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Primary Parent/Guardian #1 (where student resides)	
Name:	
Relationship to Student:	
911 Address:	
Alt. Mailing Address:	
Phone:	
Email (used for parent portal):	
Place of Employment:	
Primary Language Spoken at Home:	
Primary Parent/Guardian #2 (where student resides)  Name:	
Relationship to Student:	
911 Address:	
Phone:	
Email (used for parent portal):	
Place of Employment:	
Student Information	
Name (first, middle, last):	
Grade:	

### Address Verification (attach copy)

Rental Contract/Real Estate Contract Utilities Bill/ Deposit Receipt Other (payroll check/w-4)

### Basis for Admission (attach court docs)

Resides w/ Parents in District
Resides w/ Legal Guardian in District
Resides w/ Military Guardian

#### Additional Questions Regarding Residence

- 1. Are you sharing the household of other persons due to loss of housing, economic hardships, or similar reason? Yes N/A
- 2. Are you currently residing in a hotel, motel, or campsite because your home has been damaged or economic reason? Yes N/A
- 3. Are you currently residing in a shelter? Yes N/A
- 4. Are you currently living in a temporary housing due to economic hardship? Yes N/A



Emergancy Contacts #1			
Names:			
Relationship to Student:			
Phone:			
Emergancy Contacts #2			
Names:			
Relationship to Student:			
Phone:			
Alternative Parents/Guardians Names:			
Relationship to Student:			
Address:			
Phone:			
Email:			
Student's Full Legal Name:			
First Middle	 :	Last	(suffix)
Gender: please circle Male Fer	nale Other		
Date of Birth://			
Social Security Number:			
Grade Level:			
Ethnicity: please circle Hispanic/ Lat	ino of any Race	Non-Hispanic/L	atino of any Race



Asian

Race: please circle

# Portageville School District Enrollment

Black/African American

Hispanic/Latino

White/Caucasian	Native American/Alaskar	n Native	Biracial	
Native Hawaiian/Paci	fic Islander			
Student Lives with: please circle	Adult Other than Parent	Both Pare	ents Other	Single Parent
Name of schools previously a	attended:			
Please provide Social Worker	r/Juvenile Officer name ar	nd contact I	NFO if studen	t has one:
Student has an IEP: Yes Student has a disability addro Student receives other specia Yes N/A If yes, describe:			Yes N/A ling, Title I, Co	
Student has been retained: Student has been suspended If yes, from where?	•	_		_
Student has ever been expell If yes, please explain:	led from school: Yes	N/A		
Student has been or currentl	y in Alternative School:	Yes	N/A	
PARENT/GUARDIAN SIGN	NATURE		DATE	

Under penalty of applicable Missouri law, I certify that the information on this form is true and accurate to the best of my ability. Submitting incorrect information may immediately invalidate enrollment.

904 King Ave. Portageville, MO 63873 Phone: 573-379-3855 Fax: 573-379-5817 Email: <a href="mailto:abrands@portageville.k12.mo.us">abrands@portageville.k12.mo.us</a>

**Immunization Record** 

Birth Certificate/ Social Security Card

Psychological

The student listed below has enrolled in Portageville School District. Please send the records listed below.

Student Name:		
Grade:	D.O.B:/	
School District:		
City:	State:	
Zip Code:		
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Send the following:		
<ul> <li>Academic</li> </ul>		
<ul> <li>Attendance</li> </ul>		
<ul> <li>Discipline</li> </ul>		
<ul><li>IFP</li></ul>		

Please indicate any of the special services listed below student received while in attendance at your school.

•	Remedial Reading
•	Remedial Math
•	Speech Therapy
•	Behavioral Disorders
•	Migrant Program
•	Other (please specify)



By signing below, I give permission for the records requested on the previous page to be released to the Portageville School District.

Parent/Guardian Signature	Date	
School Official and Title	Date	

#### Notice of Nondiscrimination

Students, parents/guardians, employees, applicants for admission and employment, sources of referral of applicants with Portageville School District are herby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age or disability in admission, access to, treatment, or employment in its programs and activities. Any person having inquiries concerning Portageville School District's compliance with the regulations implementing Title VI, Title IX or Section 504 is directed to contact Mr. BJ Stone (Title IX Coordinator) or Mrs. Stacy Miller (Section 504 Coordinator), 904 King Ave. Portageville, Mo 63873, (573) 379-3819, who have been designated to coordinate Portageville School District's efforts to comply with the regulations implementing Title VI, Title IX and Section 504. Individuals may also file complaints with administrative agencies such as the U.S Department of Educations, Office for Civil Rights. The contact information for the local office is (816) 268-0550 at Office for Civil Rights, Kansas City Office, U.S. Department of Education, 3<sup>rd</sup> floor, 1010 Walnut St. Kansas City, Mo 64106. The email address for the Office of Civil Rights is OCR.KansasCity@ed.gov.

Michael Allred Superintendent Portageville School District 904 King Ave. Portageville, Mo 63873 (573) 379-3855