

ENROLLMENT FORM  
CAPE GIRARDEAU SCHOOL DISTRICT NO. 63

ALMA SCHRADER \_\_\_\_\_ BLANCHARD \_\_\_\_\_ CLIPPARD \_\_\_\_\_ FRANKLIN \_\_\_\_\_ JEFFERSON \_\_\_\_\_ CMS \_\_\_\_\_ CJHS \_\_\_\_\_ CHS \_\_\_\_\_

Student Name _____		Grade _____	Sex _____	Date _____
Last _____ First _____ Middle _____		Phone # _____		Month _____ Day _____ Year _____
Street Number _____ Apt. # _____		City _____	State _____	Zip _____
Race/Ethnicity: Asian _____ Native Hawaiian or Other Pacific Islander _____ American Indian or Alaska Native _____ Hispanic _____				
Black or African American _____ White _____ <i>(May check more than one box)</i>				
Age _____	Birth date _____		Birthplace _____	
Month _____ Day _____ Year _____		City _____	State _____	
Social Security # _____ - _____ - _____	*Birth Certificate # _____		Proof of Immunization _____ Yes* _____ No _____	
(*This information is strictly voluntary. Information supplied will be used in supplying information to Medicaid)			(*Please attach to health record)	
Student email address (optional) _____				

FAMILY HISTORY:

With whom does the student reside? (check all that apply) Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Does the family reside \_\_\_\_\_ in own house, rental house, or apartment \_\_\_\_\_ with another family?\*

\_\_\_\_\_ with a person other than family?\* \_\_\_\_\_ in a temporary housing facility?\*

(\*Principal/counselor must complete enrollment addendum form if any *starred* items are marked)

Who has *legal custody* of student? (check all that apply) Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Is there anyone who legally cannot have contact with this student? \_\_\_ No \_\_\_ Yes\* \*If yes, please provide one of the following types of documentation: \_\_\_\_\_ Custody Papers \_\_\_\_\_ Order of Protection \_\_\_\_\_ Ex Parte Order

FATHER'S Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Email: home \_\_\_\_\_ work (optional) \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

MOTHER'S Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Email: home \_\_\_\_\_ work (optional) \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

GUARDIAN (If not living with either parent):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Nature of Guardianship (Check one): Court Appointed \_\_\_\_\_ Power of Attorney \_\_\_\_\_ Informal \_\_\_\_\_

Has either the parent, guardian, or the child, been employed within the past three years (or are any of the aforementioned currently employed) in some form of temporary or seasonal agricultural or agricultural-related work?

\_\_\_\_\_ No \_\_\_\_\_ Yes\* (\*If yes, principal/counselor must complete enrollment addendum form)

Father's Education (Check one): Elementary \_\_\_\_\_ Some H.S. \_\_\_\_\_ High School \_\_\_\_\_ Some College \_\_\_\_\_ College Degree \_\_\_\_\_

Mother's Education (Check one): Elementary \_\_\_\_\_ Some H.S. \_\_\_\_\_ High School \_\_\_\_\_ Some College \_\_\_\_\_ College Degree \_\_\_\_\_

Number of Children in Family \_\_\_\_\_ (List names and ages)

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

Is the student currently involved with: \_\_\_\_\_ DFS/Foster Care\*\* \_\_\_\_\_ DYS \_\_\_\_\_ Juv. Office \_\_\_\_\_ Probation/Parole

If any of above checked, name of Agency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

\*\*If student is in foster care, please complete "Foster Care Information" and send copy of form to the business department located at the Administrative Office.

Does the student use a language other than English? \_\_\_\_\_ No \_\_\_\_\_ Yes\* (Language(s) \_\_\_\_\_)

(\*If yes, principal/counselor must complete enrollment addendum form)

Is a language other than English used in the home? \_\_\_\_\_ No \_\_\_\_\_ Yes\* (Language(s) \_\_\_\_\_)

(\*If yes, principal/counselor must complete enrollment addendum form)

Please complete other side.

