

School District of Clayton Enrollment Form

Date: _____

Grade: _____ Gender: _____ Date 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: _____ 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 item from box A and one item from box B

- | | |
|----------|--|
| A | <ul style="list-style-type: none"> • Property Deed • Recent Mortgage Statement • Fully executed current Lease |
|----------|--|

- | | |
|----------|--|
| B | <ul style="list-style-type: none"> • Occupancy permit which lists all occupants of the residence • Current Gas or Electric bill (within 30 days) |
|----------|--|

School District of Clayton Enrollment Form

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: _____

SECONDARY 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: _____

Would you like the Secondary Household to receive Duplicate Mailings? Yes No

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? Yes 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? Yes No

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

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Student Educational Information

Has this student ever attended a Clayton School before? Yes 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

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:

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; | 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; | |

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: _____

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)

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:

Form with four rows for child information, each row containing fields for Name, Date of Birth, and 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 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.

IN WITNESS WHEREOF, I have herunto set my hand this _____ day/month of 20_____.

Parent/Legal Guardian Signature - Primary Household

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

Notary Public Signature - REQUIRED

Notary stamp here
My commission expires:

**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, estimated length of time anticipated: _____ Beginning Date: _____

IN WITNESS WHEREOF, I have herunto set my hand this _____ day/month of 20_____.

Property Owner Signature

Notary Public Signature - REQUIRED

Notary stamp here
My commission expires: