



# Family Enrollment Information

**Regular Enrollment**

**Special Enrollment**

Enrollment for School Year: 20\_\_\_\_ - 20\_\_\_\_

Today's Date: \_\_\_\_\_

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Student Information

| Legal Name<br>Last, First, Middle | Date of Birth | Gender | Grade | Last School Attended |
|-----------------------------------|---------------|--------|-------|----------------------|
|                                   |               |        |       |                      |

## Family Information

### *(Primary Household) Custodial Parent/Legal Guardian with Whom Student Resides*

|   |                       |  |  |                |
|---|-----------------------|--|--|----------------|
| Primary Parent Name:<br>(Last, First, Middle) | Relationship          | Home Phone<br>( ) ____ - ____<br><i>(list area code)</i> | Cellular Phone<br>( ) ____ - ____<br><i>(list area code)</i> | Email Address: |
| Primary Parent Employer Name                  |                       | Work Phone ( ) ____ - _____                              |  |                |
| Secondary Parent:<br>(Last, First, Middle)    | Relationship          | Home Phone<br>( ) ____ - ____<br><i>(list area code)</i> | Cellular Phone<br>( ) ____ - ____<br><i>(list area code)</i> | Email Address: |
| Secondary Parent Employer Name                |                       | Work Phone ( ) ____ - _____                              |  |                |
| Address (Apt. #)                              | City, State, Zip Code |  |  |                |

*\*A complete copy of any legal documents/court orders pertaining to the students must be present at the time of enrollment. (i.e. divorce decrees, custody plans, restraining order, etc.)*

### *(Non-Residential Household) Parent/Guardian with Whom Student Does Not Reside*

|                                    |                       |  |  |                |
|------------------------------------|-----------------------|--|--|----------------|
| Parent Name: (Last, First, Middle) | Relationship          | Home Phone<br>( ) ____ - ____<br><i>(list area code)</i> | Cellular Phone<br>( ) ____ - ____<br><i>(list area code)</i> | Email Address: |
| Parent Employer Name               |                       | Work Phone ( ) ____ - _____                              |  |                |
| Address (Apt. #)                   | City, State, Zip Code |  |  |                |

**Does Parent/Legal Guardian in Secondary Household request school/district mailings?**

Yes \_\_\_\_\_ No \_\_\_\_\_



## Emergency Contact Information

Student Legal Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Date of Birth

**Please provide emergency contact information, other than the primary guardian.**

**It is the parent's responsibility to update this form as needed.**

In the event that we are not able to contact you at home, work, or through your cell phone, who else may we contact at a *different phone number* in an urgent or emergency situation? Your signature below authorizes the school district to call and release your child to the emergency contacts you have listed below for an urgent or emergency situation if the school district is unable to contact you.

### Emergency Contact 1

|                         |  |
|-------------------------|--|
| Name                    |  |
| Relationship to Student |  |
| Home Phone              |  |
| Work Phone              |  |
| Cell Phone              |  |
| Authorized to Pick Up   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Emergency Contact 2

|                         |  |
|-------------------------|--|
| Name                    |  |
| Relationship to Student |  |
| Home Phone              |  |
| Work Phone              |  |
| Cell Phone              |  |
| Authorized to Pick Up   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Emergency Contact 3

|                         |  |
|-------------------------|--|
| Name                    |  |
| Relationship to Student |  |
| Home Phone              |  |
| Work Phone              |  |
| Cell Phone              |  |
| Authorized to Pick Up   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature of Parent/Guardian:

Date:



# Transportation Information

|                    |            |                |               |
|--------------------|------------|----------------|---------------|
| Student Legal Name |            |                |               |
| _____              | _____      | _____          | _____         |
| Last Name          | First Name | Middle Initial | Date of Birth |

**Riverview Gardens resident students living more than one mile from school will be entitled to free transportation to and from school.**

**Kindergarten students will only be released to parents/guardians from the bus. Kindergarten students not received by an adult will be returned to the school for parent pickup.**

**Please indicate a different source of transportation if needed.**

|     |    |   |  |
|-----|----|---|--|
| Yes | No | Is this student a car pick-up?                        | Name:<br>Relationship:<br>Contact Number:    |
| Yes | No | Will this student be picked up by a daycare provider? | Daycare Name:<br>Address:<br>Contact Number: |
| Yes | No | Other:  | Name:<br>Relationship:<br>Contact Number:    |

