

APPLETON CITY ELEMENTARY
ENROLLMENT, EMERGENCY & TRANSPORTATION FORM 2019-2020

Child's Legal Name: _____ Grade: _____

Date of Birth: _____ Social Security #: _____ Nickname: _____

Child's Address: _____ County: _____

Is the child living with their parent or legal guardian in someone else's house other than your own, living with a friend or family member other than their parent/legal guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)?
Yes _____ No _____

Ethnicity: _____ Hispanic/Latino _____ Not Hispanic/Latino

Race: (check all that apply) _____ American Indian / Alaskan Native _____ Asian _____ Pacific Islander _____ White _____ Black / African American

Do you use a language other than English? _____ No _____ Yes – Language _____

Is there any language other than English spoken in your home? _____ No _____ Yes – Language _____

Student's country of origin: _____ Parent's country of origin: _____

Date entered the United States: _____ Date entered a school in United States: _____

PARENTS / GUARDIANS

Mother's / Guardian's Name: _____ In the home? Yes _____ No _____

Address (if different from above): _____

Cell phone: _____ e-mail _____

Employer: _____ Work phone: _____

Father's / Guardian's Name: _____ In the home? Yes _____ No _____

Address (if different from above): _____

Cell phone: _____ e-mail _____

Employer: _____ Work phone: _____

OTHER ADULT/GUARDIAN LIVING IN THE HOME

Name: _____ Relationship: _____

Cell Phone: _____

Employer: _____ Work phone: _____

SIBLINGS: (who currently live in the Appleton City R-II School District)

Name: _____ Grade: _____ Same address? Yes _____ No _____

Name: _____ Grade: _____ Same address? Yes _____ No _____

Name: _____ Grade: _____ Same address? Yes _____ No _____

Name: _____ Grade: _____ Same address? Yes _____ No _____

ALTERNATE EMERGENCY CONTACT INFORMATION: OTHER THAN THE PARENT/GUARDIAN

I authorize the district to release any and all identifiable information about my student to the following persons. Initial to authorize this person to pick up your child on your behalf.

1st: _____ Phone: _____ Relationship: _____ Initial _____

2nd: _____ Phone: _____ Relationship: _____ Initial _____

3rd: _____ Phone: _____ Relationship: _____ Initial _____

4th _____ Phone: _____ Relationship: _____ Initial _____

Any change in this information requires a written request to the school.

Is there anyone who is NOT to pick up your child?

Name: _____ Relationship: _____

If applicable, are there court / custody papers on file at the school? _____

Missouri Safe Schools Act:

Is your student currently under suspension or expulsion from school: ___No ___Yes

Has your student ever been under suspension or expulsion from school: ___No ___Yes

If you have answered yes to either of the previous questions, state the reason(s) for the suspension/expulsion:

School Messenger:

School Reach is an automated phone/email system used to provide emergency communications to students and family.

What language would you prefer for communication? English___ Spanish___

I authorize the District and the School to send communications via TEXT MESSAGES to the following mobile phone(s):

Parent/Guardian #: _____ Parent/Guardian #: _____

Transportation:

To School

_____ by bus – bus driver’s name _____

_____ car rider – picked up by _____

_____ walker

From School

_____ by bus – bus driver’s name _____

_____ car rider – picked up by _____

_____ walker

_____ goes to daycare

_____ ride bus to daycare – bus driver’s name _____

In Case of Early Release Day due to bad weather or other emergency my child is to go home:

_____ the same way

_____ a different way (Please specify) _____

Directory Information/Media Release:

If you do not want Appleton City R-II School to disclose any or all of the types of information designated below as directory information from your child’s education records without your prior written consent, you must notify the Appleton City R-II School in writing by 10 days of receiving this form. Appleton City R-II has designated the following information as directory information: (Note: an LEA may, but does not have to, include all the information listed below.)

- Student’s name; address; telephone listing; e-mail address; photograph; date and place of birth;
- major field of study; dates of attendance; grade level; participation in officially recognized activities and sports; weight and height of member of athletic teams; degrees, honors, and awards received; the more recent educational agency or institution attended.

Student photographs, names and special recognitions may also be published through the Appleton City School Facebook page, Twitter, Appleton City District Web page, Elementary School Newsletter and/or the Local Newspaper, unless the parent / guardian has notified the school of non-consent to do so.

Field Trip Permission:

At different times during the school year, your child will have an opportunity to take educational field trips away from the school under the supervision of school personnel.

It is difficult for us to send home permission slips prior to each field trip and receive a 100% return before field trip departure time. The result is often a hasty effort to obtain last minute parent permission by telephone or a disappointed child who has to stay at school when his/her classmates go on the field trip.

Field trips are generally limited to one out-of-town and one or two in-town, walking field trips per year. A notice of time, place and method of transportation will be sent home with your child **prior to each field trip**.

Please initial if your child has permission to go on all field trips his/her class participates in. _____

Verification:

I verify that the information provided on this form is accurate and current. Submitting false statements or information relating to residency is defined as a Class A misdemeanor and the district may recover from you tuition payment for any pupil who is enrolled based on false information you provide.

