



FAMILY REGISTRATION (Please Print)

Primary Parent Information

Proper Mailing Name \_\_\_\_\_

911 Mailing Address: \_\_\_\_\_

**Previous Mailing Address:** \_\_\_\_\_

County (Circle One): Caldwell (13)      Carroll (17)      Livingston (56)      Ray (89)

Full Name of Parent: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Did you move to this area to seek or obtain some form of temporary or seasonal agricultural work, such as; planting or harvesting crops; transporting farm products to market; working in hatcheries; processing meat, poultry, fruit, vegetables, dairy or tobacco; working on a dairy or catfish farm; cutting firewood or logs to sell?    YES     NO

Alternate Parent Information

Name: \_\_\_\_\_

911 Mailing Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts: Please list at least two (other than parents listed above) in order of priority.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

STUDENT REGISTRATION

Full Name: _____ Preferred Name: _____ Grade Level: _____ Current Grade Level: _____ SSN: _____ Gender: _____ DOB: _____ Ethnicity: (circle one) Asian      Black      Hispanic      White      Native American / Eskimo <b>IEP:</b> Yes No <b>504 Plan:</b> Yes No <b>Title I (Reading):</b> Yes No <b>Speech:</b> Yes No
Full Name: _____ Preferred Name: _____ Grade Level: _____ Current Grade Level: _____ SSN: _____ Gender: _____ DOB: _____ Ethnicity: (circle one) Asian      Black      Hispanic      White      Native American / Eskimo <b>IEP:</b> Yes No <b>504 Plan:</b> Yes No <b>Title I (Reading):</b> Yes No <b>Speech:</b> Yes No
Full Name: _____ Preferred Name: _____ Grade Level: _____ Current Grade Level: _____ SSN: _____ Gender: _____ DOB: _____ Ethnicity: (circle one) Asian      Black      Hispanic      White      Native American / Eskimo <b>IEP:</b> Yes No <b>504 Plan:</b> Yes No <b>Title I (Reading):</b> Yes No <b>Speech:</b> Yes No
Full Name: _____ Preferred Name: _____ Grade Level: _____ Current Grade Level: _____ SSN: _____ Gender: _____ DOB: _____ Ethnicity: (circle one) Asian      Black      Hispanic      White      Native American / Eskimo <b>IEP:</b> Yes No <b>504 Plan:</b> Yes No <b>Title I (Reading):</b> Yes No <b>Speech:</b> Yes No

Last School Attended:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Admission and Withdrawal**

**Residency Enrollment Checklist**

**RESIDENCY ENROLLMENT CHECKLIST**

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone \_\_\_\_\_

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone \_\_\_\_\_

**Address Verification** (Parent/Legal Guardian): Attach copy of document.

\_\_\_\_\_ Rental Contract

\_\_\_\_\_ Real Estate Contract Signed by All Parties

\_\_\_\_\_ Utilities Bill/Deposit Receipt

\_\_\_\_\_ Other, such as payroll check, driver's license, W-4 employment documents

**BASIS FOR ADMISSION OF STUDENT** (Section 167.020 RSMo)

\_\_\_\_\_ Resides with parent in the School District

\_\_\_\_\_ Resides with legal guardian in the School District (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration.)

\_\_\_\_\_ Resides with a military guardian in the School District (SB944).

\_\_\_\_\_ Are you sharing the housing of another due to a loss of housing, economic hardship or a similar Reason? Explain if it is a similar reason. \_\_\_\_yes \_\_\_\_no

Explain: \_\_\_\_\_

\_\_\_\_\_ Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_\_ Are you currently residing in an emergency or transitional shelter? \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_\_ Has the student been abandoned in a hospital? \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_\_ 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

\_\_\_\_\_ Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Special circumstances (Section 167.151 RSMo)

- a. \_\_\_\_\_ an orphan
- b. \_\_\_\_\_ one parent living
- c. \_\_\_\_\_ parents do not contribute to the student's support
- d. \_\_\_\_\_ agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parent's residence is on the real estate, at least 35% of the real estate is in the District, parent notified District on or before June 30 that student would be attending)

\_\_\_\_\_ Parent is a teacher under contract with the District (Section 167.151, 168.151 RSMo)

\_\_\_\_\_ Parent is a regular employee with the District (Section 163.011, RSMo)

