

- Provided for Admission:
- Proof of Residency
 - Immunizations
 - Birth Certificate
 - Student/Parent Handbook
 - Behavior Affirmation
 - Code of Conduct



Park Hill School District
Building Successful Futures • Each Student • Every Day

STUDENT CENSUS FORM

Office Use
Date Enrolled: _____ <i>Mo/Day/Year</i>
School: _____
Grade: _____

Please print legibly or type

Grade: _____

Student Legal Name

_____ *Last Name* _____ *First Name* _____ *Middle Name*
Preferred Name: _____ Gender: Male Female Date of Birth: _____
(00/00/0000)

Student's Primary Household: _____
Street, Apartment or Unit number if applicable, City, State, Zip

If the student is an orphan or foster child, please indicate his/her home school district: _____

List any additional address where the student will be sleeping overnight during the week.

_____ *Name* _____ *Address* _____ *City, State, Zip*

**Please present a complete original copy of any legal documents/court orders pertaining to the student.
(i.e. divorce decrees, custody, parenting plan, restraining order, etc.)**

RACE/ETHNIC ORIGIN

The Park Hill School District is committed to maintaining an environment that promotes a positive school climate. The Park Hill School District does not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity, creed, national origin, ancestry, age, marital status, disability or genetic information.

The Park Hill School District is required to report to the State of Missouri and Office of Civil Rights using the following race/ethnic categories established by the Federal and State governments. It is the policy of the Park Hill School District not to discriminate based on race, color, creed, gender or disability in its education programs, activities or employment practices.

The following information requested maintains compliance with implementing the Federal Race and Ethnicity categories:

Part A. Is this student Hispanic/Latino (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. What is the student's race? (Choose one or more)

- American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America including Central America), and who maintains tribal affiliation or community attachment.
- Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Black or African American (a person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

HOME LANGUAGE

Please list those languages other than English spoken in the home: _____

Does the student read and write in a language other than English? Yes No If **Yes**, please complete the Student Home Language Survey.

Does or has the student received ELL services? Yes No Date entered the United States: _____
(00/00/0000)

STUDENT EDUCATIONAL INFORMATION

Has student previously attended the Park Hill School District? Yes No If yes, what year? _____ What school? _____

Does student have a current IEP? Yes No Specify: _____

Does student have a current 504? Yes No Specify: _____

Kindergarten only: Did your student attend a pre-school? Yes No If yes, where? _____

How many months? _____

HIGH SCHOOL STUDENTS: Please indicate the date this student entered Grade 09: _____
(00/00/0000)

Identify all schools previously attended in the United States or other country:

Check if this is a Private or Parochial School

Grade _____ School _____ District _____ City _____ State, Zip _____

Grade _____ School _____ District _____ City _____ State, Zip _____

If the student has ever been identified for any type of the following services, please indicate the nature of those services and when and where identified:
SPECIAL EDUCATION, READING IMPROVEMENT, GIFTED, ACADEMIC ASSISTANCE, MIGRATORY, OR HOMELESS.

Type _____ Year ____ Where _____

I.E.P. Provided Yes No

If the student has ever been enrolled in any special on-campus classes or settings due to behavior, addictions, or truancy, please indicate the nature of the class/setting and when and where enrolled:

Class _____ Year _____ Where _____ Reason Assigned: _____

LIVING ARRANGEMENTS

Is this a student in foster care? (If yes, refer to school social worker) Yes No A Group Home Child? Yes No

Placed by which agency? Children’s Division DMH Court System _____

Case/DCN# _____ Case Worker: _____

Does this student have family members who have been or who are engaged in temporary or seasonal agricultural related work? Yes No

Has the student or the student’s parent(s) made an agriculturally-related move in the past 36 months to seek or obtain agriculturally-related work? Yes No

Are you currently residing in a shelter or in a temporary housing situation which would cause you to be deemed homeless? Yes No

If you responded **yes**, please contact the school social worker for McKinney/Vento referral.

MILITARY

Is there a family member in the home that is connected to military service? Yes No

If you responded **yes**, which best describes the family member’s current military service? AD - Active Duty NGR – National Guard or Reserve

TRANSPORTATION

Will the student ride a bus to school? Yes No Before and after school? Yes No

Does the student receive services from a babysitter? Yes No

*If student rides the bus other than to/from home you must complete an **“Alternate Bus Form”***

HOUSEHOLD CENSUS INFORMATION

PRIMARY HOUSEHOLD

Parent/Guardian (legal names) whom student lives with the majority of time – list below

Adult #1

Relationship: _____

mother, father, step-parent, legal guardian

First/Last Name: _____

Gender: Male Female

Work Phone: _____

Cell Phone: _____

Email: _____

Address: _____

City, State, Zip

Home Phone: _____

Adult #2

Relationship: _____

mother, father, step-parent, legal guardian

First/Last Name: _____

Gender: Male Female

Work Phone: _____

Cell Phone: _____

Email: _____

Address: _____

City, State, Zip

Home Phone: _____

Student Relationship to Adults in Primary Household

FULL NAME of students who are currently enrolled in school and living in household

Adult #1 Relationship to Student
(check **all** that apply)

Adult #2 Relationship to Student
(check **all** that apply)

_____ _____ _____ _____	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Legal Guardian</i>	<input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Legal Guardian</i>	<input type="checkbox"/> <i>Other</i>
_____ _____ _____ _____	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Legal Guardian</i>	<input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Legal Guardian</i>	<input type="checkbox"/> <i>Other</i>
_____ _____ _____ _____	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Legal Guardian</i>	<input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Legal Guardian</i>	<input type="checkbox"/> <i>Other</i>
_____ _____ _____ _____	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Legal Guardian</i>	<input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Legal Guardian</i>	<input type="checkbox"/> <i>Other</i>

SECONDARY HOUSEHOLD

(if applicable)

Parent/guardian (legal names) who student Does not live with the majority of time – list below

<p style="text-align: center;">Adult #1</p> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<p style="text-align: center;">Adult #2</p> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
First/Last Name: _____	First/Last Name: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Address: _____ Street, City, State, Zip	Address: _____ Street, City, State, Zip
Home Phone: _____	Home Phone: _____

EMERGENCY CONTACT INFORMATION – NON HOUSEHOLD RELATIONSHIP

If a parent/guardian cannot be reached, please list one or more emergency contacts who are allowed to pick up your child. By listing these persons, the school will assume emergency medical information may be shared with them.

Name _____	Name _____	Name _____
Relationship _____	Relationship _____	Relationship _____
Home Phone _____	Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____

I affirm that I am the parent or legal guardian of the above student and that both my child and I reside at the address listed on this Student Census Form.

Parent or Legal Guardian Signature _____
 Relationship to student _____ Date _____

Park Hill School District often takes or allows members of the media to take photographs and audio or video recordings for positive recognition and promotion purposes. If you wish to opt out of any media or photographs of your student please complete the “Opt out Form”. Please contact your school principal if you have any questions.