

Newburg R-II School District

701 Wolf Pride Dr 573-762-9653

Registration Form

Student Information

Student's Legal Name: _____
Last First Middle Suffix(Jr., II, III)

Date of Birth: _____
(month/day/year)

Gender: ☐ Male ☐ Female

Home Physical Address: _____

Home Mailing Address(if different than physical): _____

Race/Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Hispanic ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian
☐ Multi-Racial: _____

Grade: ☐ PK ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th
☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Has student been retained: ☐ YES ☐ NO If yes, which grade? _____

Has this student previously attended the Newburg School District: ☐ YES ☐ NO
If yes, dates attended: _____ Grade Attended: _____

Has this student received any of the following services: ☐ Title I Services ☐
English Language Learners (ELL) ☐ Individual Education Plan (IEP) ☐ Section 504 Plan
If yes, what school/district: _____

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Parent/Guardian & Family Information

The child lives with: ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other _____

Legal Guardian(s): ☐ Father ☐ Mother ☐ Other _____

Paperwork Needed: ☐ Guardian Paperwork ☐ Power of Attorney ☐ No Legal Documentation

Mother's Information

Mother's Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

(Email has to be obtained for Infinite Campus)

Military

☐ Yes ☐ No

Reserves

☐ Yes ☐ No

Employer: _____ Employer Phone: _____

Employer Address: _____

Father's Information

Father's Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

(Email has to be obtained for Infinite Campus)

Military

☐ Yes ☐ No

Reserves

☐ Yes ☐ No

Employer: _____ Employer Phone: _____

Employer Address: _____

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Sibling Information

Does the student have any siblings currently enrolled in the Newburg School District?

☐ Yes ☐ No

(If yes, please complete below.)

	Name	Birthdate	Grade
☐ Brother ☐ Sister			
☐ Brother ☐ Sister			
☐ Brother ☐ Sister			

Please list all other children in your home including infants, toddlers, & preschoolers.

	Name	Birthdate	Grade
☐ Brother ☐ Sister			
☐ Brother ☐ Sister			
☐ Brother ☐ Sister			

Parent Survey

- Are you sharing the housing of other persons due to loss of housing, economic, hardship, or similar circumstances?
☐ Yes ☐ No Explain if it is similar reason _____
- Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged because of economic reasons? ☐ 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
- Do you use a language other than English? ☐ Yes ☐ No
- If another language is spoken in the home what is the language: _____
- Which language does your student use most often when speaking to his/her friends: _____
- Which language does your student use most often when speaking to parents/guardian: _____



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Emergency Contact Information

The school needs a minimum of **TWO contacts, more if possible, NOT PARENTS/GUARDIANS & LIVES OUTSIDE THE HOME**, that are allowed to be contacted in case of emergency and that are authorized to pick up student.

Name:
Relationship to Child:
Phone Number:

Name:
Relationship to Child:
Phone Number:

Name:
Relationship to Child:
Phone Number:

Name:
Relationship to Child:
Phone Number:

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Custodial Information

The other parent usually has the right to review or obtain information on their child from the school district. A non-custodial parent cannot be denied this information unless a court order revoking parental rights has been provided to the district. Foster parents sometimes may act as the parent when the biological parent's rights have been terminated. Legal documentation showing parental rights, or revocation thereof, must be provided.

Is the other parent allowed to pick up the child? ☐ Yes ☐ No

If no, provide Legal documentation/court orders pertaining to said student(s).

Does the other parent have educational rights? ☐ Yes ☐ No

If no, provide Legal documentation/court orders pertaining to said student(s).

Is the student under the care of foster parents? ☐ Yes ☐ No

If yes, provide appropriate documentation.

Provide name and phone number of social worker/case manager:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Provide the name of the biological parent(s) so they are on record, should they contact the school for reports of academic progress (proof of custody may be requested.)

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

School District Parents Reside In: _____

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Custodial Information(Cont.)

Legal Guardianship(Court Ordered)
(Provide Copy of Guardianship documents)

☐ Yes

☐ No

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Additional Persons Authorized to Pick-up *(Other than Parent/Guardian)*

Name:
Phone #:
Relationship:

Name:
Phone #:
Relationship:



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Custodial Information(Cont.)

Persons Specifically NOT Authorized to Pick-up **** (The school must have a copy of the legal custody agreement or protection order on file to withhold a child from a parent or legal guardian.)****

Name:
Phone #:
Relationship:

Name:
Phone #:
Relationship:

Parent Authorization

All of the information provided on this enrollment form is true and accurate to the best of my knowledge as the child's parent/legal guardian.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

(Check One) ☐ Parent ☐ Step-Parent ☐ Guardian ☐ Other: _____

