

HENRY COUNTY R-1
Windsor, Mo
Family Enrollment Form

Student's Legal Name:		Today's Date:		Enrolling in Grade:	
Nickname (if any):		Date of Birth:		Bus? (office use):	
Age Today:	Gender: (Male / Female)	Home Phone:		Cell Phone:	
Social Security #:		Previous School:		Race:	
Address:		City:		County:	Zip Code:
YES	NO	Has this child ever been suspended or expelled or found in violation of board policy regarding weapons, alcohol, drugs or the willful infliction of injury to others. IF YES, please explain:			
YES	NO	Has your child received or been identified as needing any Special Education Services (LD, BD, EMH, Speech, Remedial Math, Reading or Language, etc.)? IF YES, please explain:			

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Household Information

Please complete the information below for EACH ADULT MEMBER of the Household

Name:		Place of Employment:	
Work Phone:	Cell Phone:	E-Mail Address:	
Relationship to child:		Federally Employed: Yes / No If yes, Branch: Stationed Where?	
Do you use a language other than English? Yes / No		Is a language other than English used in your home? Yes / No If yes, other language used:	

Name:		Place of Employment:	
Work Phone:	Cell Phone:	E-Mail Address:	
Relationship to child:		Federally Employed: Yes / No If yes, Branch: Stationed Where?	
Do you use a language other than English? Yes / No		Is a language other than English used in your home? Yes / No If yes, other language used:	

Name:		Place of Employment:	
Work Phone:	Cell Phone:	E-Mail Address:	
Relationship to child:		Federally Employed: Yes / No If yes, Branch: Stationed Where?	
Do you use a language other than English? Yes / No		Is a language other than English used in your home? Yes / No If yes, other language used:	

(additional persons may be listed on back)

Please list the first and last names and birth dates of any other children living in your household:

First Name:	Last Name:	Birth date:
First Name:	Last Name:	Birth date:
First Name:	Last Name:	Birth date:

Other Emergency Contacts

Please list names and phone numbers of LOCAL persons IN ADDITION TO the household members listed above who we may contact for you in the event of an illness or emergency.

Name:	Phone:
Name:	Phone:
Name:	Phone:

Emergency Dismissal Plans:

In the event that school is dismissed early due to weather, what do you want your child to do? Please check one.
(Please do not ask us to have your child call you)

Walk Home as Usual:	Ride Bus as Usual:	Go Home With:	Other:
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YES	NO	Have you moved within the past three (3) years to obtain temporary or seasonal employment in agriculture or a related food industry? If YES, please ask for an additional form.
YES	NO	Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Please explain if similar reason:
YES	NO	Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?
YES	NO	Are you currently residing in a shelter?
YES	NO	Are you living in a temporary housing arrangement due to economic hardship?

I certify that I am the custodial parent or legal guardian of the above named child. I authorize the emergency contact persons and the Henry County R-1 School District to seek and authorize emergency medical treatment for him/her if needed.

Signature of custodial parent or guardian