**It is the parent's responsibility to update this form as needed. Please contact the student's school.**

In the event that we are not able to contact you at home, work, or through your cell phone, who else may we contact at a *different phone number* in an urgent or emergency situation? Your signature below authorizes the school district to call and release your child to the emergency contacts you have listed below for an urgent or emergency situation if the school district is unable to contact you.

|                               |       |
|-------------------------------|-------|
| Signature of Parent/Guardian: | Date: |
|-------------------------------|-------|



## Student Support Services Family Referral(s)

|              |            |                |               |
|--------------|------------|----------------|---------------|
| Student Name |            |                |               |
| Last Name    | First Name | Middle Initial | Date of Birth |

Name of School  
 Representative \_\_\_\_\_

Title of School  
 Representative \_\_\_\_\_

School representative should please complete the requested information and return this request within 1-3 business days directly to:

\_\_\_\_\_

A variety of services may be available to you, please check any service(s) needed. You will be referred to Riverview Gardens School District staff members who can assist you with the services checked.

| SCHOOL REFERRALS  | SOCIAL SERVICES REFERRALS  | HOUSEHOLD REFERRALS  | MEDICAL REFERRALS   |
|---|--|--|---|
| <input type="checkbox"/> School Enrollment Documents (birth certificate, immunization record)<br><br><input type="checkbox"/> Tutoring Services | <input type="checkbox"/> Counseling & Mental Health Services<br><input type="checkbox"/> Health Insurance Referral<br><input type="checkbox"/> Teen Parenting Programs | <input type="checkbox"/> Food Assistance<br><input type="checkbox"/> Clothing Assistance<br>Shirt Size ____<br>adult or youth<br><br>Pants Size ____<br>adult or youth<br><br>Shoe Size ____<br>adult or youth<br><br><input type="checkbox"/> School Supplies<br><input type="checkbox"/> Local Shelter Information<br><input type="checkbox"/> Rental/Housing Assistance | <input type="checkbox"/> Vision<br><input type="checkbox"/> Dental<br><input type="checkbox"/> Immunization<br><input type="checkbox"/> Mental Health<br><input type="checkbox"/> Preventive Health |
| Other assistance needed:  |  |  |   |

*Please forward a copy of this form to School Social Worker.*



# Student Health Form

This form must be completed each year and returned to the School Nurse.

