

Student Name _____
First Middle Last

Grade _____
2020-2021 School Year

For office use only:
School _____

Student # _____
Accepted by: _____
Entered by: _____



NEW STUDENT K-12
ENROLLMENT
APPLICATION
2020-2021 SCHOOL YEAR
NEIGHBORHOOD SCHOOLS

Fill out this application if your student is coming from another school district/charter school.

Required Documents to Enroll

- Birth Certificate
- Current Immunizations
- Proof of Parentage/Guardianship (if applicable)
- Parent/Guardian Photo ID
- 2 Proofs of Residency

1) Lease, Mortgage, Tax Receipt or Utility Bill*

**Current utility bill only; disconnect/shut-off notices will not be accepted*

AND one of the following

- 2) Personal Property Tax Receipt (Past Year)
- 3) Home owner's/Rental Insurance Policy (Current Year)
- 4) Government/Court Documents
- 5) Pay stub/check (Within 30 days)
- 6) Bank statement (Within 30 days)

Take this completed application to the admissions office.

kcpublicschools.org/neighborhood

Admissions Phone: (816) 418-7505

Admissions Office: 2901 Troost Ave. KCMO 64109

Individuals who are lacking a fixed, regular and adequate nighttime residence should contact

The Office of Students in Transition email:
HomelessServices@kcpublicschools.org.

Phone: (816) 418-8640

Notice of Non-Discrimination

The Kansas City 33 School District does not discriminate on the basis of sex, race, religion, color national origin, ancestry, age, disability, sexual orientation, gender identity or any other factor prohibited by law in its programs and activities. If you believe you have been subject to discrimination or harassment or if you have any inquiries regarding the District's non-discrimination policies, please contact the Anti-Discrimination and Harassment Coordinator at 2901 Troost Ave., Kansas City, Missouri 64109 or call (816) 418-7610.

Enrollment Application for the 2020-2021 School Year

Student Information:

Legal Name: _____
First Middle Last

Student ID #: _____ Grade: _____ Student's Primary Language: _____

Social Security # (optional): _____/_____/_____

Date of Birth: _____/_____/_____

Gender: Male Female

Foster Care student?

Yes No

KCPS Employee student?

Yes No

Special Information:

Does your student receive special education (have an IEP)? Yes No

What is the special education eligibility? _____

Does your student have a 504 plan? Yes No

Name of last school where the student had an IEP or 504 plan: _____

Is your student currently on long term suspension or expulsion? Yes No

Has your student been expelled or suspended 11 or more consecutive days? Yes No

If Yes, Date: _____/_____/_____ Reason: _____

Choose one ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Check all that apply (regardless of race):

American Indian/Alaskan Native .

Asian

Black/African American

White

Native Hawaiian/

Other Pacific Islander

Family Information:

Language spoken at home: _____ Relationship to Student: _____

Primary Parent/Guardian Name: _____
First Middle Last

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____ Work Phone: (____) _____ - _____ (ext) _____

Primary Parent Spouse Name: _____ Relationship to student _____
First Middle Last

Cell Phone: (____) _____ - _____ Email: _____

Employer Name: _____ Work Phone: (____) _____ - _____ (ext) _____

Other parent not in home: _____ Relationship to student _____
First Middle Last

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____

Employer Name: _____ Work Phone: (____) _____ - _____ (ext) _____

Emergency Contact Information: (REQUIRED - not the Parent/Guardian)

Name: _____ Relationship to Student: _____ Allow to leave with student: Y N

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Name: _____ Relationship to Student: _____ Allow to leave with student: Y N

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Sibling Information:

Does this student have a sibling(s) living at this address currently in **KCPS**? Yes (list in table) No

Sibling Name	School	Student ID#	D.O.B.	Grade

Does your student qualify for federal programs?

To help determine whether your student qualifies for a federal program, please check "Yes" or "No" in response to the following questions.

