



Warren County R-3 School District

302 Kuhl Avenue, Warrenton, Missouri 63383

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

Individual Student Information Sheet

OFFICE USE ONLY: DBE WRE RBE BHMS WHS

Family Name: _____ **Today's Date:** ____/____/____

Student Name: _____ **Grade:** _____

Street Address: _____

City: _____ **State:** _____ **ZIP** _____

Mailing Address: (if different) _____

City: _____ **State:** _____ **ZIP** _____

Please have the following items available to be photocopied:
Immunizations (Required) **Birth Certificate (Optional)**
Proof of Residency (Required) **Social Security Card (Optional)**
Parent/Guardian Photo ID (Required)

Under penalty of applicable Missouri Law, I certify that the information on this and the attached forms is accurate. Submitting incorrect information may immediately invalidate enrollment. Anyone who knowingly falsifies a statement of residence is guilty of a class A misdemeanor. The district may file a civil action for the purposes of recovering the costs of school attendance.

Parent/ Guardian Signature: _____ **Date:** ____/____/____

FOR OFFICE USE ONLY

Data Entry Complete by: _____

Date Completed: ____/____/____

Appropriate Paperwork sent to other schools: DB WR RB BHMS WHS

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: _____



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OFFICE USE ONLY:

DBE

WRE

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BHMS

WHS

Student Information

Student First Name: _____ Today's Date: ____/____/____

Middle Name: _____ Grade to enter: _____

Last Name: _____ Date of Birth: ____/____/____

Previous name if different: _____ Preferred Name: _____

First _____

Middle _____

Last _____

Gender: Male Female

Ethnicity: Is this student (or one of the parents) of Hispanic/Latino origin? No Yes

Race: Please check all that are appropriate

White

American Indian

Native Hawaiian

Black/African American

Alaska Native

Other Pacific Islander

Hispanic

Asian

U.S. Citizen yes no

State or Country of Birth: _____

Birth Certificate provided: (optional) yes no

Primary language of this student at home: _____

Social Security Number: (optional) _____

Any federal, state, or local government agency which requests an individual to disclose his/her social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory authority such number is solicited, and what uses will be made of it.

Academic Information

Circle grade student is to enter this school year: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Name of last school attended: _____

Address: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

If the above school was attended for a short period of time, please give information on school attended prior to above.

Name: _____

Address: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Has this student returned all books, paid all fines, and officially withdrawn from the previous school? yes no

If no, why not? _____

Has this student ever been enrolled in the Warren County R-3 School District before today? yes no

If yes, what grade was the student in at the time he/she left the district? _____ What year? _____

Special Services

Special Services and/or diagnoses student had at a another school. Please Check all that apply:

- Learning Disability
- Behavioral / Emotional Disorder
- Gifted and Talented
- Educable Mentally Handicapped
- Physical Disability
- ADHD
- Traumatic Brain Injury
- Intellectual Disability/ Mental Retardation
- Speech/Language Disorder
- Sensory Impaired (hearing, sight, etc.)
- Remedial Reading or Math (Title 1)
- Autistic
- Medical or Psychological Disability
- Other condition _____

Does this student presently receive special education services which require an Individual Education Plan (IEP)?

yes no

If yes, describe and provide a copy of current IEP: _____

Does this student have a physical / mental impairment under a 504 plan?

yes no

If yes, describe: _____

Does this student receive other special services (remedial reading, frequent counseling, etc.)?

yes no

If yes, describe: _____

NOTE: Complete Special Services information sheet if student has an IEP or 504

Additional Information

Is student residing with both biological parents?

yes no

If **no**, please provide the following information:

One biological or adoptive parent

A. Provide proof of custody (if divorced)

B. Please write the name of the non-custodial parent on line provided below.

Foster Parent (s)

A. Provide appropriate documents

B. Provide name(s) of parents and school district they reside in

C; Provide name and phone number of social worker:

Case Worker: _____

Phone# _____

Legal Guardian

A. Provide notarized copy of guardianship documents and completed request for Residency Status

B. Provide the name(s) of parent on line provided below

Emancipated Minor

A. Provide appropriate documents

Court order (Ex parte) in place: yes no

Against: _____

Court order (Child Protection order) in place: yes no

Against: _____

Has this student ever been retained?

yes no

If yes, what grade (s)? _____

Is this student presently suspended from another school?

yes no

If yes, where and dates? _____

Has this student ever been expelled from school?

yes no

If yes, where and when? _____

Has this student ever been under the jurisdiction of the Juvenile Court?

yes no

If yes, name of the current Juvenile Officer? _____

After School Child Care Information

Child Care Provider Name: _____

Circle one: Baby Sitter Day Care Latch Key Other _____

Child Care Provider Address: _____

Child Care Provider Phone Number: _____

Student Vehicle Information

If your student is a licensed driver and will be transporting themselves to and from school, please provide the following information.

Car Make: _____ Car Model: _____ Car Year: _____

Car Make: _____ License Plate Number: _____

Early Dismissal Procedures

There are times throughout the school year when it becomes necessary to dismiss school earlier than the normal dismissal time. This may be for inclement weather or heat problems. Radio stations KWRE (730 AM) and KFAV (99.9 FM) in Warrenton, are notified on school dismissals. These stations will broadcast school closings and the dismissal time. PLEASE LISTEN FOR THESE BROADCASTS DURING INCLEMENT WEATHER.

Thank you for helping in minimizing the difficulties encountered during these unplanned events.

IF SCHOOL DISMISSES EARLY _____ SHOULD:

Check one:

- Follow normal routine
- Specific instructions (DO NOT specify "use School phone")

Parent/ Guardian Signature: _____ **Date:** ___/___/___

