



New Student Enrollment Form

Wellington-Napoleon R-IX | FAX: 816-857-7030 | Phone: 816-240-2621
800 HWY 131, Wellington MO, 64097

Consent for Release of Information

Date: _____ Grade: _____

Student Full Name: _____ Date of Birth: _____

Previous School Attended: _____ Date Withdrawn: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: () - _____

Previous Home Address: _____

When this form is used to release information to Wellington-Napoleon School District, it will be used in compliance with the Family Educational Rights and Privacy Act. That is, all of it will become part of the student's confidential record and be subject to inspection. In addition, the information may be copied.

I hereby authorize the release of the information for the student listed below.

Legal Custodial Parent/Guardian signature: _____ Date: _____

OFFICE USE ONLY

Previous School: Please send the complete school records for the student listed above. Include the following:

Academic Records: _____ (including United States and Missouri Constitution Tests and dates passed)	Withdrawal Grades: _____	Disciplinary Records: _____	Test Scores: _____ (State/District-wide, MAP/EOC, ACT, SAT-10, etc..)
Health Records: _____	Attendance Records: _____	Student Identification Records: _____	Special Education/504 Records: _____

Wellington-Napoleon R-IX Enrollment Form

Date: _____ | Grade Level: _____ | Start Date: _____

Student Full Name: _____ | MOSIS #(Assigned by School): _____

Date of Birth: _____ | Age: _____ | Race: _____ | Sex: _____

911 Address: _____ | P.O. Box: _____

City, State, Zip: _____

Phone: () - | Cell: () -

1. Does the student receive any Special Education Services? Yes | No
2. What is the primary language spoken in the home? _____
3. Were you enrolled in ELL (English Language Learners) at the previous school? Yes | No
4. Interested in Sports? Yes | No
5. Interested in Free/Reduced Lunch Form? Yes | No

LEGAL CUSTODIAL PARENT/GUARDIAN

Father/Step:	Mother/Step:
Date of Birth:	Date of Birth:
Employment:	Employment:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

NON-CUSTODIAL PARENT

(the custody of a child is presumed to be held by the child's parents unless a court order states otherwise. Even in divorce situations, it is presumed that both parents will have joint custody of the child. That is, they will share equally in all important decisions such as medical and educational. If one parent informs the school district that the other parent has been denied custody or visitation, that parent must provide a copy of the court document as proof)

Father/Step:	Mother/Step:
Date of Birth:	Date of Birth:
Employment:	Employment:
Work Phone: () -	Work Phone: () -
Cell Phone: () -	Cell Phone: () -
Email:	Email:

EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Phone: () -
Name:	Relationship:	Phone: () -
Name:	Relationship:	Phone: () -
Family Doctor:	Phone: () -	
Previous School: _____		

- Has the student ever been enrolled in the Wellington-Napoleon R-IX Schools? Yes | Grade: _____ OR | No
- Other siblings currently attending Wellington-Napoleon R-IX Schools: _____

Legal Custodial Parent/Guardian Signature: _____ | Date: _____

Wellington-Napoleon Homeless Enrollment Form

These questions cover the definition of homelessness that is within the Every Student Succeeds Act (ESSA) and will meet MSIP 5 Resource and Process Standards for G-5i .

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason?

Explain if it is a similar reason. yes no

Explain: _____

2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? yes no

3. Are you currently residing in an emergency or transitional shelter? yes no

4. Has the student been abandoned in a hospital? yes no

5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? yes no

6. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? yes no

MSIP 5 Resource and Process Standards—April 2013 Governance G-5—the district complies with all provisions, regulations, and administrative rules applicable to each state and/or federal program implemented.

https://dese.mo.gov/sites/default/files/MSIP_5_Resource_and_Process_Standards.pdf

Wellington-Napoleon R-IX High School
Safe Schools Act Statement

Student Full Name: Sex: DOB: Grade:

The Safe Schools Act of 1966 allows school districts to obtain information from a parent, legal guardian, or caretaker of the student regarding whether the student has been suspended or expelled from school attendance in this state or another state for weapons, alcohol, drugs, or willful infliction of injury to another person. (Section 167.023 RSMo)

I, (Legal custodial parent/guardian), affirm the (Student Full Name)

has not been suspended or expelled from school attendance at a private or public school in Missouri or another state for offense in violation of any of the above mentioned offenses.

I, (Legal custodial parent/guardian), affirm the (Student Full Name)

has been suspended or expelled from school attendance at a private or public school in Missouri or another state for offense in violation of any of the above mentioned offenses.

