

FAIRFAX R-III SCHOOL DISTRICT
REGISTRATION, PARENT REPRESENTATIVES, STUDENT HEALTH
DATE _____

STUDENT' NAME

First

Middle

Last

Race: Are you Hispanic? ____ Yes ____ No

Ethnicity (Choose all that apply): ____ Asian ____ Native Hawaiian or Other Pacific Islander

____ Am. Indian or Alaska Native ____ Black or African American ____ White

Mailing Address _____

If different from the resident address. (P.O. Box #)

Home Telephone #: { _____ } - _____ **2ND Home #:** { _____ } - _____

*****If Applies: Please fill out the section for Nonresident Parent/Guardian Information*****

HOUSEHOLD PARENT / GUARDIAN

I have legal guardianship of the above mentioned student.

1st Parent/Guardian Name: _____ **Cell:** { _____ } - _____

PLACE OF WORK: _____ **WORK PHONE #:** { _____ } - _____

2nd Parent/Other Name: _____ **Cell:** { _____ } - _____

PLACE OF WORK: _____ **WORK PHONE #:** { _____ } - _____

NONRESIDENT PARENT / GUARDIAN

Request Mailings: Yes ____ No ____

1st Parent/Guardian Name: _____

Home Telephone Number { _____ } - _____ **Cell:** { _____ } - _____

Address _____

Street

City

State

Zip Code

PLACE OF WORK: _____ **WORK PHONE #:** { _____ } - _____

2nd Parent/Other Name: _____ **Cell:** { _____ } - _____

PLACE OF WORK: _____ **WORK PHONE #:** { _____ } - _____

Please list two or more persons with transportation who will assume temporary care of your child if you cannot be reached; please include their daytime phone number.

Name: _____ **Relationship:** _____

Address: _____

Contact #:{ _____ } - _____ **or:** { _____ } - _____ **Work #:**{ _____ } - _____

Name: _____ **Relationship:** _____

Address: _____

Contact #:{ _____ } - _____ **or:** { _____ } - _____ **Work #:**{ _____ } - _____

I understand that the information contained in this form is correct and I agree to enroll my child in the following grade and school year: Grade: _____ School Year: _____

Signature of Parent / Guardian

Student Name : _____

Social Security Number _____

SIBLINGS / STEP-SIBLINGS (Name and Date of Birth)

State ID Number _____

Please \checkmark one of the below boxes. (anyone in the household who is **Military Active Duty** or **Serving in the National Guard or Reserves**)

- Not Military Connected (this will include retired service men/women)
- Active Duty
- National Guard or Reserve

If the student lives with someone other than the parent/guardian or sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason, please write the person's information below, along with an explanation:

NAME ADDRESS

DAYTIME PHONE WORK PHONE RELATIONSHIP TO STUDENT

Explanation: _____

Residing in: ___ Motel, Hotel ___ Car ___ Campsite ___ Shelter ___ Temporary housing because home has been damaged or because of economic reason?

INCLEMENT WEATHER (Please check one)

In case school is let out unexpectedly for some cause such as inclement weather, my child is to:

___ 1) Go home by the usual means.

___ 2) Go to (Name) _____ Phone #: (_____) _____

Address _____

AUTHORIZATION FOR EMERGENCY TREATMENT

In the event where parents and other persons named on this form, cannot be contacted after a reasonable effort, I authorize school officials to take whatever action is deemed necessary in their judgment for the health and well-being of my child.

I shall not hold the school district financially responsible for the emergency care and/or transportation for my child.

Signature of Parent / Guardian

FAIRFAX R-3 SCHOOL DISTRICT
500 MAIN STREET
FAIRFAX, MISSOURI 64446
FAX: 660-686-3436

Dr. Jeremy Burright
Superintendent
660-686-2421

Dustin Barnes
K-12 Principal
660-686-2851

PERMANENT SCHOOL RECORD RELEASE FORM

The following student has enrolled in the Fairfax R-III District. Please send all the requested records.

STUDENT INFORMATION

Legal Last Name _____ First _____ Middle _____

Other Name used _____

Grade _____ Date of Birth (Month/Day/Year) _____ Age _____ Date of Records Requested _____

PREVIOUS SCHOOL ATTENDED

SEND RECORDS TO

_____ Name of Previous School

Fairfax R-III School District
500 Main
Fairfax, MO 64446

_____ Street Address

Signature of Parent/Guardian

_____ City, State, Zip Code

Phone Number: (____) _____

Fax Number: (____) _____

*** According to the Missouri State Schools Act Section 176.020.7 RsMo., any school district receiving a request for records must respond within 5 business days of the receipt of request and must include discipline records.

PLEASE FORWARD:

- ____ Official Administrative Record (name, address, birth date, grade level completed, grades, attendance record)
- ____ Dyslexia Screening and At-Risk Indicators
- ____ Standardized Achievement Test Scores
- ____ Intelligence and Aptitude Test Scores
- ____ Record of Special Services Received (IEP, Speech, etc.)
- ____ Personality and Interest Test Scores
- ____ Teacher and Counselor Observation and Ratings
- ____ Family Background Data
- ____ Psychological Reports/Special Education Information
- ____ Health Records (including immunization and disease information, school screening and/or preschool forms)
- ____ Other _____

TO WHOM IT MAY CONCERN

The Final Regulations-Family Education and Privacy Act (Buckley Amendment) date June, 1967, no longer requires written parental consent to release student educational records between schools. These rules stated that school officials in school systems in which the student may intend to enroll may release and receive a student's records without a written consent for such release.

