

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

Date: _____

Resident Participant (RP) Student's Name: _____

Date of Birth: _____

RP Student's Permanent Physical Address: _____

Parent/Guardian Information

Name of Biological or Legal Parent: _____

Address: _____

Mobile Phone: _____ * Work Phone: _____ *

Home Phone: _____ * E-mail: _____

Name of Biological or Legal Parent: _____

Address: _____

Mobile Phone: _____ * Work Phone: _____ *

Home Phone: _____ * E-mail: _____

Name of Court-Appointed Guardian or other Person Designated by Law as Guardian (if any):

Address: _____

Mobile Phone: _____ * Work Phone: _____ *

Home Phone: _____ * E-mail: _____

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Name of Person Registering the RP Student if Someone Other than Those Listed Above: _____

Relationship to RP Student: _____

Address: _____

Mobile Phone: _____ * Work Phone: _____ *

Home Phone: _____ * E-mail: _____

*By providing a phone number, you are consenting to receive messages for emergency purposes, such as communications about school closures, unexcused absences, threats, and health risks. You are also consenting to receive calls regarding the education mission of the district, such as upcoming school-related activities. Please check here if you do not want to receive these notifications:

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.

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: _____

Grade Levels the RP Student Attended at the Previous School: _____

Did the RP student participate in any of the following programs or receive the following services from previous schools? Check all that 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.**

Name: _____

Relationship to RP Student: _____

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Address: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Name: _____

Relationship to RP Student: _____

Address: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Name: _____

Relationship to RP Student: _____

Address: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Discipline History

Is the RP student presently under suspension or expulsion from another school district?

Yes No If yes, please explain: _____

Has the RP student ever been expelled from a school?

Yes No If yes, please explain: _____

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 No If yes, please explain: _____

Has the RP student ever been suspended from a school for more than ten consecutive days?

Yes No If yes, please explain: _____

Has the RP student been convicted of or charged with a crime in juvenile or adult court?

Yes No If yes, please explain: _____

Has the above RP student been convicted of or charged with any of the following crimes in juvenile or adult courts?

Yes No

If yes, indicate which crime(s):

First-degree murder under § 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.

Statutory sodomy under § 566.062, RSMo.

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- 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.

Please share any other information regarding the RP student's behavior that would assist the district in better supervising this RP student: _____

NOTICE: According to § 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form, you are certifying to the district that the above information is accurate. Further, submitting a false statement is punishable by a \$1,000 fine (§ 575.060, RSMo.). The district reserves the right to take any and all additional legal actions against the parents/guardians and student for false statements, misrepresentations, or fraudulent actions.

I attest that all the above information is correct and true. I understand that it is a crime if I do not disclose the information requested or if I provide false information.

Signature of Parent, Guardian, Person Acting as a Parent, or RP Student if Applicable

Date

Please Return Completed Form To: Activities Director at desired school of participation