

# School District of Clayton Enrollment Form



Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student's Legal Name (Please Print)

\_\_\_\_\_  
Last First Middle

Current Local Address \_\_\_\_\_  
Address City State Zip

Prior Address \_\_\_\_\_  
*If at current address less than two years* Address City State Zip

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

## Resident Eligibility

Typically, to be a resident student, a child must reside with a parent, legal guardian, or other person authorized by law to enroll the student AND must both physically reside and be domiciled within the boundaries of the School District of Clayton. A family's domicile is its fixed, permanent, and primary residence. A complete copy of any legal documents/court orders pertaining to the student must be presented (i.e. divorce decrees, custody agreement, parenting plan, restraining orders, etc.).

In order to comply with Missouri law regarding the eligibility of children to attend the public schools, the School District of Clayton may request additional proof at any time or investigate to seek additional information. Any person who knowingly submits false information to satisfy school residency requirements is guilty of a misdemeanor under Sections 167.020, 575.050 and 575.060 of Missouri law. In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent, legal guardian, or other person authorized by law to enroll the student, the costs of school attendance for any pupil who was enrolled at a school in the District using false information. Families must notify the school immediately if they temporarily or permanently vacate the residence listed above during the school term.

**Complete attached affidavit for establishment of residence.**

\_\_\_\_\_  
Signature of Parent / Legal Guardian Date

## Proof of Residency:

Must include one of the following, (please check the appropriate box):

- Property deed in your name or recent mortgage statement
- Current lease/rental agreement (signed by landlord and tenant)

In addition we will need one of the following, (please check the appropriate box):

- Occupancy permit which lists all the occupants of the residence
- Real estate tax receipt
- Current gas or electric utility bill (name and address must be included)

## Exceptions to Residency Requirements

Residency requirements do not apply to students that are:

- Participating in the Statutory Tuition Program
- Participating in the Parent Tuition Program
- Homeless
- Children of School District of Clayton Employees
- Placed by the State in a residential facility
- Orphaned, have only one parent living, or are self-supporting and are unable to pay tuition pursuant to 167.151

## For Office Use Only

Enrollment Type \_\_\_\_\_

Initials \_\_\_\_\_

# School District of Clayton Enrollment Form



## PRIMARY HOUSEHOLD

Adult #1 Name/Gender \_\_\_\_\_ M / F      Adult #2 Name/Gender \_\_\_\_\_ M / F

Employer \_\_\_\_\_      Employer \_\_\_\_\_

Work Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_      Cell Phone/Pager \_\_\_\_\_

Adult #1 Email Address \_\_\_\_\_      Adult #2 Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(No PO Box)

## STUDENT RELATIONSHIP TO ADULTS IN PRIMARY HOUSEHOLD

FULL NAME of students who live in the household. Are they currently enrolled in School District of Clayton? (circle yes/no)	Birth Date	Adult #1 Relationship to Student					Adult #2 Relationship to Student					
		Father	Mother	Step Father	Step Mother	Guardian	Father	Mother	Step Father	Step Mother	Guardian	
Y / N	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y / N	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y / N	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECONDARY HOUSEHOLD

Adult #3 Name/Gender \_\_\_\_\_ M / F      Adult #4 Name/Gender \_\_\_\_\_ M / F

Employer \_\_\_\_\_      Employer \_\_\_\_\_

Work Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_      Cell Phone/Pager \_\_\_\_\_

Adult #3 Email Address \_\_\_\_\_      Adult #4 Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## STUDENT RELATIONSHIP TO ADULTS IN SECONDARY HOUSEHOLD

FULL NAME of students who live in the household. Are they currently enrolled in School District of Clayton? (circle yes/no)	Birth Date	Adult #3 Relationship to					Adult #4 Relationship to					
		Father	Mother	Step Father	Step Mother	Guardian	Father	Mother	Step Father	Step Mother	Guardian	
Y / N	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y / N	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y / N	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# School District of Clayton Enrollment Form



## Race / Ethnic Origin

The School District of Clayton is required to make reports to the Office of Civil Rights and to the State of Missouri using the following Race/Ethnic categories. These are established by the State of Missouri. Please make one selection you feel is most representative of the student.

Is student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino       Yes, Hispanic/Latino

Race (Choose one or more)

- American Indian or Alaska Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White

## Home Language

Is a language other than English spoken in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, language spoken:
Does the student speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, language spoken:
Does or has the student received ELL Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date entered the United States:

## Homeless

These questions cover the definition of homeless that is within the McKinney – Vento Homeless Education Assistance Act. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

Are you sharing the housing of other persons due to loss of housing, economic hardship, or similar reason? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently residing at a motel, hotel, in a car, or at a campsite due to economic reasons or because your home has been damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently residing in a shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently living in a temporary housing arrangement due to economic hardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Federal Migratory Worker Survey

If you have a child aged 3 through 21 and you have moved from one school district to another school district within the preceding 36 months, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or agriculture-related work such as: Planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either parent (or guardian) now employed in any of the above kinds of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# School District of Clayton Enrollment Form



## Student Educational Information

Has this student ever attended a Clayton school before?  Yes  No If Yes, When? \_\_\_\_\_ School? \_\_\_\_\_

Identify all schools previously attended, including those in other districts or private schools.

