



Moberly School District Enrollment Form



Date of enrollment: _____

(for School use only)

Processed by (School personnel initials): _____

REGISTRATION INFORMATION

Please list all CHILDREN living in household.

*Check if this child currently is eligible to receive Special Services.

√ *	NAME OF CHILD Last, First, and Middle	GEN- DER M/F	BIRTH DATE	AGE	SCHOOL	GRADE	SOCIAL SECURITY NUMBER
							BIRTH CERTIFICATE NUMBER
							SSN
							BCN
							SSN
							BCN
							SSN
							BCN
							SSN
							BCN

Ethnicity: Hispanic/Latino Non Hispanic/Latino
 Check ALL that apply: White Black Asian
 American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

Name of Legal Parent(s) or Guardian(s): _____

Address: _____
 Street # Street Name Apt# City State Zip Code

Email address of Parent(s) or Guardian(s) (if applicable): _____

Marital Status: ___ Single ___ Married ___ Divorced Home Phone #: _____

Parent Cell Phone #: _____ Student Cell Phone #: _____

Please list name(s), relationship and other information of all ADULTS living in the same household as student.

NAME OF ADULT	RELATIONSHIP TO STUDENT	PLACE OF EMPLOYMENT	BUSINESS PHONE

Childcare Provider: _____
 (If Applicable) NAME PHONE

ADDRESS CITY ZIP CODE

Will you need bus transportation for your household? ___ Yes ___ No INITIAL OF PARENT OR GUARDIAN _____

I understand that my son/daughter may be photographed while attending school or participating in school related activities and if I do not wish their picture be taken, I will notify my child's school indicating my wishes not to have my son/daughter photographed. I also understand that my child may be discussed by the collaborative team in order to provide additional resources and support. If I do not wish to have my child brought to the collaborative team, I will notify my child's school in writing indicating my wishes. Also, please be advised the Moberly School District may require official documents to support the information provided above.

(OVER/NEXT PAGE)

**MOBERLY SCHOOL DISTRICT
EMERGENCY CONTACT AND CHILD PICK-UP / RELEASE FORM**

IN CASE OF ILLNESS OR EMERGENCY, WHO SHALL BE CALLED? PLEASE NOTE: THE EMERGENCY CONTACT PERSON MUST BE SOMEONE WHO HAS A TELEPHONE AND WHO WILL BE HOME DURING CLASS TIME.

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK MY CHILD UP FROM SCHOOL:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>TELEPHONE</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

FOR THE SAFETY OF YOUR CHILD/CHILDREN, HE/SHE WILL ONLY BE RELEASED TO HIS/HER PARENTS OR THE PEOPLE LISTED ABOVE. WE WILL ASK TO SEE IDENTIFICATION BEFORE RELEASING THE CHILD TO ANYONE OTHER THAN THE PARENTS. PLEASE REMEMBER TO UPDATE THIS FORM AS NEEDED DURING THE SCHOOL YEAR.

INITIAL OF PARENT OR GUARDIAN

In the event school is dismissed early, please indicate where you want your child to go.

_____ **Send my child home.**

_____ **Send my child to (if other than home).** _____

Name

Address

IMPORTANT.... PLEASE READ IMPORTANT

In case of emergency, school authorities will use their judgment in seeking the best treatment. In this event, parents will be contacted at the earliest possible time. Parents who do not wish their child/children cared for in accordance with this statement should indicate this in writing to:
Superintendent of Schools, 926 KWIX Road, Moberly, MO. 65270

I understand that should an emergency vehicle be requested by School Authorities to transport my Son/Daughter, it is my responsibility to pay for the emergency vehicle and treatment. Also, the information contained herein is accurate to the best of my knowledge.

SIGNATURE OF PARENT OR GUARDIAN

We are planning several field trips to various businesses and industries in the local area. These are part of the education activities. We would like to have your permission for your child(ren) to go with us. If you wish for your child(ren) to participate in these field trips during this school year, please sign below.

Parent or Guardian Signature

***** **IT IS THE PARENTS' RESPONSIBILITY TO REPORT CHANGE OF NAME, ADDRESS, TELEPHONE, HEALTH CONDITIONS AND ANY OTHER PERTINENT INFORMATION TO THE SCHOOL OFFICE.** *****

Office Use Only TRANSPORTATION:

___ **Bus Rider** ___ **Fee Paid rider** ___ **Walker** ___ **Day Care** ___ **Parent/Family member pick-up** ___ **Other** _____

The Moberly School District does not discriminate on the basis of race, color, national origin, sex, age or handicap in admission to, or treatment or employment in its programs and activities. If you have any questions regarding compliance with Title VI, Title IX, please contact the Superintendent of Schools or with section 504 contact the Director of Special Services, 926 KWIX Road, Moberly, MO. 65270 phone number: 660-269-2600.