**Other exemptions to the residency requirements (Section 167.020.6, RSMo)**

\_\_\_\_\_ Attending school not in the pupil's district of residence as a participant of an interdistrict transfer program established under a court-ordered desegregation program

\_\_\_\_\_ A ward of the state and has been placed in a residential care facility by state officials\*

\_\_\_\_\_ Has been placed in a residential care facility due to a mental illness or developmental disability\*

\_\_\_\_\_ Has been placed in a residential care facility by a juvenile court\*

\_\_\_\_\_ Has a disability identified under state eligibility criteria if the student is in the District for reason other than accessing the District's education program

\_\_\_\_\_ Has transferred from an unaccredited school

\*The district of residence will be billed for the local tax effort for the student(s) attending under these circumstances.

**Date of Student Admission** \_\_\_\_\_

\_\_\_\_\_ Student denied admission. Date of denial \_\_\_\_\_

\_\_\_\_\_ Waiver requested. Date of request \_\_\_\_\_

**WAIVER INFORMATION**

Waiver requested by:

\_\_\_\_\_ Parent

\_\_\_\_\_ Legal Guardian

\_\_\_\_\_ Student (at least 18 years old)

\_\_\_\_\_ Other (complete information below)

a. Name of person/relative student resides with \_\_\_\_\_

b. Relationship \_\_\_\_\_

c. Address \_\_\_\_\_

d. City/State \_\_\_\_\_ Zip \_\_\_\_\_

e. Address Verification \_\_\_\_\_

f. Reason why student is living with person/relative \_\_\_\_\_

Other reasons showing hardship or good cause \_\_\_\_\_

**Hearing Date** (must be with 45 days of request) \_\_\_\_\_

\_\_\_\_\_ Student admitted pending decision on waiver request

**Date student admitted** \_\_\_\_\_

\_\_\_\_\_ Waiver granted. Date \_\_\_\_\_

\_\_\_\_\_ Waiver denied. Date \_\_\_\_\_

**Students attending school pursuant to the above information may be counted for state aid purposes.**

**Nonresident students who may enroll and are not counted by the District for state aid:**

\_\_\_\_\_ Tuition

\_\_\_\_\_ Tax credit tuition – Any person who pays a school tax in any other district than that in which he resides may send his children to any public school in the district in which the tax is paid and receive as a credit on the amount charged for tuition the amount of the school tax paid to the district (Section 160.151(3), RSMo)

\_\_\_\_\_ Transportation hardship as assigned by the Commissioner of Education (Section 167.121, RSMo)

\_\_\_\_\_ Attending a regional or cooperative alternative education program or an alternative education program on a contractual basis (Section 167.020.6 RSMo)

Source: Department of Elementary and Secondary Education, Division of School Services

**MOCAP Virtual Education:**

Pursuant to Missouri Law § 161.670, RSMo., Braymer C-4 students can enroll in virtual courses through the MOCAP program. For more information about the Braymer C-4 School District policy regarding virtual education please contact the school office.

Curriculum Services

ESL/ESOL Student Home Language Survey

**STUDENT HOME LANGUAGE SURVEY**

Dear Parent/Guardian:

The Braymer C-4 School District has an English as a Second Language (ESL) program to help students who may not be proficient in English because of the use of another language in the home, and who thus may have a need for additional help with the classes they are taking. If your child is not proficient in English and you feel he/she may qualify for the ESL program, please complete this form and return it to your child's school. Please call the director of the ESL program at (660) 645-2284 if you have any questions. Thank you for your cooperation.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Survey: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Circle the best answer to each question about your child and provide additional information if necessary.

- |   |         |              |
|---|---------|--------------|
| 1. Was the first language you learned English?  | No      | Yes          |
| 2. Can you speak a language other than English<br>(Do not count languages learned in foreign language classes.) | No      | Yes          |
| 3. Is any language other than English used at home?   | No      | Yes          |
| 4. Which language do you use most often with friends?   | English | Other: _____ |
| 5. Which language do you use most often with your parents?  | English | Other: _____ |
| 6. Which language do you use most often with relatives?   | English | Other: _____ |
| 7. Have you attended school in a country other than the U.S.?<br>(If yes, where and how long? _____)            | No      | Yes          |
| 8. Have you attended another school in the U.S.?<br>(If yes, where and how long? _____)                         | No      | Yes          |
| 9. Have you attended another school in Missouri?<br>(If yes, where and how long? _____)                         | No      | Yes          |
10. Please provide any other related information that would help the school identify any language instruction needs for your child. \_\_\_\_\_  
\_\_\_\_\_