Grades	School	District	City	State

Does this student currently receive special education services or Services outlined in an Individual Education Plan (IEP) such as:

Does this student currently receive any other services such as:

Resource Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-contained Classroom/Phase 2 Classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech or Language Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No

Title 1 Services; Remedial Reading Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 504 Accommodation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal Gifted Program	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has this student ever received the above services in the past?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the student ever been retained?  Yes  No If yes, what grade? \_\_\_\_\_

## Safe Schools Act (RSM0167.171)

The undersigned hereby certify and represent to the School District of Clayton, for the purposes of the Missouri Safe Schools Act, that:

- This student is not currently suspended or expelled from any other in state or out of state school district including a private, charter, or parochial school or school district; or this student is currently suspended or expelled from another in state or out of state school district including a private, charter, or parochial school or school district but the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district (copy of determination must be attached).
- This student has not been convicted of or charged with any of the following offenses under adult or juvenile law.
 

a. first degree murder under Section 565.020, RSMo;	g. statutory sodomy under Section 566.062, RSMo;
b. second degree murder under Section 565.021, RSMo;	h. robbery in the first degree under Section 569.020, RSMo;
c. first degree assault under Section 565.050, RSMo;	i. distribution of drugs to a minor under Section 195.212, RSMo;
d. forcible rape under Section 566.030, RSMo;	j. arson in the first degree under Section 569.040, RSMo;
e. forcible sodomy under Section 566.060, RSMo;	k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo
f. statutory rape under Section 566.032, RSMo;	

In compliance with Missouri law, the undersigned verifies the accuracy of the information on this form for the purpose of enrollment of a student(s) in the School District of Clayton and accepts the responsibility for reporting changes in residence to the enrollment administrator.

The undersigned, being first duly sworn on his/her/their oath, states that he/she/they provided the above information to the School District of Clayton for the purpose of enrolling a student in the School District of Clayton and states that such information is true and correct to the best of his/her/their information, knowledge and belief.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person with whom the student resides

\_\_\_\_\_  
Date

Subscribed and Sworn to me, a notary public in the County of St. Louis, MO

Notary stamp here

My commission expires:

\_\_\_\_\_  
Notary Public Signature (Required)

# School District of Clayton Enrollment Form



## AFFIDAVIT FOR ESTABLISHMENT OF RESIDENCE SCHOOL DISTRICT OF CLAYTON

### Part I – Affidavit of Parent/Guardian

Being first duly sworn upon my(our) oath, I(we) state:

1. That I(we) am (are) the parents of the following minor child(ren) named:

_____	_____	_____
Name	Date of Birth	Grade

_____	_____	_____
Name	Date of Birth	Grade

_____	_____	_____
Name	Date of Birth	Grade

_____	_____	_____
Name	Date of Birth	Grade

2. That I (we) am (are) residing until further notice at \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ and will continue to live within the boundaries of the School District of Clayton while my (our) child/children is/are enrolled in the District.

3. That I (we) understand that it is in violation of Missouri law to submit false information for residency and that the school district may recover the cost of educating my (our) child/children if false information is filed at the rate of **\*\$12,920** per academic year for elementary school, and **\*\$18,720** academic year for middle and high school. Any person who knowingly submits false information to satisfy school residency requirements is guilty of a misdemeanor under Sections 167.020, 575.050 and 575.060 of Missouri law. Families must notify the school immediately if they temporarily or permanently vacate the residence listed above during the school term. (**\*Rate may change**)

**IN WITNESS WHEREOF**, I (we) have hereunto set my (our) hands(s) this \_\_\_\_\_ day/month of, 20\_\_\_\_.

**Notary Signature Required**

\_\_\_\_\_  
Parent/Legal Guardian Signature Primary Household

\_\_\_\_\_  
Parent /Legal Guardian Signature Secondary Household  
(Required if mother and father live in separate households)

Notary stamp here  
My commission expires:

\_\_\_\_\_  
Notary Public Signature

# School District of Clayton Enrollment Form



## AFFIDAVIT FOR ESTABLISHMENT OF PROPERTY OWNER RESIDENCE SCHOOL DISTRICT OF CLAYTON ON TUITION-FREE BASIS

### Part II – Affidavit of Property Owner

*Form to be filled out when residence is not in name of parent/guardian*

Being first duly sworn upon my(our)oath, I (we) state:

1. That I (we) have read the above Affidavit of Parent in Part I and state the facts contained in paragraphs 1, 2, and 3 therein are true to the best of my(our) knowledge, information and belief.
2. In the event that the facts in said affidavit are false, I(we) agree to be jointly and severally liable to the School District of Clayton for **the full amount of tuition**. It is in violation of Missouri law to submit false information for residency and that the school district may recover the cost of educating my (our) child/children if false information is filed at the rate of **\*\$12,920** per academic year for elementary school, and **\*\$18,720** academic year for middle and high school. Any person who knowingly submits false information to satisfy school residency requirements is guilty of a misdemeanor under Sections 167.020, 575.050 and 575.060 of Missouri law. Families must notify the school immediately if they temporarily or permanently vacate the residence listed above during the school term. (**\*Rate may change**)

*Please check the appropriate box*

Permanent     Transitional     Homeless

Explanation of situation

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Estimated length of time for transitional or homeless period \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**IN WITNESS WHEREOF**, I (we) have hereunto set my (our) hands(s) this  
\_\_\_\_\_ day/month of, 20\_\_\_\_.

**Notary Signature Required**

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Notary Public Signature

Notary stamp here  
My commission expires: