



Avenue City Elementary Registration & Permission Form 2024-2025

STUDENT DATA:

Name (first, middle, last): _____ Social Security #: _____

Date of Birth: _____ Male/Female _____ Grade: _____ Home Phone # _____

Mailing Address: _____ City, State, Zip: _____

Ethnic Code:
Circle One 1. White 2. American Indian/Alaska Native 3. Asian 4. Black/African American
 5. Hispanic of Any Race 6. Native Hawaiian/Other Pacific Islander 7. Multi-Racial

PARENTS' / GUARDIANS' DATA:

Mother's Name: _____ **Employer:** _____

Home Address: (if different than above; mailing address, city, state, zip)

Email: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Father's Name: _____ **Employer:** _____

Home Address: (if different than above; mailing address, city, state, zip)

Email: _____

Home Phone #: _____ Cell #: _____ Work #: _____

PARENT SURVEY

Q1 List people & ages of others living in the home: _____

Q2 If divorced, who has legal custody? _____

Q3 Has a member of the family moved with the child(ren) within the past three years to seek or obtain temporary or seasonal agricultural or food processing work? **Yes or No** _____ (If yes, ask for migrant questionnaire)

Q4 Is the student's primary language something other than English? **Yes or No** _____ If the answer is yes, which language is the student's primary language? _____ (If yes, fill out language survey)

Q5 Is a language other than English used by others in the home? **Yes or No** _____

Q6 Have you moved to the U.S. from another country? **Yes or No** _____ If the answer is yes, when did you first move to the U.S.? _____ (date) How long have you lived in the state of Missouri? _____ (time in years)

Q7 Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? **Yes or No** _____ Explain if Yes _____

Q8 Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? **Yes or No** _____

Q9 Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? **Yes or No** _____

Q10 Are you currently residing in an emergency or transitional shelter? **Yes or No** _____

Q11 Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? **Yes or No** _____

Q12 Has the student been abandoned in a hospital? **Yes or No** _____

Q13 I am aware that my child may participate in MOCAP program. I can get information from district office. **Yes or No** _____

Parent/Guardian Signature _____ **Date** _____

EMERGENCY INFORMATION: *In the event that your child has an accident or becomes ill at school, every reasonable effort will be made to call the parents first. However, **if a parent cannot be contacted** please list two individuals who may be contacted to take care of your child.

1. Name: _____ Relationship to the child: _____
Home Phone #: _____ Cell #: _____ Work #: _____

2. Name: _____ Relationship to the child: _____
Home Phone #: _____ Cell #: _____ Work #: _____

EARLY OUTS DUE TO WEATHER OR OTHER UNFORESEEN EVENT:

If there is an unplanned early out, what should your child do? (Examples: home on the bus; car rider; parent will call, or.....)

FIELD TRIP PERMISSION:

I give my permission for my student, _____ to attend any Avenue City Elementary School field trip during school hours for the school year. Student handbook policies will be followed during all field trips.

Signature of Parent: _____ Date: _____

FOOD ALLERGIES OR OTHER MEDICAL CONDITIONS:

Please list any food allergies or other medical conditions the school district needs to know about your child. Additional information may be requested from the school nurse.

PARENT'S COMMENTS:

Please make any comments here that would help us better serve your child:

EDUCATION HISTORY FOR NEW ENROLLMENTS:

List any school and their addresses that your child attended previously:

School Name: _____ Address: _____

Phone #: _____ Grade(s) child was in when attending: _____

School's Name: _____ Address: _____

Phone #: _____ Grade(s) child was in when attending: _____

Grade and school your child attended last year: _____

Has your child ever received any of the following services: (Please check all that apply.)

Speech/Language Remedial Reading Special Education (LD, EMH, HI, VI, etc.)