SHAWNEE MISSION SCHOOL DISTRICT STUDENT ENROLLMENT FORM					
For Office Use Only - SCHOOL INFORMATION Start Date					
STUDENT NOSCHOOL YEARSCHOOL NAMEHOME ROOM GRADE					
Please PRINT clearly in unshaded areas					
	STUDENT INFO				
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					
□ Yes, Hispanic/Latino	□ Native Hawaiian/other	Native Hawaiian/other Pacific Islander American Indian/Alaskan Native			
PRIMARY LANGUAGE SPOKEN :		LANGUAGE SPOKEN A		,	
SCHOOL LAST ATTENDED	IS STUDENT CURRENT	LY UNDER LONG-TERM	SUSPENSION OR EXPUL	SION? 🗆 YES 🛛 NO	
HAS STUDENT ATTENDED A SHAWNEE MISSION	SCHOOL PREVIOUSLY?	□ YES □ NO			
PLEASE INDICATE IF STUDENT HAS AN I.E.P.		PLEASE INDICATE IF STU	JDENT HAS A 504.	YES 🗆 NO	
	FAMILY INFO	RMATION			
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 IN	IFORMATION?	□ NO (If you choos	e to restrict your student/f	amily 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.)					
		provided to outside agent	iles including the 0.5. millio	ary of colleges/universities.)	
DOES STUDENT HAVE A PARENT ON ACTIVE DUT		□ YES □ NO		ny or coneges/universities./	
	Y IN THE U.S. MILITARY? PRIMARY RESIDENCE COP CITY	□ YES □ NO		ZIP	
F	PRIMARY RESIDENCE CON	□ YES □ NO	N		
F HOME ADDRESS	PRIMARY RESIDENCE CON CITY	□ YES □ NO	N STATE		
F HOME ADDRESS	PRIMARY RESIDENCE CON CITY	YES NO NTACT INFORMATIO	N STATE	ZIP	
F HOME ADDRESS	PRIMARY RESIDENCE CON CITY	YES NO NTACT INFORMATIO DDLE NAME	N STATE RELATIONSH	ZIP	
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SECONDARY RESIDENCE CONTACT INFORMATION, continued						
	RST NAME MIDDLE NAME	RELATIONSHIP TO STUDENT				
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER				
()	()	()				
EMAIL ADDRESS :	EMPLOYER:					
This section addresses the McKinney-Vento Act. Where is the student currently living? (check only one)						
□ In a shelter (name shel		<u>Temporarily</u> with more than one family in a				
□ In a motel, car, or campsite	support(independent living student)	house, mobile home, or apartment because the family doesn't have a place of their own.				
□ In temporary foster care awaiting permanent	t <u>Temporarily</u> with more than one	□ None of these apply				
placement	family (due to loss of job, housing etc.)					
LAST NAME	ALL CHILDREN RESIDING AT RESIDENCE FIRST NAME BIRTH	IDATE SCHOOL				
1.		/ SCHOOL				
2/_/ 3. / /						
4.		/				
· · · · · · · · · · · · · · · · · · ·						
1. Does anyone in your family work in agriculture, including at a greenhouse or nursery? Ves 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				
	()	()				
#2 LAST NAME FIRST I	NAME TITLE	RELATIONSHIP TO STUDENT				
PRIMARY PHONE NUMBER	RY PHONE NUMBER SECONDARY PHONE NUMBER					
()	()	()				
#3 LAST NAME FIRST I	NAME TITLE	RELATIONSHIP TO STUDENT				
PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER				
()	()	()				
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_____