

Student Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (First) (Middle) (Last) </div>	
<p>Date of Birth _____</p> <p>Gender: MALE FEMALE</p> <p>Ethnicity (circle one): Hispanic or Non-Hispanic</p> <p>Race (mark <u>all</u> that apply): ___ Asian ___ Black or African American ___ Hispanic ___ Native American/Eskimo ___ White ___ Native Hawaiian or Other Pacific Islander</p>	<p>Grade enrolling in: _____</p> <p>Previous School attended (name & town/state): _____ _____</p> <p>Did this student receive any special services in his/her previous school(s)? YES NO</p> <p>If yes, Please specify what services: _____ _____</p>

RESIDENCY CERTIFICATIONS (please respond by circling yes or no to each of the following questions):

Is the student:

1. A "homeless child" which is defined as a person less than 21 years of age who lacks a fixed, regular and adequate night time residence, *including* a child who: (1) is living on the street, in a car, tent, abandoned building or some other form of shelter not designed as a permanent home; or (2) is living in a community shelter facility, or (3) is living in transitional housing for less than one full year? **YES NO**
2. A resident in the school district because he/she is a ward of the State of Missouri who has been placed in a residential care facility by officials of the state? **YES NO**
3. A resident in the school district because he/she has been placed in a residential care facility due to a mental illness or developmental disability? **YES NO**
4. A resident in the school district because he/she has been placed in a residential facility by a juvenile court? **YES NO**
5. Living with parents who have moved in the past 12 months due to seasonal agricultural work? **YES NO**
6. Do the student's parents own 80 or more acres of real estate which is (a) used for agricultural purposes AND (b) has the personal residence where student and parents reside located on it, AND a portion of such real estate is located in the school district? **YES NO**
7. Do the student's parents (either of them) contribute to the student's support? **YES NO**

Prior Disciplinary Conduct Certification:

1. Is the student currently under suspension or expulsion from another school or school district? **YES NO**
2. Did the student leave any school or school district within the last 12 months under that threat by such school or school district of suspension or expulsion? **YES NO**
3. Has the student been suspended or expelled in the past from attending in another school or school district for violation of the school's policy relating to weapons? **YES NO**
4. Has the student been suspended or expelled in the past from attendance in another school or school district for the violation of the school's policy relating to alcohol, drugs, or controlled substances? **YES NO**
5. Has the student been suspended or expelled in the past from attendance in another school or school district for violation of the school's policy relating to willful infliction of injury to another person or assault? **YES NO**

PRIOR CRIMINAL CONDUCT CERTIFICATIONS:

With respect to the following acts:

(1) <i>First degree murder</i> under section 565.020, RSMo.; or	(13) <i>Voluntary manslaughter</i> under section 565.023, RSMo.; or
(2) <i>Second degree murder</i> under section 565.021, RSMo.; or	(14) <i>Involuntary manslaughter</i> under section 565.024, RSMo.; or
(3) <i>Kidnapping</i> under section 565.110, RSMo.; or	(15) <i>Second degree assault</i> under section 565.060, RSMo.; or
(4) <i>First degree assault</i> under section 565.050, RSMo.; or	(16) <i>Sexual assault</i> under section 566.040, RSMo.; or
(5) <i>Forcible rape</i> under section 566.030, RSMo.; or	(17) <i>Felonious restraint</i> under section 565.120, RSMo.; or
(6) <i>Forcible sodomy</i> under section 566.060, RSMo.; or	(18) <i>Property damage in the first degree</i> under section 569.100, RSMo.; or
(7) <i>Burglary in the first degree</i> under section 569.160, RSMo.; or	(19) <i>The possession of a weapon</i> under chapter 571, RSMo.; or
(8) <i>Burglary in the second degree</i> under section 569.170, RSMo.; or	(20) <i>Child molestation in the first degree</i> pursuant to section 566.067, RSMo.; or
(9) <i>Robbery in the first degree</i> under section 569.020, RSMo.; or	(21) <i>Deviate sexual assault</i> pursuant to section 566.070, RSMo.; or
(10) <i>Distribution of drugs</i> under section 195.211, RSMo.; or	(22) <i>Sexual misconduct involving a child</i> pursuant to section 566.083, RSMo.; or
(11) <i>Distribution of drugs to a minor</i> under section 195.212, RSMo.; or	(23) <i>Sexual abuse</i> pursuant to section 566.100, RSMo.
(12) <i>Arson in the first degree</i> under section 569.040, RSMo.	

