

Meadow Heights School District Student Data Sheet

School _____ MOSIS# _____ Today's Date _____ Student's Age _____

Student's Legal Name _____ SS# _____
Last First Middle

Birth Date ____/____/____ Gender: ☐ Male ☐ Female Birth Certificate # _____ State of Birth _____

Ethnicity/Race: ☐ Multi-racial (if selected, check all that apply) ☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian

☐ Pacific Islander ☐ American Indian or Alaskan Native

Residence Address _____ City/State: _____ Zip: _____

Mailing Address (if different from residence address): _____ Student Will Attend Grade: _____

Does parent need a Language Interpreter? ☐ Yes ☐ No

*Is there any language other than English spoken in the home? ☐ Yes ☐ No If yes, what language? _____

Student's Country of Birth: _____ US Entry Date _____ Total years living in the U.S.? ____ In Missouri? ____

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION

List ONE person per box. Include biological parents (even those not in the home) and all parents/step-parents/guardians in the home.

First listed contact is designated as PRIMARY, Circle (1) either HOME or CELL phone number for District wide Emergency calls

Name _____ Relationship _____ Home Phone _____
Last First Middle

Address _____ City/State _____ Zip _____ Cell Phone _____

Employer _____ Work Phone _____ Email _____

Student lives with you? ☐ Yes ☐ No Legal custody? ☐ Yes ☐ No Access to student records? ☐ Yes ☐ No Allow to pick up student? ☐ Yes ☐ No

Name _____ Relationship _____ Home Phone _____
Last First Middle

Address _____ City/State _____ Zip _____ Cell Phone _____

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Attach a copy of any court order related to any of the above questions checked YES. A copy must be on file in the school's office.

*Is this student a foster care placement? ☐ No ☐ Yes (If YES, please complete this section)

Biological Parent Name _____ Bio Parent Address _____

Bio Parent School District _____ Caseworker Name _____ Caseworker Phone _____

SIBLINGS (Children under the age 20 residing in home/Meadow Heights School District-list additional on separate sheet)

Name _____ School _____ Grade _____ Birth Date _____
Last First Middle

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Last First Middle

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Last First Middle

SCHOOL(S) PREVIOUSLY ATTENDED

Has your child previously attended Meadow Heights School? ☐ YES ☐ NO

All School(s) attended in previous 24 months (List additional schools on separate sheet):

1. School: _____ City/State: _____ School Years attended: _____
2. School: _____ City/State: _____ School Years attended: _____
3. School: _____ City/State: _____ School Years attended: _____

Please indicate the programs attended in previous school:

☐ Gifted & Talented ☐ Special Reading ☐ Speech ☐ Special Education ☐ 504 ☐ ELL ☐ A+ ☐ Other (List) _____

Is there a current IEP, 504 plan, or ELL accommodation plan on file at a previous school? ☐ NO ☐ YES (School) _____

OTHER REQUIRED INFORMATION

*1) Are you sharing the housing of other persons due to economic hardship or similar reasons? ☐ YES ☐ NO

*2) Do you currently reside at a motel/hotel, in a car, or at a campsite because your home has been damaged or due to economic reasons?

☐ YES ☐ NO

*3) Are you currently residing in an emergency or transitional shelter?

☐ YES ☐ NO

*4) Are you currently living in a temporary housing due to economic hardship?

☐ YES ☐ NO

5) Has the student ever been suspended for 10 or more days?
☐ YES ☐ NO

6) Has the student ever been expelled from school? Charged/convicted of a felon
☐ YES ☐ NO ☐ YES ☐ NO

*7) Have you moved in the last 3 years to seek/obtain temporary or seasonal work in farm related jobs such as planting/harvesting crops, feeding or processing poultry, beef, hogs, & dairy products, or fishing?

☐ YES ☐ NO

A) I authorize my student to go on trips to other locations and school sponsored field trips (I.E. art gallery, museum, concerts, etc.), with supervision, that may necessitate leaving the school grounds during the time they are enrolled at this school. ☐ YES ☐ NO

B) I consent to have my student's name, address and telephone number listed in the school-wide directory. ☐ YES ☐ NO

C) My student's name, address and telephone number may be released to military recruiters (high school only). ☐ YES ☐ NO

D) I authorize the Meadow Heights School District to make photographs, films, or sounds recordings for use in:

- Web sites, television stations or other electronic formats in news stories/promotional materials about/for the ISD (This will also allow my child to have photos/art projects displayed in school buildings, businesses, contests or for academic publicity) ☐ YES ☐ NO
- Yearbooks or school publications ☐ YES ☐ NO
- District Publications and honor roll recognition in newspapers ☐ YES ☐ NO

The above consents only apply to non-profit and non-commercial purposes by the Meadow Heights School District, or news organizations or agencies. This consent will remain in effect for the current school year until revoked in writing.

E) Computer/Technology Usage Policy:

I understand that a copy of the district technology usage policy is attached and is available in the school handbook. I _____ have read and discussed this policy with my student regarding safe and responsible technology usage. My student has agreed to abide by the district technology usage policy. ☐ YES ☐ NO

Do you have a computer at Home? ☐ YES ☐ NO

Do you have internet access at Home? ☐ YES ☐ NO

I grant permission for the items above checked YES and I certify that I am the legal parent/guardian of the student being enrolled and that the information listed on the student data sheet is current and accurate. Pursuant to RSMo Sec. 167.020, submitting false statements or information relating to residency is defined as a class A misdemeanor. In addition, the District may seek to recover the cost of school attendance for any pupil who it enrolled pursuant to false information received from a parent or legal guardian regarding residency. Finally, I understand that the Attendance Policy of the Meadow Heights School District states that any student who is absent from school more than 6 unexcused days in any semester is subject to withheld grades and loss of credit in affected courses. Furthermore, I understand that the student's attendance at the previous school is affected by the application of the attendance policy.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Please give detailed directions to home:

Meadow Heights R-II School

Rt. 1 Box 2365 Patton, MO 63662

Phone 573-866-2924

Fax 573-866-2568

REQUEST FOR OFFICIAL TRANSCRIPTS

Request form must have signature.

Transcripts will **NOT** be released for students who have prior financial obligations to the school.

Student Name _____ **Birthdate** _____
(name while in school)

Year of Graduation _____

Current name and phone number: _____

Transcript to be: **faxed to:** (name & fax #) **or** **mailed to:** (name & address)

or picked up by: _____

Student Signature _____ **Date** _____
(required)

Parent Signature _____ **Date** _____
(if student is under 18)

Fill out information, sign, and fax or mail back to Meadow Heights, transcripts will then be sent.