

ENROLLMENT FORM
CAPE GIRARDEAU SCHOOL DISTRICT NO. 63

ALMA SCHRADER _____ BLANCHARD _____ CLIPPARD _____ FRANKLIN _____ JEFFERSON _____ CMS _____ CJHS _____ CHS _____

Student Name _____			Grade _____	Sex _____	Date _____
Last	First	Middle			Month Day Year
Student Address _____					Phone # _____
Street Number	Apt. #	City	State	Zip	
Race _____	Age _____	Birth date _____	Birthplace _____		
		Month Day Year	City	State	
Social Security # _____	-	-	* Birth Certificate # _____	Proof of Immunization ___Yes* ___No	
(*This information is strictly voluntary. Information supplied will be used in supplying information to Medicaid)			(*Please attach to health record)		
Student email address (optional) _____					

How will this student be getting home from school? _____ Riding the bus _____ Car Rider _____ Walker
_____ Using a Daycare van (What Daycare?) _____ Daycare Phone # _____

FAMILY HISTORY:

With whom does the student reside? (check all that apply) Father _____ Mother _____ Guardian _____ Other _____

Does the family reside _____ in own house, rental house, or apartment _____ with another family? *
_____ with a person other than family? * _____ in a temporary housing facility? *

(*Principal/counselor must complete enrollment addendum form if any *starred* items are marked)

Who has *legal custody* of student? (check all that apply) Father _____ Mother _____ Guardian _____ Other _____

Is there anyone who **legally cannot** have contact with this student? ___No ___ Yes* *If yes, please provide one of the following types of documentation: ___ Custody Papers ___ Order of Protection ___ Ex Parte Order

FATHER'S Name _____ Address _____ Phone _____

Email: home _____ work (optional) _____ Cell Phone # _____

Employer _____ Occupation _____ Bus. Phone _____

MOTHER'S Name _____ Address _____ Phone _____

Email: home _____ work (optional) _____ Cell Phone # _____

Employer _____ Occupation _____ Bus. Phone _____

GUARDIAN (If not living with either parent):

Name _____ Relationship _____ Phone _____

Address _____ Employer _____ Bus. Phone _____

Nature of Guardianship (Check one): Court Appointed _____ Power of Attorney _____ Informal _____

Has either the parent, guardian, or the child, been employed within the past three years (or are any of the aforementioned currently employed) in some form of temporary or seasonal agricultural or agricultural-related work?

_____ No _____ Yes* (*If yes, principal/counselor must complete enrollment addendum form)

Father's Education (Check one): Elementary _____ Some H.S. _____ High School _____ Some College _____ College Degree _____

Mother's Education (Check one): Elementary _____ Some H.S. _____ High School _____ Some College _____ College Degree _____

Number of Children in Family _____ (List names and ages)

Brothers _____

Sisters _____

Is the student currently involved with: _____ DFS/Foster Care** _____ DYS _____ Juv. Office _____ Probation/Parole

If any of above checked, name of Agency Contact Person _____ Phone _____

**If student is in foster care, please complete "Foster Care Information" and send copy of form to the business department located at the Administrative Office.

Does the student use a language other than English? _____ No _____ Yes * (Language(s) _____)

(*If yes, principal/counselor must complete enrollment addendum form)

Is a language other than English used in the home? _____ No _____ Yes* (Language(s) _____)

(*If yes, principal/counselor must complete enrollment addendum form)

Please complete other side.

SCHOOL HISTORY:

Revised 08/03/04

Previous Cape Girardeau School(s) Attended:

School Name	Grade(s)	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous schools attended other than Cape Girardeau schools:

School Name	Address	Grade(s)	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the student ever been referred or assessed by a school district for special services? No Yes

Name of school district which assessed student _____

Type of disability diagnosed _____

Does the student have a current Section 504 Plan? No Yes

Does the student have a current IEP? No Yes

Has the student ever received special services? No Yes

Has the student ever received services through a school district gifted program? No Yes

Is student currently suspended OR expelled from any school district? No Yes (Explain) _____

Has student ever been charged with or convicted of a felony? No Yes (Explain) _____

Has student ever violated a previous school district policy on weapons, alcohol, drugs, or willfully inflicted injury on another person? No Yes (Explain) _____

EMERGENCY CONTACT PERSON(S):

Name	Address	Relationship	Home #	Work #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I attest that all the above information is current and correct. I further attest that the student named on this document resides at the address stated. I understand that submitting false information relating to residency is defined as a CLASS A MISDEMEANOR and submitting false statements regarding the student's previous discipline history as questioned above is defined as a CLASS D MISDEMEANOR. School districts are authorized according to the Missouri Safe Schools Act to file police reports for said violations. In addition, I understand that Missouri law requires that a student be properly immunized prior to being admitted to school. Finally, I understand that the ATTENDANCE POLICY of the Cape Girardeau School District states that any student who is absent from school or any class more than five percent in any semester is subject to withheld grades and loss of credit in affected courses. Furthermore, I understand that the student's attendance at the previous school is affected by the application of the Attendance Policy.

SIGNATURE _____ DATE _____
Father _____ Mother _____ Legal Guardian _____

HEALTH CONCERNS:

Has your child in the past or present had problems with the following? If yes, please explain:

EYES:

Crossed Eyes / Drifting Eyes: Yes / No _____

Itching / Burning / Redness: Yes / No _____

Excessive Tearing / Watering: Yes / No _____

Wears Glasses/Contacts: Yes / No _____

EARS – NOSE – THROAT:

Seasonal Allergies / Hay Fever: Yes / No _____

Runny Nose / Post Nasal Drip: Yes / No _____

Sinus Congestion: Yes / No _____

Frequent Nose Bleeds: Yes / No _____

Frequent Ear Infections: Yes / No _____

Difficulty Hearing: Yes / No _____

Wears Hearing Aid: Yes / No If yes, Right / Left _____

RESPIRATORY – LUNGS:

Chronic Cough / Chronic Bronchitis: Yes / No _____

Asthma: Yes / No If yes, what triggers an asthma attack? _____

Does your child use an inhaler(s) on a daily basis? Yes / No If yes, please name _____

Please fill out necessary Medication Permission Form (K-12) and Inhaler Self-Medication Permission form (grades 9-12)

CARDIAC:

Heart Condition: Yes / No _____

Heart Murmur: Yes / No _____

ENDOCRINE:

Thyroid Disorder: Yes / No _____

Diabetes: Yes / No _____

Do they take insulin? If yes, list types: _____

How often is the blood sugar checked? _____ *Please complete the school Diabetic Health Care Plan*

LYMPHATIC / HEMATOLOGY:

Anemia: Yes / No _____
Bleeding Disorder: Yes / No _____
Cancer: Yes / No _____

NEUROLOGICAL

Headaches / Migraines: Yes / No _____
Seizures / Epilepsy: Yes / No If yes, date of last seizure: _____ Is student presently under a doctor's care? Yes / No _____
Is student currently taking medication for seizures? Yes / No Comments: _____

GASTROINTESTINAL:

Stomach Problems: Yes / No _____
Diarrhea / Constipation: Yes / No _____
Dietary Restrictions: Yes / No _____
Special Diet Required: Yes / No _____

If yes, your child's doctor will need to complete the school Dietary Modification Form

BLADDER / KIDNEYS:

Kidney Disorder: Yes / No _____
Frequent Bladder Infections: Yes / No _____
Needs to use bathroom frequently: Yes / No _____
Bed Wetting: Yes / No _____
Requires Diapering / Catheterizations: Yes / No _____

BONES / JOINTS / MUSCLES / SKIN:

Rheumatoid Arthritis: Yes / No _____
Muscle Disorder or Pain: Yes / No _____
Bone or Joint Disorder or Pain: Yes / No _____
Skin Disorder / Scars: Yes / No _____
Condition that prevents P.E. participation? Yes / No _____

If yes, your child's doctor will need to provide documentation stating the restriction

HEALTH CARE PROVIDERS:

Does your child have a family doctor? Yes / No Dr.'s Name: _____
Dr.'s phone # _____ Date of last visit _____
Does your child have a dentist? Yes / No Dentist's Name: _____
Dentist's phone # _____ Date of last visit _____
Hospital Preference: _____

I GIVE MY PERMISSION FOR THE ABOVE HEALTH INFORMATION TO BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL ON A CONFIDENTIAL HEALTH CONCERN LIST. YES _____ NO _____

SIGNATURE _____ **DATE** _____
Father _____ Mother _____ Legal Guardian _____

**CAPE GIRARDEAU SCHOOL DISTRICT
ADDENDUM TO ENROLLMENT FORM**

Student Name _____
Date Enrolled _____

<p>To be completed for students who would be considered to be homeless</p> <p>Student's enrollment form indicates student appears to meet the federal definition of a homeless student. Further inquiries using questions included in district homeless referral guidelines manual are made to determine homelessness status. District Homeless Coordinator is consulted. Student is determined to be a non-resident but not homeless. Process ends. OR Student determined to be homeless and enrollment process continues. Parent provided Notice of Rights of Homeless Children. Determination made in consultation with District Homeless Coordinator regarding the school of best interest for attendance. If school of best interest is out-of-district, addendum is forwarded to the District Homeless Coordinator. OR If student is to remain in district, school nurse is contacted on _____ to place student in contact with County Health Department if immunizations not current. State Homeless Coordinator contacted if school records not received after 10 school days after enrollment. Copy of this completed form was sent on _____ by _____ to the Assistant Superintendent for Special Services.</p>	<p>To be completed for students who would be considered to be migrant</p> <p>Student's enrollment form indicates student appears to meet the federal definition of a migrant student. Notification to regional migrant center or State director of presence of potentially eligible student was made on _____ by _____. OR Representative of Eastern Missouri Migrant Education Center was contacted within <u>30 days</u> of initial contact to determine results of the Family Interview Forms (FIF) and Certificates of Eligibility (COE) on _____ by _____. Student was placed in all programs for which migrant students are eligible (please list name(s) of programs) _____ Form filed in permanent folder. Copy of this completed form was sent on _____ by _____ to the Assistant Superintendent for Special Services.</p>	<p>To be completed for students who would be considered to be LEP or ESOL</p> <p>Student's enrollment form indicates student appears to meet the definition of a student with limited English proficiency or who uses English as a second language. Addendum to Enrollment Form and <u>copy</u> of enrollment form forwarded to the ESL teacher on _____ by _____. Date received by ESL teacher _____. Assessment of student completed by ESL teacher on _____. Parent provided Notification of ESL Entry. Student began receiving ESL services on _____ OR Student determined not to be LEP and is ineligible for services. Addendum to Enrollment Form sent back to the referring school by _____ on _____. Copy of this completed form was sent on _____ by _____ to the Assistant Superintendent for Special Services. Form filed in permanent folder.</p>
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