



STUDENT ENROLLMENT FORM 2026-2027

Student's Legal Name: _____ ID #: _____
Last First Middle

Grade: _____ Nickname: _____ Birth Date: _____ Gender: _____

[If Grade K] Does your student have any preschool experience? No Yes
If yes, did they Attend North Kansas City Schools Attend a private pre-school Attend other preschool _____

Address: _____
Street City/State/Zip

Contact Phone: _____ Student's Mobile Phone: _____

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? No Yes

Are you currently residing at a motel, hotel, trailer park, or camping grounds due to the lack of alternative adequate accommodations? No Yes

Are you currently residing in an emergency or transitional shelter? No Yes

Has the student been abandoned in a hospital? No Yes

Is your primary nighttime residence a public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings? No Yes

Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station or similar setting? No Yes

Residency Date Check: _____ *[FOR OFFICE USE ONLY]*

Student Racial/Ethnic Heritage: *(Please complete information.)*

Ethnicity—Please check one: Hispanic/Latino Not Hispanic/Latino

Race—Please check all that apply: American Indian or Alaska Native Asian Pacific Islander
 White Black or African American *(Selecting two or more denotes multi-racial)*

What was the student's first language? _____

Which language(s) does the student use (speak) at home and with others? _____

Which language(s) does the student hear at home and understand? _____

Student's country of origin: _____ Parent's country of origin: _____

Date entered United States: _____ Date entered a school in United States: _____

Parents/Guardians:

Contact #1: _____

Relationship to Student: _____

Address: _____

Place of Employment: _____

Home Phone: _____

Work Phone: _____ Ext: _____

Mobile Phone: _____

E-Mail: _____

I authorize the District and School to send Communication No Yes
(via Text Messages, Emails or Phone Calls)

Interpreter Needed
Language _____

Contact #2: _____

Relationship to Student: _____

Address: _____

Place of Employment: _____

Home Phone: _____

Work Phone: _____ Ext: _____

Mobile Phone: _____

E-Mail: _____

I authorize the District and School to send Communication No Yes
(via Text Messages, Emails or Phone Calls)

Interpreter Needed
Language _____

Daytime Emergency Alert Phone: _____

Name Additional Parents: _____ Relationship: _____ Phone: _____

Is there a court order that restricts either parent from contact with your student or access to student records? No Yes

If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.

Emergency Contact When Parent/Guardian Cannot Be Reached: *(Do not include persons listed as Parents/Guardians.)*

I authorize the district to release all identifiable information about my student to the following persons. Initial to authorize this person to pick up your student on your behalf.

		Relationship	Pick Up Student (Initial below)
1st: _____	Phone: _____	_____	_____
2nd: _____	Phone: _____	_____	_____
3rd: _____	Phone: _____	_____	_____
4th: _____	Phone: _____	_____	_____

I understand to change this information I must submit a written request to my school.

School Attendance:

Has your student previously attended school in North Kansas City Schools? No Yes at school: _____

School Last Attended: _____ District: _____

Former School's Address: _____
Street City/State/Zip

Special Services:

Does your student have an IEP for special education services or a 504-accommodation plan? IEP 504 School District: _____

Has your student participated in supplementary education programs such as extra help with reading, math and/or language arts? If yes, which subject(s)? Reading Math Language Arts Please describe: _____

Has your student ever been identified for gifted and talented education? No Yes School District: _____

Sibling Information:

List brothers, sisters, stepbrothers, and stepsisters younger than 20 years of age who currently reside within North Kansas City Schools. Do not include your student for whom this form is completed.

First/Last Name	Phone	Gender (M/F)	Birth Date	School	Grade (if applies)	Same Address?
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Information:

Have you moved within the past 3 years to seek or obtain work in the following areas? If so, check the appropriate categories:

- | | |
|--|---|
| <input type="checkbox"/> Feeding poultry, gathering eggs, working in a hatchery | <input type="checkbox"/> Planting or harvesting crops |
| <input type="checkbox"/> Processing meat, poultry, fruit or vegetables, dairy products | <input type="checkbox"/> Commercial fishing or working on a fish farm |
| <input type="checkbox"/> Working in a nursery (a place where plants are grown for sale, transplanting, or experimentation) | <input type="checkbox"/> Growing and tending to trees to be sold |
| <input type="checkbox"/> Milking cows on a dairy farm | |

Dismissal: Upon dismissal from school, your student is to do the following:

- Ride the bus home Walk Home Car Rider Day Care *(provide name of Daycare)* _____
- Go to Adventure Club because my student is currently enrolled in AM or PM School-Age Child Care.
- Go to the following relative or baby-sitter: Name: _____ Phone: _____
- My student is in High School.

Early Dismissal: In case of early dismissal from school, your student is to do the following:

- Ride the bus home Walk Home Car Rider Day Care *(provide name of Daycare)* _____
- Go to Adventure Club because my student is currently enrolled in AM or PM School-Age Child Care.
- Go to the following relative or baby-sitter: Name: _____ Phone: _____
- My student is in High School.

