SCHOOL DISTRICT of UNIVERSITY CITY

Rev. 02/12/07

Student Enrollment Form

Flynn Park School - 7220 Waterman Ave., University City, MO 63130

Please Print

Lunch:

Missouri State Student Identification Number *(For Office Use Only)*			Today's Date
Student's Last Name	First Name	Middle Initial	Nickname

Primary Home Phone	Secondary Home Phone	Cell/Mobile Phone or Pager	Do not include phone numbers in school Buzz Book *(check here)*: ☐
Sex Male *or* Female	Race *(circle one)* Black White Asian Hispanic American Indian	Date of Birth	Birth Certificate Number / Verified by
Place of Birth (City/State)	Occupancy Permit Number	Date Issued	Verified by

HOME ADDRESS	Street Number	Direction N S E W	Street Name	Street Type *(circle one)* Av Bl Cr Ct Dr Hw Ln Pl Rd St
Apt. Number	City	State	Zip Code	Do not include address in school Buzz Book *(check here)*: ☐
Enrollment Date	Grade *(circle one)* PreK K 1 2 3 4 5 6 7 8 9 10 11 12	Room	Early Childhood YES *or* NO	Teacher

Has your child ever, or is s/he now receiving special services? YES or NO	If YES, From 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 building:	Previous School Name	Address	

PARENT 1	*(circle one)* FAther MOther StepFather StepMother GrandParent Legal Guardian			
Last Name	First Name	Maiden Name (if applicable)		
Employer's Name	Occupation	Work Telephone/Ext.	E-mail	

PARENT 2	*(circle one)* FAther MOther StepFather StepMother GrandParent Legal Guardian			
Last Name	First Name	Maiden Name (if applicable)		
Employer's Name	Occupation	Work Telephone/Ext.	E-mail	

EMERGENCY CONTACT #1	Name	Relationship	Address	Telephone/Cell
EMERGENCY CONTACT #2	Name	Relationship	Address	Telephone/Cell

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 _____ Date _____