



**NEW STUDENT INFORMATION**

For Office Use Only		
School	Year	Student #

Please print requested information using blue or black ink.

Today's Date: \_\_\_\_\_

Has this child ever attended or applied for enrollment with Columbia Public Schools, including preschool, summer school, and/or Special programs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Student Information				
Student Name (First, Middle, Last)		Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
Social Security Number	Student's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____	
Hispanic/Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (May Select More Than One) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		
City and State of Birth		Country of Birth:	If not USA, Date Entered USA:	
Student's Birth Certificate Number:		First US Enrollment Date (the APPROXIMATE month, day and year this student began education in the US, including Preschool):		
Schools Previously Attended	Grade	School Address	City, State, Zip	Phone/fax
PRIMARY HOUSEHOLD INFORMATION: student's enrollment residence, residential guardian(s), and sibling information				
Street Address		Apt. No.	City, State, Zip	
<b>**Please let us know if your child will need bus transportation from the primary address.</b> Please note, elementary students who live within 1 mile of their school and secondary students who live within 2 miles of their school are not eligible for bus transportation. Bus transportation is not generally provided for any preschool.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> To School <input type="checkbox"/> From School <input type="checkbox"/> Both to and from School
Student's Mailing Address <input type="checkbox"/> Check here if same as Physical Address				
Mailing Address		Apt. No.	City, State, Zip	
Parent(s)/Guardian(s) and siblings who reside at the PRIMARY HOUSEHOLD.				
Guardian Name (First, Middle, Last)		Relationship:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:	Primary phone:		Other phone:	Date of Birth:
Guardian Name (First, Middle, Last)		Relationship:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:	Primary phone:		Other phone:	Date of Birth:
Sibling (First, Middle, Last)	Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Sibling (First, Middle, Last)	Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:

SECONDARY HOUSEHOLD INFORMATION: If applicable, alternate residence, residential guardian(s), and sibling information			
Street Address		Apt. No.	City, State, Zip
<b>**Please let us know if your child will need bus transportation from the secondary address.</b> Please note, only addresses within the boundaries of the child's enrollment building will be provided bus transportation.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> To School <input type="checkbox"/> From School <input type="checkbox"/> Both to and from School
Parent(s)/Guardian(s) and siblings who reside at the SECONDARY HOUSEHOLD.			
<b>Guardian Name (First, Middle, Last)</b>		Relationship:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Email address:	Primary phone:	Other phone:	Date of Birth:
<b>Guardian or Stepparent Name (First, Middle, Last)</b>		Relationship:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Email address:	Primary phone:	Other phone:	Date of Birth:
Sibling (First, Middle, Last)	Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Sibling (First, Middle, Last)	Currently enrolled or enrolling with CPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Emergency Contacts			
Name	Primary Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to student
Name	Primary Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to student
In case there is an emergency and you cannot be located, provide emergency treatment information:			
Physician Name		Phone	
Physician Name		Phone	
Preferred Hospital: <input type="checkbox"/> Boone <input type="checkbox"/> University <input type="checkbox"/> Other, specify:			
If student is under the care of:			
<input type="checkbox"/> <b>Foster Parent(s):</b> Placement letter must be presented upon enrollment.			
1. Provide name and phone number of social worker/case manager: Name: _____ Phone: _____			
2. Provide name of biological parent(s) so they are on record, should they contact the school for reports of academic progress (proof of custody may be requested): Name: _____ Phone: _____			
<input type="checkbox"/> <b>Legal Guardianship: court documentation required; Power of Attorney is not sufficient to establish guardian status for enrollment.</b>			
1. Provide name and address of parent(s):  Name: _____ Phone: _____  Address: _____			

**Additional information**

1. Does this student have, or has this student ever had, an Individual Education Plan (IEP) and is receiving, or ever received, special education services? Yes No If Yes, please describe and provide a copy of current IEP.

