

WARREN COUNTY R-3 SCHOOL DISTRICT

Warrior Ridge Elementary

800 Warrior Ave

Warrenton, Missouri 63383

NEW STUDENT REGISTRATION FORM

*Please complete all areas

Today's Date: _____

****PLEASE COMPLETE ENROLLMENT FORMS THE SAME AT ALL BUILDINGS IN THE DISTRICT.****

Student LEGAL Name: _____
(Last) (Suffix) (First) (Middle)

Student Previous Last Name: _____ Student Preferred Name: _____

Student Social Security #: _____ Grade to Enter: _____ Gender: ___Male ___Female

Date of Birth: _____ State or Country of Birth: _____

U. S. Citizen: ___Yes ___No Primary Language Spoken: _____ Sibling(s) also in School District: ___Yes ___No

Race (circle one): White Black Hispanic Asian American Indian

Present Home Address: _____
(#, Street, and/or Apt #) (City) (State) (Zip Code)

Mailing Address: _____
(# and Street or P.O. Box) (City) (State) (Zip Code)

Home Phone #1: _____ Home Phone #2: _____ Home E-Mail: _____
(Area Code)+(Phone #) (Area Code)+(Phone #)

FAMILY INFORMATION

Pupil lives with: Mother ___ Father ___ Legal Guardian ___ Foster ___ Other (explain) _____ Joint Custody: ___Yes ___No

Court Order in Place: ___Yes ___No Court Order Against: _____ ***PLEASE PROVIDE COPY OF ORDER**

Primary Parent/Guardian Information: *(main home of student)*

Parent/Guardian 1:

Relation to student: _____ Name: _____ Marital Status: S M D W Step-parent: ___Yes ___No
(Head of Household)

Work Name & Address: _____ Work Phone #: _____ Job Title: _____

Cell Phone #: _____ Pager #: _____ Work E-Mail: _____

Parent/Guardian 2:

Relation to student: _____ Name: _____ Marital Status: S M D W Step-parent: ___Yes ___No

Work Name & Address: _____ Work Phone #: _____ Job Title: _____

Cell Phone #: _____ Pager #: _____ Work E-Mail: _____

Secondary Parent/Guardian Information: *(parent student does not live with)* May receive information regarding student ___Yes ___No

Parent 3:

Relation to student: _____ Name: _____ Marital Status: S M D W Step-parent ___Yes ___No

Home/Mailing Address: _____ Home Phone #: _____ Cell Phone #: _____

Work Name: _____ Work Phone #: _____ Job Title: _____ E-Mail: _____

Parent 4:

Relation to student: _____ Name: _____ Marital Status: S M D W Step-parent ___Yes ___No

Work Name: _____ Work Phone #: _____ Job Title: _____ E-Mail: _____

(OVER)

SIBLING INFORMATION

Name	Age	School Sibling Attends in This District
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List 2 people to care for your child when you cannot be contacted

Name _____ Phone _____

Name _____ Phone _____

Signature of Parent/Guardian _____

Special Services which the student had at another school. (Check those which apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Educable Mentally Handicapped | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Gifted/Talented | <input type="checkbox"/> Other (explain) _____ | <input type="checkbox"/> Remedial Reading or Math (Title 1) |

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? _____

EARLY DISMISSAL PROCEDURES

There are times throughout the school year when it becomes necessary to dismiss school earlier than the normal dismissal time of 2:50 p.m. This may be for bad 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.

Please fill out the form below to eliminate any confusion. There will be Latchkey for registered Latchkey students on such days.

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

IF SCHOOL DISMISSES EARLY _____ SHOULD:

Check one FOLLOW NORMAL ROUTINE SPECIFIC INSTRUCTIONS (NOTE: DO NOT SPECIFY "USE SCHOOL PHONE")

WARREN COUNTY R-III HEALTH & DEVELOPMENTAL HISTORY

Please complete the following form as accurately as possible.

Name of information provider: _____

Relationship to child: _____

Phone: _____ Comments : _____

1. GENERAL INFORMATION

Child's name (last, first, middle initial) _____ Birth date _____ Age (Years/Months) _____

Parent's name _____ Address _____

Home Phone: _____ City _____ State _____ Zip Code _____

Work Phone: _____

In what elementary school attendance area do you live? _____

Child's Physician: _____ Date of last complete physical: _____

Child's Dentist: _____ Date of last dental exam: _____

Is child enrolled (please mark each one that applies): EPSDT Program _____ WIC _____

