

OAK GROVE R-VI SCHOOL DISTRICT  
SAFE SCHOOLS ENROLLMENT FORM

This form is to be completed by each new student and/or custodial parent/legal guardian as part of the enrollment process in order to comply with the Missouri Safe Schools Act.

Student's Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Grade Level \_\_\_\_\_ Social Security Number \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Ethnicity: Is the student Hispanic?  Yes  No

Which of the following best describes the student's race? Choose all that apply.

- White  Black or African American  
 Asian  American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander

Primary Parent Name: \_\_\_\_\_

Relationship to Student  Father  Mother  Grandparent  Foster Parent  Other

Does this student live with this parent/guardian?  Yes  No

Address (if different from student) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Email Address \_\_\_\_\_ Work Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Parent request grade cards and/or SIS Parent Link  Yes  No

Primary Parent Spouse: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Does this student live with this parent/guardian?  Yes  No

Address (if different from student) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Email Address \_\_\_\_\_ Work Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Alternate Parent Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Does this student live with this parent/guardian?  Yes  No

Address (if different from student) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Email Address \_\_\_\_\_ Work Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Parent request grade cards and/or SIS Parent Link  Yes  No

Alternate Parent Spouse: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Does this student live with this parent/guardian?  Yes  No

Address (if different from student) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Email Address \_\_\_\_\_ Work Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Are there any custody/legal issues the school should be informed of:  Yes  No

Are there any court orders the school should be informed of :  Yes  No

If yes to either question, please explain and attach any legal documents. \_\_\_\_\_

*Person(s) we may contact and share medical information with in case of an emergency when parent/guardian cannot be reached.*

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Please indicate other siblings in the home:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

## ENROLLMENT VERIFICATIONS

Please indicate the following by circling the correct response:

Yes No Has the student ever been charged or convicted of a felony? If yes, please explain: \_\_\_\_\_

Yes No Is the student currently under suspension/expulsion? If yes, please explain: \_\_\_\_\_

Yes No Has the student been suspended or expelled during the past two school years? If yes, please explain: \_\_\_\_\_

Yes No Does student reside in a state approved (DFS, DMH, JUV) foster home?

Yes No Does student have a fixed, regular, and adequate nighttime residence?

Yes No Do you currently reside with another family, or person other than family, or in a temporary housing facility?

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**SCHOOL INFORMATION**

Last School Attended: \_\_\_\_\_ City/State \_\_\_\_\_

List all previous school(s) attended:

\_\_\_\_\_  
Name of School City, State\_\_\_\_\_  
Name of School City, State\_\_\_\_\_  
Name of School City, State

Please check below any support services the student is receiving:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Special Education (IEP)       | <input type="checkbox"/> Gifted/Talented | <input type="checkbox"/> Health Plan                  |
| <input type="checkbox"/> 504 (Alternate Learning Plan) | <input type="checkbox"/> Title I         | <input type="checkbox"/> Counseling                   |
| <input type="checkbox"/> Juvenile Court                | <input type="checkbox"/> DFS             | <input type="checkbox"/> Other: Please specify: _____ |

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**Home Language Information:** Indicate the language spoken in the home most of the time \_\_\_\_\_  
Indicate the language the student speaks most of the time \_\_\_\_\_

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**Military Family Information**

- Student **DOES** reside in the house of a person who is on **ACTIVE DUTY** serving in a branch of the United States Armed Forces. (AD)
- Student **DOES** reside in the house of a person who is serving in the **RESERVES** component of a branch of the United States Armed Forces or in the **NATIONAL GUARD**. (NGR)
- Student **DOES NOT** reside in the house of a person who is on Active Duty or serving in the Reserves component of a branch of the United States Armed Forces. (NM)

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*Submitting false statements or information relating to residency is defined as a Class A misdemeanor. Submitting false statements or information relating to a student's disciplinary history is defined as a Class B misdemeanor. Students also face potential removal from school if false statements or information regarding residency or disciplinary history are given.*

**I/We certify to the best of my/our knowledge, the information given on this form and the enrollment form is correct and complete as it pertains to the student's disciplinary history with regard to suspensions from school in the last two school years and to expulsion from any school in my state for any offenses in violation of board policies relating to weapons, alcohol and drugs, or for the willful infliction of injury to another person. I/We further acknowledge and accept responsibility for the consequences of submitting false statements or information for the purpose of enrollment.**

\_\_\_\_\_  
Custodial Parent/Legal Guardian\_\_\_\_\_  
Date\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date