





**Emergency Contacts**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

**Can this person pick up your child in an emergency? YES NO**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

**Can this person pick up your child in an emergency? YES NO**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

**Can this person pick up your child in an emergency? YES NO****Non-Custodial Parent Information** (Biological parent student does not live with)

Legal Name: \_\_\_\_\_

(Last Name)

(First Name)

(Middle)

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(Street)

(City/State)

(ZIP)

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

(Street or PO Box #)

(City/State)

(ZIP)

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

(Last Name)

(First Name)

(Middle)

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

- By providing email address, you are agreeing to Parent Portal access

**Child Care Information:**

YES NO Student attends child care before or after school

If YES,

Name of Child Care Provider: \_\_\_\_\_

Address of Child Care Provider: \_\_\_\_\_

Phone Number of Child Care Provider: \_\_\_\_\_

**Residency:**

**All students in the Galena School District must provide proof of residency.** Verification of residency is required and ensures that students are attending in the district where they reside in accordance with Missouri Law. **Any person who knowingly submits false information to satisfy any requirement of “residency” 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, military guardian 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, military guardian or legal guardian filed false information to satisfy any requirement of “residency” (Section 167.020 RSMo.).

**Verification of Residency** (Attach copy of document)

- \_\_\_\_\_ Current rental receipt  
 \_\_\_\_\_ Current utility bill/deposit receipt  
 \_\_\_\_\_ Real estate contract/lease (Signed by all parties)  
 \_\_\_\_\_ Tax bill/personal property/real estate  
 \_\_\_\_\_ Other

**Parents are responsible for informing the school district of any change in residency while the student is enrolled in the Galena R-II School District.**

A student is a “resident” if he or she meets at least one (1) of the following criteria:

- |     |    |   |
|-----|----|---|
| YES | NO | The student physically resides and is domiciled in the district. The domicile of a minor child shall be the domicile of a parent, military guardian pursuant to a military-issued guardianship or court-appointed legal guardian.   |
| YES | NO | The student physically resides in the district for reasons other than obtaining access to the district's schools, regardless of with whom the student is living and has a <u>waiver or proof of residency</u> on file.  |
| YES | NO | Provided a special power of attorney document relevant to the guardianship of the student in the household of an active duty member of the military.  |
| YES | NO | The student is a transitioning military student who was enrolled in the Galena School District, and is now in the care of someone other than the student's parent or military or legal guardian <u>who resides in another school district or within the district</u> . The student will be granted a waiver without a hearing. The student may continue to attend Galena Schools. <i>(A transitioning military student is one who is in the process of transferring from one state or school district to another state or school district and was or is currently, in the household of an active duty member of the military, including some veterans who are deceased or injured as defined by law.)</i> |

YES NO Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason. Explain reason:

Name and relationship of person(s) with whom you are living:

YES NO Currently residing at a motel/hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons.

YES NO Currently residing in a shelter.

YES NO Currently living in a temporary housing arrangement due to economic hardship.

**Special Circumstances – Students attending school pursuant to the information below may be counted for state aid purposes:**

YES NO The parent is a teacher under contract with the district.

YES NO The parent is a regular employee with the district.

YES NO The student has only one parent living.

YES NO The student is an orphan.

YES NO The parents do not contribute to the student's support

YES NO The parent or guardian owns real estate of which 80 acres or more are used for agricultural purposes, parent's residence is on the real estate, at least 35% of the real estate is in the district, and parent notified district on or before June 30th that student will be attending (All four conditions must be met)

**Non-resident students who may enroll are not counted by the district for state aid:**

YES NO Student is a resident of Stone County and the sending district pays tuition.

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Sending District

YES NO Tax credit tuition (Any person who pays a school tax in any other district than that in which he/she resides may send his/her children to any public school in which the tax is paid and receive as a credit on the amount charged for tuition the amount of the school tax paid to the district).



**Discipline and Conduct:**

In accordance with the Missouri Safe Schools Act (167.171, RSMo.) and Galena R-II School District policies, no student may be readmitted or reenrolled to a regular program of instruction in the school district who has been charged with/convicted of 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 § 566.030, RSMo.
5. Forcible sodomy under § 566.060, RSMo.
6. Statutory rape under § 566.032, RSMo.
7. Statutory sodomy under § 566.062, RSMo.
8. Robbery in the first degree under § 569.020, RSMo.
9. Distribution of drugs to a minor under § 195.212, RSMo.
10. Arson in the first degree § 569.040, RSMo.
11. Kidnapping, when classified as a Class A felony under § 565.110, RSMo.

**Submitting false information to the statements regarding discipline is a Class B Misdemeanor.**

- |     |    |  |
|-----|----|--|
| YES | NO | Has the student been charged with/convicted of any of the acts?  |
| YES | NO | Has a petition been filed against the student alleging that the student has committed one or more of the acts, to which there has been no final judgement? |

**Additional Discipline Information**

- |     |    |  |
|-----|----|--|
| YES | NO | Is the student currently under suspension or expulsion from another school district?<br>If YES, please provide the date(s) of the offense(s):<br>Describe the offense(s), circumstance(s), and the punishment(s) for the offense(s): |
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| YES | NO | Did the student leave any school district within the last twelve (12) months in which administration notified the student of the possibility of suspension or expulsion? |
| YES | NO | Has the student been suspended or expelled from another school district for violation of the school's policy relating to weapons?  |

**Military Family Information:**

- |     |    |  |
|-----|----|--|
| YES | NO | Student is not Military-connected  |
| YES | NO | Student is dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.      |
| YES | NO | Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) |
| YES | NO | It is unknown whether or not the student is military-connected   |



**Student Name:** \_\_\_\_\_  
**Grade in School:** \_\_\_\_\_



**I verify that all enrollment information is correct. I understand that if I provide false information to the Galena R-II School District that it may constitute a violation of Missouri law.**

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