SCHOOL HISTORY:

Previous Cape Girardeau School(s) Attended:

School Name	Grade(s)	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous schools attended other than Cape Girardeau schools:

School Name	Address	Grade(s)	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the student ever been referred or assessed by a school district for special services?  No  Yes

Name of school district which assessed student \_\_\_\_\_

Type of disability diagnosed \_\_\_\_\_

Does the student have a current Section 504 Plan?  No  Yes

Does the student have a current IEP?  No  Yes

Has the student ever received special services?  No  Yes

Has the student ever received services through a school district gifted program?  No  Yes

Is student currently suspended OR expelled from any school district?  No  Yes (Explain) \_\_\_\_\_

Has student ever been charged with or convicted of a felony?  No  Yes (Explain) \_\_\_\_\_

Has student ever violated a previous school district policy on weapons, alcohol, drugs, or willfully inflicted injury on another person?  
No  Yes (Explain) \_\_\_\_\_

I attest that all the above information is current and correct. I further attest that the student named on this document resides at the address stated. I understand that submitting false information relating to residency is defined as a CLASS A MISDEMEANOR and submitting false statements regarding the student's previous discipline history as questioned above is defined as a CLASS D MISDEMEANOR. School districts are authorized according to the Missouri Safe Schools Act to file police reports for said violations. In addition, I understand that Missouri law requires that a student be properly immunized prior to being admitted to school. Finally, I understand that the ATTENDANCE POLICY of the Cape Girardeau School District states that any student who is absent from school or any class more than five percent in any semester is subject to withheld grades and loss of credit in affected courses. Furthermore, I understand that the student's attendance at the previous school is affected by the application of the Attendance Policy.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian \_\_\_\_\_



**HEALTH CONCERNS:**

Has your child in the past or present had problems with the following? If yes, please explain:

**EYES:**

Crossed Eyes / Drifting Eyes: Yes / No \_\_\_\_\_

Itching / Burning / Redness: Yes / No \_\_\_\_\_

Excessive Tearing / Watering: Yes / No \_\_\_\_\_

Wears Glasses/Contacts: Yes / No \_\_\_\_\_

**EARS – NOSE – THROAT:**

Seasonal Allergies / Hay Fever: Yes / No \_\_\_\_\_

Runny Nose / Post Nasal Drip: Yes / No \_\_\_\_\_

Sinus Congestion: Yes / No \_\_\_\_\_

Frequent Nose Bleeds: Yes / No \_\_\_\_\_

Frequent Ear Infections: Yes / No \_\_\_\_\_

Difficulty Hearing: Yes / No \_\_\_\_\_

Wears Hearing Aid: Yes / No If yes, Right / Left \_\_\_\_\_

**RESPIRATORY – LUNGS:**

Chronic Cough / Chronic Bronchitis: Yes / No \_\_\_\_\_

Asthma: Yes / No If yes, what triggers an asthma attack? \_\_\_\_\_

Does your child use an inhaler(s) on a daily basis? Yes / No If yes, please name \_\_\_\_\_

*Please fill out necessary Medication Permission Form (K-12) and Inhaler Self-Medication Permission form (grades 9-12)*

**CARDIAC:**

Heart Condition: Yes / No \_\_\_\_\_

Heart Murmur: Yes / No \_\_\_\_\_

**ENDOCRINE:**

Thyroid Disorder: Yes / No \_\_\_\_\_

Diabetes: Yes / No \_\_\_\_\_

Do they take insulin? If yes, list types: \_\_\_\_\_

How often is the blood sugar checked? \_\_\_\_\_ *Please complete the school Diabetic Health Care Plan*

**LYMPHATIC / HEMATOLOGY:**

Anemia: Yes / No \_\_\_\_\_  
Bleeding Disorder: Yes / No \_\_\_\_\_  
Cancer: Yes / No \_\_\_\_\_

**NEUROLOGICAL**

Headaches / Migraines: Yes / No \_\_\_\_\_  
Seizures / Epilepsy: Yes / No If yes, date of last seizure: \_\_\_\_\_ Is student presently under a doctor's care? Yes / No \_\_\_\_\_  
Is student currently taking medication for seizures? Yes / No Comments: \_\_\_\_\_

**GASTROINTESTINAL:**

Stomach Problems: Yes / No \_\_\_\_\_  
Diarrhea / Constipation: Yes / No \_\_\_\_\_  
Dietary Restrictions: Yes / No \_\_\_\_\_  
Special Diet Required: Yes / No \_\_\_\_\_

*If yes, your child's doctor will need to complete the school Dietary Modification Form*

