

Harrisonville Cass R-IX School District Enrollment Form

School Year: ____ / ____	Age: ____	Grade: _____
Last: _____	First: _____	/Preferred _____ Middle _____

Street Address: _____ City/State: _____ Zip: _____

Mailing Address: _____ City/State: _____ Zip: _____

Home Phone: (____) _____ Student Social Security # _____

Birth Date ____ / ____ / ____ Gender: (circle) Male Female Hispanic: (circle) Yes No

Student Race: (circle all that apply)

White	Black/African American	Asian	Hispanic/Latino	Native HI or Other Pac. Isl.	Amer. Ind. or AK Native
-------	------------------------	-------	-----------------	------------------------------	-------------------------

Is this student coming from East Lynne K-8 School District? YES or NO

Has this student previously attended school in Harrisonville Cass R-IX School District? YES or NO

Name of previous school attended _____ City _____ State _____ Zip _____

<input type="checkbox"/> check if student primarily resides here Father _____ Home/Cell _____ Work _____ Address _____ City _____ State _____ Zip _____ Employer _____ Email _____	<input type="checkbox"/> check if student primarily resides here Mother _____ Home/Cell _____ Work _____ Address _____ City _____ State _____ Zip _____ Employer _____ Email _____
<input type="checkbox"/> check if student primarily resides here Step-Parent _____ Home/Cell _____ Work _____ Address _____ City _____ State _____ Zip _____ Employer _____ Email _____	<input type="checkbox"/> check if student primarily resides here Step-Parent _____ Home/Cell _____ Work _____ Address _____ City _____ State _____ Zip _____ Employer _____ Email _____
<input type="checkbox"/> check if student primarily resides here Other Guardian _____ Relationship to student _____ Home/Cell _____ Work _____ Address _____ City _____ State _____ Zip _____ Employer _____ Email _____	<input type="checkbox"/> check if student primarily resides here Other Guardian _____ Relationship to student _____ Home/Cell _____ Work _____ Address _____ City _____ State _____ Zip _____ Employer _____ Email _____

Emergency Contact/Authorized to Pick Up: People we may contact, share medical information, and will be allowed to check out when parent/guardian cannot be reached. If it is NOT possible to contact them, the school may make arrangements deemed necessary to help the student. Person(s) listed above are considered first emergency contact(s).

Name _____	Relationship _____	Home/Cell _____	Work _____
Name _____	Relationship _____	Home/Cell _____	Work _____
Name _____	Relationship _____	Home/Cell _____	Work _____

Is there a court order restricting or severing a parent from contact or access to a student or their educational rights?	YES	NO
If yes, did you provide the school with the current court order for the student file?	YES	NO
Is the student residing with you as appointed legal guardian or primary relative caregiver?	YES	NO
If yes, did you provide the school with the current documentation for the student file?	YES	NO
Has your family moved from one school district to another within the past three (3) years to seek or obtain temporary seasonal work in agricultural or a related food processing business?	YES	NO
Is the student living with their parent or legal guardian in someone else's house other than their own, living with a friend or family member other than their parent/guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)?	YES	NO
Is any language other than English spoken in your home?	YES	NO
If yes, please specify the language _____		
I give permission for my child to attend school-sponsored field trips.		YES NO

Special Services: List educational services received beyond regular classroom instruction (i.e. IEP/Special Education, Reading, SP/LG, 504, English Language Learner, etc.):

Attendance: If student was ever suspended or expelled from school attendance at any school, public or private, in this state or in any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, threats, or for the willful infliction of injury to another person, please give all details regarding the incident(s), including the date(s), from what school, for what reason(s) and what the total penalty was rendered:

Has the student been charged with or convicted of a felony? If yes, explain: YES or NO

Sibling Information: Please list all siblings residing in the Harrisonville Cass R-IX School District:

Name_____	School_____	Date of Birth_____
Name_____	School_____	Date of Birth_____
Name_____	School_____	Date of Birth_____

If there is no parent or legal guardian in the household a Waiver of Residency form must be completed. If parent or legal guardian and student are residing with a third party in the district a Resident's Affidavit must be completed.

<i>I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student. By signing I/we authorize the Harrisonville Cass R-IX School District to request school records including special education records from all districts attended in the last 12 months. I/we understand any falsification or omission of information regarding the enrollment of said student in the Harrisonville Cass R-IX School District may result in suspension, expulsion or denial of enrollment. I/we also understand that submitting false information relating to residency is a class A misdemeanor.</i>		
Signature: _____	Printed Name _____	Date _____

The Board of Education does not discriminate on the basis of race, color, national origin, ancestry, age, religion, marital status, pregnancy, sex, exercise of FMLA rights or disability in employment, educational programs or activities as set forth in policy AC.

NOTE: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Last Revised 4/10/23 Harrisonville Cass R-IX School District, Harrisonville, MO