

# RIVERVIEW GARDENS

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## SCHOOL DISTRICT

**1370 Northumberland Dr.  
St. Louis, MO 63137**

**Phone: 314-868-9829  
Extension: 32139**

**McKinney-Vento Affidavit**  
**SY: 20\_\_ - 20\_\_**

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

CURRENT SCHOOL OR LAST SCHOOL ATTENDED \_\_\_\_\_

ENROLLED IN SCHOOL? \_\_\_ YES \_\_\_ NO

STUDENT'S CURRENT ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PHONE \_\_\_\_\_

**PLEASE IDENTIFY THE STUDENTS' CURRENT LIVING ARRANGEMENTS:**

\_\_\_ SHARING THE HOUSING OF OTHER PERSON'S DUE TO LOSS OF HOUSING, ECONOMIC HARDSHIP OR SIMILAR REASON

\_\_\_ LIVING IN A HOTEL/MOTEL, TRAILER PARK OR CAMPGROUND DUE TO LACK OF ALTERNATIVE ACCOMMODATIONS

\_\_\_ LIVING IN EMERGENCY OR TRANSITIONAL SHELTER

\_\_\_ LIVING IN A CAR, PARK, PUBLIC SPACE, ABANDONED BUILDING, BUS OR TRAIN STATION, ETC.

\_\_\_ STUDENT NOT LIVING WITH A PARENT OR COURT APPOINTED LEGAL GUARDIAN (UNACCOMPANIED YOUTH)

NAME AND PHONE NUMBER OF PERSON LIVING WITH \_\_\_\_\_

**PLEASE LIST ALL PRE-SCHOOL AND SCHOOL AGE SIBLINGS:**

| NAME | DOB | AGE | GRADE | SCHOOL |
|------|-----|-----|-------|--------|
|      |     |     |       |        |
|      |     |     |       |        |
|      |     |     |       |        |
|      |     |     |       |        |

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ ALTERNATE PHONE  
NUMBER \_\_\_\_\_

**MY SIGNATURE BELOW AFFIRMS THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE OR BELIEF. I UNDERSTAND THAT ENROLLING A CHILD IN A MISSOURI PUBLIC SCHOOL UNDER FALSE PRETENSES IS PUNISHABLE UNDER THE LAW.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN/UNACCOMPANIED YOUTH      RELATIONSHIP TO STUDENT      DATE

RGSD DISTRICT LIAISON SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# RIVERVIEW GARDENS

## SCHOOL DISTRICT MCKINNEY-VENTO

### REQUEST FOR STUDENT TRANSPORTATION

NEW STUDENT     ADDRESS CHANGE     SIBLINGS IN RGSD     TRANSPORTATION  
NEEDED  YES  NO                       IN-DISTRICT     OUT-OF-DISTRICT

DATE OF REQUEST \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

GRADE \_\_\_\_\_ SCHOOL & ADDRESS \_\_\_\_\_ START TIME \_\_\_\_\_ END TIME \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_ UNIT # \_\_\_\_\_ APT. NAME \_\_\_\_\_

CITY & ZIP CODE \_\_\_\_\_

PRIOR ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

AFTER SCHOOL PROGRAM \_\_\_\_\_ DAYS OF PROGRAM \_\_\_\_\_ DISMISSAL TIME \_\_\_\_\_

#### PLEASE LIST ALL PRE-SCHOOL AND SCHOOL AGE SIBLINGS:

| NAME | DOB | AGE | GRADE | SCHOOL |
|------|-----|-----|-------|--------|
|      |     |     |       |        |
|      |     |     |       |        |
|      |     |     |       |        |
|      |     |     |       |        |

#### BY SIGNING BELOW, YOU AGREE TO:

1. STUDENTS IN TRANSITION SHOULD BE READY FOR PICK UP AT THE TIME PROVIDED BY THE SIT DEPARTMENT AND THE TRANSPORTATION PROVIDER.
2. UNDERSTAND TRANSPORTATION SERVICES MAY BE PLACED ON HOLD AFTER 3 CONSECUTIVE "NO-SHOWS." SERVICES WILL RESUME AFTER COMMUNICATION UPDATES OCCUR.
3. IMMEDIATELY REPORT ANY CHANGES IN ADDRESS TO ENSURE A CONTINUATION OF TRANSPORTATION SERVICES
4. CONTACT THE STUDENTS IN TRANSITION SECRETARY WITH ANY SCHEDULED ABSENCES

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

RGSD DISTRICT LIASION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# RIVERVIEW GARDENS

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## SCHOOL DISTRICT

### BEYOND THE INTAKE NEEDS ASSESSMENT

|                     |                    |                         |
|---------------------|--------------------|-------------------------|
| <b>Student Name</b> | <b>Parent Name</b> | <b>Telephone Number</b> |
| <b>School</b>       | <b>Grade</b>       | <b>Email address</b>    |

