

# ENROLLMENT CARD

**GRADE:** \_\_\_\_\_ **SCHOOL YEAR:** \_\_\_\_\_ **BUS: YES NO (CIRCLE ONE)**

**NAME** \_\_\_\_\_

**MOSIS Number** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
(OPTIONAL, required for A+ students)

**Street Address** \_\_\_\_\_

P. O. Box (if applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Race (check all that apply):  Black  White  Asian  Hispanic  Indian  Other

Enrollment Date \_\_\_\_\_ Previous School \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Does child receive any Special Education Services (IEP)?**  Yes  No

**Does child receive service from OTHER special programs?**  
 504  Vo-tech Ed.  Gifted  Counseling  Tutoring  Help to improve attendance

Biological Father or Legal Guardian  
 \_\_\_\_\_

Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E- Mail \_\_\_\_\_

**Custodial Parent**  **Legal Guardian**  
(provide legal documents)

Stepmother \_\_\_\_\_

Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Biological Mother or Legal Guardian  
 \_\_\_\_\_

Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E- Mail \_\_\_\_\_

**Custodial Parent**  **Legal Guardian**  
(provide legal documents)

Stepfather \_\_\_\_\_

Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Biological Parents Marital Status:**

Single

Married

Divorced

Separated

Widowed

**AFTER SCHOOL SCHEDULE:**

**Dismiss With Walkers**  **Parent Pick-up**  **Other Pick-up** \_\_\_\_\_  
(Name Must Be Listed As Authorized Pick-up Name)

**Ride Bus to Home**  **Ride Bus to** \_\_\_\_\_ **Daycare/Sitter**  
(Name of Daycare/Sitter)

**Ride Bus home with** \_\_\_\_\_  
(Location where student is going after school – Name of Resident, Address of Resident)

**EMERGENCY CONTACT INFORMATION (other than Parent/Legal Guardian):**

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

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

Childcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

(continue on backside)

**STUDENTS NAME**

**Is child a foster/court/DMH/DYS placement?** \_\_\_ If Yes, send enrollment information to Special Services, and complete the following:

Designated Guardian/Custodian \_\_\_\_\_ Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

**Is either parent deployed by Military Service?** \_\_\_\_\_ If Yes, please provide documentation, and complete the previous section.

Names of younger siblings not yet in school & their birthdates (mm/dd/yy):

\_\_\_\_\_

\_\_\_\_\_

**DO NOT RELEASE TO** \_\_\_\_\_

***(We must have legal documentation on file to refuse release to biological father or biological mother.)***

**PICK-UP AUTHORIZATION**

Our policy for picking up students is that we have on file a list of people who are authorized to pick up your child; with the exception of other biological parent or legal guardian, we will not release your student to anyone who is not on the list.

NAME	RELATIONSHIP	PHONE

**EMERGENCY/EARLY DISMISSAL:**

If school has an emergency early dismissal, the information will be broadcast on all major TV and radio stations and posted on the Archie website at [www.archie.k12.mo.us](http://www.archie.k12.mo.us). We would like to have the following information on file in the office in case of emergency/early dismissal:

Please check only **ONE** of the following:

- My Child will follow normal procedure.
- My Child will/can ride home with \_\_\_\_\_ \* **Must be listed above.**
- Special Instructions \_\_\_\_\_

Additional Parent Name \_\_\_\_\_

Address \_\_\_\_\_

If you would like to receive your student's academic reports, please check the box.