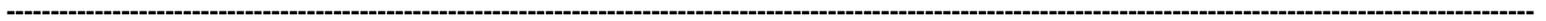
Explanation:

Three horizontal lines for explanation text.

Has the student been charged or convicted of a felony? Yes | No

Explanation:

Three horizontal lines for explanation text.



Legal Custodial Parent/Guardian Signature: Date:

Student Signature: Date:

(OFFICE USE ONLY)

Student Enrollment Checklist

Enrollment Date: _____

Requested Start Date: _____

Student Full Name: _____

Grade: _____

Legal Custodial Parent/Guardian: _____

Phone: () - _____

DOCUMENTATION NEEDED PRIOR TO ENROLLMENT:

- _____ Consent for Release of Information
- _____ Wellington-Napoleon R-IX Enrollment Form
- _____ Basis for Admission of Student
- _____ Proof of Residency within the R-IX School District Boundaries
- _____ Safe Schools Act Statement
- _____ Medical History Forms
- _____ Current Immunization Records
- _____ Proof of age (Official document that states the student's legal name, date of birth, and name of parent(s). **If the student is not living with at least one of the parents listed on the official document, you will need to provide proof of court appointed guardianship**)

OFFICE USE ONLY

- | | | |
|---|----------------------|-------------------------|
| ___ Academic Records (test records) | Date Received: _____ | Counselor: _____ |
| ___ Withdrawal Grades | Date Received: _____ | Secretary: _____ |
| ___ Disciplinary Records | Date Received: _____ | Secretary: _____ |
| ___ Health Records | Date Received: _____ | Nurse: _____ |
| ___ Attendance Records | Date Received: _____ | Secretary: _____ |
| ___ Student Identification Records | Date Received: _____ | Secretary: _____ |
| ___ Test Scores/ Student Education
Records/ Homelessness | Date Received: _____ | Special Programs: _____ |
| ___ Technology account/access | | Tech Director: _____ |

Principal Signature Upon Completion: _____

**Wellington-Napoleon R-IX School District
Basis for Admission of Student
Questionnaire to be filled out by office staff**

ADDRESS VERIFICATION

_____ Rental Contract

_____ Real Estate Contract signed by all parents

_____ Utilities Bill/Deposit Receipt

_____ Other, such as a payroll check, drivers license, W-4, employment documents

BASIS for ADMISSION OF STUDENT (SECTION 167.020 RSMo)

_____ Resides with parent in the School District

_____ Resides with legal guardian in the School District (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration (SB944).)

_____ Resides with a military guardian in the School District (SB944)

_____ A child without permanent residency (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:

- a. _____ living on the street, abandoned building, or other form of shelter not designated as a permanent home
- b. _____ living in a community shelter facility
- c. _____ living in a temporary housing arrangement due to economic hardship
 - i. Give address or directions: _____
- d. _____ sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
 - i. Explain if similar reason: _____
 - ii. Give Address: _____
- e. _____ currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons

_____ Special circumstances (Section 167.151, RSMo)

- a. _____ an orphan
- b. _____ one parent living
- c. _____ Parents do not contribute to the student's support
- d. _____ agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parents residence is on the real estate, at least 35% of the real estate is in the district, parent notified District on or before June 30th that student would be attending)

_____ Parent is a teacher under contract with the District (Board policy required section 167.151, 168.151, RSMo)

_____ Parent is a regular employee with the District (Board policy required-Section 163.011, RSMo)

OTHER EXEMPTIONS TO THE RESIDENCY REQUIREMENTS (Section 167.020.6, RSMo)

_____ Attending school not in the pupil's district of residence as a participant in an interdistrict transfer program established under a court-ordered desegregation program.

_____ A ward of the state and has been placed in a residential care facility by state officials*

_____ Has been placed in a residential care facility due to a mental illness or developmental disability*

_____ Has been placed in a residential facility by a juvenile court*

_____ Has a disability identified under state eligibility criteria if the student is in the District for reasons other than accessing the District's educational program.

_____ Has Wellington-Napoleon R-IX approved admission waiver

Residency Waiver Information- If Residency can't be proven

Waiver requested by: _____

_____ Parent

_____ Legal Guardian

_____ Student (at least 18 years of age)

_____ Other (Complete information below)

a. Name of person/relative student resides with: _____

b. Relationship: _____

c. Address: _____

d. City/State/Zip: _____

e. Address

Verification: _____

f. Reason why student is living with person/relative: _____

g. Other reasons showing hardship or good cause: _____

h. Hearing Date (must be within 45 days of request) _____

i. ____ Student admitted pending decision on waiver request

i. Date student admitted: _____

_____ Waiver granted. Date: _____

_____ Waiver denied. Date: _____