



Portageville School District Enrollment

School Year _____

Student Information

Name (first, middle, last): _____

Grade: _____

Primary Parent/Guardian #1 (where student resides)

Name: _____

Relationship to Student: _____

DOB: _____

911 Address: _____

Alt. Mailing Address: _____

Phone: _____

Email (used for parent portal): _____

Place of Employment: _____

Primary Language Spoken at Home: _____

Primary Parent/Guardian #2 (where student resides)

Name: _____

Relationship to Student: _____

DOB: _____

911 Address: _____

Phone: _____

Email (used for parent portal): _____

Place of Employment: _____

Address Verification (*attach copy*)

Rental Contract/Real Estate Contract

Utilities Bill/ Deposit Receipt

Other (payroll check/w-4)

Basis for Admission (*attach court docs*)

Resides w/ Parents in District

Resides w/ Legal Guardian in District

Resides w/ Military Guardian

Additional Questions Regarding Residence

1. Are you sharing the household of other persons due to loss of housing, economic hardships, or similar reason? Yes N/A
2. Are you currently residing in a hotel, motel, or campsite because your home has been damaged or economic reason? Yes N/A
3. Are you currently residing in a shelter? Yes N/A
4. Are you currently living in a temporary housing due to economic hardship? Yes N/A



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Emergency Contacts #1

Names: _____

Relationship to Student: _____

Phone: _____

Emergency Contacts #2

Names: _____

Relationship to Student: _____

Phone: _____

Alternative Parents (parent that does not live with student) Request Mailings Yes N/A

Names: _____

Relationship to Student: _____

Address: _____

Phone: _____

Email: _____

Students Full Legal Name:

First Middle Last (suffix)

Gender: *please circle* Male Female Other

Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____

Grade Level: _____ Transportation: *please circle* Bus Rider Car Pick-up
Walk/Drive

Ethnicity: *please circle* Hispanic/ Latino of any Race Non-Hispanic/Latino of any Race

Race: ***please circle ALL that apply*** (If biracial, circle each race. For example, Black, White and Hispanic child circle all 3)

Asian Black/African American Hispanic/Latino White/Caucasian

More options on the next page...



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Native American/Alaskan Native

Native

Hawaiian/Pacific Islander

Student Lives with: *please circle* Adult Other than Parent Both Parents Other Single Parent

Name of Siblings in Home that Attend District

Name of **ALL** schools previously attended:

Please provide Social Worker/Juvenile Officer name and contact INFO if student has one:

Student has an IEP: Yes N/A

Student has a disability addressed under 504 Plan: Yes N/A

Student receives other special education services (Remedial Reading, Title I, Counseling, etc.)

Yes N/A If YES, describe:

Student been retained: Yes N/A If yes, what grade? _____

Student suspended from previous school: Yes N/A If yes, from where?

Student ever been expelled from school: Yes N/A

If yes, please explain:

Student in Alternative School: Yes N/A



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PARENT/GUARDIAN SIGNATURE _____

DATE _____

Under penalty of applicable Missouri law, I certify that the information on this form is true and accurate to the best of my ability. Submitting incorrect information may immediately invalidate enrollment.

499 St. Hwy. 162, Portageville, MO 63873

Phone: 573-379-3855

Fax: 573-379-5817

Email: abrands@portageville.k12.mo.us

Student listed below has enrolled in Portageville School District. Please send records.

Student Name: _____

Grade: _____

D.O.B: ____/____/____

School District: _____

City: _____ State: _____

Zip Code: _____

Send the following:

- Academic
- Attendance
- Discipline
- IEP
- Immunization Record
- Psychological
- Birth Certificate/ Social Security Card

Please indicate any of the special services listed below student received while in attendance at your school.

- Remedial Reading _____
- Remedial Math _____
- Speech Therapy _____
- Behavioral Disorders _____
- Migrant Program _____



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- Other (please specify) _____

I give permission for the records requested above to be released to Portageville School District.

Parent/Guardian Signature

Date

School Official and Title

Date

Notice of Nondiscrimination

Students, parents/guardians, employees, applicants for admission and employment, sources of referral of applicants with Portageville School District are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age or disability in admission, access to, treatment, or employment in its programs and activities. Any person having inquiries concerning Portageville School District's compliance with the regulations implementing Title VI, Title IX or Section 504 is directed to contact Mr. BJ Stone (Title IX Coordinator) or Mrs. Stacy Miller (Section 504 Coordinator), 499 St. Hwy. 162, Portageville, MO 63873, (573) 379-3819, who have been designated to coordinate Portageville School District's efforts to comply with the regulations implementing Title VI, Title IX and Section 504. Individuals may also file complaints with administrative agencies such as the U.S Department of Education, Office for Civil Rights. The contact information for the local office is (816) 268-0550 at Office for Civil Rights, Kansas City Office, U.S. Department of Education, 3rd floor, 1010 Walnut St. Kansas City, Mo 64106. The email address for the Office of Civil Rights is OCR.KansasCity@ed.gov.

Michael Allred
Superintendent
Portageville School District
499 St. Hwy. 162, Portageville, MO 63873
(573) 379-3855