prohibits the making of false information with the intent to defraud or induce official action – a FELONY.

I will notify the school office immediately or within three (3) business days, if at any time this student moves from the primary residence listed above or changes address.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Date of Birth \_\_\_\_\_

(PARENT/LEGAL GUARDIAN)