Youth Friends:

Youth Friends is a program linking caring adult volunteers with students in the schools. The adults are security screened and trained before they begin working with students. The program is for ALL students. Youth Friends serve as tutors. I give permission for my student to participate one-to-one or in a group setting with a Youth Friend during the 2026-2027 school year No Yes _____ Initial

Missouri Safe Schools Act:

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

Is your student currently under suspension or expulsion from school?

No Yes _____ Initials
 No Yes _____ Initials

If you have answered yes to either of the previous questions, state the reason(s) for the suspension/expulsion: _____

It is a crime to give false information regarding any student's disciplinary history

School Phonebook:

My phone number and address can be listed in the student-parent phonebook for distribution to school families.

No Yes _____ Initials

Directory Information / Media Release:

As authorized by the Family Educational Rights and Privacy Act (FERPA), the following information may be released without obtaining parental consent:

Student's name; parents' names; grade level; enrollment status (e.g., full-time or part-time); student identification number; user identification or other unique personal identifier used by the student for the purposes of accessing or communicating in electronic systems as long as that information alone cannot be used to access protected educational records; participation in district-sponsored or district-recognized activities and sports; weight and height of members of athletic teams; athletic performance data; dates of attendance; degrees, honors and awards received; artwork or course work displayed by the district; schools or school districts previously attended; and photographs, videotapes, digital images and recorded sound unless such records would be considered harmful or an invasion of privacy.

If you don't want the district to release the information listed above, you must submit written notice to your student's school within 10 days of completing this form. Once written notice is received, your student will not be included in any material from the school and/or district including websites, social media, yearbooks, theatre programs, sports rosters, honor rolls, etc.

Please sign your initials to indicate you have read the information above: _____ Initials

Military Recruiter Access to Student Information (High School Students Only):

By law the district must release to military recruiters the name, address, and phone number of high school students unless your Student, Parent, or Guardian notified the district in writing that they do not want the information released. Do you want this information released? Yes No _____ Initials

Foster Care (information required by the state of Missouri):

Has the child been placed in your home by a state agency/Division of Family Services? Yes No _____ Initials

Military Status (information required by the state of Missouri):

A student residing in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces. Include children who are living with family due to parents being deployed.

NM—Not Military Connected AD—Active Duty NG—National Guard

Educational Decisions: *(Question can be left blank.)*

I authorize the following person(s) to act on my behalf when making educational decisions and to have access to student records regarding my student.

Name: _____ Relationship to Student: _____

NM—Not Military Connected AD—Active Duty NG—National Guard

Verification:

I verify that the information provided on this form is accurate and current. Submitting false statements or information relating to residency is defined as a Class A misdemeanor and the district may recover from you tuition payments for any pupil who is enrolled based on false information you provide.

X _____
SIGNATURE indicates you are the Parent, Legal Guardian, or Guardian PRINTED Name of Parent, Legal Guardian, or Guardian Date

I am the legal Parent/Guardian of this student. No Yes _____ Initials

If you are not the legal Parent/Guardian of this student, state your relationship to this student. _____

Student's Legal Name: _____
Last First Mid

Mid-Continent Public Library Consent Form

North Kansas City Schools will provide the following information about my child to Mid-Continent Public Library for the purpose of issuing my child a digital library card, thereby allowing my child access to the library's resources, including research databases that will be used periodically for school assignments.

Student ID	First Name	Middle	Last Name	School District & School
Gender	Birth Date	Pin	Email Address	Address (Street, City, State, Zip code)
Name	Grade	Classroom/Teacher		

The library will keep all student information confidential in accordance with applicable law and the library will not disclose any such information except as authorized by Missouri Rev. State Statute and the North Kansas City School District.

The library will destroy identifiable student information upon receipt of notice that a student is no longer affiliated with NKCS, provided the student does not have outstanding fines, fees, or items checked out. The library will destroy all such data once all outstanding fines, fees, or items checked out have been rectified.

The library will provide all students the opportunity to convert to a public library account at the time they are no longer affiliated with NKCS, in which case identifiable data will not be destroyed but will continue to be maintained by the library.

I do not give permission for my child to have a Mid-Continent Public Library digital card.

iPad Agreement GRADES K-8 (26-27 school year) only

The **parent/guardian/responsible adult ("Borrower")** submitting this form agrees to assume full responsibility for the safety, care, and maintenance of the iPad and the charger. In case of accident or careless handling, loss, theft, fire, or flood the borrower agrees to pay for all damages or for the replacement of the iPad and/or charger should the damages exceed the ability to be repaired, unless they are participating in the district's risk management program and have paid the required fee. (Does not apply to replacement cost for loss/theft) The **student agrees** to abide by the District Technology Board of Education Usage Policy (EHB & EHB-AP1) while using the district owned iPad and charger.