| Student Name: _____<br><i>Last, First, Middle</i>  |         |                                      | Circle Grade : K 1 2 3 4 5 6 7 8 9 10 11 12 |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
|--|---------|--------------------------------------|---|---------------|---------|----------------|---------|--------------|-----|----|-----------|-----|----|--------|-----|----|-----------------|-----|----|-------------------|-----|----|------------|-----|----|-----------------|-----|----|----------|-----|----|--------------|-----|----|-----------------|-----|----|----------------------|-----|----|--------------------------------------|-----|----|--------|--|--|--|
| Home Address:  |         |                                      | Zip Code:                                   | Telephone:    |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| DOB:   | Gender: |                                      | Last School Attended:                       | Today's Date: |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| <b>Father/Guardian</b>   |         |                                      | <b>Mother/Guardian</b>                      |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Name:  |         |                                      | Name:                                       |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Home Address:  |         |                                      | Home Address:                               |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Home Phone:  |         |                                      | Home Phone:                                 |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Cell Phone:  |         |                                      | Cell Phone:                                 |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Employer:  |         |                                      | Employer:                                   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Employer Telephone Number:   |         |                                      | Employer Telephone Number:                  |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| <b>Other Siblings at this school</b>   | Name:   |                                      | Grade:                                      |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
|  |         |                                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
|  |         |                                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
|  |         |                                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| <p>In the event that we are not able to contact you at home, work, or through your cell phone, who else may we contact at a <i>different phone number</i> in an urgent or emergency situation? Your signature below authorizes the school district to call and release your child to the emergency contacts you have listed below for an urgent or emergency situation if the school district is unable to contact you.</p> <p>Signature of Parent/Guardian: _____ Date: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Contact Person</th> <th style="width:33%;">Address</th> <th style="width:33%;">Phone</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td> </td> <td> </td> </tr> <tr> <td>2.</td> <td> </td> <td> </td> </tr> </tbody> </table>  |         |                                      |   |               |         | Contact Person | Address | Phone        | 1.  |    |           | 2.  |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Contact Person   | Address | Phone                                |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| 1.   |         |                                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| 2.   |         |                                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| <b>Please notify the school nurse or secretary immediately with the new contact numbers and other information.</b>   |         |                                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| <b>Medical History (Please give details)</b><br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Yes</td><td>No</td><td>Asthma:</td></tr> <tr><td>Yes</td><td>No</td><td>Convulsions:</td></tr> <tr><td>Yes</td><td>No</td><td>Diabetes:</td></tr> <tr><td>Yes</td><td>No</td><td>Mumps:</td></tr> <tr><td>Yes</td><td>No</td><td>Kidney Disease:</td></tr> <tr><td>Yes</td><td>No</td><td>Heart Conditions:</td></tr> <tr><td>Yes</td><td>No</td><td>Surgeries:</td></tr> <tr><td>Yes</td><td>No</td><td>Vision/Glasses:</td></tr> <tr><td>Yes</td><td>No</td><td>Hearing:</td></tr> <tr><td>Yes</td><td>No</td><td>Chicken Pox:</td></tr> <tr><td>Yes</td><td>No</td><td>Allergies/Type:</td></tr> <tr><td>Yes</td><td>No</td><td>Daily Medication(s):</td></tr> <tr><td>Yes</td><td>No</td><td>Taken at home:            At school:</td></tr> <tr><td>Yes</td><td>No</td><td>Other:</td></tr> </table> |         |                                      | Yes   | No            | Asthma: | Yes            | No      | Convulsions: | Yes | No | Diabetes: | Yes | No | Mumps: | Yes | No | Kidney Disease: | Yes | No | Heart Conditions: | Yes | No | Surgeries: | Yes | No | Vision/Glasses: | Yes | No | Hearing: | Yes | No | Chicken Pox: | Yes | No | Allergies/Type: | Yes | No | Daily Medication(s): | Yes | No | Taken at home:            At school: | Yes | No | Other: | <b>Emergency Procedure:</b><br><i>I understand that in case of serious accidents to this student, the parent, guardian, or physician who is listed on this form will be contacted. If none of these persons can be reached, I hereby authorize school personnel to seek whatever medical attention is deemed necessary where it is available. I also authorize the attending physician to render necessary emergency treatment.</i><br><br><i>I hereby authorize and understand that in the case of a life threatening asthma episode or anaphylactic reaction, the school nurse or employee trained designee will administer emergency medication(s). Any use of emergency medication will be reported to the parent/guardian, along with details of the emergency event, actions and recommendations, accordingly.</i><br><br>Signature of Parent/Guardian: _____ Date: _____<br><br>Physician's Name: _____<br><br>Physician's Number: _____<br><br><i>Completed Immunization for DTP, POLIO, MEASLES, VARICELLA, RUBELLA, MUMPS, &amp; HEPATITIS B required by Missouri State Law for School Attendance. The law provides for exclusion from school for failure to comply with the immunization law.</i> |  |  |
| Yes  | No      | Asthma:                              |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Convulsions:                         |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Diabetes:                            |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Mumps:                               |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Kidney Disease:                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Heart Conditions:                    |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Surgeries:                           |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Vision/Glasses:                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Hearing:                             |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Chicken Pox:                         |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Allergies/Type:                      |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Daily Medication(s):                 |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Taken at home:            At school: |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |
| Yes  | No      | Other:                               |   |               |         |                |         |              |     |    |           |     |    |        |     |    |                 |     |    |                   |     |    |            |     |    |                 |     |    |          |     |    |              |     |    |                 |     |    |                      |     |    |                                      |     |    |        |  |  |  |

Riverview Gardens School District does not determine the medical facility, in the event of an emergency.  
Please send a copy of this form to the school nurse.



# Technology, Media, Photo and Video Agreements

The Family Educational Rights and Privacy Act (FERPA) Notice of Directory Information and

## **DIRECTORY INFORMATION OPT-OUT FORM**

### **Riverview Gardens School District Photo/Video Approval**

Throughout the school year, the district may take pictures or videos of students for the purpose of highlighting positive news. The pictures and videos may be shared through the various communication channels, including news media, social media and district websites. Examples of how photos and videos may be used include the following:

- The district may use a photo of a student for a billboard advertisement.
- A news station may film in a classroom and conduct on-camera interviews with students.
- The district may use a photo of a student on its Facebook page.

**\*ALL Riverview Gardens School District** students are automatically **APPROVED** to be photographed and filmed at the beginning of each school year.

If you **DO NOT** want your child to be photographed or filmed, you **MUST** submit a letter with the following information:

- Your child's name.
- Your child's school.
- Your child's age.
- Your name, phone number, email address and home address.

The letter **MUST** be delivered to the district administration office, 1370 Northumberland, or emailed to the Communications Department, [communications@rgsd.k12.mo.us](mailto:communications@rgsd.k12.mo.us).

\*Exceptions will be made under certain circumstances.