

BLUE SPRINGS R-IV SCHOOL DISTRICT

Enrollment Information

Student Name _____ M[] F[] Age _____ DOB: ___/___/___

School _____ Grade _____ Is the student Hispanic or Latino? ___ Yes ___ No

Ethnicity (Circle one): Am Indian/Alaskan Asian Black/African American Hawaiian/Pacific Island Hispanic/Latino Multiple White

Race (Circle all that apply): Am Indian/Alaskan Asian Black/African American Hawaiian/Pacific Island Hispanic/Latino White

Parent /Guardian _____

Blue Springs schools make every effort to provide the best educational experience possible. Please respond to the following items to support that effort:

1. What is your student's primary language if not English? _____

2. Which language do you most often use to speak to your student? _____

3. Which language did your student first learn to speak? _____

4. Which language does your student most often use at home? _____

YES NO 5. During the past three years, has any household member (parent or guardian, the student's spouse) been employed in some form of temporary or seasonal agricultural or agricultural related work such as:

- planting, harvesting, or processing crops (vegetables, fruit, cotton, etc.)
- feeding poultry, gathering eggs, working in a hatchery
- processing meat, poultry, fruit/vegetables, dairy products
- commercial fishing or working on a fish farm

YES NO 6. Does your student or legal dependent currently reside with another family, or a person other than family, in a temporary housing facility, shelter, or car due to loss of housing, economic hardship, or a similar reason?

If yes, please indicate circumstances: _____

YES NO 7. Is your student currently receiving services through an Individualized Education Program (IEP)

or a 504 Individualized Accommodation Plan? If yes, please check: [] IEP [] 504

YES NO 8. Has your student previously been enrolled in the Blue Springs School District?

School

Dates

YES NO *9. Is your student currently suspended/expelled from any school?

If yes, please indicate the violation and date:

Date of suspension

Violation

School District

Date of expulsion

Violation

School District

YES NO *10. Has your student been suspended/expelled from any school other than indicated in #9 above?

Date

Violation

School District

YES NO *11. Has your student been charged with or convicted of a felony? Please list charges _____

*In accordance with the 1996 Missouri "Safe Schools Act", this information must be provided. Any person making a false statement is violating state statute RSMO 167.020.

Parent/Guardian Signature

Date