1. What is your student's first language? English Other: _____
2. What language(s) does your student use (speak) at home or with others? English Other: _____
3. What language(s) does your student hear at home and understand? English Other: _____
4. Does the student understand when someone speaks with him/her in a language besides English? Yes No
5. Does the student read in a language other than English? Yes No
6. Does the student write in a language other than English? Yes No
7. Does the student interpret for you or anyone else in a language other than English? Yes No
8. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. Yes No
Explain: _____
9. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? Yes No
10. Are you currently residing in an emergency or transitional shelter? Yes No
11. Has the student been abandoned in a hospital? Yes No
12. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? Yes No
13. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? Yes No
14. Have you or your student worked in a meat, poultry or agriculture processing plant? Or on a farm, ranch, orchard, or plant nursery? Or in commercial fishing? Yes No
15. Does the parent/guardian work for the federal government? Yes No
16. Is either parent or guardian on active duty or reserve military? Active Duty National Guard or Reserve Not Military

Safe Schools Form

Instructions: This form must be completed for all new students enrolling in the Kansas City Public Schools. Submitting false statements or information to a student's disciplinary history is defined as a Class B Misdemeanor. Students could face removal from schools for submitting false statements and/or information regarding residency or disciplinary history.

Please answer the following questions. An explanation must be provided if you answer "yes" to any of the questions below.

1. Has your student ever been convicted of any felony offense(s)? Yes No
If "yes", please list offense(s) committed: _____
2. Has your student ever been charged with or adjudicated to have committed: 1st or 2nd Degree Murder, 1st Degree Assault, 1st Degree Robbery, Distribution of Drugs to a minor, 1st Degree Arson, kidnapping, Prostitution or any Sexual Offenses (e.g, rape, sodomy, child molestation, sexual assault, sexual misconduct, sexual abuse, etc.)? Yes No
If "yes", please list offense(s) committed: _____
3. Is your student currently on long term suspension (11-180 school days) or expulsion from any in-state or out-of-state school (e.g., public alternative, private, charter or parochial school) previously attended? Yes No
If "yes", please list offense(s) committed: _____

4. Please list all schools your student has attended with the past (24) twenty-four months. Please include each school's name, city and state in which they are located. _____

By signing and submitting this form in support of my child's enrollment in the Kansas City Public Schools, I understand that it is a criminal offense (class B Misdemeanor-Section 167.023 RSMo) to give false information concerning actions disciplinary actions taken against my child for an offense in violation of School Board policies relating to weapons, alcohol, drugs or the willful infliction of injury to another person. I acknowledge and accept responsibility for the consequences of submitting false statements or information for the purpose of enrollment.

Parent/Guardian Signature: _____ Date: _____

Request for Release of Records



Student Information (to be completed by parent/guardian):

Student Name _____ D.O.B. _____ Grade: _____

Prior School Information (to be completed by parent/guardian): For enrollment purposes, the parent/guardian has authorized the designated school to release, fax and/or mail any school records on the above student maintained by such school. Failure to complete prior school information may delay placement.

Name of school last attended: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Parent/Guardian Signature:

Parent Name: _____ Date: ____ / ____ / ____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Note: Under law, the natural parent, legal guardian or foster parent may give permission for the release of records.

Pursuant to Section 167.020(7) and 167.022, RSMO, the school official enrolling a pupil, including any special education pupil, shall request the student's records from all schools, facilities, or state agencies (e.g., The Department of Social Services, The Department of Mental Health, The Department of Elementary and Secondary Education also all subdivisions thereof) and entities involved with the placement of the student within the last twenty-four months. Records for the homeless students, as defined in Section 167.022, RSMO, shall be requested from all school previously attended by the pupil within the last twenty-four months.

Description of information to be released

- | | |
|--|--|
| <input type="checkbox"/> Cumulative Permanent School Records | <input type="checkbox"/> Assessment Scores |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Current MAP or other Standardized Test Scores |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Others (Specify): _____ |
| <input type="checkbox"/> Special Education Records (including) | |

Active IEP Evaluation Report and Current Diagnostic Summary including Permission for Placement, 504 Accommodation Plan.

- I authorize the school nurse to request immunization records from the doctor's office.

FOR OFFICE USE ONLY:

Requested by: _____

School Name: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

Send Records to: _____ Fax: (____) _____ - _____

***Please email special education records to: nnorthcu@kcpublicschools.org**

Phone: (____) _____ - _____

Note: A separate request must be submitted for each school, facility, state or entity
The parent/guardian of the student above has requested admission into Kansas City Public Schools.