

# FAIRFAX R-3 SCHOOL DISTRICT CRIMINAL RECORD

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I, \_\_\_\_\_ Parent/Guardian of *(Please Print Student(s) name(s) below)*  
(Please Print) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

do hereby attest that the student(s) named above **HAVE NOT** been convicted of, or charged with  
any  
of the acts listed below as of August 09, 2021.

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## Admission Restriction

In accordance with § 167.171, RSMo., no student may be readmitted or enrolled in the school district who has been convicted of or charged with an act which if committed by an adult would be one of the following:

1. First degree murder under § 565.020, RSMo;
2. Second degree murder under § 565.021, RSMo;
3. First degree assault under § 565.050, RSMo;
4. Forcible rape under § 566.060, RSMo;
5. Forcible sodomy under § 566.060, RSMo;
6. Robbery in the first degree under § 569.020, RSMo;
7. Distribution of drugs to a minor under § 195.212, RSMo;
8. Arson in the first degree under § 569.040, RSMo; or
9. Kidnapping, when classified as a class A felony under § 565.110, RSMo.

Nothing in this section shall prohibit the re-admittance or enrollment of any student if a charge has been dismissed, or when a student has been acquitted of any of the above acts. This section does not apply to a student with a disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student's disability.

\* \* \* \* \*

Adopted: December 19, 1996

Cross Refs: JE, Student Attendance

JEA, compulsory Attendance Ages

JEB, Entrance Age

JECA, Admission of Resident Students

JECB, Admission of Nonresident Students

# FAIRFAX R-3 SCHOOL DISTRICT

Has provided documentation (Office use only)

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Regulation 2230

Page 2

## PROOF OF RESIDENCY OR THAT REQUEST FOR WAIVER HAS BEEN SUBMITTED

I hereby certify as follows:

I, \_\_\_\_\_, am the parent/guardian of  
Parent / Guardian (Please Print)

the student(s) listed below, a student or students seeking to register in the Fairfax R-3 School District in the school year of 2020 - 2021, and am legally authorized to make educational decisions for the student.

<i>NAME</i>	<i>GRADE</i>

**The Student is a legal resident of the District as established by the following:**

I am a legal resident of the Fairfax R-3 School District.

I reside and am legally domiciled (have my permanent home) at the following address:

\_\_\_\_\_  
Street

Fairfax  
City

Missouri  
State

64446  
Zip Code

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

# REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES

NO

**MO HealthNet (Medicaid) is considered healthcare insurance.**

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

# Bus Rider Information Sheet:

Fairfax R-III School District

**Student Names: List all students in your household who will ride the bus.**

_____	_____	_____
Last Name	First Name	Grade
_____	_____	_____
Last Name	First Name	Grade
_____	_____	_____
Last Name	First Name	Grade
_____	_____	_____
Last Name	First Name	Grade
_____	_____	_____
Last Name	First Name	Grade

**Address:** \_\_\_\_\_  
\_\_\_\_\_

When will your student(s) ride?  
\_\_\_\_\_

AM PM Both

**Parent Names:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Phone #** \_\_\_\_\_

**Second Phone #** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone#** \_\_\_\_\_

OFFICE USE ONLY

AM Pickup Time:	_____
PM Drop Off Time:	_____

# PARENTS OF ELEMENTARY STUDENTS

On rare occasions, elementary classes will go to an area business or the park as part of a project, class work, or a reward. These outings will require the students to walk together as a class. We would like permission for your son or daughter to be included in these outings. Please take the time to fill out the following information. If you have any questions, do not hesitate to call. Thanks for your help in this matter.

YES. I give my son/daughters

CHILD's NAME	GRADE

Permission to go on outings during the 2021-2022 school year.

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Parent Signature

NO. I do not want my son/daughter \_\_\_\_\_  
To go on these outings.

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Parent Signature