The iPad and charger are property of the North Kansas City School District, and the iPad is subject to the monitoring of its use and/or search of all contents at any time. **There is no expectation of privacy in use or of the data stored on the district owned iPads.**

If you wish to participate in the risk management program, details will be available in MyPaymentsPlus. You can go to the following link for MyPaymentsPlus [mypaymentsplus.com/welcome]

_____ Initials

Online Learning

Do you have internet at home? No Yes _____ Initials

Laptop/Charger Agreement GRADES 9-12 (26-27 school year) only

The **parent/guardian/responsible adult ("Borrower")** submitting this form agrees to assume full responsibility for the safety, care, and maintenance of the laptop and the charger. In case of accident or careless handling, loss, theft, fire, or flood the borrower agrees to pay for all damages or for the replacement of the laptop and/or charger should the damages exceed the ability to be repaired, unless they are participating in the district's risk management program and have paid the required fee. (Does not apply to replacement cost for loss/theft) The **student agrees** to abide by the District Technology Board of Education Usage Policy (EHB & EHB-AP1) while using the district owned laptop and charger.

The laptop and charger are property of the North Kansas City School District, and the laptop is subject to the monitoring of its use and/or search of all contents at any time. **There is no expectation of privacy in use or of the data stored on the district owned laptops.**

If you wish to participate in the risk management program, details will be available in MyPaymentsPlus. You can go to the following link for MyPaymentsPlus [mypaymentsplus.com/welcome]

_____ Initials

Meal Allergy Modifications (please check one of the boxes below):

- My child has no known food allergies or intolerances and can make their own food choices. (This box may also be checked if your child will not be eating any school meals).
- My child has an allergy or intolerances that does NOT require a substitution. I have or will notify the School Nurse of this allergy or intolerance, so an alert can be put on my child's meal account. The majority of students can avoid their allergens and still build a healthy meal without needing any substitutions. Examples of foods that can be avoided: peanuts or peanut butter, fluid milk, plain eggs, fish, pork, fruits, veggies, etc.
- My child has an allergy, intolerance, or texture modification that DOES require a substitution to the regular menu. I have or will turn in the "Medical Statement to Request Special Meals And/or Accommodations" (can be obtained from the website noted below, the School Nurse, or Café Manager). I will provide meals from home for my child until I have turned in the form, and the school has had enough time to prepare a special menu and order in special foods (about two weeks). I understand that menu modifications or substitutions cannot be made unless a medical form is on file.

Additional information is available on your child's school's website and www.nkcschools.org under the Drink and Apple icon with the word "Menus". Click on the "Home" tab, scroll down, and click on "Special Meal Accommodations". To review menus and allergy guides, click on the "Menus" tab.

If you have questions or concerns about your child's food allergy, food intolerance, or texture modification, please contact the School Nurse or Café Manager at your child's school. If your child develops a new allergy or intolerance or outgrows an old allergy or intolerance, please contact the School Nurse at your child's school.

Secure Firearm Storage

School safety is the responsibility of everyone. At home, we urge you to take simple, key steps to protect our community.

We are all aware of incidents of gun violence in our region and across the nation. Studies of all types of school-based gun violence across decades all point to the same significant point of intervention – **addressing students' unauthorized access to guns in the home**. A recent Secret Service National Threat Assessment Center study of targeted school violence incidents from 2008 to 2017 found that 76 percent of the firearms were obtained from the home of a parent or close relative.

Unsecured guns in the home pose a risk to students beyond gun violence in schools. Every year, nearly 350 children under the age of 18 unintentionally shoot themselves or someone else. That's roughly one unintentional shooting per day. Almost 1,200 children die by gun suicide each year. In the overwhelming majority of these incidents, the gun used was one that belonged to someone in their home.

We strongly encourage you to help protect our community by storing any firearms in your home safely. One study found that 87 percent of kids know where their parents' guns are kept, and 60 percent have handled them. Research shows that secure firearm storage practices are associated with up to an 85 percent reduction in the risk of self-inflicted and unintentional firearm injuries among children and teens.

Storing firearms securely – by locking both weapons and ammunition in separate locations – protects children at home and throughout our community.

I have read the information above _____ Initial

College Connections & VU Scholarship Platform [12th grade students only]

College Connections is a yearly event where colleges and universities from across the region come and share information about the tremendous certification and degree programs they provide. This occurs in the Fall and is focused on connecting district seniors with opportunities during the college application process. In cooperation with this event, VU Scholarships provides scholarship information from participating college and universities.

VU Scholarships is an online platform that matches high school seniors with college scholarships. Utilizing our unique process, students can receive scholarship offers from our partner universities instantaneously at no cost to students.

To allow our partner universities/colleges and VU Scholarships to provide this information the district may provide the following information about your student(s): First/Last name, student number, race/ethnicity, gender, graduation year, state of residency, zip code, GPA, class rank, student's school email, and ACT score. I understand I can revoke this permission with written notice to the principal at student's school.

I give permission for the district to release the above information to partner universities/colleges participating in the College Connections event and VU Scholarships. _____ Initial