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF QUALITY SCHOOLS – MIGRANT EDUCATION

PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME Braymer C4 School District	COUNTY-DISTRICT CODE 013-061
DISTRICT MIGRANT CONTACT Superintendent	ENROLLMENT DATE

**DIRECTIONS**

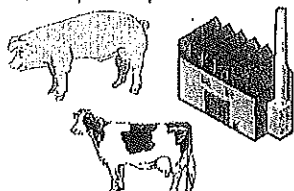
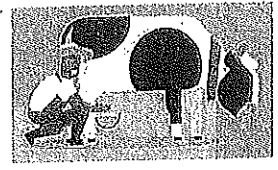



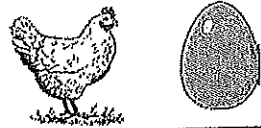

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

Mail the completed form to Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contact Grants and Resources at 573-526-6989.

**RELOCATION HISTORY**

Have you moved to the school district in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)

<b>Pork, beef processing</b> 	<b>Milking Cows</b> 	<b>Nursery/Greenhouse</b> 	<b>Planting/Harvesting Crops</b> 
<b>Planting, harvesting or ginning cotton</b> 	<b>Chicken processing, feeding poultry, gathering eggs, working in a hatchery</b> 	<b>Harvesting and packing apples</b> 	<b>Other:</b> Fruit and vegetable processing Potatoes Feeding livestock Growing, tending to and felling trees

**PARENT INFORMATION**

PARENTS/GUARDIANS

ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME	DATE OF MOVE		

**STUDENT INFORMATION**

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4767 or TTY 800-735-2968; email [civilrights@deese.mo.gov](mailto:civilrights@deese.mo.gov).

**STUDENTS**

**Form 2230.2**

**Admission and Withdrawal**

**Affidavit Regarding Prior Discipline**

**OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE  
TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT**

I, \_\_\_\_\_, having been duly sworn upon my oath, or having affirmed that I will  
*Parent/Guardian*

tell the truth, do hereby state and depose as follows:

I am the parent/guardian, or other person having custody or charge of \_\_\_\_\_,  
*Student*  
a student seeking to enroll in the Braymer C-4 School District, and am legally authorized to make  
educational decisions for the Student.

I hereby certify as follows: (Check one and provide all of the additional information requested.  
WARNING: Under Missouri law, the failure to provide true, accurate and complete information to each  
and every question and subpart thereto may result in your being charged with and convicted of a Class B  
misdemeanor.)

\_\_\_\_\_ The Student **has never been suspended or expelled** from any school in this state or any other  
state for any offense relating to weapons, alcohol, or drugs, or for the willful infliction of injury to  
another student.

\_\_\_\_\_ The Student **has been suspended and/or expelled** from school in this state or another state for  
one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to  
another student.

**For each and every suspension and/or expulsion, provide the following information (request  
additional information sheets if necessary):**

1. Name and Address of School District.
2. Name of School.
3. Nature of Offense.
4. Date of Offense.
5. Date Suspension/Expulsion Began.
6. Date Suspension/Expulsion Ended/Is Scheduled to End.



I hereby certify that I have provided true, complete, and accurate information for each and every suspension and/or expulsion imposed up the Student for each and every offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

I hereby swear or affirm that all information I have provided in this document is true, accurate, and complete to the best of my knowledge.

I understand that if I have provided any false information in this document that I may be charged with and convicted of a Class B misdemeanor.

I also understand that this registration document will be maintained as part of the Student's permanent scholastic record.

\_\_\_\_\_  
Signature of Parent/Guardian\*  
(Do not sign unless notary is present.)

\_\_\_\_\_  
Date

STATE OF MISSOURI

)

) SS

COUNTY OF \_\_\_\_\_

)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_  
to me personally known who, being by me duly sworn, did say that he/she executed the  
foregoing instrument and acknowledged said instrument to be his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal  
in the County and State aforesaid, the day and year first above written.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_