SHAWNEE MISSION SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

Please **PRINT** clearly in unshaded areas

STUDENT INFORMATION

LEGAL LAST NAME SUFFIX (JR II etc.)	FIRST NAME	MIDDLE NAME	COMMON NICKNAME

DATE OF BIRTH (MM/DD/YEAR)	GENDER (M/F)	BIRTH STATE (OR COUNTRY IF NOT UNITED STATES)

ETHNICITY (SELECT ONE)	RACE (CHECK ALL THAT APPLY)	
☐ No, not Hispanic/Latino	☐ White ☐ Black/African American	☐ Asian
☐ Yes, Hispanic/Latino	☐ Native Hawaiian/other Pacific Islander	☐ American Indian/Alaskan Native

PRIMARY LANGUAGE SPOKEN :   OTHER LANGUAGE SPOKEN AT HOME:

SCHOOL LAST ATTENDED _____IS STUDENT CURRENTLY UNDER LONG-TERM SUSPENSION OR EXPULSION? ☐ YES   ☐ NO

HAS STUDENT ATTENDED A SHAWNEE MISSION SCHOOL PREVIOUSLY?   ☐ YES   ☐ NO

PLEASE INDICATE IF STUDENT HAS AN I.E.P.   ☐ YES   ☐ NO   PLEASE INDICATE IF STUDENT HAS A 504.   ☐ YES   ☐ NO

FAMILY INFORMATION

COURT ORDER REGARDING CUSTODY?   ☐ YES   ☐ NO   (Non-custodial parent may have access to student information unless prohibited by court order. The school must have a copy of the legal documents if access is prohibited.)

DO YOU WISH TO RESTRICT STUDENT/FAMILY INFORMATION?   ☐ YES   ☐ NO   (If you choose to restrict your student/family information, your student's name will not appear in the student directory and his/her name will not be provided to outside agencies including the U.S. military or colleges/universities.)

DOES STUDENT HAVE A PARENT ON ACTIVE DUTY IN THE U.S. MILITARY?   ☐ YES   ☐ NO

PRIMARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP

GUARDIAN 1 LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER
( )_____-_____	( )_____-_____	( )_____-_____
☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER

EMAIL ADDRESS :   **EMPLOYER:**

GUARDIAN 2 LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER
( )_____-_____	( )_____-_____	( )_____-_____
☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER

EMAIL ADDRESS :   **EMPLOYER:**

SECONDARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP

GUARDIAN 1 LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER
( )_____-_____	( )_____-_____	( )_____-_____
☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER

GUARDIAN 2 LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER
( )_____-_____	( )_____-_____	( )_____-_____
☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER

EMAIL ADDRESS :   **EMPLOYER:**

ADDITIONAL RESIDENCY INFORMATION

This section addresses the McKinney-Vento Act. Where is the student currently living? (check only one)

☐ In a shelter_____ (name shelter)

☐ In a motel, car, or campsite

☐ In temporary foster care awaiting permanent placement

☐ Alone without parental support(independent living student)

☐ **Temporarily** with more than one family (due to loss of job, housing etc.)

☐ **Temporarily** with more than one family in a house, mobile home, or apartment because the family doesn't have a place of their own.

☐ None of these apply

ALL CHILDREN RESIDING AT RESIDENCE

	LAST NAME	FIRST NAME	BIRTHDATE	SCHOOL
1.	_____	___/___/___	_____
2.	_____	___/___/___	_____
3.	_____	___/___/___	_____
4.	_____	___/___/___	_____

MIGRANT ELIGIBILITY

1. Does anyone in your family work in agriculture, including at a greenhouse or nursery?   ☐ Yes   ☐ No
2. If yes, have you moved within the past three years?   ☐ Yes   ☐ No

EMERGENCY CONTACT INFORMATION (In case of emergency or illness when parent cannot be reached)

#1 LAST NAME	FIRST NAME	TITLE	RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER
( )_____-_____	( )_____-_____	( )_____-_____
☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER

#2 LAST NAME	FIRST NAME	TITLE	RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER
( )_____-_____	( )_____-_____	( )_____-_____
☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER

#3 LAST NAME	FIRST NAME	TITLE	RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER
( )_____-_____	( )_____-_____	( )_____-_____
☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER	☐HOME ☐WORK ☐CELL ☐OTHER

I understand that knowingly providing false information on this form may result in criminal prosecution under Kansas Statute § 21-5824, which prohibits the making of false information with the intent to defraud or induce official action – a FELONY.

I will notify the school office immediately or within three (3) business days, if at any time this student moves from the primary residence listed above or changes address.

SIGNATURE_____   DATE_____

Date of Birth_____