

SCHOOL DISTRICT of UNIVERSITY CITY
Student Enrollment Form

Rev. 02/12/07

Jackson Park School - 7400 Balson 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): <input type="checkbox"/>					
Sex	Race (circle one) Black White Asian Hispanic American Indian		Date of Birth		Birth Certificate Number
Male or Female					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): <input type="checkbox"/>	
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) <u>F</u> ather <u>M</u> Other <u>Step</u> Father <u>Step</u> Mother <u>Grand</u> Parent <u>Legal</u> Guardian						
Last Name		First Name			Maiden Name (if applicable)		
Employer's Name		Occupation	Work Telephone/Ext.	E-mail			

PARENT 2	(circle one) <u>F</u> ather <u>M</u> Other <u>Step</u> Father <u>Step</u> Mother <u>Grand</u> Parent <u>Legal</u> 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 _____