Headstart _____ Preschool Program _____ Health Dept. Well Child Clinic _____

Does child have another caretaker on a regular basis? _____

II Age of mother _____ Last grade completed in school _____

Family Age of father _____ Last grade completed in school _____

INFORMATION _____

Brothers and Sisters _____ Date of Birth _____ Example: Joe - 01-01-03

HEALTH INFORMATION SHEET

Child's Full Name _____ [] Boy [] Girl

Child's Social Security # _____ Date of Birth _____

Address _____

City / Zip _____ Phone _____

Has child previously attended Warren County School District? [] yes [] no

If yes, when _____ what grade? _____ Teacher _____

Last school attended _____ City/St _____

Father/Guardian Name _____ Mother/Guardian Name _____

Brother(s), Age, Grade _____

Sister(s), Age, Grade _____

Family Medical Information. Has anyone in child's immediate family (parent, grandparent, brother or sister) had any of the following? (please check all that apply)

- [] Asthma [] Severe allergies [] Cancer [] Heart disease / Stroke
- [] Diabetes [] Seizure disorder [] Scoliosis [] Other _____

Medication. List any prescription medication your child takes on a daily basis at home or school.

Following - please check all that apply, include approximate date:

Child has had:

- [] _____ Chicken Pox
- [] _____ German Measles
- [] _____ Hepatitis
- [] _____ Measles
- [] _____ Poliomyelitis
- [] _____ Rheumatic Fever
- [] _____ Scarlet Fever
- [] _____ Whooping Cough
- [] _____ Meningitis

Child often has:

- [] Fever (over 105° for _____ days)
- [] Headache
- [] Colds
- [] Sore Throat
- [] Earaches
- [] Tires easily
- [] Skin problems
- [] Joint pain
- [] Fainting spells
- [] Sleepwalking
- [] Accidents

Child has (or) has had:

- [] _____ Bleeding problem
- [] _____ Cancer
- [] _____ Cystic Fibrosis
- [] _____ Deformity
- [] _____ Muscular Dystrophy
- [] _____ Heart Disease
- [] _____ Multiple Sclerosis

- [] _____ Artificial Limb
- [] _____ Emotional/Stress-related problems
- [] _____ Seizure disorder [] Takes medicine

Name of Rx _____

[] _____ Diabetes Diet controlled Takes medicine

Name of Rx _____

Date of child's last physical exam: _____ Physician: _____

List previous accidents, surgeries, etc. with dates _____

Asthma- Child's symptoms are ... Mild Moderate Severe

Onset (time & manner) _____

Usual cause (allergies, exercise, etc) _____

Attack (frequency, duration, severity) _____

First symptoms (cough, wheezing, etc) _____

Treatment at time of attack _____

Allergies - Child allergic to: _____

Symptoms are - Mild Requires medication ... Daily As needed

Seasonal Tested for cause

Severe Desensitizing shots

Type of reaction(s): _____

Special action to help child _____

Sensitivity to insect stings/bites - Bees/wasps Other _____

Severe-Systemic reaction .. (needs immediate care)

Moderate .. (may have difficulty breathing) Parent or close relative has severe

Mild .. (severe, abnormal swelling in area of bite/sting) sensitivity .. Yes No

Special instructions _____

Visual Problems - Glasses Contacts Little or No vision in () Left eye () Right eye

Glass eye () Left () Right

Crossed eye ___ Doctor states NO vision problem ... Corrected by:

() Surgery () Patching () Exercises () Time

Hearing Problems - Began talking at age 1½ or before Has speech disorder

Frequent ear infections Fluid in ears Wax build up in ears

Had surgery for: _____ When? _____

Hearing loss (Reason) _____

Percentage of Loss _____ % Left _____ % Right (congenital / disease / accident) Wears hearing aid

Dental Problems - Has many cavities Has gum disease

Difficulty eating Teeth do not meet properly

Eating Habits - Eats fresh fruit & vegetables daily Eats fast foods 3 or more times per week

Significant weight change in last year _____ lb Gain _____ lb Loss

Food Preferences: () Sweets () Salty () Dairy () Excessive fluids

Fatigue Level - Extremely energetic Normal Takes naps

Tires easily Most noticeable in: () Morning () Afternoon () Evening

Social/Emotional - Very shy Has problem making friends Situation at home or social that may cause problem: _____

Hand most frequently used - Right Left Both equally

Physical problem that may limit physical activity: _____

**PROOF OF RESIDENCY
OR THAT REQUEST FOR WAIVER HAS BEEN SUBMITTED**

I hereby certify as follows:

I, _____, am the parent/guardian of
Parent/Guardian
_____, a student seeking to register in the
Student
_____ Warren County R-III School District _____, and am legally authorized to make
educational decisions for the student.

