

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](http://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](mailto: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: 1<sup>st</sup> or 2<sup>nd</sup> Degree Murder, 1<sup>st</sup> Degree Assault, 1<sup>st</sup> Degree Robbery, Distribution of Drugs to a minor, 1<sup>st</sup> 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](mailto: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.