



Kansas City International Academy Student Enrollment 2017-2018

Student Name: _____ **ID #:** _____
Last First Middle
Grade: _____ **Nickname:** _____ **Birth Date:** _____ **Gender:** _____
Address: _____
Street City/State/Zip

Contact Phone: _____ **Alternate Phone:** _____
 Is the student living with their parent or legal guardian in someone else's house other than your own, living with a friend or family member other than their parent/guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)? No Yes **Residency Date Check:** _____

Student Racial/Ethnic Heritage: (Please complete information.)
Race—please check all that apply: American Indian or Alaska Native Asian Pacific Islander
 White Black or African American (Selecting two or more denotes multi-racial)

Is there any language other than English as the primary spoken in your home? No Yes - Language: _____
Ethnicity—please check one: Hispanic/Latino Not Hispanic/Latino
 Student's country of origin: _____ Parent's country of origin: _____
 Date entered United States: _____ Date entered a school in United States: _____

Parents/Guardians:
 Parent Name: _____ Parent Name: _____
 Relationship to Student: _____ Relationship to student: _____
 Address: _____ Address: _____
 Place of Employment: _____ Place of Employment: _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Ext: _____ Work Phone: _____ Ext: _____
 Mobile Phone: _____ Mobile Phone: _____
 E-Mail: _____ E-Mail: _____

Daytime Emergency Alert Phone: _____
 Name Additional Parents: _____ Relationship _____ Phone: _____
 Is there a court order that restricts either parent from contact with your student or access to student records? No Yes
If such a court order exists, 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.

Emergency Contact When Parent/Guardian Cannot Be Reached: (Do not include persons listed as Parents/Guardians.)

I authorize the district to release any and all identifiable information about my student to the following persons. Initial to authorize this person to pick up your student on your behalf.

	Relationship	Pick Up Student Initial below
1 st _____	_____	_____
2 nd _____	_____	_____
3 rd _____	_____	_____
4 th _____	_____	_____

I understand to change this information I must submit a written request to my school.

School Attendance:
 School Last Attended: _____ District: _____
 Former School's Address: _____
Street City/State/Zip



Has your student ever been homeschooled? No Yes Is your student currently being homeschooled? No Yes

Special Services:

Does your student have an IEP for special education services or a 504 accommodation plan? IEP 504

Date Identified: _____ School District: _____

Has your student participated in supplementary education programs such as extra help with reading, math and/or language arts?

If yes, which subject(s)? Reading Math Language Arts Please describe: _____

Has your student ever been identified for gifted and talented education? No Yes

Date Identified: _____ School District: _____

Sibling Information: List brothers, sisters, stepbrothers, and stepsisters younger than 20 years of age who currently reside within Kansas City International Academy. Don't include your student for whom this form is completed.

First/Last Name	Phone	Gender (M/F)	Birth Date	School Grade (if applies)	Same Address?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Information:

Have you moved within the past 3 years to seek or obtain work in the following areas? If so, check the appropriate categories:

- Feeding poultry, gathering eggs, working in a hatchery
- Planting or harvesting crops
- Processing meat, poultry, fruit or vegetables, dairy products
- Commercial fishing or working on a fish farm

Early Dismissal: In case of early dismissal, your student is to do the following:

- Ride the bus home Walk Home Car Rider Day Care _____
- Stay for after school care.
- Go to the following relative or baby-sitter: Name: _____ Phone: _____

Missouri Safe Schools Act:

Is your student currently under suspension or expulsion from school? No Yes _____ Initials

Has your student ever been under suspension or expulsion from school? No Yes _____ Initials

If you have answered yes to either of the previous questions, state the reason(s) for the suspension/expulsion: _____

It is a crime to give false information regarding any student's disciplinary history.

Media Release: The following information may be released without obtaining parental consent:

Student's name; parent's name; grade level; participation in school-based activities and sports; dates of enrollment; honors and awards Received; artwork or coursework displayed by the district; and photographs, videotapes, digital images, and recorded sound that have been prepared for public consumption and would not be considered harmful or an invasion of privacy. _____ Initials
If you don't want the district to release the information listed above, you must submit a written notice to your school within 10 days of completing this form.

Educational Decisions: (Question can/be left blank)

I authorize the following person(s) to act on my behalf when making educational decisions and to have access to student records regarding my student.

Name: _____ Relationship to Student: _____

Verification:

I verify that the information provided on this form is accurate and current. Submitting false statements or information relating to residency is defined as a class A misdemeanor and that district may recover from you tuition payments for any pupil who is enrolled based on false information you provide.

X _____
SIGNATURE indicates you are the Parent, Legal Guardian, or Guardian PRINTED Name of Parent, Legal Guardian, or Guardian Date

I am the legal Parent/Guardian of this student. No Yes _____ Initials

If you are not the legal Parent/Guardian of this student, state your relationship to this student. _____