I further certify as follows: (Check one category, and provide all additional information requested under the category checked. WARNING: Under Missouri law, any person who knowingly submits false information with respect to the following questions, any subparts thereto, or the documents provided to support the responses to such questions, may be charged with and convicted of a Class A misdemeanor.)

The Student is a legal resident of the District as established by the following:

I am a legal resident of the _____ Warren County R-III _____ School District.

I reside and am legally domiciled (have my permanent home) at the following address:

Street

City, State, Zip

The student resides with me at the foregoing address, which is also the student's permanent home. I have provided the following document(s) to establish that I am a legal resident of the District:

- (1) _____
- (2) _____
- (3) _____

(Request additional information sheet if necessary.)

FILE: JEBCA -E2

The student is not a legal resident of the District. However, I have submitted (or the student has submitted) a Request for Waiver of Residency within 45 days of the date of this statement.

I submitted the Request for Waiver on _____.
Date

I have attached a copy of the Request for Waiver to this Statement. I understand that if the Request for Waiver is denied after the student has been registered, the student will no longer be eligible for enrollment in the District, and will be required to withdraw from school immediately following denial of Waiver.

I hereby certify that all information I have provided in this Statement is true, accurate, and complete to the best of my knowledge.

I understand that if I have provided any false information in this Statement, or in the documents submitted in support of this Statement, that I may be charged with and convicted of a Class A misdemeanor.

I also understand that if I have provided false information in this Statement, or in the documents submitted in support of this Statement, the District may file a civil action against me to recover the costs of school attendance for the student.

Signature of Parent/Guardian

Date

* * * * *

Approved: 12/08/1999

Warren County R-III School District, Warrenton, Missouri

MELL Program: Parent Survey

School District: Warren Co R III

Enrollment Date: _____

If you have moved from one school district to another and you have worked in agriculturally based employment in the last three (3) years, your children may be eligible for special services to better service them in their education. Please complete the following survey information and return it to your teacher or school office.

1. YES _____ NO _____ Have you moved to this area in the past three (3) years?

2. YES _____ NO _____ In the last three (3) years, have you worked or are you currently working in of these areas? If so, which ones?

**If you have
done any of
the jobs mentioned,
your children may
be eligible**

- ___ Planting or harvesting crops
- ___ Transporting farm products to market
- ___ Feeding poultry, gathering eggs, working in a hatchery
- ___ Processing meat, poultry, fruit, vegetables, dairy products
- ___ Milking cows on a dairy farm
- ___ Cutting firewood or logs to sell
- ___ Commercial fishing or working on a fish farm
- ___ Growing and tending to trees to be sold

3. YES _____ NO _____ If you checked any box above, did you move to seek or obtain that job?

Parents or Guardians: _____

Address: _____

City: _____ State: _____

Phone#: _____

When can we find you at home? _____

Children's Names	Age	Grade

Please briefly explain how to get to your house. Feel free to draw a map. We'll be communicating with you about services your child can receive if they are eligible for the program. Thank you very much!

ATTN: Teachers/School Staff,
Please mail all surveys to:
Alejandra Guidino
Recruitment Specialist
205 London Hall
Columbia, MO 65211
573-884-7573



Programa MELL: Encuesta para los Padres



Distrito Escolar: _____

Fecha de Inscripción: _____

Sus hijos pueden ser elegibles para recibir mejores servicios por el distrito escolar si se han mudado de un distrito a otro y han trabajado en agricultura en los últimos tres años. Favor de completar este formulario y devuélvelo a la escuela lo más pronto posible.

· Sí _____ NO _____ ¿Se han mudado Uds. en los últimos tres años?

· Sí _____ NO _____ ¿En los últimos tres años han trabajado o están trabajando Uds. corrientemente en uno de los siguientes empleos? Marque todos lo que aplican.

**Sus niños
pueden ser elegibles
si han trabajado
en unos de
estos empleos**

- Sembrando, cultivando, cosechando frutas y verduras
- Transportando productos agrícolas al mercado
- Alimentando pollo, recogiendo huevos, trabajando en una incubadora
- Procesando carne, pollo, frutas, verduras, productos de lechería
- Ordeñando vacas en una lechería
- Cortando leña o troncos para vender
- Pescando para el comercio o trabajando en un criadero de pescado
- Cultivando o cortando árboles para vender

· Sí _____ NO _____ ¿Se mudaron con la intención de buscar u obtener uno de los trabajos mencionados arriba?

Padres o guardianes: _____

Dirección: _____

Ciudad: _____ Estado: _____

Número de teléfono: _____

¿Cuándo sería conveniente llamarlos? _____

Favor explicar brevemente cómo llegar a su casa o hacer un mapa. Nos comunicaremos con ustedes acerca de los servicios que pueden recibir sus hijos si son elegibles para el programa. ¡Muchísimas Gracias!