1. Has the student ever been convicted of any of these offenses? **YES NO**
2. Has the student been indicted or had any information filed against him/her alleging that the student has committed one or more of these acts, to which there has been no final judgment? **YES NO**
3. Has a petition been filed against the student pursuant to section 211.091, RSMo., or any other state's juvenile code, alleging that the student has committed one or more of these acts, to which there has been no final judgment? **YES NO**
4. Has the student been adjudicated to have committed an act which, if committed by an adult, would be a violation of one or more of these acts? **YES NO**

I certify that the information provided by me in this document and other information which I have provided to the school district in support of the students Application in the Houston R-I School District, is true and correct. I understand that section 167.020 RSMo. States as below:

Any person who knowingly submits false information to satisfy any requirements of the residency requirements of the school district is guilty of a class A misdemeanor. In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent or legal guardian filed false information to satisfy any residency requirement of the school district.

I understand that this means if I provide false information to the school district in order to satisfy the information requests of the school district it may constitute a violation of Missouri criminal law. I further understand that this means that if any of the information provided by me herein is false, in addition to other penalties authorized by law, the school district may file a civil action to recover the costs of school attendance for the student who was enrolled in the school district on the basis of such false information.

Houston R-1 School District provides Equal Educational Opportunity without regard to race, creed, color, religion, age, ancestry, national origin, economic status, gender, sexual orientation, gender identity, pregnancy, marital status, families with children, honorably discharged veteran or military status, physical appearance, or mental, physical or sensory disability.

******Please sign enrollment form in the presence of a notary public or the school secretary to be notarized******

Date: _____ Signed: _____

State of Missouri
County of Texas

On this _____ day of _____, 20 _____, before me, the undersigned notary public, personally appeared _____, the person whose name is subscribed to this Application for Enrollment in the School District, and acknowledged that the information provided by him/her is true and correct. In witness whereof, I hereunto set my hand and official seal.

(Notary Public)

My Commission Expires: _____

HEALTH INFORMATION FORM

(This form is required to be updated each school year. Please turn completed form in to the school office)

Individuals listed on the student's enrollment form or the student survey form will be the individuals contacted if the parent/legal guardian cannot be contacted in the event of an illness or injury to the student.

Student's Name: _____ Grade _____ Date of Birth: _____

Family Doctor: _____ Address & phone #: _____

Teacher (for elementary only): _____

Is your child allergic to any medication? **YES NO**

If yes, please list: _____

Does your child take any medication routinely? **YES NO**

******Please list all medications and mg's your child is prescribed by physician. It is very important that nurse knows exactly what your child is taking. If any changes are made, please let school nurse know immediately******

If yes, what medication(s): _____

Has your child been diagnosed with any of the following: Please list all conditions your child has been diagnosed with.

Asthma _____ Diabetes _____ Epilepsy/seizures _____ Heart Condition: _____ Other: _____

Does your child require or has your child previously required vision or hearing correction? **YES NO**

If yes, please explain: _____

Does your child have any known allergies (latex, environmental, food, etc.)? **YES NO**

If yes, please list and the treatment to be used: _____

Has your child had any previous surgeries? **YES NO**

If yes, please list: _____

Other comments: _____

*****Missouri State Law states that the Houston R-I School District must keep on file the districts physicians order and your written permission to medicate your child in the event of minor illness or injury. Without your permission to medicate, the district will provide Emergency Medical Services only. The following medications are on hand at school and are available to your child with appropriate authorization*****

PLEASE DRAW A LINE THROUGH ANY OF THE FOLLOWING MEDICATIONS YOU **DO NOT** WANT ADMINISTERED TO YOUR CHILD AT SCHOOL:

Acetaminophen (generic Tylenol)

Calamine/Caladryl Lotion

Diphenhydramine (generic Benadryl)

Aloe vera gel/lotion

Ibuprofen (generic Motrin)

Cough/chloraseptic drops

Artificial tears (eye drops)

Topical muscle (icey hot)

Antacid (generic Tums or PeptoBismal)

Antibiotic first aid cream

Anbesol, Orasol, Oragel (sore tooth medicine)

Parental Permission to Medicate

I hereby give my written permission to the Houston R-I School District to medicate my child with the above medication contingent upon current school district physicians protocol in the event of a minor injury or illness. I give the school nurse permission to share my child's health information to employees of the Houston R-I School district as determined necessary by the school nurse or school administrator.

(Signature of parent/legal guardian)

(Date)

Parental Permission to Seek Emergency Medical Treatment:

If, in the event of a severe illness or injury as determined by the Houston R-I School District Nursing personnel or school official, I or my designated responsible care person cannot be immediately notified, I hereby give my written permission for the Houston R-I School District personnel to seek medical treatment for my child from a physician or the nearest emergency medical services facility.

(Signature of parent/legal guardian)

(Date)

EMERGENCY MEDICATIONS – Epi-Pen administration and Albuterol nebulizer treatment is Board approved and will be administered in the event of an anaphylactic reaction or respiratory emergency.