



**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Previous School Attended: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_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: _____ <b>(including United States and Missouri Constitution Tests and dates passed)</b>	Withdrawal Grades: _____	Disciplinary Records: _____	Test Scores: _____ <b>(State/District-wide, MAP/EOC, ACT, SAT-10, etc..)</b>
Health Records: _____	Attendance Records: _____	Student Identification Records: _____	Special Education/504 Records: _____

**Wellington-Napoleon R-IX Enrollment Form**

Date:	Grade Level:	Start Date:
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Student Full Name:	MOSIS #(Assigned by School):
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Date of Birth:	Age:	Race:	Sex:
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*911* Address:	P.O. Box:
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City, State, Zip:

Phone: (     )     -	Cell: (     )     -
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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:
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### 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](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: \_\_\_\_\_