

Hickman Mills C-1 Schools – Kansas City, Missouri

Student Registration Form

Enrollment Date: \_\_\_\_\_

<b>For Office Use</b>
Grade: _____
School: _____
Teacher: _____

Student #1:

<b>Student's Legal Name:</b> 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:

<b>Student's Legal Name:</b> 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:

<b>Student's Legal Name:</b> 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:

<b>Student's Legal Name:</b> 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		
<b>Other Pertinent Information:</b> _____ _____			

<b>For Office Use Only:</b>
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



**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