**THE STUDENTS IN TRANSITION PROGRAM OF RIVERVIEW GARDENS WOULD LIKE YOU TO COMPLETE THE BEYOND THE INTAKE PROCESS. IT IS OUR HOPE THAT OUR PROGRAM CAN ASSIST YOU IN REACHING THE GOALS YOU HAVE SET FOR YOUR FAMILY.**

**PLEASE CHECK EACH AREA THAT WOULD ASSIST YOU IN YOUR PLANS BEYOND THE INTAKE.**

**RGSD CAN PROVIDE:**

- FREE BREAKFAST/LUNCH
- TRANSPORTATION
- SPECIAL EDUCATION SERVICES
- SCHOOL SUPPLIES
- SCHOOL UNIFORMS/HYGIENE ITEMS
- SCHOOL COUNSELING/MENTORING
- AFTER-SCHOOL PROGRAMS
- TUTORING
- PRESCHOOL EDUCATION
- ACTIVITY FEES (SENIOR DUES)

**COMMUNITY RESOURCES:**

- MEDICAL/DENTAL REFERRAL
- VISION REFERRAL
- MENTORING
- AFFORDABLE HOUSING REFERRAL
- DOMESTIC VIOLENCE REFERRAL
- EMERGENCY SHELTERS
- CHILDCARE REFERRAL
- MENTAL HEALTH REFERRAL
- FOOD & CLOTHING
- JOB PLACEMENT SERVICES

**COMMENTS/QUESTIONS:**

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PLEASE PROVIDE YOUR CONTACT INFORMATION FOR FOLLOW-UP PURPOSES:

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN/UNACCOMPANIED YOUTH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF STUDENTS IN TRANSITION SOCIAL WORKER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RGSD DISTRICT LIAISON SIGNATURE

\_\_\_\_\_  
DATE

# RIVERVIEW GARDENS

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## SCHOOL DISTRICT

### STUDENT'S IN TRANSITION SCHOOL SUPPLY/UNIFORM REQUEST

|                     |                    |                         |
|---------------------|--------------------|-------------------------|
| <b>Student Name</b> | <b>Parent Name</b> | <b>Telephone Number</b> |
| <b>School</b>       | <b>Grade</b>       | <b>Email address</b>    |

| STUDENT NAME | ITEM REQUEST | GENDER | SIZE | HYGIENE ITEMS |
|--------------|--------------|--------|------|---------------|
|              |              |        |      |               |
|              |              |        |      |               |
|              |              |        |      |               |
|              |              |        |      |               |
|              |              |        |      |               |
|              |              |        |      |               |
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SIGNATURE OF PARENT/GUARDIAN

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DATE

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RGSD SIT SOCIAL WORKER SIGNATURE

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DATE

# RIVERVIEW GARDENS

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## SCHOOL DISTRICT

1370 Northumberland Dr.  
St. Louis, Mo. 63137

Phone: 314-869-2505  
Ext: 4982; 2006

### Foster Care Enrollment Form SY: 20\_\_ - 20\_\_

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

GENDER \_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_ ETHNICITY \_\_\_\_\_  
CURRENT SCHOOL OR LAST SCHOOL ATTENDED \_\_\_\_\_  
ENROLLED IN SCHOOL? \_\_\_ YES \_\_\_ NO  
STUDENT'S CURRENT ADDRESS \_\_\_\_\_

BIRTH PARENTS \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
SCHOOL DISTRICT WHERE PARENTS RESIDE \_\_\_\_\_  
HAVE THE PARENTAL RIGHTS BEEN TERMINATED? \_\_\_ YES \_\_\_ NO  
COURT AWARDED CUSTODY TO: \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ BOTH  
\_\_\_\_\_ DEPARTMENT OF SOCIAL SERVICES \_\_\_ OTHER  
SPECIAL EDUCATION SERVICES: \_\_\_ YES \_\_\_ NO  
SECTION 504 SERVICES \_\_\_ YES \_\_\_ NO

FOSTER PARENT(S)/GUARDIAN(S) \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

SOCIAL WORKER/CASE MANAGER: \_\_\_\_\_  
AGENCY \_\_\_\_\_ ADDRESS OF AGENCY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STUDENT'S SOCIAL NUMBER \_\_\_\_\_  
STUDENT'S (DCN) DEPARTMENT CLIENT NUMBER \_\_\_\_\_  
**HAS A BEST INTEREST DETERMINATION (BID) MEETING BEEN HELD FOR THIS  
STUDENT? \_\_\_ YES \_\_\_ NO**  
**BID OUTCOME: \_\_\_ TRANSFER \_\_\_ NEW RGSD ENROLLMENT**

# RIVERVIEW GARDENS

**FOR OFFICE USE ONLY:**

APPROVAL GRANTED FOR STUDENT ENROLLMENT IN RIVERVIEW GARDENS SCHOOL DISTRICT:

RGSD FOSTER CARE LIAISON SIGNATURE: \_\_\_\_\_

DATE OF APPROVAL: \_\_\_\_\_ DATE SENT TO SCHOOL: \_\_\_\_\_