



Warren County R-3 School District

302 Kuhl Avenue, Warrenton, Missouri 63383

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

Residency Information Sheet

Family Name:(Primary Parent Last Name) _____	Today's Date: ____/____/____
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Student(s) to be enrolled:			
Complete Student Name:	Date of Birth	Grade Entering	Building Entering
1. _____	/ /	_____	_____
2. _____	/ /	_____	_____
3. _____	/ /	_____	_____
4. _____	/ /	_____	_____
5. _____	/ /	_____	_____

Please check yes or no to the following questions:

Title I-C

- yes no 1. Have you moved into the Warren County area in the past three years to seek a job?
- yes no 2. Has either parent or guardian, or the student or the student's spouse, 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?
- If so, please check which ones:
- | | |
|---|---|
| <input type="checkbox"/> Planting or harvesting crops | <input type="checkbox"/> Growing or tending to trees to be sold |
| <input type="checkbox"/> Transporting farm products to market | <input type="checkbox"/> Cutting firewood or logs to sell |
| <input type="checkbox"/> Feeding or processing poultry, beef or hogs | <input type="checkbox"/> Nursery (Landscaping) |
| <input type="checkbox"/> Gathering eggs or working in hatcheries | <input type="checkbox"/> Horse Ranching |
| <input type="checkbox"/> Commercial fishing or working on a fish farm | |

McKinne- Vento Act

- yes no 3a. Do you lack 'permanent' housing?
- yes no 3b. Do you currently reside with another family? If so, please check which applies:
- | | |
|---|---|
| <input type="checkbox"/> Loss of housing | <input type="checkbox"/> Hardship |
| <input type="checkbox"/> Economic reasons | <input type="checkbox"/> Other (please explain) _____ |
- Check which applies: 4. Where does the student stay at night?
- | | |
|--|---|
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Other (in an arrangement that is not fixed, regular, & adequate and is not described by the other choices) |
| <input type="checkbox"/> In a motel/hotel | |
| <input type="checkbox"/> In a car | <input type="checkbox"/> None of these apply |
| <input type="checkbox"/> At a campsite | |
| <input type="checkbox"/> In another location that is not appropriate for people (e.g., an abandoned building) | |
| <input type="checkbox"/> Temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own) | |
- Check which applies: 5. With whom does the student live?
- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> A relative, friend(s), or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> An adult that is not the parent or legal guardian |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> Alone with no adults |
- yes no 6. Was your child born somewhere other than the United States? If Yes, when did your child first enroll in school in the United States? _____ (month/year)
- yes no 7. Is this child residing in a foster care placement? If yes, please complete the following questions:
- a) Placing agency: _____
 - b) Last school district student attended: _____
 - c) District of Residence for biological parent, if known: _____

Language Survey

Acta de matricula del alumno/a

To be completed by all students new to the district.

Ser completado por todos alumnos/as nuevos al distrito.

<u>Student's Name:</u> <i>(Nombre del alumno/a)</i>	<u>Date of Birth</u> <i>(Fecha de nacimiento)</i>	<u>Male</u> <i>(Masculino)</i>	<u>Female</u> <i>(Femenina)</i>	<u>Grade</u> <i>(Grado)</i>	<u>School</u> <i>(Escuela)</i>
1. _____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Parent's Name _____

Nombre de Padres o Guardian

Address : _____

Home Phone _____

Direccion _____

Telefono 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 aprendio el/la alumno/a primero? *ingles* *Otro*

Which language does this student use most often when speaking to the parents? English Other

Que idioma u 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 apart de ingles? *Si* *No*

Has this student immigrated from another English-speaking country? Yes No

Este alumno/a ha emigrado de otro pais 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 is "Other" or question #3 is "Yes",

the lower portion of this survey must be completed. The ESOL 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 debera completar la parte posterior de esta encuesta.

El personal ESOL tendra acceso al nivel de competencia en la parte posterior de esta encuesta.

Family's native language _____

Idioma materna de su familia

Student's country of birth _____

Pais de nacimiento

Students USA arrival date (if applicable) _____

Fecha de entrada a USA (si applicable)

Family's country of origin _____

Lugar de origen familiar

Siblings _____

Hermanos/as

Date of birth _____

Fecha de nacimiento

Siblings _____

Hermanos/as

Date of birth _____

Fecha de nacimiento

Siblings _____

Hermanos/as

Date of birth _____

Fecha de nacimiento