Nombres de los Hijos	Edades	Grade

ATTN: Teachers / School Staff

Please mail all surveys to:

Alejandra Guidino

Recruitment Specialist

205 London Hall

Columbia, MO 65211

573-884-7573

Warren County R-III School District
English Language Learners (ELL) Student Enrollment Form
Acta de matricula del alumno/a

To be completed by all new students new to the district.
Ser completado por todos alumnos/as nuevos al distrito.

Date _____ Student's Name _____ Date of Birth _____
Fecha Nombre del alumno/a Fecha de nacimiento

Male _____ Female _____ Grade _____ School _____
Masculino Femenina Grado Escuela

Parent's Name _____
Nombre de Padres o Guardián

Address: _____ Home Phone _____
Direccion Teléfono de domicilio

Circle the best answer as it applies to the student
Circule la mejor respuesta que aplique al alumno/a

What language did this student first learn to speak? English Other
¿Que idioma aprendió el/la alumno/a primero? ingles Otro

Which language does this student use most often when speaking to the parents? English Other
¿Que idioma usa mas este/a alumno/a cuando habla con sus padres? ingles Otro

Does anyone in this student's home speak a language other than English? Yes No
¿Alguien en la casa de este/a alumno/a habla otro idioma aparté de ingles? Si No

Has this student emigrated from another English-speaking country? Yes No
¿Este alumno/a ha emigrado de otro país que hablan ingles? Si No

Is this student a refugee? Yes No
¿Es el alumno/a considerado un refugiado? Si No

***NOTE TO THE SCHOOL AND PARENTS:** If the answers to either #1 or #2 are "Other" or "Yes" to question #3 the lower portion of this survey must be completed. The ELL staff will then assess the student's English Proficiency level. ***NOTA A LA ESCUELA Y PADRES:** Si la respuesta a las preguntas #1 o #2 es "Otro" o la respuesta a #3 es "Si" entonces deberá completar la parte posterior de esta encuesta. El personal ELL tendrá acceso al nivel de competencia en ingles del alumno/a.

Family's native language _____ Student's country of birth _____
Idioma materno de su familia País de nacimiento

Students USA arrival date (if applicable) Family's country of origin _____
Fecha de entrada a USA (si aplicable) Lugar de origen familiar

Siblings _____ Date of birth _____
Hermanos/as Fecha de nacimiento

Siblings _____ Date of birth _____
Hermanos/as Fecha de nacimiento

Siblings _____ Date of birth _____
Hermanos/as Fecha de nacimiento

WARREN COUNTY R-III SCHOOL DISTRICT
302 KUHL AVENUE, WARRENTON, MO 63383-2198
PH: 636/456-4311 FAX: 636/456-7687

CONSENT FOR RELEASE OF INFORMATION

Student's Name: _____ Date of Request: _____

Grade in School: _____ Date of Birth: _____

We request the release of the following information:

TO: **Warrior Ridge Elementary** FROM: _____
ATTN: REGISTRAR _____
800 Warrior Ave _____
WARRENTON MO 63383 _____
Fax: 1-636-456-6992 _____
DESE Code #: District 1009-003 Building 4060

Please send the following: (Check Y or N on items sent)

Your DESE District and Building Code _____

Requested Sent

- _____ Student MOSIS # _____
- _____ Cumulative permanent school records including grade and grade reports to date, attendance records, Achievement test(s) scores including MAP results, etc.
- _____ Psychological Evaluation reports
- _____ Health records
- _____ **ALL Disciplinary** records, in accordance with Missouri Safe Schools Act, 1996
- _____ State Birth Certificate
- _____ Transfer/Withdrawal grades (**INCLUDE PERCENTAGES**)
- _____ Special Education records including: active IEP, current Diagnostic Summary and 504 Plan
- _____ Other (Specify): _____

This information is requested for the following reason(s):

- _____ Transfer of student to this/another district
- _____ New enrollment/re-enrollment
- _____ Hospitalization
- _____ Contractual Placement
- _____ Other (Specify): _____

The above named student has applied for enrollment to our school. Response within five (5) school days is mandated as of August 28, 1996 by the Missouri Safe Schools Act. Regulations no longer require an acknowledgment from the parent of eligible student that he/she has received notification before records may be released to other educational institutions.

I hereby authorize the release of all pertinent educational, medical and psychological records.

Signature of Parent/Legal Guardian (or emancipated student) **Date**

NOTE: RETURN THIS FORM WITH RECORDS

Signature of School Official submitting records **Date**