

POPLAR BLUFF SCHOOL STUDENT ENROLLMENT FORM

School Year 2019-2020

Student

Legal Name (Last name) (First name) (Middle name) SSN - -

Birthdate / / Gender Race Student resides with (Circle One) Both Parents * Mother * Father * Guardian * Other(list)

Has the student attended school previously? Yes No if yes where

1) Primary Parent/Guardian: Last name First Name M.I. SSN - -

Marital Status (Circle One): Married Single Divorced Relationship to student (circle one) *Father*Mother*Step Parent*other

Are you a member of Military? No Yes (Circle One) *Active Duty *National Guard/Reserve * Veteran

Home Address: City, State, Zip:

Home Phone: () Cell: () Email :

Employer Name: Work Phone: ()

2) Primary Parent/Guardian Spouse Last name First name M.I. SSN - -

Relationship to student (circle one) *Father*Mother*Step Parent*Other Email :

Cell # () Employer Name Work Phone: ()

Non-Residential Parent: Last name First Name M.I. Home Phone () Cell: ()

SSN - - Marital Status (Circle one): Married*Single*Divorced (if married Spouse's name)

Mailing Address: City, State, Zip: EmailAddress:

Employer Name: Work Phone: ()

Student Release Information List all persons having authority to pick up student *List additional persons on back of enrollment form if needed

Table with 5 columns: Last Name, First Name, M.I., Relationship, phone number. Contains 4 rows for additional persons.

How will your child get home after school? (Check ONE) Bus Parent Pick-Up Daycare Latchkey Boys&Girls Club

If riding bus, please provide address for morning pick up

address for afternoon drop off

Please fill in for all school age children in the household

Last Name First Name Middle Sex: Race: DOB: Grade School they attend

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UNDER PENALTY OF APPICABLE MISSOURI LAW, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE. I UNDERSTAND THAT SUBMITTING INCORRECT INFORMATION MAY IMMEDIATELY INVALIDATE ENROLLMENT, AND THE SCHOOL DISTRICT MAY FILE A CIVIL ACTION AGAINST ME TO RECOVER THE COST OF EDUCATING THE STUDENT

Name of person completing form Relation to Student Signature Date

-- DO NOT WRITE IN SHADED AREA --
OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Immunizations |

Did you fill out a Residential Affidavit? No Yes (If "yes" answer the next two questions)

YES ___ NO ___ Do you currently share the housing of other people due to housing or economic hardship?
If yes, please, explain _____

YES ___ NO ___ Do you reside in a hotel/motel, car/campground, or transitional shelter due to loss of housing or economic hardship?
If yes, please explain _____

Did Student turn 5 before August 1, 2019, if yes, then complete:

Do you object to the Poplar Bluff R1 School district using your child's image or voice for the purpose of informing the public of our schools' events? No Yes (If "yes" please fill out the Photo Consent / Opt Out Form)

Is your student under a current IEP? Yes No

Is your student under a current 504 plan? Yes No

Does your child receive any of the following services? (circle all that apply)
OT PT SPEECH

Is there another language beside English used in your home? Yes No
If yes what language? _____

Do you have a court order that restricts either parent from contact with your student or access to student's records? **(It is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions).**

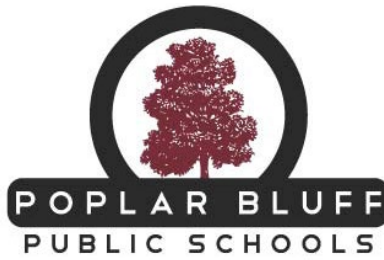
Staff performing enrollment interview _____

By signing, I understand there may be deadlines and requirements that may prevent my student from successfully enrolling in the 2019-20 school year.

Parent Signature

Date

Poplar Bluff Kindergarten Center
1200 Camp Road
Poplar Bluff, MO 63901



Jessica Thurston
Elementary Principal
573-785-4905

Dear Parents/Guardians,

Welcome to Poplar Bluff Kindergarten Center. Each week our students have the privilege of using our school library. The students will get to check out books and bring them home. If any damage would happen to occur to the book you would be responsible for it. We want all students to be able to use the library but books must be taken care of. Please complete the bottom of this page indicating whether or not you want your child to use the library.

Thank you,

Poplar Bluff Kindergarten Librarian

Yes. By signing yes I understand if the book checked out to my
child, _____, is damaged then I am responsible for paying for it.

No. By signing no I understand my child, _____, will not be allowed to
check out books from the library.

Parent Signature: _____

Date: _____

“Let the Journey Begin”

KINDERGARTEN FIELD TRIP

POPLAR BLUFF KINDERGARTEN

Parental Permission Form

TO WHOM IT MAY CONCERN:

During the course of the 2019-2020 school year I, the parent/guardian, give my permission for my child to attend ALL field trips within Poplar Bluff city limits. Such trips COULD include activities at the Poplar Bluff Municipal Library, Poplar Bluff parks, and caroling at various locations. If you choose for your child to opt out of any of these events, we will require a signed and dated note from you, the parent/guardian, detailing the event(s) you want your child to opt of.

I give school staff permission to seek medical attention for my child, _____, in the event of an emergency, when participating in a Poplar Bluff Kindergarten Center field trip, beginning the first day of school and ending the last day of school for the 2019-2020 school year. This form shall be complete and must be in the possession of the sponsor(s) on the trips.

Signed: _____ Date: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

Emergency Name and #: _____

Insurance Carrier: _____

Insurance #: _____ Group Policy #: _____

Allergic to Medications (list if any): _____

Child's Date of Birth: _____ Family Dr.: _____

Special Consideration: _____
