

Hickman Mills C-1 Schools – Kansas City, Missouri

Student Registration Form

Enrollment Date: _____

For Office Use
Grade: _____
School: _____
Teacher: _____

Student #1:

Student's Legal Name: Last: _____				First: _____		Middle: _____		Suffix: _____	
Social Security Number: _____			Grade: _____		Date of Birth: _____		Birth Certificate Number/ Place of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicaid Number: _____			
Has your student previously attended a Hickman Mills School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which school? _____					
School attended last year if different									
Name: _____			City: _____		State: _____		Phone: _____		

Student #2:

Student's Legal Name: Last: _____				First: _____		Middle: _____		Suffix: _____	
Social Security Number: _____			Grade: _____		Date of Birth: _____		Birth Certificate Number/ Place of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicaid Number: _____			
Has your student previously attended a Hickman Mills School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which school? _____					
School attended last year if different									
Name: _____			City: _____		State: _____		Phone: _____		

Student #3:

Student's Legal Name: Last: _____				First: _____		Middle: _____		Suffix: _____	
Social Security Number: _____			Grade: _____		Date of Birth: _____		Birth Certificate Number/ Place of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicaid Number: _____			
Has your student previously attended a Hickman Mills School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which school? _____					
School attended last year if different									
Name: _____			City: _____		State: _____		Phone: _____		

Student #4:

Student's Legal Name: Last: _____				First: _____		Middle: _____		Suffix: _____	
Social Security Number: _____			Grade: _____		Date of Birth: _____		Birth Certificate Number/ Place of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicaid Number: _____			
Has your student previously attended a Hickman Mills School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which school? _____					
School attended last year if different									
Name: _____			City: _____		State: _____		Phone: _____		

PLEASE FILL OUT BOTH SIDES OF THIS FORM.

Household Information:

Students Live With: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Placement <input type="checkbox"/> _____					
Parent #1 Name (Last, First):			Parent #2 Name (Last, First):		
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> *Guardian <input type="checkbox"/> *Foster <input type="checkbox"/> *A complete original copy of any legal documents/court orders pertaining to the student must be presented. If Guardian, your relationship to the student: _____			Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> *Guardian <input type="checkbox"/> *Foster <input type="checkbox"/> *A complete original copy of any legal documents/court orders pertaining to the student must be presented. If Guardian, your relationship to the student: _____		
Home Phone:		Cell Phone:	Work Phone:		
Home Address:			Home Address:		
City, ST ZIP Code:			City, ST ZIP Code:		
Email Address: _____			Email Address: _____		

Emergency Contact Information:

Name:	Relationship:	Address:	City/State:	Home/Cell Phone:	Work Phone:

Other Information:

Has your family moved from one school district to another within the past three years to seek or obtain temporary or seasonal work in an agricultural or a related food process business? If yes, please complete the Migrant Parental Survey. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child participated in any Early Childhood Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever participated in Parents As Teachers? (PAT) <input type="checkbox"/> Yes <input type="checkbox"/> No	Does or has your child ever received gifted education? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English, spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Pertinent Information: _____ _____			

For Office Use Only:
Transportation: _____

PLEASE FILL OUT BOTH SIDES OF THIS FORM.



PHOTO/VIDEO RELEASE

Date: _____

I, _____, hereby consent that photos or video of

_____, may be used for news articles, audio-visual productions and/or television.

Name _____

Address _____

City _____ Apt# _____ State _____ Zip _____

Telephone (_____) _____

Classroom Teacher _____

Parent or Guardian Signature _____

CEP-PVR-2009



PHOTO/VIDEO RELEASE

Date: _____

I, _____, hereby consent that photos or video of

_____, may be used for news articles, audio-visual productions and/or television.

Name _____

Address _____

City _____ Apt# _____ State _____ Zip _____

Telephone (_____) _____

Classroom Teacher _____

Parent or Guardian Signature _____

CEP-PVR-2009



RECORDS RELEASE FORM

Date: _____

To: _____

Attn: _____

Fax: _____

Please send information for the following student:

Name: _____

SSN: _____

DOB: _____

Grade: _____

We are requesting the following items:

- Transcripts
- Medical Records
- Behavioral Records
- Special Services (most recent IEP, Diagnostic Screening/Testing)
- Withdrawl Grades
- Year Last Attended

Is student currently suspended or expelled: _____ Yes _____ No

Additional Comments/Requests (if any):

Thank you in advance for your immediate attention to this matter.
Sincerely,

Please forward all records and information pertaining to this student to the School Registrar at the address provided above immediately. The information listed is required for the enrollment process to continue. Thank You.

Website: www.hickmanmills.org

CEP-RRF-2009



Hickman Mills C-1 School District
9000 Old Santa Fe Road
Kansas City, MO 64138

SAFE SCHOOL ACT

Sworn statement/affirmation by parent/guardian of a student enrolling in the Hickman Mills C-1 School District.

The district shall follow and implement the Safe School Legislation House Bill Numbers 1301 and 1298 for all students in the district. As part of that implementation, the district shall require that the parent/guardian sign this sworn statement indicating that their child is not on a current suspension and has never been expelled from a school for offense in violation of school board policies relating to weapons, alcohol or drugs, or for willful infliction of injury to another person.

If the student is under a current suspension, or has been expelled, the child will not be allowed to attend school. The parent/guardian may request a conference with the superintendent's designee to be considered for enrollment in our district.