2. Does this student have, or has this student ever had, a 504 Plan?  
Yes No If Yes, please explain:

3. Does this student receive other special services (Remedial Reading, Title I, frequent counseling, etc.)?  
Yes No If Yes, please describe:

4. Does this student receive any support from community agencies (i.e. Boone County Family Resources, Thompson Center, mental health agencies, etc.)? Yes No If Yes, please describe:

5. Has this student been designated as eligible for Gifted/Talented services in any school district?  
Yes No If Yes, please indicate which school district:

6. Has this student ever been retained?  
Yes No If Yes, what grade(s)?

7. Is this student presently suspended from another school?  
Yes No If Yes, what school and district?

8. Has this student ever been expelled from school?  
Yes No If Yes, when and from what school and district?

9. Has this student ever been under the jurisdiction of the Family or Juvenile Court?  
Yes No If Yes, provide the name of current juvenile officer:

10. Has this student officially withdrawn from the previous school?  
Yes No If No, why not?

11. Are you currently sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?  
Yes No If yes, please provide a brief explanation:

12. Are you currently residing in a hotel, motel, trailer parks, or camping ground due to the lack of alternative adequate accommodations? Yes No

13. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station, or similar setting? Yes No

14. Are you currently residing in an overnight shelter? Yes No

15. Is your primary nighttime residence a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings? Yes No

16. Has the student been abandoned in a hospital? Yes No

RELEASE AGREEMENTS and DISTRICT ACKNOWLEDGEMENTS

Media Participation – Must be updated annually.

- Yes - I consent to the school district to include my child's image, voice, and/or name in public or school media publications.  
 No - I do not want my child to be photographed, interviewed, and/or video taped by representatives of Columbia Public Schools and/or media outlets. Any information or images obtained from these activities may not be reproduced by the school district and/or media outlets for use in advertising, publicity, or educational activities. This includes: CPS publications, videos, school websites, and school television programs.

Yearbook

If you are opting out of the media release, please indicate whether or not you want this child's image and name to appear in the yearbook.

- Yes, I agree to have this child's image and name appear in the school's yearbook.  
 No, I do not consent to having this child's image and name appear in the school's yearbook.

Field Trip

- Yes - I give permission for this child to attend school-related curricular field trips.  
 No - I do not consent for this child to participate in school-related curricular field trips.

\_\_\_\_ I accept responsibility for the content of the Student/Parent Handbook. I understand that the handbook contains information that my child and I may need during the school year. I understand that schools should be a safe place and that all students will be held accountable for their behavior. I understand that paper copies of this handbook are available at each school or may be accessed electronically at:

<https://www.cpsk12.org/cms/lib/MO01909752/Centricity/Domain/47/StudHandsec.pdf>

Military Opt-Out: students in **grades 11/12**

Federal law requires that school districts provide military recruiters certain information. The school district must provide, upon request by military recruiters, access to high school students' names, addresses, and telephone listings, unless the parent requests otherwise.

- Consent – The high school student (if 18 years old) or the parent of the student may request that the student's name, address, and telephone listing NOT be released to military recruiters.
- Access to students – Each district shall provide military recruiters the same access to high school students as it provides (in general) to higher education institutions, community colleges, and prospective employers.

If you do not want your student's name, address and telephone listing released to military recruiters, please indicate that preference here. MUST be received before Sept 30<sup>th</sup> annually.  **Do NOT release my student's information for military recruitment.**

\_\_\_\_ **Allergy/Anaphylaxis:** In the event of an anaphylaxis episode, when an allergic reaction may be triggered by an insect bite, drug or food allergy or an unknown allergen, diphenhydramine (Benadryl®) and/or auto-injectable epinephrine may be administered to students. EMS (911) will be notified if epinephrine is administered.

\_\_\_\_ **Asthma:** In the event of a severe asthma episode where a student does not respond to his/her initial quick relief medication, or does not have a supply at school, immediate action will be taken. EMS (911) will be notified with continued signs of respiratory distress and Duoneb® will be administered.

\_\_\_\_ I acknowledge that I have access to the **Free and Reduced Lunch FAQ and application** as part of my scholar's annual enrollment, which is also available on the Nutrition Services department website: <https://www.cpsk12.org/nutritionservices>

\_\_\_\_ I acknowledge that I am aware of the **Debt Collection Procedures** document as part of my scholar's annual enrollment which may also be reviewed on the Nutrition Services department website under **Breakfast and Lunch Procedures**.

\_\_\_\_ I understand that students who qualify for the National School Lunch Program may also be eligible for additional financial support through the 2023-2024 school year. I give permission for my student's free/reduced lunch price status to be disclosed to the school counseling office for the purpose of connecting to other financial opportunities for my student.

Under penalty of applicable Missouri law, I certify that the information on this form is accurate. I understand that submitting incorrect information may immediately invalidate enrollment.

Parent/Guardian Signature

Date

