



Warren County R-3 School District

302 Kuhl Avenue, Warrenton, Missouri 63383

Phone 636-456-6901 Fax 636-456-7687

Family Registration Information Sheet

This family sheet is to be completed once for all students whose primary residence is the address given below. Students **not** living at the address below must have a separate sheet completed.

Family Name:(Primary Parent Last Name) _____ **Today's Date:** ____/____/____

Street Address: _____

City: _____ County: _____ State: _____ ZIP _____

Mailing Address: (if different) _____

City: _____ State: _____ ZIP _____

Student(s) to be enrolled:

Complete Student Name:	Date of Birth	Grade Entering	Relationship to student of Parent #1	Relationship to student of Parent #2
1. _____	/ /	_____	_____	_____
2. _____	/ /	_____	_____	_____
3. _____	/ /	_____	_____	_____
4. _____	/ /	_____	_____	_____
5. _____	/ /	_____	_____	_____

Relationship Examples: Mother, Father, Step-Parent, Legal Guardian, Foster-Parent, Host Parent, Aunt, Uncle, Grandparent, Brother, Sister, etc. (if other please specify)

Primary Parent/ Caregiver #1: (Head of Household's SSN may be requested if applying for Free/Reduced Meals)

Prefix: (Circle One) Mr. Mrs. Miss _____ Head of Household: yes no

First Name: _____ Home Tel. -1 _____ - _____ - _____

Middle: _____ Home Tel. -2 _____ - _____ - _____

Last Name: _____ Cell Phone _____ - _____ - _____

Suffix: (Sr., Jr. I, II, etc.) _____ Pager _____ - _____ - _____

Mother's Maiden Name: (for security purposes) _____ Home Phone # Unlisted yes no

Marital Status: (circle one) Single Married Divorced Separated Widowed

Home E-Mail Address: _____

Do you wish to have access to the Parent Portal to check student information? yes no

Employer Name: _____ Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Work E-Mail Address: _____

Phone 1: _____ - _____ - _____ Phone 2: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Pager: _____ - _____ - _____

Primary Parent/ Caregiver #2: (Head of Household's SSN may be requested if applying for Free/Reduced Meals)

Prefix: (Circle One) Mr. Mrs. Miss _____ Head of Household: yes no

First Name: _____ Home Tel. -1 _____ - _____ - _____

Middle: _____ Home Tel. -2 _____ - _____ - _____

Last Name: _____ Cell Phone _____ - _____ - _____

Suffix: (Sr., Jr. I, II, etc.) _____ Pager _____ - _____ - _____

Mother's Maiden Name: (for security purposes) _____ Home Phone # Unlisted yes no

Marital Status: (circle one) Single Married Divorced Separated Widowed

Home E-Mail Address: _____

Do you wish to have access to the Parent Portal to check student information? yes no

Employer Name: _____ Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Work E-Mail Address: _____

Phone 1: _____ - _____ - _____ Phone 2: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Pager: _____ - _____ - _____

Family Name: _____

Others living in household but not attending a school in this district:

Full Name	Individual phone number	SSN (if applying for Free/Reduced Meals)	Age	Relationship to student
_____	____-____-____	____-____-____	_____	_____
_____	____-____-____	____-____-____	_____	_____
_____	____-____-____	____-____-____	_____	_____
_____	____-____-____	____-____-____	_____	_____

Relationship Examples: Mother, Father, Step-Parent, Legal Guardian, Foster-Parent, Host Parent, Aunt, Uncle, Grandparent, Brother, Sister, etc. (if other please specify)

Alternate Parent/Caregiver Address Information: (student does not live with full-time)

Street Address: _____
City: _____ State: _____ ZIP _____
Mailing Address: (if different) _____
City: _____ State: _____ ZIP _____

Alternate Parent/ Caregiver #1: (Head of Household's SSN may be requested if applying for Free/Reduced Meals)

Prefix: (Circle One): Mr. Mrs. Miss Head of Household: yes no
First Name: _____ Home Tel. -1 _____-_____-_____
Middle: _____ Home Tel. -2 _____-_____-_____
Last Name: _____ Cell Phone _____-_____-_____
Suffix: (Sr., Jr. I, II, etc.) _____ Pager _____-_____-_____
Relationship to Student: _____ Home Phone # Unlisted yes no
Marital Status: (circle one) Single Married Divorced Separated Widowed
Home E-Mail Address: _____
Do you wish to have access to the Parent Portal to check student information? yes no
Employer Name: _____ Position/Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Work E-Mail Address: _____
Phone 1: _____-_____-____ Phone 2: _____-_____-_____
Cell Phone: _____-_____-____ Pager: _____-_____-____

Alternate Parent/ Caregiver Spouse #2: (Head of Household's SSN may be requested if applying for Free/Reduced Meals)

Prefix: (Circle One): Mr. Mrs. Miss Head of Household: yes no
First Name: _____ Home Tel. -1 _____-_____-_____
Middle: _____ Home Tel. -2 _____-_____-_____
Last Name: _____ Cell Phone _____-_____-_____
Suffix: (Sr., Jr. I, II, etc.) _____ Pager _____-_____-_____
Relationship to Student: _____ Home Phone # Unlisted yes no
Marital Status: (circle one) Single Married Divorced Separated Widowed
Home E-Mail Address: _____
Do you wish to have access to the Parent Portal to check student information? yes no
Employer Name: _____ Position/Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Work E-Mail Address: _____
Phone 1: _____-_____-____ Phone 2: _____-_____-_____
Cell Phone: _____-_____-____ Pager: _____-_____-____

Please request more forms if additional space is needed to provide additional and accurate information.

Family Name: _____

Student Permissions

Please complete a Media Exclusion form and return to your child(ren)'s school if you are **not giving** permission for the Warren County R-III School District to use your child's likeness in photos, videos, or interviews that may be displayed in school or included in newsletters or other district or school publications, as part of the district's website, published in newspapers, on TV or in other online school news web sites.

Emergency Contact Information:

Name: _____ Relationship to student: _____

Address: _____

Phone 1: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Comment: _____

Name: _____ Relationship to student _____

Address: _____

Phone 1: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Comment: _____

Name: _____ Relationship to student: _____

Address: _____

Phone 1: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Comment: _____

Name: _____ Relationship to student: _____

Address: _____

Phone 1: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Comment: _____

Name: _____ Relationship to student: _____

Address: _____

Phone 1: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Comment: _____

By Signing this document you agree that all information that you have provided is true and accurate to the best of your knowledge. You also are acknowledging that by signing this form you give permission for the Alternate Parent/Caregivers listed above to receive information regarding the students listed above unless otherwise specified. In addition, if you have provided an email and checked the box above regarding Parent Portal, you will receive an assigned user ID and password. The Parent Portal Access program will provide a secure connection to grades, attendance, assignments, lunch and discipline information in an easy-to-use format.

Parent / Caregiver Signature: _____

Date: _____

Information Packet Complete: yes no

Please note missing information here: _____

Data Entry Complete by: _____

Date Completed: ____/____/____

Appropriate Paperwork sent to other schools: DB WR RB BHMS W/HS

Obtained	Needed	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Academic / Grade Records and Attendance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Custody Documents and or Guardianship Papers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Discipline Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Family Registration Sheet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health History
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IEP/Diagnostic Info.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Immunization Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Language survey/ Residency information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lunch application (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication Authorization and policy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proof of Residence (utility bill, rental agreement or loan documentation with current address)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Residency Waiver
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Social Security Number or copy of card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Student Information Sheet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Student Internet Agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Student Permissions Sheet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transportation Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____