FAIRFAX R-3 SCHOOL DISTRICT
New Student Application for Admission

Date: _____

Name: _____
Last Name *First Name* *Middle Name*

Entry Grade _____ Grade Level at Previous School: _____ (If transferring from another school)

Date of Birth: _____ Social Security #: _____
Month *Day* *Year*

Parent/Guardian Name: _____
Last Name *First Name*

Address: _____
PO Box/ Street

_____ *City* _____ *MO* _____ *State* _____ *Zip code*

Previous School Attended: _____

Were you suspended or expelled from the school last attended: ___No ___Yes

SPECIAL SERVICES RECEIVED (Please check all that apply)

Gifted Title One
 Speech Therapy At-Risk
 504 Plan Special Education (IEP)
 Disability – Please specify disability: _____

Has the family moved within the past six years to obtain temporary or seasonal farm related work?

___ No ___ Yes

(If yes, please be sure to complete the Agricultural Survey form)

In the home, does the family speak a language other than English: ___ No ___ Yes

(If yes, please be sure to complete the Home Language Survey form)

Do you currently reside with another family, or a person other than family or in temporary housing:

___ NO ___ Yes

For Office Use ONLY: Birth Certificate

Made Copy for File: Yes No

FAIRFAX R-3 SCHOOL DISTRICT
Parental Survey for Agricultural Related Work
(Examen parental para el trabajo relacionado agrícola)

If your child has moved from one school district to another school district within the past six years, they may be eligible for a special program of free education and medical service.

(Si su niño se ha trasladado de un distrito escolar a otro distrito escolar en el plazo de los últimos seis años, pueden ser elegibles para un programa especial de educación gratuita y servicio médico)

In order to determine if your child is eligible, please answer the four questions below by checking 'yes' or 'no'. Also please complete the bottom portion of the form and return it to your school office. Thank you!

(Para determinar si su niño es elegible, conteste por favor a las cuatro preguntas abajo marcando sí o 'no'. También Complete la parte inferior de la forma y devuélvala a la oficina de la escuela. ¡Gracias!)

No **Yes (Sí)** **Have you ever moved with your child to seek or to be employed in some form of temporary or seasonal agricultural-related work such as:**

(Se ha usted mudado con su niño para buscar o ser empleado en cierta forma de trabajo agrícola-relacionado temporal o estacional por ejemplo:)

Planting or harvesting crops—vegetables, melons, apples, hay, cotton ... etc? Transporting any farm products to market or gin? Feeding poultry, gathering eggs, working in hatcheries, or working for a grower of poultry? Processing meat, poultry, fruit, or vegetables? Milking cows on a dairy farm? Feeding cattle, hogs, or poultry? Cutting firewood or saw logs for sale?

(¿Plantando o recogiendo la cosecha vehículos, los melones, las manzanas, el heno, el algodón... etc? ¿Transporte de productos agrícolas para poner o para atrapar? ¿Alimentando aves de corral, recolectando los huevos, trabajando en criaderos, o trabajando para un cultivador de las aves de corral? ¿Proceso de la carne, de aves de corral, de fruta, o de vegetales? ¿Vacas de ordeño en una granja lechera? ¿Ganado, cerdos, o alimentando aves de corral? ¿La leña del corte o vio los registros para la venta?)

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

(¿Su mudanza fue hecha con el fin de buscar o de obtener algún tipo de trabajo, de los antes mencionados?)

No **Yes (Sí)** **Is either parent (or guardian) now employed in any of the above work. Check yes even if the period of employment was for a short time.**

(Es cualquier padre (o el guarda) ahora empleado en algún trabajo antes mencionado. Marque sí aun el período de empleo fue por un período de tiempo corto..)

No **Yes (Sí)** **Have you moved from this district with your child during the summer months to work in fruit or vegetable harvesting or any other farm work that was only temporary or seasonal?**

(¿Usted se ha mudado de este distrito con su niño durante los meses del verano para trabajar en la cosecha de fruta o de vegetales u otro trabajo de granja que fuera solamente temporal o estacional?)

Student Name (Nombre del estudiante): _____

Parent/Guardian Name (Nombre del padre o del encargado): _____

Address (Dirección): _____

Phone # (Teléfono #): _____ **Cell Phone # (Teléfono celular #):** _____

Curriculum Services

ESL/ESOL Student Home Language Survey

STUDENT HOME LANGUAGE SURVEY

Please fill out ONLY if you feel your child is in need of this service.

The Fairfax R-3 School District has an English Language Learner (ELL) program to help students who may not be proficient in English because of the use of another language in the home, and who thus may have a need for additional help with the classes they are taking. If your child is not proficient in English and you feel he/she may qualify for the ELL program, please complete this form and return it to your child's school. Please call the director of the ELL program at (660) 686 – 2421, if you have any questions. Thank you for your cooperation.

Student's Name: _____ Date: _____

Person Completing Survey: _____ Mother _____ Father _____ Guardian
_____ Other (specify) _____

Circle the best answer to each question about your child and provide additional information if necessary:

- 1. Was the first language you learned English? No Yes
- 2. Can you speak a language other than English? No Yes
- (Do not count languages learned in foreign language classes.)
- 3. Is any language other than English used at home? No Yes
- 4. Which language do you use most often with friends? English Other: _____
- 5. Which language do you use most often with your parents? English Other: _____
- 6. Which language do you use most often with other relatives? English Other: _____
- 7. Have you attended school in a country other than the U.S.? No Yes
(If Yes, how long and what grades? _____)
- 8. Have you attended another school in the U.S.? No Yes
(If Yes, where and how long? _____)
- 9. Have you attended another school in Missouri? No Yes
(If Yes, where and how long? _____)
- 10. Please provide any other related information that would help the school identify any language instruction needs for your child. _____

