

# BLUE SPRINGS R-IV SCHOOL DISTRICT

## Enrollment Information Form

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 create a community of life-long learners. 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 convicted or charged with 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 \_\_\_\_\_