**BLADDER / KIDNEYS:**

Kidney Disorder: Yes / No \_\_\_\_\_  
Frequent Bladder Infections: Yes / No \_\_\_\_\_  
Needs to use bathroom frequently: Yes / No \_\_\_\_\_  
Bed Wetting: Yes / No \_\_\_\_\_  
Requires Diapering / Catheterizations: Yes / No \_\_\_\_\_

**BONES / JOINTS / MUSCLES / SKIN:**

Rheumatoid Arthritis: Yes / No \_\_\_\_\_  
Muscle Disorder or Pain: Yes / No \_\_\_\_\_  
Bone or Joint Disorder or Pain: Yes / No \_\_\_\_\_  
Skin Disorder / Scars: Yes / No \_\_\_\_\_  
Condition that prevents P.E. participation? Yes / No \_\_\_\_\_

*If yes, your child's doctor will need to provide documentation stating the restriction*

**HEALTH CARE PROVIDERS:**

Does your child have a family doctor? Yes / No Dr.'s Name: \_\_\_\_\_  
Dr.'s phone # \_\_\_\_\_ Date of last visit \_\_\_\_\_  
Does your child have a dentist? Yes / No Dentist's Name: \_\_\_\_\_  
Dentist's phone # \_\_\_\_\_ Date of last visit \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

I GIVE MY PERMISSION FOR THE ABOVE HEALTH INFORMATION TO BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL ON A CONFIDENTIAL HEALTH CONCERN LIST. YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian \_\_\_\_\_



**CAPE GIRARDEAU SCHOOL DISTRICT  
ADDENDUM TO ENROLLMENT FORM**

Student Name \_\_\_\_\_  
Date Enrolled \_\_\_\_\_

To be completed for students who would be considered to be homeless	To be completed for students who would be considered to be migrant	To be completed for students who would be considered to be LEP or ESOL
<p>_____ Student's enrollment form indicates student appears to meet the federal definition of a homeless student.</p> <p>_____ Further inquiries using questions included in district homeless referral guidelines manual are made to determine homelessness status. District Homeless Coordinator is consulted.</p> <p>_____ Student is determined to be a non-resident but not homeless. Process ends.</p> <p align="center"><b>OR</b></p> <p>_____ Student determined to be homeless and enrollment process continues.</p> <p>_____ Parent provided Notice of Rights of Homeless Children.</p> <p>_____ Determination made in consultation with District Homeless Coordinator regarding the school of best interest for attendance. If school of best interest is out-of-district, addendum is forwarded to the District Homeless Coordinator.</p> <p align="center"><b>OR</b></p> <p>_____ If student is to remain in district, school nurse is contacted on _____ to place student in contact with County Health Department if immunizations not current.</p> <p>_____ State Homeless Coordinator contacted if school records not received after 10 schools days after enrollment.</p> <p>_____ Copy of this completed form was sent on _____ by _____ to the Assistant Superintendent for Special Services.</p>	<p>_____ Student's enrollment form indicates student appears to meet the federal definition of a migrant student.</p> <p>_____ Notification to regional migrant center or State director of presence of potentially eligible student was made on _____ by _____.</p> <p>_____ Representative of Eastern Missouri Migrant Education Center was contacted within <u>30 days</u> of initial contact to determine results of the Family Interview Forms (FIF) and Certificates of Eligibility (COE) on _____ by _____.</p> <p>_____ Student was placed in all programs for which migrant students are eligible (please list name(s) of programs)</p> <p>_____ Form filed in permanent folder.</p> <p>_____ Copy of this completed form was sent on _____ by _____ to the Assistant Superintendent for Special Services.</p>	<p>_____ Student's enrollment form indicates student appears to meet the definition of a student with limited English proficiency or who uses English as a second language.</p> <p>_____ Addendum to Enrollment Form and <u>copy</u> of enrollment form forwarded to the ESL teacher on _____ by _____.</p> <p>_____ Date received by ESL teacher _____.</p> <p>_____ Assessment of student completed by ESL teacher on _____.</p> <p>_____ Parent provided Notification of ESL Entry.</p> <p>_____ Student began receiving ESL services on _____</p> <p align="center"><b>OR</b></p> <p>_____ Student determined not to be LEP and is ineligible for services.</p> <p>_____ Addendum to Enrollment Form sent back to the referring school by _____ on _____.</p> <p>_____ Copy of this completed form was sent on _____ by _____ to the Assistant Superintendent for Special Services.</p> <p>_____ Form filed in permanent folder.</p>