



Blue Springs School District
2017-2018 DPS Verification Forms

Application for School Admission and Request for Waiver of Domicile Requirements

STATE OF MISSOURI)
) ss
COUNTY OF JACKSON)

Date: _____

The undersigned hereby request the Board of Education of the Blue Springs R-IV School District to permit

_____ to attend
(Student's First Name) (Student's Middle Name) (Student's Last Name)

_____, _____, without the payment of tuition and having first been duly
(School Building) (Grade)

sworn, do state in support of their application:

1. Name of custodial parent, legal guardian, or foster parent requesting enrollment of student:

(First Name) (Middle Name) (Last Name)

(Driver's License State) (Driver's License Number) (Date of Birth)

(Work Phone) (Cell Phone) (E-Mail Address)

**2. Are you the legal custodial parent of student being enrolled? _____ Yes _____ No
If no, please explain: _____**

3. Name, address, and telephone number of the district resident, legal guardian or foster parent with whom parent(s) and student(s) are residing:

(First Name) (Middle Name) (Last Name)

(Driver's License State) (Driver's License Number) (Date of Birth)

(Street Address) (City, State, and Zip Code) (Relationship to Student)

(Home Phone) (Work Phone) (Cell Phone)



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4. Student's Former Home Address:

_____ (Street Address) _____ (City, State, and Zip Code)

5. Student's Last School Attended: _____

_____ (Street Address) _____ (City, State, and Zip Code)

6. Student's Grade Level at Last School Attended: _____

7. Has the student ever been suspended or expelled from attendance at any school, public or private, in this state or in any other state for an offense in violation of school board policies?

_____ No _____ Yes, If Yes, Explain: _____

8. Has the student ever been suspended or expelled from attendance at any school, public or private, in this state or in any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person?

_____ No _____ Yes If Yes, Explain: _____

9. Has the student been charged with or convicted of a felony? _____ No _____ Yes If Yes, Explain: _____

10. Please state all facts as to the reason you and your student are residing with this resident to justify a waiver of the residency requirement and how long it is anticipated parent and student will reside at the above named address: _____

11. Please check the appropriate residency situation:

- _____ Family residing with another family in the district; student's family does not have a utility bill in their name.
- _____ Family building or buying a house in the district but not yet "domiciled" there.
- _____ Residing in a motel or month to month lease.
- _____ State Placement (DFS placement or foster care)
- _____ 18 year old student
- _____ Pending legal guardianship (Court Docket Number: _____)
- _____ Permanent legal guardianship (Court Docket Number: _____)
- _____ Hardship



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The undersigned by their signatures and regardless of their legal status relative to the student and the student fully understand and agree to the following:

PLEASE READ CAREFULLY BEFORE SIGNING:

Please initial each line acknowledging that you have read and understand and agree to the following:

- ___ a) This residency waiver is only valid for the 2017-2018 School year.
- ___ b) That the District's official decision(s) with reference to this application are final;
- ___ c) That the Student's representatives, be they parent(s), guardian(s), attorneys-in-fact, or other persons promise to participate and fully cooperate with the District in all its educational programs, athletics and other activities, and be fully responsible with reference to discipline matters;
- ___ d) That the signatures hereto authorize the District to request and review any past educational, health, discipline and criminal record of Student, with the District reserving the right to act on these records as it deems appropriate;
- ___ e) That a hardship waiver will not be granted on the basis of athletic ability or solely for the purpose of attending school in the Blue Springs School District;
- ___ f) That the undersigned acknowledge and understand Missouri State Statute 167.020.4 in that any person **submitting false information to the district in any form or manner, including information set forth in this application, is guilty of a Class A Misdemeanor** and may be criminally prosecuted; in addition, the District may file a civil action against all persons submitting false information for the Student's education costs and expenses;
- ___ g) That it is understood that the filing of false information may lead to the removal of the Student from further attendance in any District school;
- ___ h) That the undersigned, subject to criminal and civil penalty as stated above, agrees to immediately notify the District if the Student's residence changes at any time;
- ___ i) That if enrollment is accepted, it will be allowable for only the forthcoming school year (as determined by the District); if the enrollment is accepted during the school year, it will terminate at the end thereof; enrollment approval will automatically terminate at any time the Student terminates residence in the District. After termination of enrollment approval for any reason, the Student will only be allowed to re-enroll by again following the District's enrollment process;
- ___ j) Should disciplinary problems arise with a student attending under this provision, the student may be dropped from the rolls after a conference with the student, the District resident with whom the student resides, the school principal, and the Superintendent or designee;
- ___ k) It is understood that all the undersigned may be contacted by and/or investigated by the Department of Public Safety or school personnel to verify any and all representations made in this document and particularly to determine the Student's true residency for school attendance purposes.



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Signature of Parent/Guardian/Foster Parent

Date

Printed Name of Parent/Guardian/Foster Parent

Subscribed and sworn to before me, a notary public, in and for the County of _____,
 State of Missouri, this _____ day of _____, 20____.

My Commissioner Expires: _____
Notary Public

**Signature of District Resident With Whom Parent
 and Student are Residing**

Date

**Printed Name of District Resident With
 Whom Parent and Student are Residing**

Subscribed and sworn to before me, a notary public, in and for the County of _____,
 State of Missouri, this _____ day of _____, 20____.

My Commissioner Expires: _____
Notary Public

******Office Use Only******

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|--|---|
| _____ a) Student Birth Certificate | <input type="checkbox"/> New Student to the District |
| _____ b) Resident's Current Utility Bill | <input type="checkbox"/> Current Student Residency Update |
| _____ c) Photo Identification | <input type="checkbox"/> Annual Renewal of Waiver |
| _____ d) Lease Agreement/Mortgage Statement | <input type="checkbox"/> Follow-up |
| _____ e) Sales Contract | |
| _____ f) Construction Contract | |
| _____ g) Motel bill (Valid through this date _____) | |
| _____ h) Custody Paperwork | |
| _____ i) Affidavit of Acknowledgement | |
| _____ j) State Placement Paperwork | |
| _____ k) Court Ordered Guardianship Paperwork | |
| _____ l) Death Certificate of Student's Deceased Parent(s) | |
| _____ m) Marriage License | |
| _____ n) Incarceration Paperwork | |

(Signature of Administrator)

(Name of School Attending)

(Date)