Resident Participant Student Involvement in Activities and Events (Participation Registration Form)

Date:					
Resident	Participant		(RP)	Student's	Name:
Date of Birth:					
RP Student's Pern	nanent Physical Add	ress: _			
	Parei	nt/Gu	ardian Informa	tion	
Name of Biologic	al or Legal Parent: _				
Address:					
Home Phone:		*	E-mail:		
Name of Biologic	al or Legal Parent: _				
Address:					
Mobile Phone:		*	Work Phone:		*
Home Phone:		*	E-mail:		
Name of Court-A	ppointed Guardian o	r othe	r Person Designa	nted by Law as Guardian	n (if any):
Address:					
Mobile Phone:		*	Work Phone:		*
Home Phone:		*	E-mail:		

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Name of Person Registering the RP Stu-	dent if Someone Other than Those Listed Above:
Relationship to RP Student:	
Address:	
Mobile Phone:	* Work Phone:*
Home Phone:	* E-mail:
purposes, such as communications at health risks. You are also consenting	u are consenting to receive messages for emergency bout school closures, unexcused absences, threats, and to receive calls regarding the education mission of the ated activities. Please check here if you do not want to

Please provide the district with a copy of any custody orders, guardianship designations, power of attorney documents or any other similar documentation. Note: It is not the district's responsibility to enforce divorce decrees, parenting plans, or custody orders. The district seeks this information solely to determine who the biological parents are, who has authority to make or participate in educational decisions, who may have access to student records, and who the courts have determined is safe to be alone with the child.

Proof of Residence

Students must be residents of the district to participate in district events and activities. The following are acceptable proof of residency documents:

- 1. Property tax statement
- 2. Utility bill/agreement
- 3. Real estate contract
- 4. Rental agreement/receipt

RP students cannot participate in the event or activity until sufficient evidence of residency is provided to the school district.

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Information About Prior Schools

If the RP student previously attended another school or school district, please provide the following information for each school the RP student has attended since kindergarten age. If the student previously attended more than one school, please attach a separate sheet of paper with the following information for each school:

School's Name:	
School's Address:	
School's Phone Number:	
School's E-mail Address:	
Dates RP Student Attended Previous	School:
	ed at the Previous School:
Did the RP student participate in any from previous schools? Check all that	y of the following programs or receive the following services at apply:
☐ Special Education	☐ Threat Assessment or Safety Plan
☐ Accommodation of a Disability	☐ Personalized Health Plan

Additional Contacts

The district is authorized to release the RP student to the care of the following persons in an emergency situation, when the RP student is ill or injured, or in situations where the parent cannot be contacted or is not available. The district is authorized to share with the listed persons information in the student's education records when district staff consider that information necessary or relevant to the reason the RP student is being released to the contact. For example, if an RP student is ill, the district may share with the contacted persons information in the RP student's health records regarding the illness. The district will assume that the RP student may be legally released to all parents or legal guardians unless presented documentation to the contrary.

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Name:	
Address:	
Mobile Phone:	Work Phone:
Home Phone:	E-mail:
Name:	
Relationship to RP Student:	
Address:	
Mobile Phone:	Work Phone:
Home Phone:	E-mail:
Relationship to RP Student:	
Address:	
Mobile Phone:	Work Phone:
Home Phone:	E-mail:
Discipline History	
Is the RP student presently under suspension ☐ Yes ☐ No If yes, please explain:	n or expulsion from another school district?
Has the RP student ever been expelled from ☐ Yes ☐ No If yes, please explain:	a school?

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Has the RP student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of school board policies relating to weapons, alcohol, or drugs or for the willful infliction of injury to another person? Yes \sum No If yes, please explain:			
	e RP student ever been suspended from a school for more than ten consecutive days? s No If yes, please explain:		
	e RP student been convicted of or charged with a crime in juvenile or adult court? S □ No If yes, please explain:		
	ne above RP student been convicted of or charged with any of the following crimes in le or adult courts?		
☐ Yes	s 🗆 No		
If yes,	indicate which crime(s):		
	First-degree murder wnder § 565.020, RSMo.		
	Second-degree murder under § 565.021, RSMo.		
	First-degree assault under § 565.050, RSMo.		
	Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under § 566.030, RSMo.		
	Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree under § 566.060, RSMo.		
	Statutory rape under § 566.032, RSMo.		

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	Statutory sodomy under § 566.062, RSMo.			
	Robbery in the first degree under § 569.020, RSMo.			
	Distribution of drugs to a minor under § 195.212, RSMo.			
	Arson in the first degree under § 569.040, RSMo.			
	Kidnapping, when classified as a class A felony under § 565.110, RSMo.			
	share any other information regarding the RP student's behavior that would assist the tin better supervising this RP student:			
inform charge signing submit reserve studen I attest disclos	CE: According to § 167.020, RSMo., any person who knowingly submits false ration to satisfy the residency requirements shall be subject to class A misdemeanor is and may be civilly liable for expenses incurred while the student was enrolled. By githis form, you are certifying to the district that the above information is accurate. Further, thing a false statement is punishable by a \$1,000 fine (§ 575.060, RSMo.). The district is the right to take any and all additional legal actions against the parents/guardians and it for false statements, misrepresentations, or fraudulent actions. It that all the above information is correct and true. I understand that it is a crime if I do not see the information requested or if I provide false information.			
Signat	ure of Parent, Guardian, Person Acting as a Parent, or RP Student if Applicable			
Date				
Please	Return Completed Form To:			
Impler Revise	mented:			
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