

Winfield R-IV School District  
Winfield, Missouri

**REGISTRATION INFORMATION**

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It is a crime to provide the district false information regarding residency. The Board authorizes the superintendent or designee to seek all criminal and civil recourse against any person who attempts to fraudulently assert residency in the district. Per Board Policy FILE: JECA

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Child's legal name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Middle Date of Birth mm/dd/yyyy*

Other last names used \_\_\_\_\_ Grade level \_\_\_\_\_

Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
*Street Apt. # City Zip*

Are you currently sharing the housing of other persons due to loss of housing, economic hardship or a similar reason? YES \_\_\_\_\_

NO \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

Is this a Temporary arrangement due to economic hardship? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Please explain: \_\_\_\_\_ Are you currently residing in a shelter? YES \_\_\_\_\_ NO \_\_\_\_\_

Official Gender on student's Birth Certificate is: Male \_\_\_\_\_ Female \_\_\_\_\_

Is the student Hispanic/Latino (Choose only one)? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the students Race (Choose one or more); Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Native American/ Eskimo \_\_\_\_\_ White \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Is there any language other than English Spoken in the home? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, what language? \_\_\_\_\_

Is anyone that resides in the household currently serving on Active Duty or in a National Guard/Reserve Component of a branch of the United States Armed Forces? (Please place a check mark by the one that applies). Active Duty \_\_\_\_\_ National Guard/ Reserves \_\_\_\_\_  
Not Military \_\_\_\_\_.

Is your child receiving any special services? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please indicate service type: IEP \_\_\_\_\_ Speech/Language \_\_\_\_\_  
Title I \_\_\_\_\_ Gifted \_\_\_\_\_ Other Services \_\_\_\_\_

Name and address of last school attended \_\_\_\_\_

Has student been retained? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

Has student previously attended WINFIELD R-IV SCHOOL DISTRICT? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you moved from one school district to another within the last 3 years to seek or obtain temporary or seasonal agricultural work?

YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Please explain: \_\_\_\_\_

←←←← Please fill out reverse side →→→→

**Family Information**

Name(s) of Legal Parent(s) or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Status of Legal Parents or Guardians: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_

**Please list name(s), relationship and other information of all adults with whom child is living:**

NAME	RELATIONSHIP TO STUDENT	PLACE OF EMPLOYMENT	BUSINESS PHONE

**Please list name(s), and other information of all children in the household:**

Full Name of Other Children in Household	Sex	Birthdate	Age	School Attending	Grade

**MISSOURI STATE LAW requires adequate immunizations PRIOR to enrollment in school. There is NO grace period.**

**-----Important-----Please read -----Important-----**

**In case of emergency, school authorities will use their own judgment in seeking the best treatment. In this event, parents will be contacted at the earliest possible time. Parents who do not wish their child cared for in accordance with this statement should indicate this in writing to: Superintendent of Schools, 100 8<sup>th</sup> St. Winfield, MO 63389**

*I understand that should an emergency vehicle be requested by School Authorities to transport my Son/Daughter, it is my responsibility to pay for the emergency vehicle and treatment. Also, the information contained herein is accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature of Parent or Guardian

**IT IS THE PARENT'S RESPONSIBILITY TO REPORT CHANGE OF NAME, ADDRESS, TELEPHONE, HEALTH CONDITIONS AND ANY OTHER PERTINENT INFORMATION TO THE SCHOOL OFFICE.**