

SCHOOL DISTRICT of UNIVERSITY CITY
STUDENT ENROLLMENT FORM

Rev. 03/24/11

School: Julia Goldstein ECEC Barbara C. Jordan Flynn Park Jackson Park Pershing
 Brittany Woods U. City High Lieberman Learning U-Time

School Year: _____

Please Print

Lunch:

Missouri State Student Identification Number (For Office Use Only)					Today's Date				
Student's Last Name				First Name				Middle Name	
Primary Home Phone		Secondary Home Phone		Cell/Mobile Phone or Pager		Do NOT include phone numbers in school Buzz Book (check here): <input type="checkbox"/>			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (select all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White			Date of Birth		Place of Birth (City/State)			
HOME ADDRESS	Street Number	Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Street Name		Street Type (choose one) <input type="checkbox"/> Av <input type="checkbox"/> Bl <input type="checkbox"/> Cr <input type="checkbox"/> Ct <input type="checkbox"/> Dr <input type="checkbox"/> Hw <input type="checkbox"/> Ln <input type="checkbox"/> Pl <input type="checkbox"/> Rd <input type="checkbox"/> St				
Apt. Number	City		State	Zip Code		Do NOT include address in school Buzz Book (check here): <input type="checkbox"/>			
Enrollment Date		Grade Level for school year noted above (choose one) <input type="checkbox"/> PreK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12							
Does your child receive special services with a: <input type="checkbox"/> IEP (Independent Education Plan) <input type="checkbox"/> 504 Plan			If either checked, with whom?						
If your child has previously attended University City Public Schools:		Original Entry (Month / Year)		Grade Level at that time		Original Building			
If this is first year attending this school building:		Previous School District		Previous School Name		Address			
PARENT 1 - in student's home: (choose one)		<input type="checkbox"/> F A ther <input type="checkbox"/> M O ther <input type="checkbox"/> S T ep F ather <input type="checkbox"/> S T ep M other <input type="checkbox"/> G R and P arent <input type="checkbox"/> L E gal G uardian <input type="checkbox"/> F O ster P arent							
Last Name		First Name		Maiden Name (if applicable)					
Employer's Name		Occupation	Work Phone/Ext.		E-mail				
PARENT 2 - in student's home: (choose one)		<input type="checkbox"/> F A ther <input type="checkbox"/> M O ther <input type="checkbox"/> S T ep F ather <input type="checkbox"/> S T ep M other <input type="checkbox"/> G R and P arent <input type="checkbox"/> L E gal G uardian <input type="checkbox"/> F O ster P arent							
Last Name		First Name		Maiden Name (if applicable)					
Employer's Name		Occupation	Work Telephone/Ext.		E-mail				
PARENT 3 - NOT in student's home: (choose one)		<input type="checkbox"/> F A ther <input type="checkbox"/> M O ther <input type="checkbox"/> S T ep F ather <input type="checkbox"/> S T ep M other <input type="checkbox"/> G R and P arent <input type="checkbox"/> L E gal G uardian <input type="checkbox"/> F O ster P arent							
Last Name		First Name		Maiden Name (if applicable)					
Address		City	State	Zip	Do NOT include address in school Buzz Book (check here): <input type="checkbox"/>				
Primary Home Phone		Secondary Home Phone		Cell/Mobile Phone or Pager		Do NOT include phone numbers in school Buzz Book (check here): <input type="checkbox"/>			
Employer's Name		Occupation	Work Phone/Ext.		E-mail				
Emergency Contact 1:	Name			Relationship					
Address		Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Emergency Contact 2:	Name			Relationship					
Address		Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Emergency Contact 3:	Name			Relationship					
Address		Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Emergency Contact 4:	Name			Relationship					
Address		Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		

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Please Print *Lunch:* _____

Student's Last Name	First Name	Middle Name

Siblings or other children living at this student's address *(please list from oldest to youngest)*

Name	Date of Birth	Age	School or Occupation	Grade

SPECIAL CUSTODY INFORMATION

The School District must have copies of legal custody documents.

Please complete this section if your child is affected by court action assigning custody.
 The school needs to know, to protect the interests of the parents and child, to whom the school may:

Release the Child	Name of Person	Relationship
Release Records of the Child	Name of Person	Relationship
Grant Teacher Conferences	Name of Person	Relationship

The School District of University City requires parents/guardians to also complete additional forms including:

- Safe Schools Affirmation,
- Residency Verification and
- ESOL Survey.

Additional forms may be requested by individual schools of attendance.

Other important information (medical or otherwise) that would assist in helping your child, may be written on the back of this enrollment form.

Under the Federal Education Rights and Privacy Act (FERPA), the records of students who participate in educational programs and activities sponsored by the School District of University City are considered private. However, parents and/or guardians have the right to allow disclosure of information pertaining to a student's name, address, phone number, etc. that is designated as directory information to PTO organizations and/or their members by opting out of the District's FERPA policy. By signing the waiver below, I hereby give the School District of University City permission to release my child's name, age, teacher, grade level, address and phone number(s) to PTO organizations and/or their members who request such information. I may cancel disclosure of such information at anytime through written request.

Signature of Parent/Guardian _____ Relationship _____ Date _____