



**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"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Yes, Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/other Pacific Islander	<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. <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE INDICATE IF STUDENT HAS A 504. <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**

<b>HOME ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
<b>EMAIL ADDRESS :</b>		<b>EMPLOYER:</b>	
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	
<b>EMAIL ADDRESS :</b>		<b>EMPLOYER:</b>	

**SECONDARY RESIDENCE CONTACT INFORMATION**

<b>HOME ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	

**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
EMAIL ADDRESS :			EMPLOYER:	

**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"/> 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. Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have your children moved with or to join the worker above in the past 36 months.	<input type="checkbox"/> Yes <input type="checkbox"/> 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		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
#2 LAST NAME	FIRST NAME	TITLE	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
#3 LAST NAME	FIRST NAME	TITLE	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

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 \_\_\_\_\_