Parents/guardians signing this sworn statement must tell the truth. The school district may recover, through lawsuit, costs of school attendance of pupil whose parent/guardian signed and filed a false sworn statement. FALSE STATEMENTS ARE CRIMANALLY SANCTIONABLE AS A CLASS A MISDEMEANOR.

I, _____, shall be accountable for the past and present behavior of my child. I understand and consent to the responsibilities that are outlined in the Hickman Mills C-1 School District discipline policies. I also understand and agree that my child, _____, shall be accountable for the behavior and consequences outlined in the Hickman Mills C-1 School District discipline policies at school and at school-related events. I understand that any student who violates the Hickman Mills C-1 School District discipline policies will be subject to disciplinary action.

School _____

Signature of Parent/Guardian _____

Witness _____

Name of Student (Print) _____

Grade _____ Date _____



Hickman Mills C-1 Schools

Student's Name _____ grade _____

Special Services Information

Was your child ever enrolled in a Special Education Program at his/her previous school?

yes no

Do you have a copy of your child's most recent IEP (Individual Educational Plan)?

yes no

What type of Special Education services did your child receive?

- Learning Disability
- Speech
- Occupational/Physical Therapy
- English as a Second Language
- other: _____

Please complete the following so we may obtain more information on your child's IEP:

Casemanager/Teacher: _____

School: _____

Address: _____

City, State and Zip Code: _____

School's Phone Number: _____

Retention Information

Was you child ever retained? yes no

If yes, please provide the following information:

Grade: _____ Year: _____

School: _____

Parent's Signature: _____ Date: _____



**STUDENT AND PARENT/GUARDIAN
AGREEMENT FOR
TECHNOLOGY RESOURCES ACCESS ACCOUNT**

RETURN THE SIGNED AGREEMENT TO THE LIBRARY MEDIA CENTER

STUDENT:

By signing this agreement, I am signifying that I have read the entire Hickman Mills C-1 School District Technology Acceptable Use Policy and agree to follow the rules contained in this policy. I understand that the computer network, computers, and any other technology devices are to be used solely for educational purposes and that there is no expectation of privacy with respect to the use of the same. I understand that if I violate the rules my access can be terminated and I may face other disciplinary measures.

Last Name: _____ **First Name:** _____

Home Address: _____

Home Phone: _____

Age: _____ **Expected Year of Graduation:** _____

Student Name (please print): _____ **Date:** ___/___/___

Student Signature: _____

PARENT/GUARDIAN: (If a student is under the age of 18 a parent/guardian must also read and sign this agreement).

As the parent/guardian of the above student, I have read the Hickman Mills C-1 School District Technology Acceptable Use Policy in its entirety and agree to its terms on behalf of my child. I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the electronic network. This includes, but is not limited to claims that may arise from the unauthorized use of the network components.

As the parent/guardian of the above student I give permission to issue an account for my child to access all components of the District's electronic network which includes Internet access, computer services, videoconferencing, computer equipment and any related technology resources for educational purposes.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ **Date:** ___/___/___

Daytime Phone: _____ **Evening Phone:** _____



Hickman Mills C-1 School District Student Home Language Survey

Date: _____

School: _____

County/District Code: 048-072

Student's Name: _____ Male Female

Date of Birth: _____ Grade: _____ Teacher: _____

Date of Arrival in U.S.: _____

Date of School Enrollment in Missouri: _____

Place of Birth: _____

Relationship of Person Completing Survey: Mother Father Guardian Other _____

1. Was the first language you learned English? Yes No
2. Can you speak a language other than English? Yes No
3. Which language do you use the most often when you speak to your friends? English Other _____
4. Which language do you use most often when you speak to your parents? English Other _____
5. Which language do you use most often when you speak to other family members? English Other _____
6. Is any language other than English spoken in your home? Yes No

If yes, specify: _____

Parent Consent for Placement

It might be necessary to give your child an English language proficiency test. If the results indicate that your child meets district criteria for ESOL services, would you allow your child to receive English language instruction to help him/her learn English more quickly?

Yes No

Parent/Guardian Signature: _____ Date: _____

Actué como padre el Consentimiento para la Colocación

Quizás sea necesario dar a su niño una prueba inglesa de la pericia del idioma. ¿Si los resultados indican que su niño reúne los criterios del distrito para servicios de ESOL, usted permitiría que su niño reciba la instrucción inglesa del idioma para ayudarlo(a) aprender ingles más rápidamente? Si No

Firma del padre/tutor _____ Fecha _____

Adapted from the *Assessment of Language Minority Schools: A Handbook for Educators*. Illinois Resource Center, 1985.

Forward Copies to: (1) Special Service office (2) Building level ESL teacher (3) School copy for student's file



Student Transportation Information

Student Name: _____

Grade: _____

Address: _____

Home Phone: _____

Bus Route: Walker Parent Pick-up Bus Rider
(circle one)

Bus #: _____

Vo-Tech Student: a.m. p.m.
(circle one)

CEP-STI-2009



Student Transportation Information

Student Name: _____

Grade: _____

Address: _____

Home Phone: _____

Bus Route: Walker Parent Pick-up Bus Rider
(circle one)

Bus #: _____

Vo-Tech Student: a.m. p.m.
(circle one)

CEP-STI-2009