

School District of Clayton Enrollment Form

Date:					
Grade:	Gender:	Date of Birth:	ate of Birth:		
Student's Legal Name:					
Last	First	Middle			
Current Local Address:	Address	City	State	Zip	
Prior Address:					
(If at current address Less than 2 years)	Address	City	State	Zip	
Primary Phone:	hone: 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

Proof of Residency:

Must include one item from box A and one item from box B

Α	В	
 Property Deed Recent Mortgage Statement Fully executed current Lease 	 Occupancy permit which lists all occupants of the residence Current Gas or Electric bill (within 30 days) 	Page 1 of 6

Date



PRIMARY HOUSEHOLD

Address:			
Home Phone (if applicable):			
Adult #1	Adult #2		
Name:	Name:		
Relationship to Student:	Relationship to Student:		
Gender:	Gender:		
e-Mail Address:	e-Mail Address:		
Cell Phone:	Cell Phone:		
Employer:	Employer:		
Work Phone:	Work Phone:		
Home Phone (if applicable):	Adult #2		
Name:			
Relationship to Student:			
Gender:	Gender:		
e-Mail Address:	e-Mail Address:		
Cell Phone:	Cell Phone:		
mployer:	Employer:		
Nork Phone:	Work Phone:		
Would you like the Secondary Household	d to receive Duplicate Mailings? 🛛 🗌 Yes 🔲 No		



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? Ves No
Race (choose one or more):
American Indian or Alaska Native Asian Black or African-American
Native Hawaiian or Other Pacifica Islander White Other
Language Use Survey What was the student's first language?
Which language(s) does the student use or speak at home and with others?
Which language(s) does the student hear at home and understand?
Was the student born in the US: 🗆 Yes 🗆 No If No, date student entered US:

Students In Transition/Homeless Survey

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 others due to loss of housing, economic hardship, or similar reason?
Yes No

Are currently residing at a motel, hotel, in a car, or at a campsite due to economic reasons or because your home has been damaged?
Yes No

Are you currently residing in a shelter?

Yes No

Are you currently living in a temporary housing arrangement due to economic hardship:
Yes 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 agriculture or agriculture-related work such as: Planting or harvesting crops; 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 catfish farm; cutting firewood or logs to sell? \Box Yes \Box No

Was the move made for the purpose of looking for or obtaining any of the above jobs? \Box Yes \Box No

Is either parent or guardian now employed in any of the above kinds of work?

Yes No

Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agriculture? \Box Yes \Box No



Student Educational Information

Has this student ever attended a Clayton School before?
Ves Ves No If Yes, When? ______ What School? ______

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

Grades	School	District	City	State

Does this student currently receive special education services or services outlined in an Individualized Education Plan (IEP):

Yes
No

Does this student currently receive any other services such as:

Title I Services, Remedial Reading Services	Yes	🗆 No	
Section 504 Accommodation Plan	Yes	🗆 No	
Formal Gifted Program	Yes	🗆 No	

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:

1. 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).

2. 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;
- b. second degree murder under Section 565.021, RSMo;
- c. first degree assault under Section 565.050, RSMo;
- d. forcible rape under Section 566.030, RSMo;
- e. forcible sodomy under Section 566.060, RSMo;
- f. statutory rape under Section 566.032, RSMo;
- g. statutory sodomy under Section 566.062, RSMo;
- h. robbery in the first degree under Section 569.020, RSMo;
- i. distribution of drugs to a minor under Section 195.212, RSMo;
- j. arson in the first degree under Section 569.040, RSMo;
- k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo.

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:



AFFIDAVIT FOR ESTABLISHMENT OF RESIDENCE IN THE SCHOOL DISTRICT OF CLAYTON

Part I- Affidavit of Parent/Guardian

Being first duly sworn upon my oath, I state:

1. That I am the parent of the following minor child/children named:

Name	Date of Birth	Grade
Name	Date of Birth	Grade
Name	Date of Birth	Grade
Name	Date of Birth	Grade

2. That I am residing until further notice at:

And will continue to live within the boundaries of the School district of Clayton while my child is enrolled in the District.

3. That I 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 child if false information if filed at the current rate of tuition charged by the School District of Clayton. 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.

Parent/Legal Guardian Signature - Primary Household

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



AFFIDAVIT FOR ESTABLISHMENT OF PROPERTY OWNER RESIDENCE IN THE SCHOOL DISTRICT OF CLAYTON FOR ATTENDANCE ON A TUITION-FREE BASIS

Part II- Affidavit of Property Owner To be completed when residence is not in the name of the parent/legal guardian

Being first duly sworn upon my oath, I state:

1. That I have read the 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 knowledge, information and belief.

2. In the event that the facts in said affidavit are false, I agree to be jointly and severely 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 children if false information is filed at the current rate of tuition charged by the School District of Clayton. 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.

Check the appropriate box:	Permanent	Transitional	□ Homeless			
Explanation of current housing situation:						
If Transitional or Homeless, est	timated length of tin	ne anticipated:		Beginning Date:		

Property Owner Signature