



# STUDENT ENROLLMENT FORM 2020-2021

Student's Legal Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

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 parks, 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 a regular sleeping accommodation 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: \_\_\_\_\_

**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: \_\_\_\_\_

Contact #2: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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.*

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

I authorize the district to release any and 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.*

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**School Messenger:**

School Messenger is an automated phone/email/text system used to provide emergency communications to students and family. I authorize the District and the School to send communications via TEXT MESSAGES to the following mobile phone(s):

Parent/Guardian #: \_\_\_\_\_

**To opt-in to receive text message alerts, text "YES" to 67587**

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**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

Has your student ever been homeschooled?  No  Yes Is your student currently being homeschooled?  No  Yes

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**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: \_\_\_\_\_

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**Sibling Information:**

List brothers, sisters, stepbrothers, and stepsisters younger than 20 years of age who currently reside within the 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

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**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  |   |

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

- Ride the bus home  Walk Home  Car Rider  Day Care \_\_\_\_\_  
 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: \_\_\_\_\_

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**YouthFriends:**

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. YouthFriends serve as tutors. I give permission for my student to participate one-to-one or in a group setting with a YouthFriend during the \_\_\_\_\_ school year.

No  Yes \_\_\_\_\_ Initials

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**Missouri Safe Schools Act:**

Has the student been convicted of or charged with a crime in juvenile or adult court?  No  Yes \_\_\_\_\_ Initials  
Is your student currently under suspension or expulsion from school?  No  Yes \_\_\_\_\_ Initials  
Has the student ever been under suspension or expulsion from school?  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*

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**School Phonebook:**

My phone number and address can be listed in the student-parent phonebook for distribution to school families.  No  Yes \_\_\_\_\_ Initials

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**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 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

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**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?  No  Yes

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**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?  No  Yes

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**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

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**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: \_\_\_\_\_

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**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

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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 Middle

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## 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	Gender	Address (Street, City, State, Zipcode)
First Name	Birthdate	School District & School Classroom/
Middle Name	PIN	Teacher
Last Name	Email Address	Grade

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.

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## On-Line Learning

Do you have internet in your home?  Yes  No

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## iPad Agreement GRADES K-8 (20-21 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 any and all contents at any time. **There is no expectation of privacy in use or of the data stored on the district owned iPads.**

\_\_\_\_\_ Initials

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## Laptop/Charger Agreement GRADES 9-12 (20-21 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 any and all contents at any time. **There is no expectation of privacy in use or of the data stored on the district owned laptops.**

\_\_\_\_\_ Initials